

# CMS Manual System

## Pub 100-01 Medicare General Information, Eligibility, and Entitlement

Transmittal 38

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: MAY 26, 2006

Change Request 5055

**SUBJECT: Files Maintenance Program Update to the Internet-Only Manual (IOM)**

**I. SUMMARY OF CHANGES:** This instruction consolidates the Files Maintenance Sections from the paper-based Carrier & Intermediary Manuals as well as JSMs 05006, 06013, and 06173 to Pub. 100-01, Medicare General Information, Eligibility and Entitlement-Chapter 7, Section 30. Additional information on: imaging requirements, record storage facility standards, as well as the "freeze" were added to the IOM, and are shown in red italics.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: June 26, 2006**

**IMPLEMENTATION DATE: June 26, 2006**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

### II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
R	7/Table of Contents
N	7/30/Files Maintenance
N	7/30/10/Files Maintenance Program - General
N	7/30/10/1/Description of Records Maintained
N	7/30/10/2/Definition of a Record
N	7/30/20/Implementing a Files Management Program
N	7/30/30/Record Retention and Disposal Schedule
N	7/30/30/1/Disposition Instructions - Destruction of Records

N	7/30/30/1/1/Disposition Instructions When Operating Under a Freeze
N	7/30/30/1/2/Disposition Instructions When Medicare Records are Microfilmed
N	7/30/30/1/3/Disposition for Paper-Only Medicare Records
N	7/30/30/1/4/Disposition for Medicare Records that are Imaged/Scanned
N	7/30/30/1/5/Disposition for Medicare Records When Potential Fraud or Overutilization has been Identified
N	7/30/30/2/Description of Records
N	7/30/40/Retention of Claims File Materials
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N	7/30/50/2/Microfilming Index Label
N	7/30/50/3/Retention and Destruction of Microfilm
N	7/30/60/Annual Report of Medicare Records
N	7/30/70/Disposition of Non-Claims Materials
N	7/30/80/Standards for All Records Storage Facilities
N	7/30/90/Exhibits
N	7/30/90/Exhibits/Exhibit 1/Preprinted Container Label
N	7/30/90/Exhibits/Exhibit 2/Minimum Label Data Required for Unlabeled Boxes
N	7/30/90/Exhibits/Exhibit 3/Records Transmittal and Receipt - Standard Form 135
N	7/30/90/Exhibits/Exhibit 4/Reference Requests - Federal Records Center - Optional Form 11
N	7/30/90/Exhibits/Exhibit 5/Certificate of Authenticity – START
N	7/30/90/Exhibits/Exhibit 6/Certificate of Authenticity - END
N	7/30/90/Exhibits/Exhibit 7/Correction Card
N	7/30/90/Exhibits/Exhibit 8/Start of Retake or Addition Certificate
N	7/30/90/Exhibits/Exhibit 9/Retake or Addition Certificate
N	7/30/90/Exhibits/Exhibit 10/Resolution Test Chart
N	7/30/90/Exhibits/Exhibit 11/Witness Disposal Certification (Sample)
N	7/30/90/Exhibits/Exhibit 12/Roll Report
N	7/30/90/Exhibits/Exhibit 13/Report of Medicare Records

N	7/30/90/Exhibits/Exhibit 14/Inspection Checklist -- Standards for Records Storage Facilities
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**III. FUNDING:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

**IV. ATTACHMENTS:**

Business Requirements

Manual Instruction

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-01	Transmittal: 38	Date: May 26, 2006	Change Request 5055
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**SUBJECT: Files Maintenance Program Update to the Internet-Only Manual (IOM)**

## I. GENERAL INFORMATION

**A. Background:** This information was originally in the paper-based Medicare Carrier Manual and Medicare Intermediary Manual and was consolidated for Medicare General Information, Eligibility and Entitlement Manual Pub 100-01, Section 30, Chapter 7 of the IOM. Information communicated in JSM-05006 dated December 1, 2004, JSM-06013 dated October 20, 2005, JSM-06173 dated January 12, 2006 and January 19, 2006 pertaining to the “freeze” that prohibits the destruction of any paper documents not imaged, imaging requirements, and record storage facility standards were added to the IOM, and are shown in red italics.

**B. Policy:** Contractors choosing to image in lieu of keeping paper records is done at your own discretion. No additional funding will be provided for this activity.

## II. BUSINESS REQUIREMENTS

*“Shall” denotes a mandatory requirement*

*“Should” denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
				F I S S	M C S	V M S	C W F			
5055.1	Contractors’ records management program shall comply with the instructions found in Pub 100-1—Medicare General Information, Eligibility and Entitlement, Chapter 7-Contract Administrative Requirements, Section 30-Files Maintenance.	x	x	x	x					PSCs
5055.2	Contractors shall maintain the recordkeeping copy of the Medicare documents until notified by CMS the “document freeze” has been lifted.	x	x	x	x					PSCs

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5055.2.1	Once the freeze (prohibiting the destruction of Medicare records) has been lifted, contractors shall revert back to the normal disposition instructions outlined in section 30.30.2.	x	x	x	x					PSCs
5055.3	Contractors should use imaging (the preferred format) to replace paper documents only if the image will be identical to the paper document.	x	x	x	x					PSCs
5055.3.1	Contractors shall image the front and back of each document whenever any text is present on the front and reverse side of the document.	x	x	x	x					PCSs
5055.3.2	Contractors shall image the back of a document only once as long as the remaining backs of each document in the batch being imaged are exactly the same.	x	x	x	x					PSCs
5055.3.3	Contractors shall keep a certification statement on file which states the remaining backs of the documents being imaged are exactly the same.	x	x	x	x					PSCs
5055.4	Contractors shall retain the paper records until their quality assurance process has been completed and the imaged information is verified as an exact replication of the paper document.	x	x	x	x					PSCs
5055.5	Contractors shall complete a Witness Disposal Certification for all Medicare records destroyed (Exhibit 11).	x	x	x	x					PSCs
5055.5.1	Contractors shall maintain the Witness Disposal Certification for 7 years (Exhibit 11).	x	x	x	x					PSCs
5055.6	Contractors shall prepare every year as of September 15, and submit to the CMS Records Officer by September 30, the Annual Report of Medicare Records to report offsite storage costs	x	x	x	x					PSCs



#### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

##### A. Other Instructions: N/A

X-Ref Requirement #	Instructions

##### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

##### C. Interfaces: N/A

##### D. Contractor Financial Reporting /Workload Impact: N/A

##### E. Dependencies: N/A

##### F. Testing Considerations: N/A

#### V. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date*:</b> June 26, 2006</p> <p><b>Implementation Date:</b> June 26, 2006</p> <p><b>Pre-Implementation Contact(s):</b></p> <p>Files Maintenance (Items 1 through 7) - Vickie Robey, 410-786-7883, <a href="mailto:vickie.robey@cms.hhs.gov">vickie.robey@cms.hhs.gov</a></p> <p>Electronic Recordkeeping (Item 8) - Douglas Nock, 410-786-0772, <a href="mailto:douglas.nock@cms.hhs.gov">douglas.nock@cms.hhs.gov</a></p> <p><b>Post-Implementation Contact(s):</b></p> <p>Files Maintenance (Items 1 through 7) - Vickie Robey, 410-786-7883, <a href="mailto:vickie.robey@cms.hhs.gov">vickie.robey@cms.hhs.gov</a></p> <p>Electronic Recordkeeping (Item 8) - Douglas Nock, 410-786-0772, <a href="mailto:douglas.nock@cms.hhs.gov">douglas.nock@cms.hhs.gov</a></p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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# General Information, Eligibility, and Entitlement Manual

## Chapter 7 - Contract Administrative Requirements

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## **30 - Files Maintenance**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

### **30.10 - Files Maintenance Program - General**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Subject to the provisions of the Code of Federal Regulations, Title 41, *Part 102 – Creation, Maintenance and Use of Records*, [http://www.access.gpo.gov/nara/cfr/waisidx\\_05/41cfr102-193\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/41cfr102-193_05.html) CMS has the responsibility for the development and implementation of standards and programs for the economical management of records under the health insurance program. Specifically, CMS is required to provide for effective controls over the creation of records, including the making of records containing adequate and proper documentation of the contractor's administration and operations. Each contractor is required to establish and maintain an active, continuing program for the economical and efficient management of the records outlined in §30.20.

The contractor's programs must provide for:

- Effective controls over the creation, the organization, maintenance and use, and disposition of all CMS health insurance claims and non-claims records; and
- Development and application of standards, procedures, and techniques designed to assure the maintenance and security of records of continuing value and facilitate the disposal of all records of temporary value.

The contractor provides for the continued analysis and improvement of record classification and indexing systems, the use of filing equipment and supplies, and the reproduction and transportation of records. The contractor assures that records are maintained economically and efficiently for maximum usefulness.

The files established by the contractor, and all records and procedures documenting its programs for controlling the creation, maintenance, and use of current records, for the selective retention of records of continuing value, and for the disposal of noncurrent records, must be available for periodic review by CMS.

Under no circumstances are any records identified by CMS as relating to a current investigation or litigation/negotiation by the Office of the Inspector General or the Department of Justice, ongoing Workers' Compensation, set aside arrangements, or documents which prompt suspicions of fraud and abuse of overutilization of services to be destroyed. These records must be retained until you receive authorization from CMS.

#### **30.10.1 - Description of Records Maintained**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

##### **A - Claims Records**

These are Government records including Government-issued standard forms and other forms, documents, and statements needed to support claims. Such records are maintained by the contractor in accordance with instructions regarding retention, transfer, destruction, and other disposition of claims materials. (See §§30.30 and 30.40.)

