

Request for Records Disposition Authority

Records Schedule Number DAA-0440-2015-0008
 Schedule Status Approved

Agency or Establishment Centers for Medicare and Medicaid Services
 Record Group / Scheduling Group Records of the Centers for Medicare and Medicaid Services
 Records Schedule applies to Agency-wide
 Schedule Subject Bucket 6 - Provider and Health Plan Records
 Internal agency concurrences will be provided No

Background Information

CMS is proposing a big bucket approach to records scheduling and disposition, which will include the following buckets:

- Bucket 1 - Leadership and Operations
- Bucket 2 - Administrative Management
- Bucket 3 - Financial Records (programmatic)
- Bucket 4 - Enrollment Records
- Bucket 5 - Beneficiary Records
- Bucket 6 - Provider & Health Plan Records
- Bucket 7 - Research and Program Analysis (programmatic)
- Bucket 8 - Public Outreach and Engagement
- Bucket 9 - Compliance and Integrity

A crosswalk is provided documenting the relationship of these buckets with previously approved disposition authorities.

Item Count

Number of Total Disposition Items	Number of Permanent Disposition Items	Number of Temporary Disposition Items	Number of Withdrawn Disposition Items
1	0	1	0

GAO Approval

Outline of Records Schedule Items for DAA-0440-2015-0008

Sequence Number	
1	Provider and Health Plan Records Disposition Authority Number: DAA-0440-2015-0008-0001

Records Schedule Items

Sequence Number	
1	<p data-bbox="342 385 829 412">Provider and Health Plan Records</p> <p data-bbox="342 438 1154 466">Disposition Authority Number DAA-0440-2015-0008-0001</p> <p data-bbox="342 491 1511 683">Records related to health care providers affiliated with CMS programs. Records related to health care providers affiliated with CMS systems and programs. Includes provider applications and certifications; health plan records; program review and audit records; hearing files; and administrative records. See crosswalk for additional detail.</p> <p data-bbox="342 704 919 732">Final Disposition Temporary</p> <p data-bbox="342 757 854 785">Item Status Active</p> <p data-bbox="342 810 821 838">Is this item media neutral? Yes</p> <p data-bbox="342 863 805 891">Do any of the records covered by this item currently exist in electronic format(s) other than e-mail and word processing? No</p> <p data-bbox="342 1012 1179 1968">GRS or Superseded Authority Citation DAA-0440-2012-0005 / 0001 DAA-0440-2012-0005 / 0002 DAA-0440-2012-0005 / 0009 DAA-0440-2012-0005 / 0010 DAA-0440-2012-0005 / 0012 DAA-0440-2013-0011 / 0001 DAA-0440-2013-0011 / 0002 N1-440-10-01 / E N1-440-02-02 / 1/a N1-440-02-02 / 2/b N1-440-02-02 / 3 N1-440-02-02 / 4 N1-440-01-06 / 1/f N1-440-01-01 / 1/a N1-440-01-01 / 1/b N1-440-01-01 / 1/c N1-440-01-01 / 1/d N1-440-01-01 / 1/e N1-440-01-01 / 1/f N1-440-99-02 / 1/a N1-440-99-02 / 1/b N1-440-99-02 / 3 N1-440-95-01 / 9/A/1 N1-440-95-01 / 9/A/1/a N1-440-95-01 / 9/A/2/a</p>

N1-440-95-01 / 9/A/2/b
N1-440-95-01 / 9/A/2/c
N1-440-95-01 / 9/A/2/d
N1-440-95-01 / 9/B/1/a
N1-440-95-01 / 9/B/2/a
N1-440-95-01 / 9/B/2/b
N1-440-95-01 / 15
N1-440-95-01 / 16
N1-440-93-04 / 2/c
NC1-440-81-01 / 2
NC1-440-81-01 / 3
NC1-440-80-04 / 1/A
NC1-440-80-04 / 1/B
NC1-440-80-04 / 2
NC1-440-80-04 / 3/A
NC1-440-80-04 / 3/B
NC1-440-80-04 / 4/A
NC1-440-80-04 / 4/B
NC1-440-80-04 / 5
NC1-440-80-04 / 6/A
NC1-440-79-01 / VII/15 (18)
NC1-440-79-01 / VII/II/30 (50)
NC1-440-79-01 / VII/8 (29)
NC1-440-79-01 / VII/36 (57)
NC1-440-79-01 / VII/30 (50)
NC1-440-79-01 / VI/III (80)
NC1-440-79-01 / V/II/F (28)
NC1-440-79-01 / III/HH
NC1-440-79-01 / II/IV/A (42)
NC1-440-79-01 / VII/II/14 (41)
NC1-440-79-01 / V/23 (44)
NC1-440-78-01 / A
NC1-440-78-01 / B
NC1-440-79-01 / VII/29

