

<b>REQUEST FOR RECORDS POSITION AUTHORITY</b> (See Instructions on reverse)		DO NOT WRITE IN THESE SPACES JOB NUMBER: <b>N1-440-98-2</b>	
TO NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		DATE RECEIVED: <b>1-12-98</b>	
1. FROM (Agency or establishment) <b>DHHS/Health Care Financing Administration</b>		NOTIFICATION TO AGENCY	
2. MAJOR SUBDIVISION Center for Health Plans and Providers		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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	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 Health Plan Purchasing & Administration Group			
4. NAME OF PERSON WITH WHOM TO CONFER <b>Vickie Robey</b> <i>Vickie Robey</i>	5. TELEPHONE <b>(410) 786-7883</b>	DATE <b>8-24-98</b>	ARCHIVIST OF THE UNITED STATES <i>John W. Carl</i>
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>1</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 DEC 9 1997	SIGNATURE OF AGENCY REPRESENTATIVE <i>A. Prentice Barnes, Sr.</i> <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 GRS OR SUPERSEDED JOB CITATION	10.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)
1	<p><b>ADJUSTED COMMUNITY RATE (ACR) PROPOSAL</b></p> <p>The ACR proposal file consists of a health plan's documentation supporting its proposed monthly premium charge to Medicare beneficiaries who enroll. Additionally, the file contains the value of health benefits it will provide to the Medicare enrollees which are over and above what Medicare covers. These benefits can be described as additional, optional and mandatory supplemental benefits. HCFA's letters of approval to the health plans are also contained in each of the folders.</p> <p><b>DISPOSITION:</b> Cutoff file annually and transfer it to the Agency's Records Holding Area. Destroy 6 years and 3 months after cutoff. files are closed.</p> <p><i>FR 18 months after closure</i></p> <p><i>ok Vickie Robey</i> <i>st 5/7/98</i></p>		

AUG 31 1998 *Ad* Copy to: Agency, NWMD, NR