

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-047-89-001

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 12/28/2021

ACTIVE ITEMS

These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

Items 2a, 2b, 2c, and 2d remain active.

SUPERSEDED AND OBSOLETE ITEMS


The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Item 1a was superseded by N1-047-03-001, item B1a2

Item 1b was superseded by N1-047-03-001, item B1a2

Item 1c was superseded by N1-047-95-001

GAO
NARA ✓
HHS
SSA

REQUEST FOR RECORDS DISPOSITION AUTHORITY <i>(See Instructions on reverse)</i>		LEAVE BLANK	
TO GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408		JOB NO N1-47-89-1	DATE RECEIVED 11/11/89
1 FROM (Agency or establishment) Health and Human Services		NOTIFICATION TO AGENCY	
2 MAJOR SUBDIVISION Social Security Administration		In accordance with the provisions of 44 USC 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records are proposed for disposal, the signature of the Archivist is not required.	
3 MINOR SUBDIVISION Office of Regional Operations Support			
4 NAME OF PERSON WITH WHOM TO CONFER Vivian F. Holmes	5 TELEPHONE EXT FTS 625-2593	DATE 6/1/89	ARCHIVIST OF THE UNITED STATES 

6 CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records, that the records proposed for disposal in this Request of 6 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified, and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached

A GAO concurrence is attached, or is unnecessary *Handing to GAO*

B DATE 12/30/88	C. SIGNATURE OF AGENCY REPRESENTATIVE <i>George Deal</i> Dr. George Deal	D TITLE Records Management Officer Department of Health and Human Services
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7 ITEM NO	8 DESCRIPTION OF ITEM <i>(With Inclusive Dates or Retention Periods)</i>	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN <i>(NARS USE ONLY)</i>
	<u>Title XVI Claims Folders and Medical Evidence</u>		
1.	Supplemental Security Income (Title XVI) Claims Folders	N1-47-88-2/2	
2.	Medical Evidence	N1-47-88-2/3	
			<u>7 items</u>

Supplemental Security Income Claims

Medical Evidence

Background:

This schedule revises NARA Job No. N1-47-88-2, Item 2 and Note 3.

Item 2 has been completely revised after informal withdrawal by the General Accounting Office of its prior concurrence with the item in N1-47-88-2 and after further internal review by the Social Security Administration.

Note 3 has been rewritten to permit disposal of medical evidence in overpayment cases which are still in pay status but not in cessation cases. Item 3 (Medical Evidence) from N1-47-88-2 is unchanged but has been repeated here (as Item 2) because Note 3 pertains to medical evidence.

1. Supplemental Security Income Claims Folders:

These claims folders contain all pertinent material accumulated in the adjudication of a claim for supplemental security income (SSI) payments. Included are the initial claims application and supporting documentation, award or denial notices, pertinent redetermination documents, certain payment history forms, and related material.

Claims are considered active if they have been adjudicated, are in the process of or are subject to appeal or litigation, or are in a payment or suspended payment status. Claims are inactive if they have been denied or terminated and all appeals periods have expired.

When a claimant no longer meets eligibility requirements, payments are stopped and the case is held in suspense for 1 year. This permits reestablishment of pay status without the claimant's having to reapply for benefits. After 1 year in suspense (nonpay) status, the claim is terminated.

Claims with unresolved overpayments are so coded and are not selected by the case control system for destruction along with cases in which there are no overpayments.

a. Medical Denial/Termination Cases:

These are blindness/disability cases which have been denied or terminated (other than death terminations) because the claimant did not initially meet (denial), or failed to continue to meet (termination), medical eligibility requirements.

Proposed Disposition:

Destroy 5 years after the event date the inactive claim was denied or payment suspended. Federal records center storage is authorized.

b. Nonmedical Denial/Termination Cases:

These are aged or blind/disabled cases which have been denied or terminated because the claimant did not initially meet (denial), or failed to continue to meet (termination), nonmedical eligibility requirements. Included are all death denials/terminations.

Proposed Disposition:

Destroy 2 years after the event date the claim was denied or payment suspended. Federal records center storage is authorized.

c. Overpayment Cases:

These are inactive cases which have unresolved overpayments (overpayments which are still subject to collection or recovery actions). The case control and master SSI data base is coded to reflect the outstanding overpayment.

Proposed Disposition:

Destroy 15 years after the event date the claim was terminated. Federal records center storage is authorized.

2. Medical Evidence:

These are documents filed in the disability insurance (title II) claims folders. They consist of medical evaluation records, continuing disability reviews, transcripts of disability hearings and other disability evidence. Not included for disposition as medical evidence is the application for disability insurance benefits.

Proposed Disposition:

- a. Claimant/beneficiary has attained age 59 years or older at date of allowance/continuance and has "medical improvement possible" diary:

Remove from claims folder and destroy.

- b. Claimant/beneficiary has attained age 57 years or older at date of allowance/continuance and has "medical improvement not expected" diary:

Remove from claims folder and destroy.

- c. Claimant has attained age 65 years and the case has been converted from disability to retirement insurance benefits:

Remove from claims folder and destroy.

- d. Claimant has been continued in pay status after a continuing disability review:

Remove from claims folder and destroy medical evidence used to document the determination(s) prior to the current decision point.

NOTES:

1. Do not destroy any claims folders or documents which are needed for litigation, including class actions, or for outstanding fraud investigation.
2. Do not remove and destroy medical evidence until all quality assurance activities are completed.

3. Do not remove and destroy medical evidence pertaining to terminated title II disability cessation cases with outstanding overpayments. Medical evidence may be removed and destroyed from pay status cases with overpayments.
4. These disposition instructions apply only to hard copy claims documentation. Transaction and payment histories are maintained indefinitely on SSA's electronic data bases (Master Beneficiary Record for Title II and Supplemental Security Record for Title XVI) pending development of separate machine readable records disposition schedules.

Supplementary Security Income ClaimsRetention Crossover Chart

The following chart compares retention periods for supplemental security income (SSI) claims proposed in this job to those authorized and in effect prior to Job N1-47-88-2 under Job N1-47-85-3:

<u>Type SSI Claim</u>	<u>Proposed Retention</u>	<u>Prior Retention</u>
Medical Denials	5 years	2 years
Medical Terminations	5 years	6 years, 6 months
Nonmedical Denials	2 years	2 years
Nonmedical Terminations	2 years	6 years, 6 months
Death Terminations	2 years	2 years
Overpayment Cases	15 years	Not separately scheduled