Disposition Instruction

Retention Period

Destroy no sooner than 7 year(s) after cutoff but longer retention is authorized

Additional Information

GAO Approval

Not Required

Agency Certification

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal in this schedule are not now needed for the business of the agency or will not be needed after the retention periods specified.

Signatory Information

Date	Action	By	Title	Organization
04/13/2015	Certify	Tony Tucker	Records Officer	Office of Strategic Operations and Regulatory Affairs - OSORA
05/10/2017	Return for Revision	Sean Curry	Senior Appraisal Archivist	National Archives and Records Administration - Agency Services
05/10/2017	Submit For Certification	Carlos Simon	Records Officer	OSORA - IRISG
05/10/2017	Certify	Carlos Simon	Records Officer	OSORA - IRISG
07/17/2017	Submit for Concurrence	Sean Curry	Senior Appraisal Archivist	National Archives and Records Administration - Agency Services
07/24/2017	Concur	Laurence Brewer	Director, National Records Management Program	National Archives and Records Administration - National Records Management Program
07/24/2017	Concur	Laurence Brewer	Director, National Records Management Program	National Archives and Records Administration - National Records Management Program
07/25/2017	Approve	David Ferriero	Archivist of the United States	Office of the Archivist - Office of the Archivist

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Bucket 6 - Provider & Health Plan Records

Records related to health care providers affiliated with CMS systems and programs. Includes provider applications and certifications; health plan records; program review and audit records; hearing files; and administrative records. Temporary, destroy when 7 years old, or when no longer needed for agency business, whichever is later.

Sub-bucket	Original Series (superseding)	Original Authority	Original Retention	Change
6.1: Provider Applications and Certifications. All records related to the application, certification, review, and approval of providers involved in any CMS programs.	Ambulance Services Certification	NC1-440-79-01, item VII/II/14 (41)	Temporary, 1 years	No change in final disposition. Increase in retention.
	Provider Certification Files (all facilities; participating or not). Documents relating to the survey and certification of suppliers and providers of service. Included are official certification and transmittal forms, survey report forms, utilization review plans, provider agreements, transfer agreements, plans of correction, civil rights compliance forms, intermediary designation and tie-in notices, certification letters, and various forms and correspondence used in the certification process with respect to individual facilities. Excluded from this definition are surveyor's notes, rough copy survey report forms, and other work papers which are merged into and superseded by a final product.	N1-440-95-01, items 9A1, 9A2a, 9A2b, 9A2c, 9A2d, 9B1a, 9B2a, and 9B2b	Temporary, 1 to 6 years	No change in final disposition. Increase in retention.
	Professional Qualifications. Records of certain individuals who are employed in hospitals and clinical laboratories, or who are self-employed providing therapy and medical services. The records contain professional qualification information on the academic and experience qualifications of the individuals and identify information such as social security number name, address, license number and eligibility, and results of the proficiency examination. Records are maintained by State agencies and regional Medicare offices, and are used to determine whether individuals rendering health care services meet qualification requirements.	NC1-440-79-01, item II/IV/A (42)	Temporary, 5 years	No change in final disposition. Increase in retention.
	Nominations. Letters from providers of services stating their choice of intermediary, including changes of ownership and intermediaries. Also included are letters to intermediaries listing providers who have nominated them and letters used to update provider listings.	NC1-440-79-01, item V/23 (44)	Temporary, 3 years	No change in final disposition. Increase in retention.
	Provider/Supplier and Durable Medical Equipment Supplier Application: Unprocessed Applications	N1-440-01-01, item 1a	Temporary, 7 years	No change.
	Provider/Supplier and Durable Medical Equipment Supplier Application: Approved Applications	N1-440-01-01, item 1b	Temporary, 15 years	No change in final disposition. Decrease in retention.

