## INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-440-91-001

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 Items are either obsolete or have been superseded by newer NARA approved records schedules.

Explanation / Description:

N1-440-91-001 has been superseded by DAA-0440-2015-0004-0001

Date Reported: 01/04/2023

REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse)			JOB NO NI-440-91-1			
1. FROM (Agency or establishment)			NOTIFICATION TO AGENCY			
_	ent of Health and Human Services		In accordance	with the provisi	ons of	44 U.S.C. 3303a
2. MAJOR SUB			the disposal re	quest, including	amendm	ents, is approved
Health Care Financing Administration  3. MINOR SUBDIVISION			except for items that may be marked "disposition not approved" or "withdrawn" in column 10 <sup>-1</sup> if no records are proposed for disposal, the signature of the Archivist is			
	Les Management Branch, FOS		are proposed to not required	or disposal, the sig	gnature (	of the Archivist is
		. TELEPHONE EXT.	DATE	ARCHIVIST OF	THE U	VITED STATES
			7/10/			
Vickie Robey 6. CERTIFICATE OF AGENCY REPRESENTATIVE		rs 646-7883 //9/9/				
_	tify that I am authorized to act for this agenc					
Accounting attached	or of the needed after the retention period Office, if required under the provisions of Time currence is attached, or is unnecessar	tle 8 of the GAO	Manual for	Guidance of f	<del>-</del> edera	Agencies, is
B DATE	C. SIGNATURE OF AGENCY REPRESENTATIVE D TITLE					
2/20/91	Alunha Banna En	ם פענו	ecorde Man	agement Of	ficer	
		TILL K	ecords Hari	9 GR		10 ACTION
7 ITEM	8 DESCRIPTION C			SUPERS	SEDED	TAKEN (NARS USE
NO	(With Inclusive Dates or Retention Periods)			CITA		ONLY
1	Contained within Section 6202 of the Omnibus Budget Reconciliation Act of 1989 was a requirement for a data match between the Internal Revenue Service, the Social Security Administration and HCFA. After conducting the match, HCFA is required to contact identified employers concerning potential situations where Medicare may be a secondary payer to employer sponsored group health coverage. Questionnaires will be in hard copy xumed image format and include case files, employer records and the data match, and will be forwarded to the New Jersey Federal Records Center by Group Health Incorporated (a contractor selected by HCFA) for over a 2-year period at approximately 350 cubic feet of records per month.  DISPOSITION: Cutoff files at the end of the calendar months after cutoff.					
2/24/02 newl from Robey, CMS	a) electionic image Cretordleeping copy) images & electronic olada sets (option of the electronic filling). No added from the DMQs, Disposition: see b) paper copy - TEMPORARY, Destroy 4 questionnaire is dual	ed disks, which was above months often and vent	skuns, are Jahus is k electronic Ject	beine Coll	navy ect e	d.
	Copies sent to agency, NCF.	•	114317			
115-108		-00-634-4064				115 (REV. 8-83)