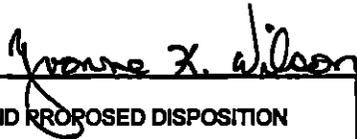


<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <b>N1-440-09-10</b>	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <b>9-22-2009</b>	
1. FROM (Agency or establishment) <b>Department of Health and Human Services</b>		NOTIFICATION TO AGENCY	
2. MAJOR SUBDIVISION <b>Centers for Medicare and Medicaid Services (CMS)</b>		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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	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			
4. NAME OF PERSON WITH WHOM TO CONFER <b>Vickie Robey, CMS Records Officer</b>	5. TELEPHONE NUMBER <b>410-786-7883</b>	DATE <b>27 Sept 11</b>	ARCHIVIST OF THE UNITED STATES 
<b>6. AGENCY CERTIFICATION</b> 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>3</u> page(s) are not needed now for the business for 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>09/22/2009</b>	SIGNATURE OF AGENCY REPRESENTATIVE <b>S:// Yvonne K. Wilson</b> 		TITLE <b>HHS Records Officer</b>
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	<u><b>CMS Medicare Utilization Data Collection and Access System (MUDCAS)</b></u>  See attached.		

**Attachment to SF-115, for CMS Electronic Systems Schedule**

**1. Medicare Utilization Data Collection and Access System (MUDCAS)**

A collection of automated systems that support the collection and analysis of Medicare and Medicaid program enrollment and utilization data on Medicare beneficiaries enrolled in hospital insurance (Part A) or medical insurance (Part B) of the Medicare program for statistical and research purposes related to evaluating and studying the operation and effectiveness of the Medicare program. Includes but is not limited to the following systems:

National Claims History (NCH) is the current System of Record for all Medicare Part A and Part B utilization data. It is a legacy tape database of sequential flat files that function as CMS' repository of paid Medicare claims data beginning with the service year 1991. The data from the NCH is used for statistical and research purposes related to evaluating/studying the operation and effectiveness of the Medicare program. Information sharing is provided via the enterprise access system, DESY, or via TAP files, which are user specific extracts provided to contractors for certain agency business functions.

National Medicare Utilization Database (NMUD) is a derivative of NCH. It is a DB2 data warehouse structure residing on an IBM custom-developed database resident on CMS Mainframe. The data warehouse was implemented to take advantage of storing Medicare claims data beginning in the service year 1998. It houses granular-level, beneficiary-specific detail data in relational database tables. NMUD is an online version of the NCH tape system. NMUD will eventually replace NCH as the Medicare utilization System of Record. NMUD contains billing/utilization data on Medicare beneficiaries enrolled in hospital insurance (Part A) and/or medical insurance (Part B) under the fee-for-service program, which is used for statistical and research purposes related to evaluating/studying the operation and effectiveness of the Medicare program. Information from this system is also used to support regulatory, reimbursement, and policy functions performed within the Agency, by an authorized contractor or consultant, another Federal agency, or Quality Improvement Organization. NMUD information is vital to research on the quality and effectiveness of care provided, to support litigation involving the Medicare program, and to combat fraud and abuse. NMUD also contains (as a separate collection under the NMUD umbrella) diagnoses data for beneficiaries enrolled in Medicare + Choice Medicare program in support of the new risk adjustment payment system.

Medicare Provider Analysis and Review Systems (MEDPAR) (a System of Record) is a legacy tape database of sequential flat files that function as CMS' repository of beneficiary data beginning with service year 1992. MEDPAR maintains information on inpatient and hospital and Skilled Nursing Facility (SNF) stays of Medicare beneficiaries (Part A). The primary purpose of the MEDPAR is to enable CMS and its contractors to facilitate research on the quality and effectiveness of care provided, update annual hospital Prospective Payment System (PPS) rates, and to recalculate Supplemental Security Income (SSI) ratios for hospitals that are paid under the increased reimbursement under Part A of the Medicare program. Information retrieved from this file is also disclosed to support regulatory, reimbursement, and policy functions performed within the Agency or by a contractor or consultant, supporting litigation involving the Agency, and combating fraud and abuse in certain health benefit programs. The input for the MEDPAR file is the NCH Inpatient/SNF TAP file and Supplemental Security Income data from SSA. Summary of all services rendered to a Medicare beneficiary, from the time of admission through discharge, for a stay in an inpatient hospital and/or skilled nursing facility (SNF), Supplemental Security Income (SSI) entitlement information from the Social Security Administration on Medicare beneficiaries who have had stays at inpatient hospitals, and enrollment data on Medicare beneficiaries. Contains but

**INACTIVE - ALL ITEMS SUPERSEDED**

is not limited to, the Medicare health insurance claim number, gender, race, age, zip code, state and county for Medicare beneficiaries who have received inpatient hospital and SNF services.