### **B - Non-Claims Records**

These include materials not needed as supporting documentation of a claim, such as used work sheets, extra copies of documents, retained CMS bill copies where records were submitted on tape, used punched cards, EDP listings, used paper tape, and general correspondence not related to specific pending or processed claims. See §30.30 for the records retention and disposal schedule and §30.70 for the disposition of such material.

### **C - Fiscal and Administrative Records**

These include records that are not included as claims or non-claims records. See §30.70 for the records retention and disposal schedule.

### **D – Microform Records**

This is a term used for any form containing micro-images (e.g., microfilm, microfiche). If records are microfilmed, the original records must still be retained.

### ***E – Scanned/Imaged Records***

*This is a term used for any information that is recorded in a form that only a computer can process. This is the preferred format when paper records are not retained. The image becomes the “official record/recordkeeping copy” which must be retained in accordance with directives from CMS.*

### **30.10.2 - Definition of a Record**

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

Records are basically files consisting of papers, folders, photographs, photographic copies, magnetic tapes, or other recorded information regardless of physical form or characteristics, accumulated or maintained in filing equipment, boxes, disks, CDs or shelves, and occupying office or storage space. Stocks of publications and blank forms are not included in this definition.

### **30.20 - Implementing a Files Management Program**

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

Adequate records management controls over the creation of contractor files must insure that important policies and decision are adequately recorded, routine operational paper work is kept to a minimum, and the accumulation of unnecessary files is prevented. Effective techniques in this area include the application of systems for the control of correspondence and forms, the minimizing of duplicate files, and the disposal without filing of transitory material that has no value for record purposes.

CMS expects each contractor to establish an appropriate program for the management of its files. The following actions are generally basic to such a files management program.

A. Standardize classification and filing schemes to:

1. Achieve maximum uniformity and ease in maintaining and using program records;
2. Facilitate disposal of records in accordance with applicable records disposal schedules; and
3. Facilitate possible later consolidation of identical type files presently maintained at different locations.

B. Formally authorize official file locations. Prohibit the maintenance of files at other than authorized locations.

C. Standardize reference service procedures to facilitate the finding, charge-out, and refiling of records.

D. File accumulations of papers received at file locations on a daily basis.

E. Audit periodically a representative sample of the files for duplication, misclassification, or misfiles.

In addition to the above, the contractor's program must:

A. Establish and implement standards and procedures issued by CMS. Such CMS standards and procedures relate to:

1. Classifying, indexing, and filing records;
2. Providing reference services to filed records;
3. Locating active files to facilitate use of the records; and
4. Reviewing the program periodically to determine the adequacy of the system and its effectiveness in meeting requests.

B. Ensure that the standards, guides, and instructions developed for the files management program are readily available to all employees concerned with the files operations. In addition, give pertinent information for users of files and references services the widest possible dissemination.

C. File accumulations of papers received at file locations on a daily basis.

D. Audit periodically a representative sample of the files for duplications, misclassification, or misfiles.

The methods used in maintaining, using, and disposing of these files vary with the contractor. Variations depend on the filing and control methods established (e.g., provider number, health insurance claim number, date, name, or other sequence) to record requests from providers; to furnish replies; to check on overdue cases; to control cases for completion of processing; to control cases requiring some type of investigation or additional documentation; to retain completed cases for history or other reference; to maintain for audits; and to schedule for transfer to other storage areas. Other variances may be due to computer or clerical practices; workload volume; review initiated at time of notice of admission, at time of start of care, at time of request for advance payment or at time of receipt of billing form; and other considerations.

### **30.30 - Record Retention and Disposal Schedule**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

This schedule identifies those records accumulated by the contractor in administering the Medicare program and outlines the disposal schedule for each type of record.

*A freeze has been imposed on the destruction of Medicare records. No paper Medicare records can be destroyed unless they are electronically imaged. If Medicare records are not imaged, the original paper document must be retained. A contractor who images paper Medicare records:*

- 1. Must always be able to demonstrate the imaged version is an exact copy of the paper document,*
- 2. Document the steps taken to image the original document,*
- 3. Establish and implement a certification/quality assurance process to ensure the imaged information is an identical replication of the paper document in every way,*
- 4. Retain the scanned image as the "recordkeeping copy" for the required retention period, and*
- 5. Maintain accessibility and the ability to read the document in accordance with changes in technology.*

*The methods used in imaging files may vary with the contractor. These variations depend on the type of equipment used and methods used to prepare documents for imaging. All imaged documents shall be tamper proof. Once an image is verified as an exact copy of the original paper document, only then can the original paper document be destroyed and the imaged copy is certified as the "recordkeeping copy".*

*Certifying images as an exact copy of the paper document means there is a "quality assurance" process in place that verifies that the images are good. Each contractor is responsible for establishing their own "quality assurance" procedures.*

*Below is an example of a certification/quality assurance process.*

1. *The staff member performing the actual scan will:*
  - a. *Observe that all pages successfully pass through scanner and that image displayed on the imaging software preview screen appear accurate.*
  - b. *Affix a sticker marked "Scanned" to the top page, write the current date on the sticker and place on top of a pile of scanned material.*
2. *The staff member(s) responsible for these records will have immediate access to the images, from their desktops, using the imaging software. They will have 30 days to use and review the images. If any problem is detected, the paper will be retrieved and rescanned. After 30 days, the paper copies are subject to proper disposal.*

A contractor is authorized to cut off and transfer Medicare claims records and other records to inactive storage earlier than is prescribed in the disposal schedule shown below when the records are contained on microform. (See §§40.3 and .50ff. for guidelines on retention and disposition guidelines on microform copies of the following records.)

The term "cut off" means the transfer of records to an inactive files area when there is no more than one reference to a file drawer per month. See §§30.70 for guidelines regarding the disposition of non-claims material not transferred to inactive storage.

### ***30.30.1 - Disposition Instructions – Destruction of Records***

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

*In accordance with Federal regulations, 36 CFR 1228.58(b)-Destruction of Temporary Records, [http://www.access.gpo.gov/nara/cfr/waisidx\\_05/36cfr1228\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/36cfr1228_05.html) paper records to be disposed of normally must be sold as wastepaper. Because the records you maintain are considered restricted, you are required to pulp, macerate, shred, or otherwise definitely destroy the information contained in the records and their destruction must be witnessed by you who created the records or by a contractor employee (see Exhibit 11, Witness Disposal Certification-Sample). The contract for sale must prohibit the resale of all other paper records for use as records or documents. Regardless of medium, records other than paper records (e.g., audio, visual, data tapes, disks, diskettes, etc.) may be salvaged and sold in the same manner and under the same conditions as paper records.*

*A Witness Disposal Certification must be completed and kept on file for 7 years.*

#### ***30.30.1.1 - Disposition Instructions When Operating Under a Freeze***

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

*When operating under a freeze, you are prohibited from destroying records, and must follow the disposition instructions below in §30.30.1.2. Only after the freeze has been lifted, can you revert back to the normal disposition instructions in §30.30.2.*

### **30.30.1.2 - Disposition Instructions When Medicare Records are Microfilmed**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

#### **Paper Records**

All paper claims that are microfilmed must be retained until CMS notifies you the freeze is lifted.

#### **Microform Records**

The master microform must be retained until CMS notifies you the freeze is lifted.

### **30.30.1.3 - Disposition For Paper-Only Medicare Records**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

The contractor cuts off the file at the close of the calendar year in which the claim was paid, then transfers the paper records to inactive storage. The paper records must be retained until CMS notifies you the freeze is lifted.

### **30.30.1.4 - Disposition For Medicare Records that are Imaged/Scanned**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

#### **Paper**

Since imaging can be used to replace paper documents, only when the image will be identical to the paper, you must image/scan both the front and the back of every document.

**There is an exception: Once the back of a claim form is imaged, you do not have to image the back of the rest of the documents imaged on that particular machine, as long as the backs are identical and a certified statement is kept on file stating “the remainder of the backs of the claim forms are identical”. However, if the back of a claim form differs in any respect, it must be imaged.**

The contractor must retain the paper records until their certification/quality assurance process (see below) has been completed and the imaged information (the recordkeeping copy) is verified as an identical replication of the paper document. Only then can the paper records be destroyed.

If a scanned document is not identical to the paper document, that paper document must be retained until the freeze is lifted.

#### **Imaged/Scanned Records**

Due to the freeze prohibiting the destruction of Medicare records, do not destroy any images of claims records. They are the recordkeeping copy and must be retained until CMS notifies you the freeze is lifted. Once the freeze is lifted, revert back to the normal disposition instructions in §30.30.2.

