

Request for Records Disposition Authority

Records Schedule Number DAA-0440-2015-0006
Schedule Status Approved

Agency or Establishment Centers for Medicare and Medicaid Services
Record Group / Scheduling Group Records of the Centers for Medicare and Medicaid Services
Records Schedule applies to Agency-wide
Schedule Subject Bucket 4 - Enrollment Records
Internal agency concurrences will be provided No

Background Information

CMS is proposing a big bucket approach to records scheduling and disposition, which will include the following buckets:

- Bucket 1 - Leadership and Operations
- Bucket 2 - Administrative Management
- Bucket 3 - Financial Records (programmatic)
- Bucket 4 - Enrollment Records
- Bucket 5 - Beneficiary Records
- Bucket 6 - Provider & Health Plan Records
- Bucket 7 - Research and Program Analysis (programmatic)
- Bucket 8 - Public Outreach and Engagement
- Bucket 9 - Compliance and Integrity

A crosswalk is provided documenting the relationship of these buckets with previously approved disposition authorities.

Item Count

Number of Total Disposition Items	Number of Permanent Disposition Items	Number of Temporary Disposition Items	Number of Withdrawn Disposition Items
1	0	1	0

GAO Approval

Outline of Records Schedule Items for DAA-0440-2015-0006

Sequence Number	
1	Enrollment Records Disposition Authority Number: DAA-0440-2015-0006-0001

Records Schedule Items

Sequence Number	
1	<p>Enrollment Records</p> <p>Disposition Authority Number DAA-0440-2015-0006-0001</p> <p>Enrollment Records for all CMS Programs. Includes Medicare Part A, Part B, Part C, and Part D; Medicaid; CHIP; Affordable Health Care Act. See crosswalk for more detail.</p> <p>Final Disposition Temporary</p> <p>Item Status Active</p> <p>Is this item media neutral? Yes</p> <p>Do any of the records covered by this item currently exist in electronic format(s) other than e-mail and word processing? No</p> <p>GRS or Superseded Authority Citation DAA-0440-2012-0003 / 0001 N1-440-00-01 / 1 N1-440-08-01 / A N1-440-80-01 / B N1-440-09-04 / 2/a N1-440-09-04 / 2/b N1-440-09-04 / 2/c N1-440-09-12 / 1/b N1-440-09-18 / 2 N1-440-10-01 / A/1/a N1-440-10-01 / A/1/b N1-440-10-01 / A/2 N1-440-10-01 / A/3 N1-440-10-01 / B N1-440-10-01 / D N1-440-10-01 / F N1-440-95-01 / 10 NC1-440-79-01 / 14 NC1-440-81-01 / 5 N1-440-91-02 / 1</p> <p>Disposition Instruction</p> <p>Cutoff Instruction Cutoff at the end of the calendar year.</p> <p>Retention Period Destroy no sooner than 7 year(s) after cutoff but longer retention is authorized</p>

Additional Information

GAO Approval

Not Required

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 in this schedule are not now needed for the business of the agency or will not be needed after the retention periods specified.

Signatory Information

Date	Action	By	Title	Organization
04/13/2015	Certify	Tony Tucker	Records Officer	Office of Strategic Operations and Regulatory Affairs - OSORA
05/10/2017	Return for Revision	Sean Curry	Senior Appraisal Archivist	National Archives and Records Administration - Agency Services
05/10/2017	Submit For Certification	Carlos Simon	Records Officer	OSORA - IRISG
05/10/2017	Certify	Carlos Simon	Records Officer	OSORA - IRISG
08/08/2017	Submit for Concurrence	Sean Curry	Senior Appraisal Archivist	National Archives and Records Administration - Agency Services
08/14/2017	Concur	Margaret Hawkins	Director of Records Management Services	National Records Management Program - ACNR Records Management Services
08/14/2017	Concur	Margaret Hawkins	Director of Records Management Services	National Records Management Program - ACNR Records Management Services
08/15/2017	Approve	David Ferriero	Archivist of the United States	Office of the Archivist - Office of the Archivist

DAA-0440-2015-0006 ENROLLMENT RECORDS**Bucket 4 - Enrollment Records**

Description: Enrollment Records for all CMS Programs. Includes Medicare Part A, Part B, Part C, and Part D; Medicaid; CHIP; Affordable Health Care Act. Temporary, destroy when 7 years old, or

