

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b> (See Instructions on reverse)		<b>LEAVE BLANK (NARA use only)</b>	
TO NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		JOB NUMBER <u>N1-440-96-1</u>	
1. FROM (Agency or establishment) <b>DHHS/Health Care Financing Administration</b>		DATE RECEIVED <u>9-25-96</u>	
2. MAJOR SUBDIVISION <b>OFHR/Office of Administrative Services</b>		NOTIFICATION TO AGENCY  In accordance with the provisions of 44 U.S.C. 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	
3. MINOR SUBDIVISION <b>Division of Printing, Distribution &amp; Graphics Services</b>			
4. NAME OF PERSON WITH WHOM TO CONFER <u>Vickie Robey</u> <b>Vickie Robey</b>	5. TELEPHONE <u>5/6/96</u> <b>(410) 786-7883</b>	DATE <u>4-30-97</u>	ARCHIVIST OF THE UNITED STATES <u>John W. Carl</u>
6. 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 on the attached <u>4</u> 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, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, <input checked="" type="checkbox"/> is not required; <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.			
DATE <b>MAY 13 1996</b>	SIGNATURE OF AGENCY REPRESENTATIVE <u>A Prentice Barnes, Sr.</u> <b>A Prentice Barnes, Sr.</b>	TITLE <b>DHHS Records Management Officer</b>	
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	<b>HEALTH CARE FINANCING ADMINISTRATION</b>		
1	<b>Medicare Waivers for Hospital Payments</b>  Includes the records for the evaluation, approval and monitoring of HCFA waivers concerning payments for hospital services under the provisions of Section 1886 of the Medicare law.  2 cubic feet annually, arranged alphabetically by state and/or hospital. Office of Record: BPD, Office of Payment Policy.  <b>DISPOSITION:</b> Cut off file at the end of the calendar year in which the waiver has been terminated or expired. Destroy 6 years and 3 months after final settlement is made, unless the matter is in litigation at that time, in which case, destroy after all appeals are exhausted.	See revision	
2	<b>MEDIGAP FILES</b>  <b>A. State Review Files</b> - Documents relating administrative review of State Medigap plan operations and certification		

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1. FROM (Agency or establishment) <b>DHHS/Health Care Financing Administration</b>		DATE RECEIVED	
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3. MINOR SUBDIVISION			
4. NAME OF PERSON WITH WHOM TO CONFER <b>Vickie Robey</b> <i>Vickie Robey</i> <sup>12-31-96</sup>	5. TELEPHONE <b>(410) 786-7883</b>	DATE	ARCHIVIST OF THE UNITED STATES
6. 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 on the attached <u>4</u> 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, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, <input checked="" type="checkbox"/> is not required; <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.			
DATE	SIGNATURE OF AGENCY REPRESENTATIVE <b>A Prentice Barnes, Sr.</b>	TITLE <b>DHHS Records Management Officer</b>	

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<b>1</b>	<b>HEALTH CARE FINANCING ADMINISTRATION</b>  <b>MEDICARE</b>  <b><u>Medicare Waivers for Hospital Payments</u></b>  Includes the records for the evaluation, approval and monitoring of HCFA waivers concerning payments for hospital services under the provisions of Section 1886 of the Medicare law.  Office of Record: BPD, Office of Payment Policy.  <b>DISPOSITION:</b> Cut off annually at the end of the calendar year in which the waiver has been terminated, expired or after all appeals are exhausted. Transfer to the FRC. Destroy 6 years and 3 months after cutoff.		
<b>2</b>	<b>MEDIGAP</b>  <b><u>State Review Files</u></b>  Documentation relating to the administrative review of State		

Request for Records Disposition Authority - Continuation		NO	PAGE OF 2 of 4
7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9 SAMPLE OR JOB NO	10. ACTION TAKEN
3	<p>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>100 cubic feet from 1988 to present, arranged alphabetically by state. Office of Record: BPO, Division of Medigap Operations</p> <p><b>DISPOSITION:</b></p> <p>(a) <u>HCFA Headquarters</u> - <b>PERMANENT</b> Cutoff file annually. Maintain the last two reviews onsite. Transfer all other reviews to the Federal Records Center 3 years after cutoff. Transfer to the National Archives 13 years after cutoff.</p> <p>(b) <u>Other Offices</u> - Cutoff file annually. Destroy 2 years after cutoff.</p> <p><b><u>Instructions/Background Files</u></b></p> <p>Records accumulated in the preparation, clearance, and publication of manuals, directives, handbooks, and other formal policy and procedural issuances. Included are studies, clearance comments, recommendations, and similar records which provide basis for publication or contribute to the content of the issuance.</p> <p><b>DISPOSITION:</b></p> <p>a) <u>Office Responsible for Instructions Coordination</u> Cutoff file when no longer needed for current operations. Transfer inactive file to the Federal Records Center annually. Destroy 10 years after</p>		

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	<p>cutoff.</p> <p>(b) <u>Other Offices</u>  Destroy 2 years after the close of the calendar year  in which dated.</p> <p><b><u>Program Files</u></b></p> <p>Documents relating to reviews and special studies of  HCFA 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><b>DISPOSITION:</b> Destroy 2 years after the close of the  calendar year.</p> <p><b>CLINICAL LABORATORY IMPROVEMENT ACT</b></p> <p>The Clinical Laboratory Improvement Act (CLIA) law was  published in 1988 because of public concerns regarding  the quality of laboratory testing in the U.S., particularly  Pap smears. Final CLIA regulations were published and  effective in 1992 containing comprehensive, baseline  requirements for quality laboratory testing based on the  complexity of testing performed on human specimens,  not the test location. The law mandates that the program  be entirely self-funded through certificate and survey fees.  Some entities, especially those which have never been  regulated, consider the CLIA requirements burdensome  and costly. Additional regulations have been published or  proposed to relieve burden without negatively affecting quality.</p>		
4	<p><b><u>Laboratory Personnel Report, Form HCFA-114</u></b></p> <p>Used to collect data regarding the qualifications of the  laboratory director and all other laboratory staff which have  supervisory or consultant responsibilities, or perform laboratory  tests. It is used for laboratories which have been issued CLIA</p>		

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6	<p>certificates and CLIA waivers. Office of Record: Health Standards &amp; Quality</p> <p><b>DISPOSITION:</b></p> <p>a. <u>Form HCFA-114 (for CYs 1992 through 1994)</u> - Destroy immediately upon approval of schedule.</p> <p>b. <u>Form HCFA-114 (from CY 1997 forward)</u> - Cutoff file at the end of the calendar year. Transfer to the Federal Records Center 1 year after cutoff. Destroy 6 years after cutoff.</p> <p><b><u>Clinical Laboratory Application, Form HCFA-116</u></b></p> <p>Used to collect general information regarding clinical laboratories. This information includes address, CLIA identification number, name of director, type of laboratory, hours, number of operating sites, accreditation and ownership information. Office of Record: Health Standards &amp; Quality</p> <p><b>DISPOSITION:</b></p> <p>a) <u>Form HCFA-116</u> - Cutoff file at the end of the calendar year. Transfer to the Federal Records Center 2 years after cutoff. Destroy 6 years after cutoff.</p> <p>b) <u>HCFA-116 Database</u> - Destroy or delete data files when superseded, obsolete, or no longer needed for administrative, legal, audit, or other operational purposes.</p> <p><i>If the HCFA-116 application form data resides in a database management system with other CLIA program records, this disposition applies only to the information in the system that was collected on the HCFA-116 form.</i></p>		