

## **Pt. 421**

must submit certified copies of the letters testamentary, letters of administration, or other similar evidence to CMS showing his or her authority to claim the reward. The claim must be filed within 1 year from the date on which CMS first attempted to pay the reward to the individual who submitted the suggestion.

(1) *Maintenance of records*—(1) CMS retains records related to the administration of the suggestion program in accordance with 36 CFR part 1228 (the regulations for the National Archives and Records Administration).

(2) CMS does not disclose information submitted under the suggestion program, except as required by law.

[64 FR 66401, Nov. 26, 1999]

## **PART 421—MEDICARE CONTRACTING**

### **Subpart A—Scope, Definitions, and General Provisions**

Sec.

421.1 Basis, applicability, and scope.

421.3 Definitions.

421.5 General provisions.

### **Subpart B—Intermediaries**

421.100 Intermediary functions.

421.103 Payment to providers.

421.104 Assignment of providers of services to intermediaries during transition to Medicare Administrative Contractors (MACs).

421.110 Requirements for approval of an agreement.

421.112 Considerations relating to the effective and efficient administration of the program.

421.114 Assignment and reassignment of providers by CMS.

421.120 Performance criteria.

421.122 Performance standards.

421.124 Intermediary's failure to perform efficiently and effectively.

421.126 Termination of agreements.

421.128 Intermediary's opportunity for hearing and right to judicial review.

### **Subpart C—Carriers**

421.200 Carrier functions.

421.201 Performance criteria and standards.

421.202 Requirements and conditions.

421.203 Carrier's failure to perform efficiently and effectively.

421.205 Termination by the Secretary.

## **42 CFR Ch. IV (10–1–23 Edition)**

421.210 Designations of regional carriers to process claims for durable medical equipment, prosthetics, orthotics and supplies.

421.212 Railroad Retirement Board contracts.

421.214 Advance payments to suppliers furnishing items or services under Part B.

### **Subpart D—Medicare Integrity Program Contractors**

421.300 Basis, applicability, and scope.

421.302 Eligibility requirements for Medicare integrity program contractors.

421.304 Medicare integrity program contractor functions.

421.306 Awarding of a contract.

421.308 Renewal of a contract.

421.310 Conflict of interest requirements.

421.312 Conflict of interest resolution.

421.316 Limitation on Medicare integrity program contractor liability.

### **Subpart E—Medicare Administrative Contractors (MACs)**

421.400 Statutory basis and scope.

421.401 Definitions.

421.404 Assignment of providers and suppliers to MACs.

### **Subpart F [Reserved]**

AUTHORITY: 42 U.S.C. 1302 and 1395hh.

SOURCE: 45 FR 42179, June 23, 1980, unless otherwise noted.

### **Subpart A—Scope, Definitions, and General Provisions**

#### **§ 421.1 Basis, applicability, and scope.**

(a) *Basis*. This part is based on the provisions of the following sections of the Act:

Section 1124—Requirements for disclosure of certain information.

Sections 1816 and 1842—Provisions relating to the administration of Parts A and B.

Section 1893—Requirements for protecting the integrity of the Medicare program.

(b) *Applicability*. The provisions of this part apply to agreements with Part A (Hospital Insurance) fiscal intermediaries that received awards under sections 1816 or 1842 of the Act prior to October 1, 2005, contracts with Part B (Supplementary Medical Insurance) carriers that received awards under sections 1816 or 1842 of the Act prior to October 1, 2005, and contracts