

INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-440-87-001

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

Explanation / Description:

N1-440-87-001 is superseded by DAA-0440-2015-0004-0001

Date Reported: 01/04/2023

INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

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 N1-440-87-1	DATE RECEIVED 2-25-87
1 FROM <i>(Agency or establishment)</i> Health Care Financing Administration		NOTIFICATION TO AGENCY	
2 MAJOR SUBDIVISION Office of Administrative Services		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disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.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 Telecommunications, Records and Mail Section			
4 NAME OF PERSON WITH WHOM TO CONFER Reba D. Henighan	5 TELEPHONE EXT FTS 934-8712	DATE 6-16-87	ARCHIVIST OF THE UNITED STATES <i>[Signature]</i>
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 1 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

B DATE 2/13/87	C SIGNATURE OF AGENCY REPRESENTATIVE <i>[Signature]</i> Dr. George Deal	D TITLE Department of Health and Human Services' Records Management Officer
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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	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN 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>
1	<p><u>End Stage Renal Disease Cost Reports</u></p> <p>These cost reports are submitted by ESRD Medicare Providers (hospital based and free-standing) at the close of each provider's reporting year.</p> <p><i>Cutoff and</i> Disposition: Send cost reports to FRC at the end of the fiscal year, and destroy <i>destroy</i> 5 years thereafter <i>after cutoff,</i></p> <p><i>RSK NRC 6/22/87</i></p>		<i>1 item</i>