

Request for Records Disposition Authority

Records Schedule Number DAA-0440-2015-0012

Schedule Status Approved

Agency or Establishment Centers for Medicare and Medicaid Services

Record Group / Scheduling Group Records of the Centers for Medicare and Medicaid Services

Records Schedule applies to Agency-wide

Schedule Subject Bucket 9 - Compliance and Integrity

Internal agency concurrences will be provided No

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

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

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

Item Count

Number of Total Disposition Items	Number of Permanent Disposition Items	Number of Temporary Disposition Items	Number of Withdrawn Disposition Items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

GAO Approval

Outline of Records Schedule Items for DAA-0440-2015-0012

Sequence Number

1

Compliance and Integrity Records

Disposition Authority Number: DAA-0440-2015-0012-0001

Records Schedule Items

Sequence Number	
1	<p data-bbox="362 400 829 438">Compliance and Integrity Records</p> <p data-bbox="362 453 1143 491">Disposition Authority Number DAA-0440-2015-0012-0001</p> <p data-bbox="362 506 1471 655">Records that support compliance and integrity activities and functions, regardless of CMS Program, including plans, agreements; administrative records, records related to surveys, reviews, and audits; reports; and legal records related to compliance and integrity operations. See crosswalk for additional detail.</p> <p data-bbox="362 670 919 708">Final Disposition Temporary</p> <p data-bbox="362 723 850 761">Item Status Active</p> <p data-bbox="362 776 821 815">Is this item media neutral? Yes</p> <p data-bbox="362 829 808 868">Do any of the records covered by this item currently exist in electronic format(s) other than e-mail and word processing? No</p> <p data-bbox="362 963 1159 1921">GRS or Superseded Authority Citation DAA-0440-2012-0011 / 0001 DAA-0440-2013-0001 / 0001 DAA-0440-2013-0009 / 0001 DAA-0440-2013-0010 / 0001 DAA-0440-2014-0001 / 0001 N1-440-01-04 / 1/a/1 N1-440-01-04 / 1/a/2 N1-440-01-04 / 1/a/3 N1-440-01-04 / 1/a/4 N1-440-01-04 / 1/b/1/a N1-440-01-04 / 1/b/1/b N1-440-01-04 / 1/c N1-440-01-04 / 1/d N1-440-01-05 / 1 N1-440-09-02 / 2 N1-440-09-09 / 1/b N1-440-10-01 / G N1-440-95-01 / 4/a N1-440-95-01 / 4/b N1-440-95-01 / 7 N1-440-95-01 / 12 N1-440-96-01 / 2/b N1-440-96-01 / 5 NC1-440-80-01 / 1 NC1-440-82-04 / 12 NC1-440-82-04 / 13</p>

NC1-440-82-04 / 14
NC1-440-82-04 / 15
NC1-440-82-04 / 16
NC1-440-82-04 / 17
NC1-440-82-04 / 20
NC1-440-82-04 / 21
NC1-440-82-04 / 23
NC1-440-82-04 / 24
NC1-440-82-04 / 25/a
NC1-440-82-04 / 25/b
NC1-440-82-04 / 26
NC1-440-82-04 / 28
NC1-440-82-04 / 2/b
NC1-440-82-04 / 5
NC1-440-82-04 / 9
N1-440-95-01 / 11/a
N1-440-95-01 / 4
NC1-440-79-01 / III/W (23)
NC1-440-79-01 / I/1 (22)
NC1-440-79-01 / II/32/a (53)
NC1-440-79-01 / II/32/b (53)
NC1-440-79-01 / III/N (54)
NC1-440-79-01 / II/18 (39)
NC1-440-79-01 / III/R
NC1-440-79-01 / II/34 (58)
NC1-440-79-02 / 5

Disposition Instruction

Cutoff Instruction

Cutoff at the end of the calendar year.