Incurred But Not Reported (IBNR) contains summarized and individually identifiable claim level Medicare claims information. Data is based on the date the cost for Medicare services was incurred and the date the payment for those services was authorized. The data is used as the basis for estimating Medicare other Governmental Liabilities reported on the Balance Sheet and to provide a sample of the granular data to OFM auditors. Supports the Office of Financial Management's Annual report that supports establishment of Medicare claims liability by reviewing all claims paid for services rendered over the previous three years up to services rendered and received no later than September 30 of the current year. Provider Category (payment type) is the primary key and designation of each claim, along with the date of incurred service (average of claim-from-date and claim-through-date), date of payment approval (claim accretion date), and the claim payment amount, which are used to calculate the liability. The claim is also reviewed for period interim payment (PIP) status, which is determined by the value of the claim related condition code filed in the claim record. PIPs are biweekly payments made by the Fiscal Intermediaries and Carriers to participating providers to reimburse expense on an interim basis; not all providers receive these payments. This status information allows PIP payment claim records to be analyzed separately from non-PIP payment claim records. IBNR is made up of both summarized and individually identifiable claim level (granular) Medicare claims information. The files used to create the IBNR are the National Claims History System the files containing Fee Schedule CMS' Common Procedure Coding System information. The Fee Schedules for specific HCPCS values are used to price claims having the specified values for physician; durable medical equipment, prosthetics, orthotics and supplies; and clinical lab services under Medicare. These fee schedules are available on the CMS website as well as the mainframe. The output data that is set to the auditors must go through the FTAPE system. This ensure that a Data use Agreement is in place so the individually identifiable (granular) Medicare claims data is tracked and accounted for in compliance with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996.

~~Part B Extract and Summary System (BESS) is used by the CMS mainframe users to access data files and extracts Part B claims information. Data extraction programs are coded using batch COBOL, interactive COBOL, SAS and CMS Data Center mainframe system utilities. (Software, GRS 20)~~

~~Data Agreement and Data Shipping Tracking System (DADSS) allows Intranet and Extranet access to authorized CMS users from within the walls of CMS as well as from the MDCN. DADSS provides role-based access to all application resources. (Software, GRS 20)~~

~~Data Extract System (DESY) is CMS' web browser to mainframe Enterprise data extract tool. DESY supports CMS and non-CMS business needs by providing a single data extraction tool that enables customers to define their data needs, extract required data from CMS enterprise data stores, and deliver this information to the user in a secure and HIPAA compliant manner. DESY provides customers with a data extract capability to the following CMS enterprise data stores: Medicare utilization claims data, Medicare Enrollment files, and Medicaid utilization and eligibility files. (Software, GRS 20)~~

~~Health Care Information Mod (HCISMod) is a client/server system which provides the ability to access summarized data for Home Health Agency (HHA), Skilled Nursing Facility (SNF), Hospice, Inpatient, Outpatient, Physician, Durable medical equipment (DME), Clinical Labs (CLab), Non-Physician Practitioner, Ambulance, and Enrollment. This ability aids in the investigation of claim payment trends for medical costs analysis and/or the investigation of fraud and abuse in the Medicare program. HCIS Mod users use this information in response to congressional requests to investigate payments for all, or~~

**INACTIVE - ALL ITEMS SUPERSEDED**

specific Medicare claims types. There may also be a need to use this information to conduct reviews on setting claim payment rates based on trending analysis. This analysis is performed using individual claim type statistics summarized at various levels of reporting. HCISMod files are extracted from the Mainframe National Claims History file that is operated at the CMS Data Center and accessed by CMS employee and business partners. (Software, GRS 20)