Sub-bucket	Original Series (Superseding)	Original Authority	Original Retention	Change
4.1 Enrollment Records. Records related to the enrollment of providers, contractors, and those that facilitate the enrollment of beneficiaries. NOTE: see bucket 5 for records related to active beneficiaries.	Enrollment Certifications. This file consists of, but is not limited to, the certification form submitted by plans certifying that monthly enrollment and payment data is correct. These records are maintained by the CMS contractor(s). Copies are also submitted to CMS via upload (Input) into the Health Plan Management System (HPMS).	DAA-0440-2012-0003, Item 0001	Temporary, 10 years	No change in final disposition. Decrease in retention.
	Initial Enrollment Questionnaire (IEQ) Records. Section 1862(b)(5)(D) of the Social Security Act requires the Health Care Financing Administration (HCFA) to mail a questionnaire to newly enrolled Medicare beneficiaries to obtain information on whether the individual is covered under a primary insurance plan and the nature of the coverage provided under the plan, including the name, address, and identifying number of the plan (this process is referred to as the IEQ). The IEQ is used to gather Medicare Secondary Payer information at or before the time of a beneficiary's Medicare entitlement. A contractor selected by HCFA will conduct this process. Initial Enrollment Questionnaires are scanned in a .tif file and maintained on magnetic media. All imaged documents are assigned a document control number.	N1-440-00-01, Item 1 (A through C)	Temporary, 5 years	No change in final disposition. Increase in retention.
	CLIA Accreditation Organization/Exempt State Approval Files. Documents related to CMS' approval under CLIA of a private nonprofit accreditation organization or a State with a State licensure program for laboratories in accordance with Subpart E of the CLIA regulations [42 CFR 493.551 to 493.575]. These files include the letters, documents and correspondence necessary to determine if the requirements of the accreditation organization or exempt State licensure program are equal to or more stringent than the CLIA condition-level requirements.	N1-440-08-01, Item A	Temporary, 6 years	No change in final disposition. Increase in retention.
	CLIA, Post Clinical Laboratory Survey Questionnaire. The Post Laboratory Survey Questionnaire (form CMS-668B) is a 1-page questionnaire provided to a laboratory after their recent CLIA survey. The response questionnaire is entirely voluntary and is used to collect customer satisfaction data from laboratories to evaluate, on a nationwide basis, the laboratory's satisfaction with their recent CLIA survey. The information and suggestions provided by each laboratory will be used to evaluate and improve the CLIA survey process.	N1-440-08-01, Item	Temporary, 10 years	No change in final disposition. Decrease in retention.

<p>Medicare Advantage & RX Drug System (Master File). A collection of automated systems that support collection and maintenance of beneficiary enrollments, premiums and payments for affordable health care and perception drug coverage (Medicare Part D) by offering Medicare beneficiaries, affordable health care and prescription drug coverage as legislated by Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003 Includes but not limited to: (1) Automated Plan Payment System (APPS); (2) Health Plan Management System (HPMS); (3) Drug Data Processing System (DDPS); (4) Medicare Advantage and Prescription Drug System (Marx); (5) Premium Withhold System (PWS); (6) Risk Adjustment System (RAS); (7) State Phase Down Billing (SPDBS); (8) True Out of Pocket (Troop); (9) Medicare Plus Choice (MPC); and (10) Adjusted Average Per Capita Cost (AAPCC) System of Record.</p>	<p>N1-440-09-04, Items 2a, 2b, and 2c</p>	<p>Temporary, 5 to 10 years</p>	<p>No change in final disposition. Decrease in retention.</p>
<p>Retiree Drug System (Master File). A paperless enrollment and payment system designed to systematically account and disburse reimbursements to Plan Sponsors with approved applications that provide drug coverage for Medicare eligible retirees that is automatically equivalent to Medicare part D. The system is designed to take manual and automated feeds of information from Plan Sponsors, ensure the person identified in the submitted retiree file is eligible and is not already enrolled in Medicare Part D Upon validation, the system will automatically disburse payments from the Medicare Trust Fund via EFT to the appropriate Plan Sponsor The data resides on a mainframe system and is constructed with COTS software and is maintained in compliance with Privacy and CMS Security/Access Rules, Federal Information Systems Management Act, Health Insurance Portability and Accountability Act, CMS Acceptable Risk Safeguards, CMS Technical Reference Architecture.</p>	<p>N1-440-09-12, item 1b</p>	<p>Temporary, 10 years</p>	<p>No change in final disposition. Decrease in retention.</p>
<p>Provider Enrollment Systems (IRIS, MED, NPPES, PECOS, UPIN, NPI Crosswalk, etc.), A collection of automated systems that support medical goods and services provider enumeration and enrollment in support of CMS' health insurance programs. Includes but not limited to: (1) National Plan and Provider Enumeration System; (2) Provider Enrollment Chain and Ownership System (PECOS); (3) IRIS; (4) Medicare Exclusion Database (MED); (5) Unique Provider Identification Numbers (UPIN); and (6) National Provider Identifier (NPI) Crosswalk System.</p>	<p>N1-440-09-18, item 2</p>	<p>Temporary, 15 years</p>	<p>No change in final disposition. Decrease in retention.</p>