Retention Period

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

Additional Information

GAO Approval

Not Required

Agency Certification

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

Signatory Information

Date	Action	By	Title	Organization
04/13/2015	Certify	Tony Tucker	Records Officer	Office of Strategic Operations and Regulatory Affairs - OSORA
07/25/2017	Return for Revision	Sean Curry	Senior Appraisal Archivist	National Archives and Records Administration - Agency Services
07/25/2017	Submit For Certification	Carlos Simon	Records Officer	OSORA - IRISG
07/25/2017	Certify	Carlos Simon	Records Officer	OSORA - IRISG
09/11/2017	Submit for Concurrence	Sean Curry	Senior Appraisal Archivist	National Archives and Records Administration - Agency Services
09/20/2017	Concur	Margaret Hawkins	Director of Records Management Services	National Records Management Program - ACNR Records Management Services
09/20/2017	Concur	Margaret Hawkins	Director of Records Management Services	National Records Management Program - ACNR Records Management Services
09/22/2017	Approve	David Ferriero	Archivist of the United States	Office of the Archivist - Office of the Archivist

Bucket 9: Compliance and Integrity

9. Description: Records that support compliance and integrity activities and functions, regardless of CMS Program, including plans, agreements; administrative records, records related to surveys, reviews, and audits; reports; and legal records related to compliance and integrity operations. Temporary, destroy when 7 years old or when no longer needed for agency business, whichever is later.

Sub-bucket	Records Series (superseding)	Original Authority	Original Retention	Change
1. Plans and Agreements. Records, including plans and agreements, related to compliance, with CMS programs and other Federal regulations.	Corrective Action Plans. Includes formal Corrective Action Plans (CAPS) submitted by each state to RO. CAPS are developed to correct deficiencies in a state's quality control of eligibility factors, so that the state does not incur funding liability penalties. Also includes background data, correspondence with states and CMS Headquarters which relate to corrective action.	NC1-440-82-04, Item 28	Temporary, 3 years	No change in final disposition; increase in retention.
	Sampling Plans. Basic plan and modifications which details States' methodology for selecting cases used in State Medicaid Quality Control Reviews. Plans are developed by States with Regional Office assistance. Record copy maintained at CMS RO. Both CMS and the States retain copies.	N1-440-95-01, item 12	Temporary, 3 years	No change in final disposition; increase in retention.
2. Administrative Records. Records that support compliance and integrity functions within CMS related to all CMS programs.	MHPO, Performance Measurement. Documents relating to the establishment of minimum performance levels and setting benchmarks for MHPOs to achieve specific goals.	N1-440-10-01, item G	Temporary, 10 years	No change in final disposition; decrease in retention.
	Management Survey Case Files. Documents relating to the systematic formal review of organizational structure or operational procedures and accumulated in the office conducting the survey or the office sponsoring a contract for survey services. Individual studies and surveys may range in scope from a comprehensive review of organization and operative procedures to a study of one particular procedure, process, or method of a particular phase of management. Included are documents reflecting request or authorization to conduct the survey, the finished survey report, and action taken as a direct result of the survey.	NC1-440-79-02, Item 5	Temporary, 10 years	No change in final disposition; decrease in retention.
	Disallowance Case Files. Correspondence and related records which document CMS disallowance of a state claim for funding, from inception of a disallowance through recovery of funds.	NC1-440-82-04, item 23	Temporary, 3 years	No change in final disposition; increase in retention.
	State-Contractor Contracts for Administration of Medicaid Programs. Copies of contracts between state and contractors for administration of Medicaid programs, CMS approvals of contracts over \$100,000, and related documents.	NC1-440-82-04, Item 20	Temporary, 5 years	No change in final disposition; increase in retention.
	Medicaid Program General Subject Files. Correspondence, reports, policy and procedures information, reports of meetings and other general program related documents. Records specific to a state's program are filed in state subject files or in program case files described elsewhere.	NC1-440-82-04, Item 5	Temporary, 2 years	No change in final disposition; increase in retention.