Provider/Supplier and Durable Medical Equipment Supplier Application: Denied Applications	N1-440-01-01, item 1c	Temporary, 15 years	No change in final disposition. Decrease in retention.
Provider/Supplier and Durable Medical Equipment Supplier Application: Approved Applications, later Revoked	N1-440-01-01, item 1d	Temporary, 15 years	No change in final disposition. Decrease in retention.
Provider/Supplier and Durable Medical Equipment Supplier Application: Approved Applications, Voluntary Withdrawal	N1-440-01-01, item 1e	Temporary, 15 years	No change in final disposition. Decrease in retention.
Provider/Supplier and Durable Medical Equipment Supplier Application: Approved Applications, Death of Provider/Supplier	N1-440-01-01, item 1f	Temporary, 7 years	No change.
Correspondence (MHPO). This file consists of incoming and outgoing correspondence and essential backup material pertaining to individual HMO applications for general reference and control purposes. These files consist of, or relate to, correspondence on such matters as site visits, reviews, evaluations, specialty reports, meetings, letters of approval, letters of denial and letters of revocation, and other associated documentation as necessary.	N1-440-99-02, item 1b	Temporary, 10 years	No change in final disposition. Decrease in retention.
Health Plan Organizations (was HMO), Application Files. Initial and Expansion Application Files - This file consists of individual case folders on "federally-qualified and Medicare-contracting HMOs" pursuant to statutory and regulatory requirements under Titles XIII of the Public Health Service Act and XVIII of the Social Security Act, as amended. These files comprise the initial and expansion applications including supporting documentation related to six functional areas: health services delivery, structural and contractual, management information system, management, financial, and marketing; and other pertinent data as officially required.	N1-440-99-02, item 1a	Temporary, 10 years	No change in final disposition. Decrease in retention.
Grantee Developments (HMO). These files consist of feasibility, planning, initial development, and expansion grant applications for funds to develop an organization into a qualified HMO. A file would typically consist of application for funds, specialists reports, notice-of-grants awards, audit reports, progress reports, consultants I reports, reviews, grantee site visit reports and related correspondence. The files include such material as whether the organization became a qualified HMO.	N1-440-99-02, item 3	Temporary, 10 years	No change in final disposition. Decrease in retention.

	Compliance, Enrollment Certifications	N1-440-01-06, item 1f	Temporary, 6 years	No change in final disposition. Increase in retention.
	Adjusted Community Rate Proposal (Medicare Health Plan Benefits)	N1-440-10-01, item E	Temporary, 7 years	No change.
	Attestations. Documentation submitted by providers (that function as single entity while owning and operating multiple provider based departments, locations and facilities that were treated as part of the main provider for Medicare purposes) to obtain a determination of provider-based status for their facilities through a self-attestation process. Clear criteria for provider-based status designation can result in additional Medicare payments for services furnished at the provider-based facility and may increase the coinsurance liability of Medicare beneficiaries for those services. Medicare Administrative Contractors (MACs) receive and review attestations with final decision made by the CMS Regional Office.	DAA-0440-2013-0011, item 0001	Temporary, 3 years	No change in final disposition. Increase in retention.
	Decision Letters. Documentation submitted by providers (that function as single entity while owning and operating multiple provider based departments, locations and facilities that were treated as part of the main provider for Medicare purposes) to obtain a determination of provider-based status for their facilities through a self-attestation process. Clear criteria for provider-based status designation can result in additional Medicare payments for services furnished at the provider-based facility and may increase the coinsurance liability of Medicare beneficiaries for those services. Medicare Administrative Contractors (MACs) receive and review attestations with final decision made by the CMS Regional Office.	DAA-0440-2013-0011, item 0002	Temporary, 20 years	No change in final disposition. Reduction in final disposition.
	Advanced Provider Screening System. An interactive screening, monitoring and alerting tool which serves as a central record of aggregated internal and external information on individuals and organizations. APS' goal is to improve screening mechanisms to prevent questionable providers from enrolling Part A and Part B of the Medicare program.	NEW	n/a	n/a
6.2: Records Related to Health Plans. Records related to plans submitted by providers and/or organizations related to CMS programs.	Health Insurance Oversight System (HIOS). Affordable Care Act. Master Files - Product-level information from health insurance issuers across states and US territories for display on consumer websites, such as Healthcare.gov; oversight data in key financial areas, including annual limits waivers, rate review, medical loss ratio (MLR), and grants.	DAA-0440-2012-0005, item 0001	Temporary, 7 years	No change.
	Health Insurance Assistance Database (HIAD). Affordable Care Act. Master Files - Cases files created from telephone calls received by CMS that address consumer issues related to health insurance, for states not covered by the Consumer Assistance Program (CAP) grant (see HIOS). CAP tool is used to create data is captured in HIAD.	DAA-0440-2012-0005, item 0002	Temporary, 3 years	No change in final disposition. Increase in retention.

