## INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: NC1-440-85-01

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 Items are either obsolete or have been superseded by newer NARA approved records schedules.

Explanation / Description:

NC1-440-85-01 has been superseded by DAA-0440-2015-0004-0001

Date Reported: 01/04/2023

| REQUEST FOR RECORDS DISPOSITION AUTHORITY  (See Instructions on reverse)  TO GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408 |   |                                     |                                     | JOB NO NC1-440-85-1 DATE RECEIVED 4-1-85 |                            |   |  |   |  |  |  |  |  |  |  |
|--|---|-------------------------------------|-------------------------------------|--|----------------------------|---|--|---|--|--|--|--|--|--|--|
|  |   |                                     |                                     |  |                            |   |  | 1 FROM (Agency or establishment)  |  |  |  | NOTIFICATION TO AGENCY   |  |  |  |
|  |   |                                     |                                     |  |                            |   |  | Health Care Financing Administration  MADION SUBDIVISION Administrative |  |  |  | In accordance with the provisions of 44 U.S.C. 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disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.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 |  |  |  |
| Office of Management Services  |   |                                     |                                     |  |                            |   |  |   |  |  |  |  |  |  |  |
| 3 MINOR SUBD   | IVISION .   |                                     |                                     |  |                            |   | of the Archivist is                      |   |  |  |  |  |  |  |  |
| Record<br>4 NAME OF PE   | 5 TELEPHONE EXT   |                                     | DATE ARCHIVIST OF THE UNITED STATES |  |                            |   |  |   |  |  |  |  |  |  |  |
|  |   | FTS                                 | ·                                   |  |                            |   | a  |   |  |  |  |  |  |  |  |
| Reha [   | ). Henighan   | 934-8712                            | 2                                   | 7-31-85                                  | Tu                         | znas (I                                   | mre_                                     |   |  |  |  |  |  |  |  |
|  | E OF AGENCY REPRESENTATIVE  |                                     |                                     | <b>_</b>                                 |                            |   |  |   |  |  |  |  |  |  |  |
| that the reco<br>agency or w<br>Accounting (<br>attached   | tify that I am authorized to act for this agen ords proposed for disposal in this Request or will not be needed after the retention period Office, if required under the provisions of Tournecessal is attached, or   | f 2<br>ds specifie<br>title 8 of th | _ page(s<br>d, and                  | s) are not now<br>that written           | w need<br>concu            | ed for the bu<br>irrence from             | siness of this<br>the General            |   |  |  |  |  |  |  |  |
| B DATE   | C SIGNATH RE OF AGENCY REPRESENTATIVE D TITLE   |                                     |                                     |  |                            |   |  |   |  |  |  |  |  |  |  |
| 3/25/85  | Dunn Laux   |                                     |                                     |  |                            |   |  |   |  |  |  |  |  |  |  |
| 3, 23, 63  | Dr. George Deal   |                                     | Depart                              | artment Records Management Officer       |                            |   |  |   |  |  |  |  |  |  |  |
| 7<br>ITEM<br>NO  | 8 DESCRIPTION<br>(With Inclusive Dates or Re  |                                     |                                     |  |                            | 9 GRS OR<br>SUPERSEDED<br>JOB<br>CITATION | 10 ACTION<br>TAKEN<br>(NARS USE<br>ONLY) |   |  |  |  |  |  |  |  |
| 1.   | HCFA Regional Offic   | Office Medicaid Records             |                                     |  |                            | NCI-440-<br>82-4/25                       |  |   |  |  |  |  |  |  |  |
|  | System Performance Review (SPR) Files on Mechanized Claims<br>Processing Medicaid Management Information System (MMIS)  |                                     |                                     |  |                            |   |  |   |  |  |  |  |  |  |  |
|  | The SPR is used for MMIS reapproval/disapproval and funding decisions. The Regional Office shall maintain a separate SPR file for each State MMIS in the region. Each SPR file shall contain all workpapers, worksheets, review documentation reports, correspondence, and other records relating to the annual review of each State's MMIS. The information retained shall fully document the Regional Office review findings and support Regional Office recommendations to Central Office on the reapproval/disapproval and funding for each State's MMISD Disposition:  A. Reapproval  If the review results in reapproval of a State MMIS cut off the active file on December 31 after the end of the fiscal |                                     |                                     |  | tion,<br>ned<br>nd<br>MMIS |   |  |   |  |  |  |  |  |  |  |
|  | year under review. Retain in i<br>after cut off.  |                                     |                                     |  |                            |   |  |   |  |  |  |  |  |  |  |

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## B. <u>Disapproval</u>

- 1. If the review results in disapproval of a State MMIS with reduction in Federal Financial Participation (FFP) and the State appeals to the Grant appeals Board, cut off active file upon completion of all actions and final resolution of all issues which arose from it or on December 31 after the end of the next subsequent fiscal year under review, whichever is later. Retain in inactive file. Destroy 2 years after cut off.
- 2. If the review results in disapproval of a State MMIS with reduction in FFP but the State does not appeal to the Grant Appeals Board, cut off the active file on December 31 after the end of the next subsequent fiscal year under review. Retain in inactive file. Destroy 2 years after cut off.
- 3. If the review results in disapproval of a State MMIS but whithout reduction in FFP; e.g., State was granted a waiver for good cause or a waiver due to circumstances beyond its control, follow the retention and disposition procedures stated in paragraph B.2 above.

SPR Files Needed for Litigation, Claims, Negotiation, Audit, or Other Actions

WITHDRAWN

Do not destroy files need for litigation, claims, negotiation, audit, or actions started before the expiration of the 3-year period referred to in paragraphs B.1. through B.3. above. The record copies of the SPR files used for these purposes shall be retained and destroyed in accordance with the appropriate disposition authorities; e.g., Department of Health and Human Services, Department of Justice, and General Accounting Office.