	Compromised Number Checklist (CNC) Database and Records	DAA-0440-2013-0001, Item 0001	Temporary, 7 years	No change.
	Vulnerabilities / Corrective Action Records	DAA-0440-2014-0001, Item 0001	Temporary, 5 years	No change in final disposition; increase in retention.
	Contract Monitoring Files	DAA-0440-2013-0009, Item 0001	Temporary, 6 years	No change in final disposition; increase in retention.
	Office of the Inspector General, Hotline System Records.	DAA-0440-2012-0011, Item 0001	Temporary, 7 years	No change.
	Medicaid Integrity System. Information on Medicaid beneficiaries, and physicians and other providers involved in furnishing services to Medicaid beneficiaries (assigned Medicaid identification number, name, address, social security number, health insurance claim number, date of birth, gender, ethnicity and race, medical services, equipment, and supplies) for which Medicaid reimbursement is requested, and materials used to determine amount of benefits allowable under Medicaid Physicians and other providers assigned provider identification number, sanctions or suspensions.	N1-440-09-09, Item 1b	Temporary, 6 years	No change in final disposition; increase in retention.
3. Review / Audit Records. Records related to surveys, audits, and program reviews. These records document the review and audit activities, as well as the data created through these processes.	Pension Cost Questionnaire. Documents relating to Medicare contractor and subcontractor pension segmentation. In accordance with the Medicare contract/agreement Appendix B, Section XVI, the Medicare contractors were required to perform a pension asset allocation to substantiate the assets allocated to the "Medicare Segment". Contractors were required to complete "The Medicare Pension Cost Questionnaire" and to maintain the specified therein to assist HHS OIG auditors in determining compliance with that section of the contract. In cases where the contractor does not agree with the findings of the audits, legal action ensues until the disagreement is resolved.	N1-440-95-01, Item 7	Temporary, 6 years and 3 months	No change in final disposition; increase in retention.
	Performance Review Files. Documents relating to scheduled special visits to Medicare Administrative Contractors to review their Medicare operations to determine the degree of adherence to established policy.	NEW	NEW	n/a
	Program Validation. Documents relating to program validation reviews conducted to identify the degree to which program provisions are being properly applied by the providers of health care services. Included are validation review visit reports, schedules of planned validation reviews, notice of visits, and other papers directly related to the program validation review process.	NC1-440-79-01, Item, II/34 (58)	Temporary, 6 years and 3 months	No change in final disposition; increase in retention.

<p>Utilization Review. Records documenting post payment utilization review of physicians, conducted by State and local medical societies. These files are maintained by Medicare contractors nationwide and contain copies of Part B claims forms, medical documentation, determination documentation, correspondence and related background documents. No original claims records are included in these files. Physician overpayments may be collected based on the results of the reviews.</p>	<p>NC1-440-80-01, Item 1</p>	<p>Temporary, 7 years</p>	<p>No change.</p>
<p>Contractor Performance Review. Documents relating to scheduled or special visits to review their Medicare operations and to determine the degree of adherence to established policy, adequacy of service to the public, and to verify the accuracy of reporting. Included are reports of staff visits, follow-up reports and communications concerning improvements in operations and other documents relating to contract performance review visits.</p>	<p>N1-440-95-01, Item 11a</p>	<p>Temporary, 12 years</p>	<p>No change in final disposition; decrease in retention.</p>
<p>Ambulatory Surgical Center Survey. Ambulatory Surgical Center (ASC) Surveys; The survey response files contain ASC identification information and audited and non-audited charge and cost data used by CMS to establish the current ASC payment rates. Audited reports also contain the Management Report of the Field Audit. ASC survey data used to develop a rule establishing ASC rates must also be included in the relevant Rulemaking record file.</p>	<p>N1-440-95-01, Items 4a and 4b</p>	<p>Temporary, 5 to 10 years</p>	<p>No change in final disposition; decrease in retention.</p>
<p>Medicare Secondary Payer. Case files developed to establish the government's right to recovery and/or impose other sanctions or corrective actions. Included are IRS data match, Medicare Secondary Payer, other employer group recoveries, liability case, waiver and compromise requests. Most of these involve pursuing recovery that contractor; were unsuccessful with or clarifying Medicare policy. There may also be general correspondence reiterating Medicare policies.</p>	<p>N1-440-01-05, Item 1</p>	<p>Temporary, 10 years</p>	<p>No change in final disposition; decrease in retention.</p>
<p>Medigap Reading Files / Program Files. Documents relating to reviews and special studies of CMS Central and Regional Offices, and Medicare Contractors to determine the degree of adherence to established policy, instructions and specifications. Includes chronological files (also known as reading files).</p>	<p>N1-440-96-01, Item 4</p>	<p>Temporary, 2 years</p>	<p>No change in final disposition; increase in retention.</p>
<p>State Medicaid Schedules. Copies of state review schedules sent by state but not filed in Federal review case files. Used by RO as a source document from which to compute data on state error rates for transmission to CMS Headquarters via DATAMED. Also used to recomputed error rates, or to support documentation in event of appeal or litigation.</p>	<p>NC1-440-82-04, item 17</p>	<p>Temporary, 18 months</p>	<p>No change in final disposition; increase in retention.</p>