<p>Collaborative Application Life Cycle Tool (CALT). Affordable Care Act. Master Files - Repository for all documentation artifacts related to the state and Federal health insurance exchange Implementation life cycle Within each stage of the methodology CALT system artifacts are collected and reviewed collaboratively.</p>	<p>DAA-0440-2012-0005, item 0009</p>	<p>Temporary, 7 years</p>	<p>No change.</p>	
<p>Early Retiree Reinsurance Program (ERRP). Affordable Care Act. Master Files - Facilitates the tracking and completion of all work activities, including the review and processing of application packages, processing of payment requests to determine the appropriate subsidy amounts, Initiating electronic payments and remittances, and tracking all correspondence with the Plan Sponsors and other stakeholders The ERRP Secure Web Site allows Plan Sponsors the ability to register and submit payment requests via the Internet In a secure manner.</p>	<p>DAA-0440-2012-0005, item 0010</p>	<p>Temporary, 7 years</p>	<p>No change.</p>	
<p>Case Management/ERDE. Affordable Care Act. Master Files - Provides functionality that will allow program offices to track cases and Interactions with external stakeholders, citizens, and Insurance providers in a secure, hosted environment ERDE will provide the capability to collect, evaluate, and manage</p>	<p>DAA-0440-2012-0005, item 0012</p>	<p>Temporary, 7 years</p>	<p>No change.</p>	
<p>6.3: Program Review and Audit Records. Records related to the review and audit of providers participating in CMS programs.</p>	<p>Subcontract Files. Copies of intermediaries agreements with subcontractors regarding performance of audits and the providers' costs, leases for building space, equipment, consulting, and other services. Included are SSA approvals, amendments, and similar papers.</p>	<p>NC1-440-79-01, Item V/II/F (28)</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>
<p>Correction Payment Action Summary Report (Provider)</p>	<p>NC1-440-79-01, Item VI/III (80)</p>	<p>Temporary, 1 year</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>Health Maintenance Organization Records, Official Compliance Files. Regional Office program correspondence, analyses reports, evaluations, and non-compliance actions.</p>	<p>N1-440-95-01, item 15</p>	<p>Temporary, 4 years</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>Recoupment (Teaching Hospital Medical Record) Provider. Documents relating to periodic audits of teaching facilities nationwide by carriers to recover overpayments. These audits are similar to the teaching hospital medical record audits. Findings adverse to the facility may be appealed through the fair hearing process. Documents in the files include copies of Part B claims records; correspondence or documentation supplied by the facility or physician; and documents relating to the fair hearing (transcripts, decisions, etc.).</p>	<p>NC1-440-78-01, item B</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>	