~~Medicare Actuarial Data System (MADS) is a system application used by the Office of the Actuary (AOCT) to report Medicare financial expenditures from the Medicare Trust Fund. MADS provides OACT analysts and statistics with a representation of total Medicare expenditures by service provider and Medicare transaction claim type. This information is used for reporting current and projecting future Medicare expenditures. MADS data is comprised solely of Medicare Utilization claims data as stored in the National Claims History. (Software, GRS 20)~~

~~Medicare Beneficiary Payment Record Process (MBPRP) application is stored and batch job processing is performed on the Mainframe at the CMS Data Center. Only CMS personnel and internally managed contractors/subcontractors performing agency business functions can access MBPRP. (Software, GRS 20)~~

MUDCAS data resides on mainframe system utilities using commercial off the shelf analytical tools. Data is maintained in compliance with Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1966 procedures.

~~1. Inputs - Financial and beneficiary information under the Medicare & Medicaid programs (information includes but not limited to Medicare billing and utilization data, name, health insurance claim number, ethnicity, gender, date of birth, state and county code, zip code, as well as the basis for the beneficiary's Medicare entitlement. The system also contains provider characteristics, assigned provider number (facility referring/servicing physician) admission date, service dates, diagnosis and procedural codes, total charges, Medicare payment amount and beneficiary's liability; Data Use Agreements~~

~~DISPOSITION: Temporary. Cutoff at the end of the FY. Delete/destroy 1 year after cutoff, or when no longer needed for Agency business, whichever is later. (GRS 20, Item 2a4)~~

~~2. Master Files~~

~~2a. Master Files. Primary Utilization Data (currently NCH) - Main system of record for Medicare utilization claims and utilization data.~~

~~DISPOSITION: TEMPORARY. Cutoff at the end of the FY in which claim is closed. Destroy/Delete 75 years after cutoff.~~

~~2b. Master Files: derivative systems (NMUD, MEDPAR, IBNR) - Medicare utilization claims data, Medicare Enrollment Files, Medicaid utilization and eligibility files; comprised of data from the NCH.~~

~~DISPOSITION: Temporary. Cutoff at the end of the FY. Delete/destroy when 30 years after cutoff.~~

Superseded by Job / Item number:

DAA-0440-2015-0009-0003

Date (MM/DD/YYYY):

7/13/2017

~~3. Outputs~~

~~3a. Standard Analytical Files (5% sampling), output files (currently in CSV format) created annually by CMS for claims closed that fiscal year. The 5% sample is created from the National Claims History (NCH) as well as the Common Working Files (CWF) based on selecting records with 05, 20, 45, 70 or 95 in positions 8 and 9 of the Health Insurance Claim (HIC) number. Files currently date back to 1999, and includes the following individual files: 1) Durable Medical Equipment; 2) Home Health Agency; 3) Hospice Care; 4) Inpatient Care; 5) Outpatient Care; 6) Physician/Supplier; and 7) Skilled Nursing Facility.~~

~~DISPOSITION: PERMANENT. Cutoff annually. Pre-accession individual files to the National Archives 5 years after cutoff. Legally transfer individual files in an acceptable format (following current CFR guidelines) to the National Archives annually, 20 years after cutoff. Supersedes Job N1-440-10-07, item 3 (Common Working File, outputs).~~

3b. Surveys/Final Financial Expenditure Reports

DISPOSITION: Temporary. Cutoff at the end of the FY. Delete/destroy 7 years after cutoff. (GRS 20, Item 12)

3c. Adhoc reports — Temporary. Cutoff at the end of the FY. Delete/destroy 1 year after cutoff or when no longer needed for Agency business, whichever is later. (GRS 20, Item 12)

4. System Documentation

4a. System Documentation, Master Files: User manuals, data dictionaries, system plans, and other documentation required to operate the main utilization databases.

DISPOSITION: TEMPORARY. Destroy when superseded. (GRS 20, Item 11[2])

4b. System Documentation, Standard Analytical Files: includes data dictionaries, and field listings.

DISPOSITION: PERMANENT. Transfer current files to the National Archives along with first transfer of Standard Analytical Files; transfer additional copies to the National Archives as superseded or updated. (GRS 20, item 11a[2])

Superseded by Job / Item number:

DAA-0440-2015-0009-0002

Date (MM/DD/YYYY):

7/13/2017