#### **Sample Quality Assurance Procedure**

*Certifying images as an exact replication of the paper document means there is a "quality assurance" process in place that verifies that the images are good. Each contractor is responsible for establishing their own "quality assurance" procedures. Below is an example of a quality assurance process.*

**Standard Procedures for Document Imaging Quality Assurance**

- 1. The staff member(s) performing the actual scan will:**
  - a. Observe that all pages successfully pass through scanner and that image displayed on the imaging software preview screen appear accurate.**
  - b. Affix a sticker marked "Scanned" to the top page, write the current date on the sticker and place on top of a pile of scanned material.**
  
- 2. The staff member(s) responsible for these records will have immediate access to the images, from their desktops, using the imaging software. They will have 30 days to use and review the images. If any problem is detected, the paper will be retrieved and rescanned. After 30 days, the paper copies are subject to proper disposal.**

**30.30.1.5 - Disposition for Medicare Records When Potential Fraud or Overutilization has been Identified**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

*When potential fraud or overutilization has been identified, retain the recordkeeping copy onsite. If the recordkeeping copy has already been transferred to offsite storage, retrieve and retain onsite until the investigation and subsequent legal action, if any, has been completed (including the exhaustion of all appeals), then destroy 3 months thereafter.*

*If at the close of this period, the disposition instructions shown in §30.30.1.1 through 30.30.2 remains applicable, retain, transfer, and destroy in accordance with the disposition instructions. If the disposition instructions in §30.30.1.1 through 30.30.2 are no longer applicable, then destroy after the 3 month period following completion of the investigation or subsequent legal action, if any.*

*If any records are provided to a prosecutorial agency as evidentiary matter, consider such records as disposed of. If any such record is returned by the prosecutorial agency, retain for 3 months, then destroy in accordance with the foregoing disposition instructions unless otherwise directed by the prosecutorial agency.*

**30.30.2 - Description of Records**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

**1. Medicare Claims Records:**

**A. FI Billing Records (FROZEN – DO NOT DESTROY)**



These files consist of Inpatient and/or Outpatient Billing forms, and other documents used to bill for services processed by FIs; i.e., inpatient hospital, outpatient hospital, SNF, hospice, home health, etc.

DISPOSITION: **Once the freeze is lifted**, cutoff at the close of the CY in which paid. Destroy 6 years and 3 months after cutoff.

**B. Carrier Billing Records (FROZEN – DO NOT DESTROY)**

These files consist of Requests for Payment and similar forms. Also included are itemized bills, correspondence (including correspondence with district offices), and comparable documents used to support payment to beneficiaries, physicians, and other suppliers of services under the Supplemental Medical Insurance (SMI) Program.

DISPOSITION: **Once the freeze is lifted**, cutoff at the close of the CY in which paid. Destroy 6 years and 3 months after cutoff.

**2. Medicare Benefit Check Records (FROZEN – DO NOT DESTROY)**

These files consist of paid checks that contractors receive from banks covering amounts paid to providers of service, beneficiaries, physicians, and other suppliers of service under the Hospital Insurance and Supplementary Medical Insurance (SMI) programs. Also included are check vouchers and cancelled or voided checks resulting from nonreceipt, loss, theft, or non-delivery.

Disposition:

The contractor cuts off the file at the close of the calendar year in which issued, holds the file for 1 additional year, and then transfers it to inactive storage. **Once the freeze is lifted**, the file is destroyed after a total of 6 years and 3 months retention.

When fraud or overutilization of services is involved, the contractor retains the hard copy claim until 3 months after the resolution of the investigation OR reverts to normal disposition, whichever is longer.

**3. Medicare Summary Notices (MSNs) (FROZEN – DO NOT DESTROY)**

These files consist of MSNs used to advise beneficiaries about remaining Part A benefits, Part A and Part B deductible status, and about applying for complementary health benefits.

Disposition: The contractor cuts off the file at the close of the calendar year in which benefit was paid or denied, as applicable, holds for 1 additional year and then transfers to inactive storage. **Once the freeze is lifted**, remove them from inactive storage for destruction after a total of 6 years and 3 months retention from cut off.

**4. Reconsideration and Hearing Case Files - Hospital Insurance Program (FROZEN – DO NOT DESTROY)**

Reconsideration records accumulate when a beneficiary or their representative is dissatisfied with the FI's determination denying payment, or with the amount of benefits payable on the beneficiary's behalf under the Hospital Insurance Program and files either an expressed or implied request for reconsideration. Hearing case records accumulate when a beneficiary or their representative is dissatisfied with the reconsideration determination and requests a hearing; and if still dissatisfied after the hearing, files for a subsequent court review. Included are Forms CMS-2649, Request for Hearing; CMS-561, Request for Reconsideration; or their equivalents. Also included are evidence furnished by beneficiaries or their representatives, correspondence, CMS determinations, Administrative Law Judge decisions, original bills, Appeals Council decisions and similar material.

Disposition: **Once the freeze is lifted**, the contractor disposes of these records in accordance with instructions for [Medicare claims records](#).

#### **5. Review and Fair Hearing Case Files - Supplementary Medical Insurance Program (*FROZEN – DO NOT DESTROY*)**

This category includes files accumulated when a beneficiary, physician, provider, or other supplier of service is dissatisfied with the FI or carrier's determination denying a request for payment, or with the amount of the payment, or with the reasonable promptness of action on a request for payment. Included are copies of claimant's requests for review, relevant written statements or evidence, notices of adverse formal review decisions, requests for hearings to protest the adverse decisions, hearings proceedings, hearing officers' final decisions, and other comparable papers.

Disposition: The contractor places these records in an inactive file upon final action on the case. It cuts off the inactive file at the close of the calendar year in which the final action was taken, and holds it for 2 additional years, then transfers it to off-site storage. **Once the freeze is lifted**, these records can be destroyed when 5 years old.

#### **6. FI and Carrier Administrative Budget Estimate and Cost Report Form (*FROZEN – DO NOT DESTROY*)**

These files consist of all uses of the Administrative Cost and Budget Report, CMS-1523 for carriers and CMS-1524 for intermediaries. This form is a multi-use document and issued for budget and cost reporting activities.

Specific uses are:

**a.** Budget request, supplemental budget request, notice of budget approval, interim expenditure report.

Disposition: Once the freeze is lifted, destroy after a total retention of 3 years after HHS audit and final settlement.

**b.** Supplemental Budget Request

Disposition: Once the freeze is lifted, destroy after a total retention of 3 years after HHS audit and final settlement.

c. Notice of Budget Approval – The carrier/intermediary’s certified funding authority for the fiscal year. Include all supporting schedules, correspondence and justification.

Disposition: Once the freeze is lifted, destroy after a total retention of 3 years after HHS audit and final settlement.

d. Interim Expenditure Report – Cumulative fiscal year to date expenditures incurred by the carrier/intermediary. Include all supporting schedules, correspondence and justifications.

Disposition: Once the freeze is lifted, destroy after a total retention of 3 years after HHS audit and final settlement.

e. Final Administrative Cost Proposal – The final statement of expenditures for the fiscal year. This form is used as the basis for final settlement of allowable costs. Include all supporting schedules, correspondence, HHS or GAO audit reports on administrative cost and benefits payments.

Disposition: **Once the freeze is lifted**, destroy after a total retention of 6 years and 3 months after HHS audit and final settlement.

#### **7. FI and Carrier Letter of Credit Files (*FROZEN – DO NOT DESTROY*)**

These records are authorizations to a Federal Reserve Bank to disburse funds to designated FIs and carriers' banks on behalf of CMS upon presentation of request for funds for collection through the Federal Reserve System. Included are Standard Form 1193, Letter of Credit or its equivalent, and amending letters.

Disposition: **Once the freeze is lifted**, destroy after a total retention of 6 years and 3 months after the year in which the letters of credit are cancelled.

#### **8. FI Payment Vouchers and Transmittal Files (*FROZEN – DO NOT DESTROY*)**

These consist of Form TFS-218, Request for Funds, and similar documents prepared by the FI’s servicing bank to obtain Federal funds for benefits paid in administering medical insurance programs. Also included is Form CMS-1521, Payment Voucher on Letter of Credit, a transmittal that forwards information on request for funds to CMS and shows the purpose for which funds were drawn, i.e., hospital insurance benefits, supplementary medical insurance benefits, and total amount of payment vouchers.

Disposition: **Once the freeze is lifted**, destroy after a total retention of 6 years and 3 months or after HHS audit and final settlement, whichever is later.

#### **9. FI and Carrier Payment Vouchers and Transmittal Files (*FROZEN – DO NOT DESTROY*)**

These files consist of form TSF-5805, Request for Funds, and similar documents prepared by the carrier's servicing bank to obtain Federal funds for benefits paid in administering medical insurance benefit programs. Also included is Form CMS-1521, Payment Voucher on Letter of Credit Transmittal, a transmittal that forwards information on request for funds to CMS and shows the purpose for which funds were drawn, i.e., SMI benefits and total amount of payment vouchers.

Disposition: **Once the freeze is lifted**, destroy after a total retention of 6 years and 3 months or HHS audit and final settlement, whichever is later.

#### **10. FI and Carrier Monthly Financial Report Files**

These are reports submitted monthly to provide CMS with the basic data to reconcile CMS's accounts with those that contractors maintain. Included are Form CMS-1522, Monthly Intermediary Financial Report and attachments.

Disposition: Destroy after HHS audit and final settlement.

#### **11. Carrier Performance Report Files**

These consist of Forms CMS-1565, Health Insurance for the Aged Program Carrier Performance Reports, and equivalent documents prepared monthly summarizing each carrier's performance in processing claims. The information provides management information needed for budgeting, financing, work planning, performance evaluation, and identifying operating problems.

Disposition: Destroy after 3 years.

#### **12. Ambulance Supplier Certification Files**

These consist of certifications of suppliers of ambulance services.

Disposition: Destroy 1 year from the end of the year when certification requirements are no longer met.

#### **13. Requests for Assistance from District Offices (DOs) (*FROZEN – DO NOT DESTROY*)**

These consist of correspondence and forms submitted to the DO for development of additional information or documents relating to a Medicare claim, e.g., incorrect name or claim number and similar errors that prevent the processing of a claim.

Disposition: **Once the freeze is lifted**, dispose of in accordance with instructions for [claims records](#).

#### **14. FI Workload Reports Files**

These consist of monthly statistical reports on the status of FI workloads used by CMS to identify basic management data needed for budgeting, financing, work planning, and

progress evaluation. Included is Form CMS-1566, Health Insurance for the Aged Program FI Workload Report, or equivalent documents.

Disposition: Destroy after 3 years.