<p>Audit Files . (A) Teaching Hospital Medical Record Audit Files. Documents created from audits of teaching facilities' medical records conducted nationwide by carriers. These audits, conducted annually or semi-annually, are intended to verify, through medical records, the degree of participation of supervising physicians in the care and treatment of beneficiaries for which payment is requested under Part B Medicare. Documents in these files include copies of Part B claims records, letters of inquiry and responses from facilities or physicians, copies of documentation supplied to carriers, and related correspondence. (B) Teaching Hospital Files. Medical Record Recoupment Audit Documents relating to periodic audits of teaching facilities nationwide by carriers to recover overpayments. These audits are similar to the teaching hospital medical record audits. Findings adverse to the facility may be appealed through the fair hearing process. Documents in the files include copies of Part B claims records; correspondence or documentation supplied by the facility or physician; and documents relating to the fair hearing (transcripts, decisions, etc.).</p>	<p>NC1-440-78-01, Item A</p>	<p>Temporary, 4 years</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>State Agency Budget & Financial Reports. Files used to estimate, justify and approve State agency health insurance program costs and to account for funds received and expended by the State agencies. Included are Forms SSA-1465. State Agency Budget Request; SSA-1465A, State Agency Budget List of Positions; SSA-1466, State Agency Schedule for Equipment Purchases; SSA-1467, State Agency Budget Notice of Approval; SSA-1468. Notice to State Agency; SSA-1469, Financial Accountability Statement; SSA-1469A. Quarterly Expenditure Report; and indirect cost forms.</p>	<p>NC1-440-79-01, Item VII/II/30 (50)</p>	<p>Temporary, 6 years</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>Revoked & Audited Financial Reports (HMO Compliance). Official Compliance Files, This file consists of material in support of the continuing compliance with the statutory and regulatory requirements of Title XIII of the Public Health Service Act and Title XVIII of the Social Security Act. These files include or relate to program correspondence on such matters as analyses, reports, evaluations, non-compliance, revocations, financial reports and other associated documentation. Financial reporting is accomplished through the use of the national data reporting requirements (NDRR) and audited financial reports.</p>	<p>N1-440-99-02, Item 2b</p>	<p>Temporary, 7 years</p>	<p>No change.</p>	
<p>6.4: Hearings Files. Files related to hearings and other actions related to providers requesting CMS action.</p>	<p>Exclusion & Termination Actions</p>	<p>NC1-440-79-01, item III/HH</p>	<p>Temporary, 6 years</p>	<p>No change in final disposition. Increase in retention.</p>
<p>Hearing Decisions. Case files containing documents accumulated in the hearing process. Included are the provider's request for a hearing, provider position papers, fiscal intermediary position papers, cost reports, notice of hearing, hearing transcripts, hearing decision by the Board, and related documents. Hearing decisions may be reviewed by the Secretary of HHS, and provider may seek judicial review of unfavorable decisions.</p>	<p>N1-440-02-02, item 1a</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>	

