## NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-440-96-001

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of:01/05/2023

## **ACTIVE ITEMS**

These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

All other items are still considered Active.

## SUPERSEDED AND OBSOLETE ITEMS

The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

N1-440-96-001 / 1 is superseded by DAA-0440-2015-0004-0001 N1-440-96-001 / 2/b is superseded by DAA-0440-2015-0012-0001 N1-440-96-001 / 3 is superseded by DAA-0440-2015-0002-0002 N1-440-96-001 / 5 is superseded by DAA-0440-2015-0012-0001

REQUEST FOR RECORDS DISPOSITION AUTHORITY	LEAVE BLANK (NARA use only)
(See Instructions on reverse)	JOB NUMBER N1-440-96-1
TO NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408	DATE RECEIVED 9-25-96
1. FROM (Agency or establishment)  DHHS/Health Care Financing Administration	NOTIFICATION TO AGENCY
2. MAJOR SUBDIVISION	In accordance with the provisions of 44
OFHR/Office of Administrative Services	U S C. 3303a the disposition request, including amendments, is approved except
3. MINOR SUBDIVISION Division of Printing,	for items that may be marked "disposition not approved" or "withdrawn" in column 10
Distribution & Graphics Services 4. NAME OF PERSON WITH WHOM TO CONFER   5. TELEPHONE	DATE AROHIVIST OF THE UNITED STATES
Vickie Robey 5/6/96 (410) 786-7883	4-30-97 John W. Cal
6. AGENCY CERTIFICATION	
I hereby certify that I am authorized to act for this agency in matters per and that the records proposed for disposal on the attached page of this agency or will not be needed after the retention periods specific the General Accounting Office, under the provisions of Title 8 of the Agencies,  is not required; is attached; or	(s) are not now needed for the business
DATE SIGNATURE OF AGENCY REPRESENTATIVE TITLE	
MAY 13 1996 Amen La Danier Same S. DHH:	S Records Management Officer
7. ITEM 8DESCRIPTION OF ITEM AND PROPOSED DISPOSITION NO. HEALTH CARE FINANCING ADMINISTRATION	9. GRS OR SUPERSEDED TAKEN (NARA JOB CITATION USE ONLY)
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.  DISPOSITION: 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 mad unless the matter is in litigation at that time, in which case, destroy after all appeals are exhausted.  MEDIGAP FILES  A. State Review Files - Documents relating administrative review of State Medigap plan operations and certification.	
Teview of State Medigap Plan operations and certifications	

115-109

STANDARD FORM 115 (REV. 3-91) Prescribed by NARA 36 CFR 1228

NSN 7540-00-634-4064 STANDARD PREVIOUS EDITION NOT USABLE

OFFY to: agency, NWDD, NWRE, NR MAY - 5 1997 MAY

REQUEST FOR RECORDS DISPOSITION AUTHORITY		VE BLANK (NARA use only)					
Kt	-WUE21			<b>T</b>	JOB NUMBE	R	
TO	ATTONIAT	(See Instructions on rev		<u></u>   -	DATE RECE	IVED	
W	ASHINGT	ARCHIVES and RECORDS ADM ON, DC 20408	MINISTRATION (N	IK)			
		ey or establishment)	3-2-2-44-2		NOT	IFICATION TO	AGENCY
	JOR SUBE	alth Care Financing A	aministration	`——	In accord	ance with the pr	OVISIONS of 44
Z. IVIA	WON SUBL	MAIGION		- 11	U.S.C. 33	303a the disposi	ition request.
3. MII	NOR SUBD	IVISION			for items	amendments, is a that may be mark	ed "disposition
						ved" or "withdraw	n" in column 10.
4. NA	ME OF PE	RSON WITH WHOM TO CONFER	5. TELEPHONE		DATE	ARCHIVIST OF T	HE UNITED STATES
V	/ickie	Robey Vicke Rober	(410) 786-78	83			
		RTIFICATION					
I he	reby certif	y that I am authorized to act for	this agency in mat	tters per	rtaining to	the disposition	of its records
and of the	inat the re nis agency	y that I am authorized to act for ecords proposed for disposal or or will not be needed after the	i ine aitacned <u>4                                    </u>	_ page( s specif	s) are not n ied: and the	ow needed to	currence from
the	General A	scounting Office, under the pr	rovisions of Title 8	of the	GAO Man	ual for Guida	nce of Federal
	ncies,						
		not required; is a	ttached; or		as been re	quested.	
DATE		SIGNATURE OF AGENCY REPF	RESENTATIVE	ITLE			
		A Prentice Barnes,	er I	OHHS F	Records	Management	t Officer
		A FIGURE DATHES,	1J.L. 6				
7						GRS OR	10. ACTION
ITEM NO.	8. [	DESCRIPTION OF ITEM AND PRO	OPOSED DISPOSITION	ON	JOE	PERSEDED B CITATION	TAKEN (NARA USE ONLY)
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Request fo	or Records Disposition/Authority – Continuation	، NO د	•	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
	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.  100 cubic feet from 1988 to present, arranged alphabetically by state. Office of Record: BPO, Division of Medigap Operations  DISPOSITION:			
	<ul> <li>(a) HCFA Headquarters - PERMANENT         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.     </li> <li>(b) Other Offices - Cutoff file annually. Destroy 2 years after cutoff.</li> </ul>			
3	Instructions/Background Files			
	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.			
	DISPOSITION:			
	a) Office Responsible for Instructions Coordination Cutoff file when no longer needed for current operations. Transfer inactive file to the Federal Records Center annually. Destroy 10 years after			

ednesi	for Records Disposition Authority—Continuation	JOB NO '		PAGE OF
7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)		9. SAMPLE OR JOB NO	10. ACTION TAKE
	cutoff.	-		
	(b) Other Offices Destroy 2 years after the close of the calendar year in which dated.			
4	Program Files			
-	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).			
	<b>DISPOSITION:</b> Destroy 2 years after the close of the calendar year.			
	CLINICAL LABORATORY IMPROVEMENT ACT			
	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 quantum proposed.	<b>-</b>		
5	Laboratory Personnel Report, Form HCFA-114			
	Used to collect data regarding the qualifications of the laboratory director and all other laboratory staff which hav supervisory or consultant responsibilities, or perform laboratests. It is used for laboratories which have been issued (	ratory		

=	or Records Disposition Authority - Continuation	OB NO .		PAGE OF 4 of 4
7. ITEM NO	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)		9. SAMPLE OR JOB NO	10. ACTION TAKE
	certificates and CLIA waivers. Office of Record: Health Standards & Quality			
	DISPOSITION:			
	<ul> <li>a. Form HCFA-114 (for CYs1992 through 1994 - Destroimmediately upon approval of schedule.</li> </ul>	ру		
	<ul> <li>Form HCFA-114 (from CY 1997 forward) - Cutoff file the end of the calendar year. Transfer to the Federa Records Center 1 year after cutoff. Destroy 6 years after cutoff.</li> </ul>	at il		
6	Clinical Laboratory Application, Form HCFA-116			
	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 & Quality			
	DISPOSITION:			
	<ul> <li>a) Form HCFA-116 - Cutoff file at the end of the calendar year. Transfer to the Federal Records Center 2 years after cutoff. Destroy 6 years after cutoff.</li> </ul>			
	<ul> <li>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.</li> </ul>			
	If the HCFA-116 application form data resides database management system with other CLIA prorecords, this disposition applies only to the			