<p>System Performance Review File. Documentation of RO review of state's automated Medicaid Management Information System (MMIS). The review covers all aspects of the claims processing and payment system including eligibility systems security, privacy, and overall management. The file includes the documentation of the reviews and reports. States which fail to meet minimum standards can be penalized through loss of a portion of their Federal financial participation.</p>	NC1-440-82-04, Item 26	Temporary, 2 years	No change in final disposition; increase in retention.
<p>SPR Mechanized Claims Processing. RO file contains all work papers, review documentation, score sheets, and correspondence relating to the annual System Performance Review (SPR) for MMIS system preapproval and funding. File is used for RO reapproval/disapproval, funding notification and for CMS Headquarters review of appeals.</p>	NC1-440-82-04, Item 25A-B	Temporary, 3 years	No change in final disposition; Increase in retention.
<p>Control Quarterly Showings (Medicaid). Includes RO copies of unmarked and marked "Quarterly Showings" (except marked copy used for survey), state certifications and all supporting documentation sent quarterly by states to RO for review and forwarded to CMS Headquarters. RO copies are used for RO validation surveys and may be used in preparation of disallowance cases by Regional Attorneys.</p>	NC1-440-82-04, Item 13	Temporary, 3 years	No change in final disposition; Increase in retention.
<p>Federal Monitoring Re-review Schedule Case Files (Active). Includes all documentation used for RO Quality Control re-review of state Medicaid program active cases. Includes Sample Selection Lists, disposition lists, Medicaid Federal review schedule, Recipient Claims for Medicaid Reimbursement computer print-outs from states, state review schedule; may include state reviewer's finding sheets, summaries, copies of court orders and other source documents needed for RO review. Data elements from individual schedules are transmitted via DATAMED for calculation of state error rate.</p>	NC1-440-82-04, Item 15	Temporary, 2 to 4 years	No change in final disposition; Increase in retention.
<p>Federal Monitoring Re-review Schedule Case Files (Negative). Includes all documentation used in quality control re-review of state Medicaid program negative cases (termination or denial of eligibility).</p>	NC1-440-82-04, Item 16	Temporary, 3 years	No change in final disposition; increase in retention.
<p>Utilization Surveys. Includes marked copy of "Quarterly Showing" used in RO surveys, documentation of survey findings which either verify or refute data sent by states in that report and related materials.</p>	NC1-440-82-04, Item 14	Temporary, 3 years	No change in final disposition; Increase in retention.
<p>State Medicaid Error Rate Findings (SMERF) system records. The SMERF system is a secure web-based application that includes a national Medicaid database for all PERM audit findings for all states with portals for each PERM entity (CMS, Regional Offices, DDC, SC, State, and RC). It is capable of assisting each entity to fulfill the PERM contractual requirements.</p>	NEW	NEW	n/a

