



Agency Records Disposition Schedule

Department: Department of Health & Senior Services

Section: Section for Health Standards & Licensure

Division: Regulation & Licensure

Sub-Section: Bureau of Ambulatory Care

TITLE: Ambulatory Surgical Center Licensure

CUTOFF: Close of facility

DESCRIPTION: Records used to provide a state license to an ambulatory surgical center. Records include, but are not limited to variance file, application, license, letters, accreditation reports, organizational charts, change of information documents, notification of administrator, and change of ownership. Centers are licensed at least once every three years.

RETENTION: Years: 10 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 7694

SERIES STATUS: Approved

APPROVAL DATE:

11/13/2013

TITLE: Ambulatory Surgical Center Survey

CUTOFF: Completion of survey

DESCRIPTION: Records include, but are not limited to statements of deficiencies, plans of correction, crucial data sheets, Form 377's, and related correspondence. Information is used to determine a center's compliance.

RETENTION: Years: 15 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23823

SERIES STATUS: Approved

APPROVAL DATE:

11/13/2013

TITLE: Ambulatory Surgical Center Survey Working Documents

CUTOFF: Completion of survey

DESCRIPTION: Records include, but are not limited to survey notes, investigation notes, facility documentation and other supporting documentation used to determine a center's compliance. These papers lead to the creation of a report and any official statements.

RETENTION: Years: 15 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 23824

SERIES STATUS: Approved

APPROVAL DATE:

11/13/2013



Agency Records Disposition Schedule

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Section: Section for Health Standards & Licensure

Division: Regulation & Licensure

Sub-Section: Bureau of Ambulatory Care

TITLE: Renal Dialysis Provider Certification

CUTOFF: EOSFY

DESCRIPTION: Records include, but are not limited to applications, recertifications or changes, Form 3427, Form 855A - intermediary approval and a letter recommending enrollment submitted by the provider applying for certification. The record also includes Form 2567 - SOD/POC; complaint narrative; Form 1539 - certification & transmittal, Form 2567B revisit report, generated by the Bureau of Outpatient Healthcare. All forms are required for Medicare Certification. These records are also the only complete list of places qualified to provide renal dialysis for Medicare patients in Missouri.

RETENTION: Years: 6 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 7674

SERIES STATUS: Approved

APPROVAL DATE:

11/13/2013