<p>Closed Case Files. Case files containing documents accumulated in the hearing process. Included are the provider's request for a hearing, provider position papers, fiscal intermediary position papers, cost reports, notice of hearing and related documents. Cases are usually closed without a formal hearing and have been withdrawn or dismissed by the Board.</p>	<p>N1-440-02-02, item 2b</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>Geographic Classification Reviews. Decisions issued by the Medicare Geographic Classification Review Board (MGCRB) on applications submitted by hospitals seeking geographic reclassification for purposes of determining a hospital's standardized amount or the applicable area wage index or both. The MGCRB's decisions are subject to review by the Administrator. The Administrator's decisions reviewing MGCRB decisions will be placed in the MGCRB file and returned to the MGCRB. (Any pre-decisional attorney-client privileged material generated during the review will be maintained by the Office of the Attorney Advisor permanently.)</p>	<p>N1-440-02-02, item 3</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>Hearing Officer Decisions or Proposed Decision Files.</p>	<p>N1-440-02-02, item 4</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>Hearing Decision Case Files. Case files containing documents accumulated in the hearing process. Included are the provider's request for a hearing, provider position papers, fiscal intermediary position papers, cost reports, notice of hearing, hearing transcripts, hearing decision by the Board, and related documents.</p>	<p>N1-440-95-01, item 16</p>	<p>Temporary, 6 years & 3 months</p>	<p>No change in final disposition. Increase in retention.</p>	
<p>6.5: Administrative Records. All other records related to providers, primarily those administrative in nature and support other functions related to the oversight and regulation of providers participating in CMS programs.</p>	<p>Alphabetical State List - Carrier (CAST). List of providers by State.</p>	<p>NC1-440-79-01, item VII/8 (29)</p>	<p>Temporary, 3 years</p>	<p>No change in final disposition. Increase in retention.</p>
	<p>Medical Facilities Directory. Listings of providers of service showing provider identification and intermediary number, effective date, and city where located. Also included are alphabetical listings of facilities by State, cities within the State, and facility name within city. These lists contain mailing addresses, provider numbers, intermediary numbers, effective dates, termination codes, billing elections, radiological and laboratory services, total beds, nursing beds, and accrued totals by Joint Commission on Accreditation of Hospitals and the American Osteopathic Association.</p>	<p>NC1-440-79-01, item VII/29</p>	<p>Temporary, superseded</p>	<p>No change in final disposition. Increase in retention.</p>
	<p>Interim Rate Listings. Listings of interim rates in use by intermediaries in making interim payments to hospitals, skilled nursing facilities, home health agencies, and other providers of services.</p>	<p>NC1-440-79-01, item VII/36 (57)</p>	<p>Temporary, 5 years</p>	<p>No change in final disposition. Increase in retention.</p>

Budget Request	NC1-440-79-01, item VII/ 30 (50)	Temporary, 3 years	No change in final disposition. Increase in retention.
Health Insurance Provider Master Record , A master record, on magnetic tape, listing each hospital, skilled nursing facility, home health agency, outpatient physical therapist, and renal provider of service, participating in the Medicare program. Records are in sequence by intermediary number and provider number.	NC1-440-81-01, item 2	Temporary, 998 days	No change in final disposition. Increase in retention.
Group Health Plan System . A master enrollment file, in machine-readable form, of all enrollees in prepayment health insurance plans, such as group prepayment plans and health maintenance organizations. Records are indexed by health insurance claim number and date from July 1966 to present. The system is updated monthly and contains membership information and information on health insurance entitlement and supplementary medical insurance entitlement.	NC1-440-81-01, item 3	Temporary, 60 days	No change in final disposition. Increase in retention.
Requests for Assistance from District Offices . Correspondence and forms submitted to SSA district office.	NC1-440-79-01, item VII/15 (18)	Temporary, 6 years & 3 months	No change in final disposition. Increase in retention.
Correspondence	N1-440-93-04, item 2c	Temporary, 3 years	No change in final disposition. Increase in retention.
Group Health Plan Operations, Contracts - Headquarters	NC1-440-80-04, item 1A	Temporary, 6 years and 3 months	No change in final disposition. Increase in retention.
Group Health Plan Operations, Contracts - Region	NC1-440-80-04, item 1B	Temporary, no longer needed	No change in final disposition. Increase in retention.
Group Health Plan Operations, Contract Development Files	NC1-440-80-04, item 2	Temporary, 5 years	No change in final disposition. Increase in retention.
Group Health Plan Operations, Cost Reports - Quarterly Cumulative	NC1-440-80-04, item 3A	Temporary, 6 years	No change in final disposition. Increase in retention.

Group Health Plan Operations, Cost Reports - Other	NC1-440-80-04, item 3B	Temporary, 6 years	No change in final disposition. Increase in retention.
Group Health Plan Operations, Cost Report Appeals - Record	NC1-440-80-04, item 4A	Temporary, 6 years	No change in final disposition. Increase in retention.
Group Health Plan Operations, Cost Reports - Appeals, Other	NC1-440-80-04, item 4B	Temporary, 2 years	No change in final disposition. Increase in retention.
Group Health Plan Operations, Audit Reports	NC1-440-80-04, item 5	Temporary, 3 years	No change in final disposition. Increase in retention.
Group Health Plan Operations, System Requirements: Disapproved	NC1-440-80-04, item 6A	Temporary, after final actions	No change in final disposition. Increase in retention.