	<p>State Review Files, Other Offices outside Headquarters, Documentation relating to the administrative review of State Medigap plan operations and certification procedures. Substantiates that the State has been and continues to meet the requirements as stated in Section 1882 of the Social Security Act. Included are State reviews that determine the degree of adherence to Federal Medigap requirements, plan approval documentation, memoranda to insurance commissioners, regulations and similar material.</p>	<p>NI-440-96-01, item 2b</p>	<p>Temporary, 2 years</p>	<p>No change in final disposition, increase in retention.</p>
<p>4. Reports. Any reports created during activities related to compliance with, and integrity of, CMS program operations. NOTE: reports required to be sent to Congress are captured as permanent records, bucket 1 (DAA-0440-2015-0001, item 0001).</p>	<p>State Agency Reviews. Documents relating to administrative review of State agency operations and certification procedures. Included are reports of visits communications concerning improvements in operations, and other papers pertaining to reviews of State agency practices.</p>	<p>NC1-440-79-01, Item II/32/a (53) and II/32/b (53)</p>	<p>Temporary, 5 years</p>	<p>No change in final disposition; increase in retention.</p>
	<p>Overpayment reports. Quarterly reports prepared by each contractor sent to SSA summarizing overpayment and duplicate charge detection activities carried out during ; each calendar quarter. The reports are used to tabulate data on the number of cases in which contractor recovers an overpayment, the total dollar amount of money overpaid, causes of overpayments, number of duplicated charges detected, and similar information.</p>	<p>NC1-440-79-01, item, II/18 (39) and III/R</p>	<p>Temporary, 12 years</p>	<p>No change in final disposition; decrease in retention.</p>
	<p>Compliance Records. Regional Office copies of narrative quarterly reports such as CMS OFO-2 equivalent prepared for CMS Headquarters which document old, new and continuing compliance issues. Includes copies of correspondence to states reporting non-compliance and CMS summary reports.</p>	<p>NC1-440-82-04, item 9</p>	<p>Temporary, 1 year</p>	<p>No change in final disposition; increase in retention.</p>
	<p>HHS Audit Agency Reports. Includes HHS Audit Agency reviews of financial and management practices of state agencies, project grantees and selected aspects of the states Medicaid program administration. Also includes correspondence and other documents pertinent to RO resolution of findings and documents each audit from first action through final resolution of findings.</p>	<p>NC1-440-82-04, item 24</p>	<p>Temporary, 3 years</p>	<p>No change in final disposition; increase in retention.</p>
	<p>HHS Agency Reports (Medicaid). Includes CMS 25 reports, states estimated expenditures worksheets, CMS RO review and analysis data, transmittal and related correspondence sent to CMS Headquarters. Retained for HHS audit.</p>	<p>NC1-440-82-04, item 21</p>	<p>Temporary, 3 years</p>	<p>No change in final disposition; increase in retention.</p>

	<p>Corrective Action Plans, Final Reports. Medicaid State Assessment Files includes published Annual State Evaluation Reports (ASER) prepared at CMS RO for each state and all documents retained at RO relevant to preparation of each ASER. Typical subjects included in the ASER are claims processing, eligibility, financial management, abortion, sterilization, program integrity, administration and management, service delivery, provider enrollments, etc. Also included in the files are draft ASERs, interim reports, correspondence and comments. Final ASER's are distributed by RO to state, CMS Headquarters other CMS RO's and other interested parties.</p>	NC1-440-82-04, Item 29A1	Temporary, 2 years	No change in final disposition; increase in retention.
	<p>Performance Measurement Reports / records. Client Contact Form (CMS-10028A) - Medicare and Medicaid beneficiary name, telephone number, age group, gender, race/ethnicity, beneficiary Zip code, counselor zip code, counselor user ID, date of contact, counselor and agency, beneficiary primary language, beneficiary social security disability of Medicare disability status, beneficiary dual eligible with mental illness/mental disability status, monthly income category, client asset category Public and Media Form (CMS-10028B)- Event or activity, agency code, name of presenter(s), type of activity or event, date of activity, event or group name, event address, topics discussed, target audiences Resource Report Form (CMS-10028B)-Counselors and volunteers, number of active counselors and hours, number of local coordinators/sponsors and hours, number of other paid and, volunteer staff, number of counselor training, number of active counselors with the following characteristics counselor age, counselor gender, years of SHIP service, counselor, race/ethnicity, counselor disability, counselor speaks another language</p>	DAA-0440-2013-0010, Item 0001	Temporary, 10 years	No change in final disposition; decrease in retention.
	<p>Trip Reports - reports on program specialists' visits to state facilities included in the Medicaid Program, filed chronologically. Original is filed in appropriate state subject file.</p>	NC1-440-82-04, Item 2B	Temporary, 1 year	No change in final disposition; increase in retention.
	<p>Statistical Reports, State and local reports submitted by public welfare agencies containing statistical data and other information on CMS programs approved under Title XIX of the Social Security Act, as amended.</p>	NEW	NEW	n/a
	<p>Medicaid Program Reports From State - primarily filed in regional offices,. Data collected includes number of Medicaid recipients, type of services, expenditures, and other relevant data.</p>	NC1-440-82-04, Item 12	Temporary, 3 years	No change in final disposition; increase in retention.
<p>5. Legal Records. Records related to the legal aspects of integrity and compliance activities, including all working papers and support documentation that support cases being reviewed/handled by DHHS. NOTE: this sub-</p>	<p>Civil Litigation. Case files documenting official involvement in Medicare civil litigation. Primarily copies of documents filed with Department of Justice, and maintained for ease of reference. Primarily working papers.</p>	NC1-440-79-01, item 1/1 (22)	Temporary, 5 years	No change in final disposition; increase in retention.