#### **15. Overpayment and Duplicate Charge Detection Activity Report Files – Carrier Report**

These consist of quarterly reports summarizing overpayment and duplicate charge detection activity. They are used to tabulate data on the number of cases in which overpayments are recovered, the total dollar amount of money overpaid, causes of overpayments, number of duplicated charges detected, and similar information.

Disposition: Destroy after 3 years.

#### **16. Medicare Beneficiary Correspondence Files (*FROZEN – DO NOT DESTROY*)**

These accumulate as a result of inquiries and complaints received by CO, RO, and contractors and **do not** include any correspondence that is related to a claim file.

Disposition: Destroy 3 months after the date of the response to the correspondence. If a response is not required, the contractor destroys the material 3 months after the date of the correspondence.

Where the material documents a specific claim, appeal, or similar case, the contractor follows the instructions for [claims records](#).

#### **17. FI and Carrier Contract Files**

These consist of agreements entered into with FIs and carriers by the Secretary under the provisions of §§1816 and 1842 of the Act by which FIs and carriers agree to perform certain functions in administering the Hospital Insurance and Supplementary Medical Insurance programs. As such, they provide basic documentation of the manner in which these programs are implemented. Included are modifications and amendments.

Disposition: Destroy 3 years after supersession or termination, as applicable.

#### **18. FI and Carrier Subcontract Files**

These consist of copies of FI and carrier agreements with subcontractors regarding performance of an audit of providers' costs (FIs), leases for building space, equipment, and consulting and other services. Included are CMS approvals, amendments, and similar papers.

Disposition: Destroy 3 years after termination of agreement.

#### **19. Contract Performance Review Visit Files**

These consist of documents relating to scheduled or special visits to **Medicare contractors** to review *your* Medicare operations, to determine the degree of adherence to established policy and adequacy of service to the public, and to verify the accuracy of reporting. Included are reports of staff visits, follow-up **reports**, communications concerning improvements in operations, and any other **related** documents.

Disposition: Destroy 4 years after the close of the calendar year in which action on the review is completed.

## **20. FI and Carrier Computer Printout Records (*FROZEN – DO NOT DESTROY*)**

These consist of computer printouts used in processing, paying, and controlling Medicare claims.

a. Pending and process listing, payment listing, duplicate check control, master file update control, and profiles of physicians and other suppliers of services.

Disposition: **Once the freeze is lifted**, destroy 4 years after the close of the calendar year in which payment was made.

b. Check listing and bank reconciliation.

Disposition: **Once the freeze is lifted**, destroy 6 years after the close of the calendar year in which paid or voided.

c. CWF inquiry or response listings, transaction listing, activity listings, posting exceptions, analysis of posting errors, claims inventory control, edit input transactions, and aging of open claims.

Disposition: **Once the freeze is lifted**, destroy 3 years after processing. (Contractors with the capability of electronically retaining the CWF data may destroy the paper copies after the tapes have been verified.)

## **21. FI Cost Report Files (*FROZEN – DO NOT DESTROY*)**

These consist of cost reports submitted by providers to FIs for determining Medicare reimbursable costs in accordance with regulations and the principles of reimbursement. The cost report file includes: (a) a copy of the original cost report form as filed by the provider; (b) copies of all decisions made by field auditors, including those subsequently reversed by senior auditors; (c) a copy of the Audit Adjustment Report; (d) a copy of revised cost report schedules (or a revised cost report); (e) a copy of the notice of program reimbursement; (f) a copy of the audit report when prepared by the FI staff accountants and the supporting audit working papers.

Disposition: The FI maintains the cost report on premises for 3 years after the Notice of Amount of Medicare Program Reimbursement has been issued to the provider, and then transfers cost report to inactive storage. **Once the freeze is lifted**, destroy the cost report files 5 years after receipt.

(Exception: A cost report file that is the subject of an appeal, litigation, or any other administrative proceedings, e.g., collection of outstanding overpayments or bankruptcies is not sent to inactive storage until the case has been settled or closed and all the review and appeal procedures have been exhausted.)

## **22. FI and Carrier Closing Agreements**

These files contain the accepted final settlement for all FI and carrier costs of administration and consist of the closing agreement, appendix, and schedules of balances due the FI/carrier or Secretary.

Disposition: The FI or carrier cuts off files at the end of the fiscal year. It holds the file in office 1 year after HHS audit and final settlement then transfer to inactive storage. Destroy these 10 years after HHS audit and final settlement.

## **23. Medicare Data Match Files (*FROZEN – DO NOT DESTROY*)**

Questionnaires, case files, employer records and data match records.

Disposition: Cutoff files at the end of the calendar month and transfer to an offsite storage facility. *Once the freeze is lifted*, destroy 6 years and 3 months after cutoff.

## **24. Initial Enrollment Questionnaire (*FROZEN – DO NOT DESTROY*)**

Questionnaires sent to newly enrolled Medicare beneficiaries to obtain information on whether the individual is covered under a primary insurance plan.

Disposition: *Once the freeze is lifted*, destroy/delete when 5 years old.

## **25. Provider Statistical and Reimbursement Reports (PS&RR) – (*FROZEN – DO NOT DESTROY*)**

These files consist of EDP printouts or microforms showing summaries of payments to hospitals, skilled nursing facilities, home health agencies, and other providers of service. They are used to effect cost settlements between the FIs and the providers for program validation purposes and to determine accuracy of cost reports. These reports contain Part A and Part B inpatient and outpatient information, inpatient statistics, total bills, covered costs, and other related data.

Disposition: *Once the freeze is lifted*, destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.

## **26. Carrier Claims Processing File**

Consists of documents relating to Part B carrier performance. Submitted on a weekly basis electronically to CMS's data center.

Disposition: Destroy after 6 months.

## **30.40 - Retention of Claims File Materials**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

After the claims determination payment action and posting to CMS records is completed, the bills and related materials are accumulated in file segments and held before transfer to an approved offsite storage facility (see §30.40.2). Claims records having current value and continuing reference, or claims records otherwise flagged to indicate pending action, are retained as long as the carrier finds necessary.

### **30.40.1 - Segment File Accumulation Period**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

In order to facilitate the transfer of material to an approved offsite storage facility, intermediaries and carriers maintain the permanent claims records files in accumulation period segments, based on the starting date of initial payment or denial. Each contractor may select an accumulation period segment of from 6 months to 2 years in length after such starting date. The contractor may also adopt one period of time on an ongoing basis, but a different period for the initial segment.

Contractors who have been authorized to microfilm/image claims records may be authorized to shorten the segment file accumulation period. (See §30.50.)

After a file segment is closed, the contractor retains the records contained in that segment until time to transfer them to an approved storage facility. (See §§30.40.2 and 30.40.3 for definition of retention periods.)

**EXCEPTION:** Contractors who maintain total history files by individual claim number, name, or other sequence, may wish to operate under some procedure other than by a file segment accumulation period.

Such alternative procedures may be used provided purging techniques to withdraw inactive records are established which meet one of the following requirements:

1. They avoid costly and time consuming manual selection of material to be purged from each folder.
2. Separators are used for each year's (or other period's) material within the history folder to facilitate rapid selection.
3. The capability exists (e.g., computer prepared lists) to identify inactive cases in which no action has been taken for 12 months or more for selection as purged segments to be transferred to an approved storage facility when such a purge becomes necessary.
4. Periods for purging and transfer are carefully selected by studying rates of reference to claims materials in order to select a realistic inactive period to avoid unnecessary recall from the storage facility.

Although contractors who follow a purging procedure need not establish a standard retention period, the establishment of one of these requirements provides them with the potential of transferring inactive files to a storage facility if such a transfer should



become desirable. When such a purge is begun, the contractor should make no transfer to the storage facility until the entire purging operation for the period is completed.

**30.40.2 - Standard Retention Periods – Microfilmed Claims**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Contractors keep each permanent claims records file segment for a period of not less than 6 months or more than 1 1/2 years after the segment has been closed. The contractor bases the selection of a retention period on its experience with the rate and frequency of reference and other criteria. It also should avoid too early transfer to the storage facility, which could result in volume recalls and delays. The contractor bases the exact length of the retention period on its needs and on the arrangements worked out with the storage facility.

The following examples of segment accumulation and retention periods demonstrate some of the ways in which these periods can vary.

**EXAMPLES:**

Segment File

Accumulation Period	Retention Period	Transfer
a. 6 months		
7/1/05 - 12/31/05	6 months	7/1/06
1/1/06 - 6/30/06	6 months	1/1/07
1/1/06 - 6/30/06	12 months	7/1/06
1/1/06 - 6/30/06	18 months	1/1/07
b. 9 months		
7/1/05 - 3/31/06	6 months	10/1/06
7/1/05 - 3/31/06	12 months	4/1/07
7/1/05 - 3/31/06	18 months	10/1/07
c. 12 months		
1/1/05 - 12/31/05	6 months	7/1/06
1/1/05 - 12/31/05	12 months	1/1/07

	1/1/05 - 12/31/05	18 months	7/1/07
d.	18 months		
	1/1/05 - 6/30/07	6 months	1/1/08
	1/1/05 - 6/30/07	12 months	7/1/08
	1/1/05 - 6/30/07	18 months	1/1/09
e.	2 years		
	7/1/05 - 6/30/07	6 months	1/1/08
	7/1/05 - 6/30/07	12 months	7/1/07
	7/1/05 - 6/30/07	18 months	1/1/09

### **30.40.3 - Retention Period - Microfilmed Material**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Intermediaries and carriers who have been authorized to microfilm claims records (see §§50ff) may be permitted to transfer an accumulation of the original source documents to an approved offsite storage facility, after retaining for a shorter period than is outlined in [§§30.30.40 – 30.30.40.2](#).

	Accumulation Period	Retention Period	Transfer
a.	1/1/06 - 1/31/06	1 month	3/1/06
b.	6/1/06 - 6/30/06	1 month	8/1/06

### **30.50 - Microfilming of Files Material**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Some intermediaries and carriers have been authorized to microfilm claims records and other files material; e.g., computer printouts, cancelled checks, financial records. Due to the document freeze, these contractors are not authorized to destroy original source documents but are permitted to transfer an accumulation of these documents to an offsite storage facility after microfilming and verification of the quality and completeness of the film. (See [§30.30.2](#), item 3, concerning destruction the hard copy Medicare Summary Notices after microfilming.) The accumulation period may be daily, weekly, or monthly,

depending on volume. Generally, contractors should not make shipments of less than three cartons. They coordinate transfer procedures with the storage facility.

In §30.90, Exhibits 6-12 contain various sample forms to be used by contractors when microfilming files material. These forms are not supplied by CMS. Reproduction of the forms is the responsibility of the contractor.

**30.50.1 - Microfilming Procedures**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

**A – General**

The contractor must authenticate each roll of film containing reproductions of Medicare claims records by including certificates of authenticity at the start and at the end of the filmed documents. (Material other than claims records need not be authenticated.) The contractor produces these certificates and target cards as needed, using the language contained in the examples in §80, [Exhibits 6-12](#). The camera operator completes a report for each roll that is microfilmed. See [Exhibit 12](#), for an example of a roll report. The contractor films claims records without attachments (e.g., coding sheets) overlaying data on the record. If data on the attachment is needed for reference purpose, the contractor films it separately.

To ensure that the camera is working efficiently when files material is being microfilmed, the contractor films a microcopy resolution test chart on the first roll in the morning and the first roll in the afternoon. It gives these rolls priority processing so that any camera malfunction is discovered as soon as possible. [Exhibit 11](#) provides an example of a resolution test chart that cannot be used for actual tests. Usable charts are available from microfilm suppliers.

**B - Normal Filming**

The contractor films the start certificate ([see Exhibit 5](#)) after any target (or flash) cards that identify or index the documents on the film and before the records are filmed. It files the end certificate ([Exhibit 6](#)) after the last document and before any end target card. It retains documents in the order they were filmed for ease in reviewing the processed microfilm.

The following is an example of normal filming sequence:

OUT	LEADER	ROLL		FILING	START	TEST*
START	<ABOUT-	NUMBER	TITLE	SEQUENCE	CERTIFICATION	CHART
OF	2 FEET	CARD	CARD	CARD	OF	
FILM					AUTHENTICITY	
					CARD	

\					LAST	\
/				LAST	CERTIFICATE	/
\	DOCUMENT	DOCUMENT	DOCUMENT	DOCUMENT	OF	\
/					AUTHENTICITY	/
\					CARD	\

/				*Filmed Twice Each Day	\
\	END	←	<b>TRAILER ABOUT</b>	END OF FILM	/
/	CARD		2 FEET	/	\
\					/
\					\

**C – Corrections**

If the camera operator notices that a document has been incorrectly filmed due to being twisted, folded, or torn, photograph a correction card ([see Exhibit 7](#)) right after the incorrect document.

The following is an example of correction filming sequence:

\						\
/	DOCUMENT	DOCUMENT	CORRECTION	DOCUMENT	DOCUMENT	/
\		(TORN)	CARD	(REPAIRED)		\
/						/
\						\

**D - Filming Retakes and Additions**

When the processed microfilm roll is reviewed, some documents may be illegible or incorrectly photographed. Other documents may have been out of file or omitted at the time of the original microfilming. The contractor will re-photograph these documents

and splice onto the front of the completed microfilm roll. If splicing is not practical, it will maintain the retakes and additions as a separate microfilm roll. It will photograph a start of retake or addition card ([Exhibit 8](#)) immediately before the documents to be rephotographed or added. Photograph an end of retake or addition certificate ([Exhibit 9](#)) immediately after the last document to be rephotographed. The following is an example of retake or addition filming sequence:

\	/	\	/	\	/	\	/	\	/	\
	START RE-TAKE OR ADDITION CARD	DOCUMENT	DOCUMENT	DOCUMENT		END OF ADDITION OR RETAKE CERTIFICATE				

**30.50.2 - Microfilming Index Label**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Affix an index label to each contents of the roll microfilm and provide reference markers. It lists the normal filming and the retakes and additions.

Below is an example of an index label:

Title:	Roll No.
CMS-1490 or 1453	
CONTENTS INDEX	
Index Point 1	
CMS-1490 or 1453	Control Number
00400	Through 00450
Index Point 2	
CMS-1490 or 1453	Control Number
00451	Through 00499

### **30.50.3 - Retention and Destruction of Microfilm**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

#### **A - Master Microfilm**

After producing the number of copies of the microfilm required for reference purposes, the contractor retains the master microfilm as a security file. It stores it at an offsite location so that copies may be made in the event the reference copies are destroyed. It disposes of the master microfilm at the time the storage facility disposes of the hardcopy contained on the film. (See [§30.30](#) for records disposition instructions.)

(The contractor need not maintain a master microfilm security file of records such as computer printouts when complete computerized backup data is retained. It disposes of the master microfilm when there is no longer a need to produce reference copies of the microfilm.)

#### **B - Copies of Microfilm**

The contractor retains one copy of the microfilm as a reference copy to be kept on site for use when needed. It disposes of this copy with the master microfilm. (See subsection A above.)

The contractor may dispose of any other reference copies of the microfilm 2 years after the end of the calendar year in which the documents were filmed. These copies may be retained for a longer period if they are needed for reference purposes but not longer than the master microfilm.

## **C - Destruction of Microfilm**

The contractor should destroy microfilm by shredding as this method provides the most complete destruction of the data on the film. Other methods of destroying film, e.g., exposure to extreme heat or boiling, do not eradicate the data as completely or efficiently. Shredders exist that can destroy both film and reels. The contractor should retain cartridges or magazines which contained the microfilm for reuse because of the high cost of replacement.

If a contractor does not have a shredder and purchase of a shredder is not cost justified, it should check local sources such as microfilm equipment vendors, microfilm service bureaus, banks, and insurance companies for a shredder that it can use to destroy its film. If a shredder cannot be located, the contractor should contact its regional office for assistance.

### ***30.60 – Annual Report of Medicare Records***

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

*The Centers for Medicare & Medicaid Services (CMS) conducts a reporting of total records on hand in current file rooms, offices, and offsite storage facilities. Since Medicare claims records and related records created and maintained by you must be included, you must prepare an Annual Report of Medicare Records (See Exhibit 13).*

*Each contractor shall prepare this report every year as of September 15, regardless of your fiscal year ending date, and mail one copy to reach the address shown below no later than September 30:*

*Centers for Medicare & Medicaid Services  
Records Officer, OSORA/IRMG  
Mail Stop, SL-12-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850*

### **30.70 - Disposition of Non-Claims Materials**

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

Non-claims materials, as defined in [§30.10.1B](#), may be disposed of by the contractor. Retained CMS bill copies (where records were submitted on tape) may be destroyed.

In disposing of this material, the contractor must:

- Ensure the confidentiality of information regarding a particular beneficiary, provider, physician, or supplier by protective shredding, mutilation, or contractual provisions with the subcontractor regarding similar protective measures.
- Provide for offsetting expenditures with salvage value received when contractual relationships have been established with a local contractor for the sale of non-claims materials for its salvage value. In such cases, the contractor records the salvage value received, and offsets the initial expense of purchasing such materials by such value received.

### **30.80 – Standards for All Records Storage Facilities**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

*A facility that is used to store Federal records, must meet the minimum structural, environmental, property and life safety standards as outlined in 36 CFR 1228.228-Facility Requirements*

*[http://www.access.gpo.gov/nara/cfr/waisidx\\_05/36cfr1228\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/36cfr1228_05.html) by October 1, 2009. You must submit a Facility Standards for Record Storage Facilities Inspection Checklist (see Exhibit 14) for all storage facilities used to house CMS records to the CMS Records Officer.*

*The facility must be constructed with non-combustible materials and building elements, including walls, columns and floors. You may request a waiver of this requirement from the National Archives and Records Administration through CMS for an existing records facility with combustible building elements to continue to operate until October 1, 2009. Your request must provide documentation that the facility has a fire suppression system specifically designed to mitigate this hazard and that the system meets the requirements in 36 CFR 1228.230--Fire Safety Requirements*

*[http://www.access.gpo.gov/nara/cfr/waisidx\\_05/36cfr1228\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/36cfr1228_05.html) . Requests for waivers must be submitted to your CMS Regional Office contact who will forward to the CMS Records Officer for final approval by the National Archives and Records Administration.*

### **30.90 - Exhibits**

**(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)**

- Exhibit 1. Preprinted Container Label
- Exhibit 2. Minimum Label Data Required for Unlabeled Boxes
- Exhibit 3. Records Transmittal and Receipt – Standard Form 135
- Exhibit 4. Reference Request – Federal Records Center – Optional Form 11
- Exhibit 5. Certificate of Authenticity - Start
- Exhibit 6. Certificate of Authenticity – End
- Exhibit 7. Correction Card
- Exhibit 8. Start of Retake or Addition Certificate
- Exhibit 9. Retake or Addition Certification
- Exhibit 10. Resolution Test Chart
- Exhibit 11. Witness Disposal Certification (Sample)*



Exhibit 12. Roll Report

*Exhibit 13 Report of Medicare Records*

*Exhibit 14 Inspection Checklist -- Standards for Record Storage Facilities*

## Exhibit 1 – Preprinted Container Label

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

ACCESSION NO.	CARTON NO. of
AGENCY	MAJOR SUBDIVISION

### Instructions for Completing Label

Accession No. – Control number you assign to each shipment of records.