bucket represents records within CMS as an agency only. Legal records held within DHHS, including the Office of General Counsel, related to CMS activities and functions, are covered by DHHS-specific schedules.

<p>Fraud & Abuse Case Files. Files accumulated as a result of allegations complaints of program abuse or potential fraud by physicians and other providers of services' pursuant to sections 206,208, 1106, and 1107 of the Social Security Act. They consist of complaints from beneficiaries or other sources that are referred to district offices, regional offices, Medicare contractors, etc. Included are correspondence and other papers used in developing and investigating complaints such as exhibits , copies of claims forms, bills, medical records, investigative reports, fiscal records, and other pertinent physician and provider records.</p>	<p>NC1-440-79-01, item III/N (54)</p>	<p>Temporary, 5 years</p>	<p>No change in final disposition; increase in retention.</p>	
<p>ASET master files - Complaints and documentation related to cases of non-compliance. Primarily related to HIPAA.</p>	<p>N1-440-09-02, item 2</p>	<p>Temporary, 6 years</p>	<p>No change in final disposition; increase in retention.</p>	
<p>Hearings Files. Primarily related to providers. Maintained for possibility of a provider seeking a legal opinion or action related to a disagreement of services, reimbursement, etc.</p>	<p>NC1-440-79-01, item III/W (23)</p>	<p>Temporary, 3 years</p>	<p>No change in final disposition; increase in retention.</p>	
<p>Fraud Prevention System (FPS) records. Records related to the National Fraud Protection Program (NFPP), which reviews claims data to assist in identification of fraud, which may lead to legal cases.</p>	<p>NEW</p>	<p>NEW</p>	<p>n/a</p>	
<p>State Compliance Hearings Records. Including briefs, correspondence, and dockets.</p>	<p>NEW</p>	<p>NEW</p>	<p>n/a</p>	
<p>6. Clinical Laboratory Improvement Amendments (CLIA) records. All records related to the CLIA and CMS's role in overseeing and regulating laboratories. CMS regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). The objective of the CLIA program is to ensure quality laboratory testing.</p>	<p>User Fee Related Records - Bank Media</p>	<p>N1-440-01-04, item 1a1</p>	<p>Temporary, 6 years and 3 months</p>	<p>No change in final disposition; increase in retention.</p>
	<p>User Fee Related Records - Canceled Payments</p>	<p>N1-440-01-04, item 1a2</p>	<p>Temporary, 6 years and 3 months</p>	<p>No change in final disposition; increase in retention.</p>
	<p>User Fee Related Records - Refund Reports</p>	<p>N1-440-01-04, item 1a3</p>	<p>Temporary, 6 years and 3 months</p>	<p>No change in final disposition; increase in retention.</p>
	<p>User Fee Related Records - Administration Accounts Reconciliation Files</p>	<p>N1-440-01-04, item 1a4</p>	<p>Temporary, 6 years and 3 months</p>	<p>No change in final disposition; increase in retention.</p>
	<p>Participant Testing Program Files - Annual Letters</p>	<p>N1-440-01-04, item 1b1</p>	<p>Temporary, 5 to 10 years</p>	<p>No change in final disposition; increase in retention.</p>
	<p>PT Participant Summary Reports</p>	<p>N1-440-01-04, item 1c</p>	<p>Temporary, 6 years</p>	<p>No change in final disposition; increase in retention.</p>

Validation Review Files	N1-440-01-04, item 1d	Temporary, 3 years	No change in final disposition; increase in retention.
Laboratory personnel Report. Form CMS-114, used to collect data regarding the laboratory director and all other laboratory supervisory or consultant responsibilities, or tests. Used in CLIA processes.	N1-440-96-01, item 5	Temporary, 6 years	No change in final disposition; increase in retention.