Carton No. – Show the box number and also the total number of boxes in the same shipment, e.g., 5 of 60.

Agency – Enter CMS

Major Subdivision – Enter the name of the intermediary or carrier in this block.

Description of Records – Enter “Part A Intermediary or Part B Carrier – Medicare bills and related claims records received, processed and paid (including dates),” or “Part A Intermediary – Medicare Fiscal Records, canceled checks and related records (including dates).”

Also, for each box, show the inclusive claims numbers, dates, etc., depending on arrangement of records, e.g., “086-12-8462—093-14-2362”.

## Exhibit 2 - Minimum Label Data Required for Unlabeled Boxes

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

For boxes not having a preprinted label (see Exhibit 1 above), enter the label as shown:

CARTON ____ OF ____ CARTON(S)
CMS
INTERMEDIARY or CARRIER NAME
CITY, STATE

### Instructions For Labeling Boxes

Use broad-point felt tip marker to facilitate shelf reference.

#### Minimum Label Data

Accession Number – Control number assigned to each shipment of records.

Carton No.--Show the box number and also total boxes in the shipment, e.g., 5 of 60.

Agency--Show "CMS."

Office--Show the name of Intermediary or Carrier with city and State address.

Description of Records--For Medicare bills and related records, show: "Fiscal Intermediary or Carrier name - Paid Medicare Bills (inclusive dates)." For fiscal records, canceled checks, and related records, show: " Fiscal Intermediary or Carrier - Medicare Fiscal Records (inclusive dates)."

First and Last Entry in Box--Show the inclusive claim number, terminal digit numbers, check numbers, or other designated key numbers (e.g., 086-12-8462A--093-14-2362T).

### **Exhibit 3 – Records Transmittal and Receipt – Standard Form 135**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Click on the link below then scroll down and click on “Records Transmittal and Receipt Form – SF135”.

[http://www.archives.gov/records\\_center\\_program/forms/sf\\_135\\_intro.html](http://www.archives.gov/records_center_program/forms/sf_135_intro.html)

**Exhibit 4 – Reference Request – Federal Records Center – Optional Form 11**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

Click on the link below to access Optional Form 11

<http://www.gsa.gov/forms>

**Exhibit 5 - Certificate of Authenticity – START**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

CONTRACTOR NAME AND ADDRESS

CERTIFICATE OF AUTHENTICITY

START

THIS IS TO CERTIFY THAT THE MICROPHOTOGRAPHIC IMAGES APPEARING ON THIS ROLL OF MICROFILM:

STARTING WITH (e.g., control number, health insurance claim number)

ARE ACCURATE REPRODUCTIONS OF THE RECORDS OF:

AND WERE MICROFILMED IN THE REGULAR COURSE OF BUSINESS PURSUANT TO ESTABLISHED ROUTINE COMPANY POLICY FOR SYSTEMS UTILIZATION AND OR FOR THE MAINTENANCE AND PRESERVATION OF SUCH RECORDS THROUGH THE STORAGE OF SUCH MICROFILMS IN PROTECTED LOCATIONS.

IT IS FURTHER CERTIFIED THAT THE PHOTOGRAPHIC PROCESSES USED FOR MICROFILMING OF THE ABOVE RECORDS WERE ACCOMPLISHED IN A MANNER AND ON MICROFILM THAT MEETS THE RECOMMENDED REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC REPRODUCTIONS.

Date Microfilmed

Camera Operator

Location

Authorized Signature

**Exhibit 6 – Certificate of Authenticity – END**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

CONTRACTOR NAME AND ADDRESS

CERTIFICATE OF AUTHENTICITY

END

THIS IS TO CERTIFY THAT THE MICROPHOTOGRAPHIC IMAGES APPEARING ON THIS ROLL OF MICROFILM:

ENDING WITH

ARE ACCURATE REPRODUCTIONS OF THE RECORDS OF:

AND WERE MICROFILMED IN THE REGULAR COURSE OF BUSINESS PURSUANT TO ESTABLISHED ROUTINE COMPANY POLICY FOR SYSTEMS UTILIZATION AND OR FOR THE MAINTENANCE AND PRESERVATION OF SUCH RECORDS THROUGH THE STORAGE OF SUCH MICROFILMS IN PROTECTED LOCATIONS.

IT IS FURTHER CERTIFIED THAT THE PHOTOGRAPHIC PROCESSES USED FOR MICROFILMING OF THE ABOVE RECORDS WERE ACCOMPLISHED IN A MANNER AND ON MICROFILM THAT MEETS THE RECOMMENDED REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC REPRODUCTIONS.

Date Microfilmed

Camera Operator

Location

Authorized Signature

**Exhibit 7 – Correction Card**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

CORRECTION CARD
CORRECTION THIS DOCUMENT HAS BEEN REPHOTOGRAPHED TO ASSURE LEGIBILITY



## **Exhibit 8 – Start of Retake or Addition Certificate**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

RETAKE OR ADDITION CARD

START OF RETAKE OR ADDITION

The images appearing between this point and the "End of Retake or Addition" are true copies of records, which were missing or provide unsatisfactory on inspection of the original microfilm reel.

For a description of rephotographed material, see operator's "Retake or Addition Certificate" at the end of this section.

**Exhibit 9 – Retake or Addition Certificate**

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

CONTRACTOR NAME AND ADDRESS

CERTIFICATE OF AUTHENTICITY

RETAKES OR ADDITIONS

THIS IS TO CERTIFY THAT THE MICROPHOTOGRAPHIC IMAGES APPEARING ON THIS ROLL OF MICROFILM:

ENDING WITH

ARE ACCURATE REPRODUCTIONS OF THE RECORDS OF:

AND WERE MICROFILMED IN THE REGULAR COURSE OF BUSINESS PURSUANT TO ESTABLISHED ROUTINE COMPANY POLICY FOR SYSTEMS UTILIZATION AND OR FOR THE MAINTENANCE AND PRESERVATION OF SUCH RECORDS THROUGH THE STORAGE OF SUCH MICROFILMS IN PROTECTED LOCATIONS.

IT IS FURTHER CERTIFIED THAT THE PHOTOGRAPHIC PROCESSES USED FOR MICROFILMING OF THE ABOVE RECORDS WERE ACCOMPLISHED IN A MANNER AND ON MICROFILM THAT MEETS THE RECOMMENDED REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC REPRODUCTIONS.

Date Microfilmed

Camera Operator

Location

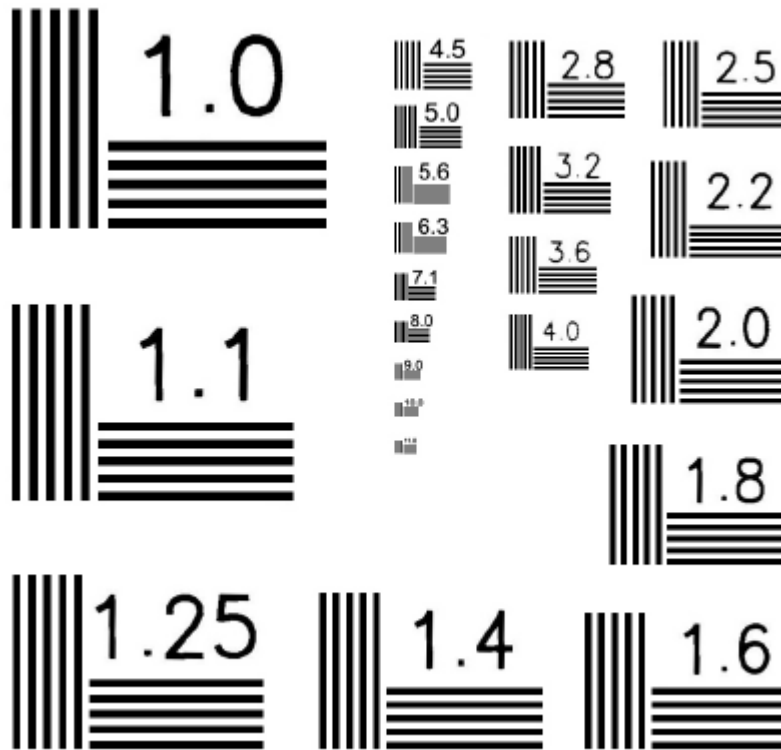
Authorized Signature

## Exhibit 10 – Resolution Test Chart

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

The resolution test chart can also be viewed at the following link:

<http://www.efg2.com/Lab/ImageProcessing/TestTargets/>



***Exhibit 11 – Witness Disposal Certification (Sample)***

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

***WITNESSED DISPOSAL CERTIFICATION***

***Disposal Date:*** \_\_\_\_\_

***Medicare Contractor :*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

\_\_\_\_\_

***Disposal Location:*** \_\_\_\_\_

\_\_\_\_\_

***Volume by Cubic Feet (e.g., number of boxes):*** \_\_\_\_\_

***Description & Year(s) of Records Destroyed:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I certify that I witnessed the proper destruction of CMS Medicare records approved for disposal on the date and location named in this document.***

***Print Name:*** \_\_\_\_\_

***Title:*** \_\_\_\_\_

***Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

# Exhibit 12 – Roll Report

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

## ROLL REPORT

THEIR ROLL NO.
-------------------

AGENCY NAME
----------------

OUR ORDER NUMBER
---------------------

CAMERA NO.	LIGHT LEVEL	IRIS	REDUCTION
------------	-------------	------	-----------

FILMING TIME
--------------

LUNCH TIME	BREAK TIME	PREP TIME	WAITING TIME	SET-UP TIME	TRAVEL TIME
---------------	---------------	--------------	-----------------	----------------	----------------

### PROCESSING DEPARTMENT

DATE PROC.	DEV. TIME	CHEM. TEMP	REMARKS	PROCESSOR
------------	-----------	------------	---------	-----------

### INSPECTION DEPARTMENT

APPROVED		INSPEC.	INSPECTORS	
RESHOOTS	FOOTAGE	TIME	INITIALS	DENSITY

RESHOOTS WILL BE FOUND ON THIS ROLL FOR ROLL NUMBERS
---

REMARKS	OPERATOR'S
INITIALS	

## Exhibit 13 – Report of Medicare Records

*(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)*

<b>ANNUAL REPORT OF MEDICARE RECORDS</b>			
<b>Name &amp; Address of Medicare Contractor</b>			
<b>Name, Title and Phone # of the Person Submitting the Report</b>			
<b>Type of Medicare Contractor (Carrier/Intermediary/DMERC, etc.)</b>			
	<b>Current File Room</b>	<b>Offsite Storage</b>	<b><i>Storage Costs</i></b>
1. Total Records on Hand at the End of the Reporting Period			
a. Magnetic Tape Included in Line 1			
b. Microfilm Included in Line 1			
<i>c. CDs included in Line 1</i>			
d. Paper included in Line 1			
2. Records Transferred to Storage			

During Reporting Period (provide the number of boxes)			
<i>a. To Offsite Storage Included in Line 2</i>			\$
<i>b. To Onsite Storage Included in Line 2</i>			\$
<b><i>TOTAL STORAGE COSTS (Add 2a+b)</i></b>			\$
<b><i>3. Total Records in Offsite Storage During the Contract Period</i></b>			

For the purpose of this report, volume may be calculated according to the following table of cubic foot equivalents:

- 1 record storage box.....1 cubic foot
- Letter-size filing cabinet.....1½ cubic feet per drawer
- Legal-size filing cabinet.....2 cubic feet per drawer
- Magnetic Tape.....1 cubic foot per 7 reels
- Microfilm.....1 cubic foot per 108 rolls
- CDs.....¼ cubic foot per 12” case holder

***Exhibit 14 – Inspection Checklist – Facility Standards for Records Storage Facilities***

***(Rev.38, Issued: 05-26-06, Effective: 06-26-06, Implementation: 06-26-06)***

<b><i>Facility Standards for Records Storage Facilities</i></b>	
<b><i>Inspection Checklist</i></b>	
<b><i>(Effective date of checklist September 2005)</i></b>	
<b><i>Agency:</i></b>	
<b><i>Facility:</i></b>	<b><i>Common Name:</i></b> _____
	<b><i>Street Address</i></b> _____
	<b><i>City, State &amp; Zip</i></b> _____
<b><i>Facility</i></b>	<<Typed name>>
<b><i>Director or</i></b>	<<Typed Title>>
<b><i>Representative:</i></b>	<input type="checkbox"/> <i>Comments explaining or disagreeing with inspection findings are attached.</i>
<b><i>Inspector:</i></b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           _____            &lt;&lt;Typed name&gt;&gt;             &lt;&lt;Typed Title&gt;&gt;         </div> <div style="width: 35%; text-align: center;">           _____            Date         </div> </div>



*Facility Description:*

***Compliance with 36 CFR 1228.228 Facility Requirements***

<i>§1228.228 paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>
<i>(a)</i>	<i>The facility must be constructed with non-combustible materials and building elements, including walls, columns, and floors.</i>			
<i>(a) exception 1</i>	<i>If the roof is constructed of combustible material it is protected by a properly installed and maintained wet-pipe automatic sprinkler system.</i>			
<i>(a) exception 2</i>	<i>Existing records storage facility with combustible building elements has an approved waiver from NAS that allows continued use until October 1, 2009 provided documentation has been submitted that indicates a fire-suppression system designed to mitigate the risk is present.</i>			
<i>(b)</i>	<i>A facility with two or more stories must be designed or certified by a licensed fire protection engineer and civil/structural engineer to avoid catastrophic failure of the structure due to an uncontrolled fire on one of the intermediate levels.</i>			
<i>(c)</i>	<i>The building must be sited a minimum of five feet above and 100 feet from any 100 year flood plain areas, or be protected by an appropriate flood wall (see FEMA flood maps)</i>			

(d)	<i>The facility must be designed in accordance with national, regional, state or local building codes (whichever is most stringent) to provide protection from building collapse or failure of essential equipment from earthquake hazards, tornadoes, hurricanes, and other natural disasters.</i>			
(e)	<i>Roads, fire lanes, and parking areas must permit unrestricted access for emergency vehicles.</i>			
(f)	<i>A floor load limit must be established for the records storage area by a licensed structural engineer. ... The allowable load limit must be posted in a conspicuous place and must not be exceeded.</i>			
(g)	<i>The facility must ensure that the roof membrane does not permit water to penetrate the roof. (New buildings: effective 9/28/2005; existing buildings: effective 10/1/2009)</i>			
(h)	<i>Piping (with the exception of sprinkler piping and storm water roof drainage piping) must not be run through the records storage area unless supplemental measures ... are used to prevent water leaks .... (New buildings: effective 9/28/2005; existing buildings: effective 10/1/2009)</i>			
(i)(1)	<i>All storage shelving must be designed and installed to provide seismic bracing that meets the requirements of the applicable state, regional, and local building code (whichever is most stringent).</i>			
(i)(2)	<i>Racking systems, steel shelving, or other open-shelf records storage equipment must be braced to prevent collapse under full load. Each shelving unit must be industrial style shelving rated at least 50 lbs per cubic foot supported by the shelf.</i>			
(i)(3)	<i>Compact shelving, if used, must be designed to permit proper air circulation and fire protection ...</i>			
(j)	<i>The records storage area must be equipped with an anti-intrusion alarm system ... meeting the requirements of UL 1076, Proprietary Burglar Alarm Units and Systems (level AA) .... The alarm system must be monitored in accordance with UL 611, Central Station Burglar Alarm Systems.</i>			
(k)	<i>The facility must comply with the requirements for a Level III facility. (Appendix A -- see separate checklist)</i>			

(l)	<i>Records contaminated by hazardous materials ... must be stored in separate areas having separate air handling systems from other records.</i>			
(m)	<i>The facility must have an Integrated Pest Management program.</i>			
(n)	<i>The following additional requirements apply only to new facilities:</i>			
(n.1)	<i>(1) No mechanical equipment containing motors in excess of 1 HP within records storage areas (excluding material handling and conveyance equipment that have operating thermal breakers on the motor).</i>			
(n.2)	<i>(2) No high-voltage electrical distribution equipment (i.e., 13.2kv or higher) in records storage areas.</i>			
(n.3)	<i>(3) A redundant source of primary electrical service ... should be provided ... . Manual switching between sources of service is acceptable. (See text in rule; applies to HVAC, fire and security alarms.)</i>			
(n.4)	<i>(4) For new facilities that store permanent records:</i>			
a.	<i>a. A facility storing permanent records must be kept under positive pressure.</i>			
b.	<i>b. No intake louvers in loading dock areas, parking or other areas subject to vehicle traffic.</i>			
c.	<i>c. Separate air supply and exhaust system for loading docks.</i>			

<b><i>Compliance with 36 CFR 1228.230 Fire Safety Requirements</i></b>				
<i>§1228.230 paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>

<b><i>Compliance with 36 CFR 1228.230 Fire Safety Requirements</i></b>				
<i>§1228.230 paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>
<i>(a)</i>	<i>The fire detection and protection system must be designed or reviewed by a licensed fire protection engineer. Review requires submission of a report under the seal of a licensed fire protection engineer; see rule text for minimum requirements.</i>			
<i>(b)(1)</i>	<i>All walls separating records storage areas from each other and from storage areas within the building must be 3-hour fire resistant.</i>			
<i>(b)(2)</i>	<i>The quantity of Federal records stored in a single fire compartment shall not exceed 250,000 cubic feet.</i>			
<i>(c)(1)</i>	<i>For existing records storage facilities, at least 1-hour rated fire barrier walls must be provided between the records storage area(s) and other auxiliary spaces.</i>			
<i>(c)(2)(a)</i>	<i>For new records storage facility, 2-hour-rated fire barrier walls must be provided between the records storage area(s) and other auxiliary spaces.</i>			
<i>(c)(2)(b)</i>	<i>For new facilities, at least one exterior wall of each stack area must be designed with a maximum fire resistive rating of one-hour, or, if rated more than one-hour, there must be at least one knock-out panel in one exterior wall of each stack.</i>			
<i>(d)</i>	<i>Penetrations in the walls must not reduce the specified fire resistance ratings.</i>			
<i>(e)</i>	<i>The fire resistive rating of the roof must be a minimum of ½ hour.</i>			
<i>(e) alternate</i>	<i>Unrated roof is protected in accordance with NFPA 13.</i>			
<i>(f)</i>	<i>Openings in fire barrier walls must be protected by self-closing or automatic Class A fire doors, or equivalent doors that maintain the same rating as the wall.</i>			

<i>Compliance with 36 CFR 1228.230 Fire Safety Requirements</i>				
<i>§1228.230 paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>
<i>(g)</i>	<i>Roof support structures that cross or penetrate fire barrier walls must be cut and independently supported on each side of the fire barrier wall.</i>			
<i>(h)</i>	<i>If fire barrier walls are erected with expansion joints, the joints must be protected to their full height.</i>			
<i>(i)</i>	<i>Building columns in records storage areas must be 1-hour fire resistant.</i>			
<i>(i) alternate</i>	<i>Unrated columns are protected in accordance with NFPA 13.</i>			
<i>(j)(1)</i>	<i>Automatic roof vents for routine ventilation purposes must not be designed into new records storage facilities.</i>			
<i>(j)(2)</i>	<i>Automatic roof vents, designed solely to vent in the case of a fire, with a temperature rating of at least twice that of the sprinkler heads are acceptable.</i>			
<i>(k)</i>	<i>Where lightweight steel roof or floor supporting members are present, they must be protected either by applying a 10-minute fire resistive coating to the top chords of the joists, or by retrofitting the sprinkler system with large drop sprinkler heads. (see rule text)</i>			
<i>(l)</i>	<i>Open flame (oil or gas) unit heaters or equipment, if used, must be installed or used in any records storage area in accordance with NFPA 54 and the UMC.</i>			
<i>(m)</i>	<i>For existing records storage facilities, boiler rooms or rooms containing equipment operating with a fuel supply ... must be separated from records storage areas by a 2-hour rated fire barrier wall with no openings directly from those rooms to the records storage area(s). Such areas must be vented directly outside to a location where fumes will not be drawn back into the facility.</i>			

<i>Compliance with 36 CFR 1228.230 Fire Safety Requirements</i>				
<i>§1228.230 paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>
<i>(n)</i>	<i>For new records storage facilities, boiler rooms or rooms containing equipment operating with a fuel supply ... must be separated from records storage areas by a 4-hour rated fire barrier wall with no openings directly from those rooms to the records storage area(s). Such areas must be vented directly outside to a location where fumes will not be drawn back into the facility.</i>			
<i>(o)</i>	<i>For new records storage facilities, fuel supply lines must not be installed in areas containing records, and must be separated from such areas with 4-hour-rated construction.</i>			
<i>(p)</i>	<i>Equipment rows running perpendicular to the wall must comply with NFPA 101 Life Safety Code, with respect to egress requirements.</i>			
<i>(q)(1)</i>	<i>No oil-type transformers, except thermally protected devices included in light ballasts, may be installed in records storage areas.</i>			
<i>(q)(2)</i>	<i>All electrical wiring must be in metal conduit, except that armored cable may be used where flexible wiring connections to light fixtures are required</i>			
<i>(q)(3)</i>	<i>Battery charging areas for electric forklifts must be separated from records storage areas with at least a 2-hour rated fire barrier wall.</i>			
<i>(r)</i>	<i>Hazardous materials ... must not be stored in records storage areas.</i>			

<b><i>Compliance with 36 CFR 1228.230 Fire Safety Requirements</i></b>				
<i>§1228.230 paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>
<i>(s)</i>	<p><i>All records storage and adjoining areas must be protected by a professionally designed fire-safety detection and suppression system that is designed to limit the maximum anticipated loss from any single fire event to a maximum of 300 cubic feet of records destroyed.</i></p> <p><i>For systems in accordance with App. B, attach checklist. For other designs, see § 1228.242 for documentation requirements.</i></p>			

<b><i>Compliance with 36 CFR 1228.232, Environmental Control Requirements</i></b>				
<i>§1228.232 Paragraph:</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Other</i>
<i>(a)</i>	<i>Paper-based temporary records must be stored under environmental conditions that prevent the active growth of mold. (See rule text)</i>			
<i>(b)</i>	<i>Nontextual temporary records, including microforms and audiovisual and electronic records, must be stored in records storage space that will ensure their preservation for their full retention period. Effective 9/28/2005 for new records storage facility and 10/1/2009 for existing facilities. (See rule text)</i>			

(c)	<p><i>Paper-based permanent, unscheduled, and sample/select records must be stored in records storage space that provides 24 hour/365 days per year air conditioning equivalent to that required for office space. (See rule text)</i></p> <p><i>Effective date: New facilities, 9/28/2005; existing facilities 10/1/2009</i></p>			
(d)	<p><i>Nontextual permanent, unscheduled and/or sample/select records: see parts 1230, 1232, and/or 1234 of 36 CFR Chapter XII.</i></p>			
<i>List of Attachments</i>				
<i>Description</i>			<i>Yes</i>	<i>N/A</i>
<i>Minimum Security Requirements Check List (Appendix A)</i>				
<i>Fire-Safety Check List (Appendix B)</i>				
<i>Certification of fire-safety detection and suppression system (36 CFR 1228.242)</i>				
<i>Exceptions caused by Code Conflicts (36 CFR 1228.234)</i>				
<i>Waiver request(s) (36 CFR 1228.236)</i>				
<i>Other: (Describe)</i>				





***Compliance with Federal Facility Security Standards, Level III***

***(36 CFR Part 1228 Appendix A)***

***(Complete for ALL facilities)***

<i>Citation</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Part</i>
<i>S1</i>	<i>Control of facility parking</i>			
<i>S2</i>	<i>Receiving/shipping procedures</i>			
<i>S3</i>	<i>Intrusion detection system with central monitoring</i>			
<i>S4</i>	<i>Meets Life Safety Standards</i>			
<i>S5</i>	<i>Adequate exits from records storage areas</i>			
<i>S6</i>	<i>High security locks on entrances/exits</i>			
<i>S7</i>	<i>Visitor control/screening system</i>			
<i>S8</i>	<i>Prevent unauthorized access to utility areas</i>			
<i>S9</i>	<i>Provide emergency power to critical systems</i>			
<i>S10</i>	<i>Conduct background security checks and/or establish security control procedures for service contract personnel</i>			

***Compliance with 36 CFR Part 1228 Appendix B***

***(Complete this section ONLY if the facility claims to be using the system described in Appendix B)***

<i>Paragraph</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Part</i>
<i>2a.</i>	<i>The records storage height must not exceed the nominal 15 feet (+/-3 inches) records storage height.</i>			
<i>2b.</i>	<i>All records storage and adjoining areas must be protected by automatic wet pipe sprinklers.</i>			
<i>2c.</i>	<i>1. The sprinkler system must be rated at no higher than 285 degrees Fahrenheit utilizing quick response (QR) fire sprinkler heads.</i>			

**Compliance with 36 CFR Part 1228 Appendix B**

**(Complete this section ONLY if the facility claims to be using the system described in Appendix B)**

<i>Paragraph</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Part</i>
	<i>2. The sprinkler system must be designed by a licensed fire protection engineer to provide the specified density for the most remote 1,500 square feet of floor area at the most remote sprinkler head in accordance with NFPA 13 (1996), Standard for the Installation of Sprinkler Systems.</i>			
	<i>3. Installation of the sprinkler system must be in accordance with NFPA 13 (1996), Standard for the Installation of Sprinkler Systems.</i>			
	<i>4. Contractor's Material and Test Certificates per NFPA 13 chapter 8.</i>			
	<i>5. Hydraulic Calculations.</i>			
<i>2d.</i>	<i>1. Maximum spacing of the sprinkler heads must be on a 10-foot grid.</i>			
	<i>2. The positioning of the heads must provide complete, unobstructed coverage, with a clearance of not less than 18 inches, but not more than 60 inches, from the top of the highest stored materials.</i>			
<i>2e.</i>	<i>The sprinkler system must be equipped with a water-flow alarm connected to a continuously staffed fire department or central station, with responsibility for immediate response.</i>			
<i>2f.</i>	<i>1. A manual fire alarm system must be provided with central station services or other automatic means of notifying the municipal fire department.</i>			
	<i>2. A manual alarm pull station must be located adjacent to each exit.</i>			
<i>2g.</i>	<i>All water cutoff valves in the sprinkler system must be equipped with automatic closure alarm connected to a continuously staffed station, with responsibility for immediate response.</i>			

**Compliance with 36 CFR Part 1228 Appendix B**

**(Complete this section ONLY if the facility claims to be using the system described in Appendix B)**

<i>Paragraph</i>	<i>Requirement</i>	<i>OK</i>	<i>No</i>	<i>Part</i>
<i>2h.</i>	<i>A dependable water supply free of interruption must be provided. This normally requires a backup supply system having sufficient pressure and capacity to meet both fire hose and sprinkler requirements for 2 hours.</i>			
<i>2i.</i>	<i>Interior stand-pipe stations equipped with 1 ½ inch diameter hose may be provided in the records storage areas if required by the local fire department, enabling any point in the records storage area to be reached by a 50-foot hose stream from a 100-foot hose lay. If hose is provided, the cabinets must be marked “For Fire Department Use Only.”</i>			
<i>2j.</i>	<i>Where fire hose cabinets are not required, stand-pipes must be provided at each floor landing in the building core or stair shaft. Hose outlets must have easily removable adapter and cap. Threads and valves must be compatible with the local fire department’s equipment. Spacing must be so that any point in the records storage area can be reached with a 50-foot hose stream from a 100-foot hose lay.</i>			
<i>2k.</i>	<i>In addition to the designated sprinkler flow demand, 500 gpm must be provided for hose stream demand. The hose stream demand must be calculated into the system at the base of the main sprinkler riser.</i>			
<i>2l.</i>	<i>1. Fire hydrants must be located within 250 feet of each exterior entrance or other access to the records center that could be used by fire-fighters.</i>			
	<i>2. All hydrants must be at least 50 feet away from the building walls and adjacent to a roadway usable by fire apparatus. Fire hydrants must have at least two 2-½ inch hose outlets and a pumper connection. All threads must be compatible with local standards.</i>			
<i>2m.</i>	<i>Portable water-type fire extinguishers (2½ gallon stored-pressure type) must be provided at each fire alarm striking station (see also NFPA 10).</i>			