<p>Medicare Health Plan Organization (MHPO) Application Files. Initial Application Files This file consists of individual case folders on federally-qualified and Medicare-contracting Health Plan Organizations (MHPOs) pursuant to statutory and regulatory requirements under Titles XIII of the Public Health Service Act and XVIII of the Social Security Act, as amended. These files comprise the initial applications including supporting documentation related to functional areas such as health services delivery, structural and contractual, management information system, management, financial, marketing, formulary, Part D-related and other pertinent data as officially required.</p>	<p>N1-440-10-01, Item A1a and A1b</p>	<p>Temporary, 10 years</p>	<p>No change in final disposition. Decrease in retention.</p>
<p>Medicare Health Plan Organization (MHPO) Records. Service Area Expansion Files. These files consist of material for complete service area expansion documentation. The files include application related material, guidelines, specialists reports, reviews, approvals, site visits, notes, and other required correspondence (a) Central Office; (b) Regional Offices.</p>	<p>N1-440-10-01, Item A2</p>	<p>Temporary, 7 years</p>	<p>No change.</p>
<p>Official Medicare Health Plan Organization (MHPO) Correspondence File. This file consists of incoming and outgoing correspondence and essential back up material pertaining to individual MHPO applications related to monitoring, compliance and enforcement. These files relate to site visits, reviews, evaluations, specialty reports, meetings, letters of approval, denial, revocation, and other related documentation as necessary DISPOSITION: Cutoff at the end of the calendar year.</p>	<p>N1-440-10-01, Item A3</p>	<p>Temporary, 10 years</p>	<p>No change in final disposition. Decrease in retention.</p>
<p>Medicare Health Plan Organization (MHPO) Records, Compliance Files. (1) Official Compliance Files. These files consist of material in support of the continuing compliance with the statutory and regulatory requirements of Title XIII of the Public Health Service Act and Title XVIII of the Social Security Act. These files include or relate to program correspondence on such matters as analyses, reports, evaluations, noncompliance, revocations, financial reports and other associated documentation. Financial reporting is accomplished through the use of the National Data Reporting Requirements (NDRR) and audited financial reports. a Financial Reports (Audited and Revoked). (2) Annual NDRR Reports. (3) Quarterly NDRR Reports. (4) Compliance Program Correspondence: These files include but are not limited to: analyses, reports, evaluations, noncompliance actions, program compliance audit files; related compliance material such as warning letters, noncompliance notices and related audit material such as ad hoc compliance event correspondence, focused audit correspondence and file & use certification forms.</p>	<p>N1-440-10-01, Item B</p>	<p>Temporary, 7 years</p>	<p>No change.</p>

<p>Medicare Health Plan Organization (MHPO) Records, Grantee Development Files. These files consist of feasibility, planning, and initial development and expansion grant applications for funds, to develop an organization into a qualified MHPO. These files consist of application for funds specialists reports, notice-of-grants awards, audit reports, progress reports, consultants reports, reviews, grantee site visit reports, and related correspondence. The files include such materials as when the organizations became a qualified MHPO.</p>	<p>N1-440-10-01, Item D</p>	<p>Temporary, 7 years</p>	<p>No change in final disposition. Decrease to 7 years.</p>
<p>Medicare Health Plan Organization (MHPO) Records, Plan Submissions (Formulary Submissions, Medication Therapy Management Program, Health Plan Bids). All files related to formulates such as the formulary reference file, administrative and program submissions; any submissions other than formulary submissions related to Part D prescription drug benefit not otherwise covered above, each Part D Sponsor IS required to incorporate a Medication Therapy Management Program (MTMP) into their plans' benefit structure; Also includes bids received from prescription drug or other MHPOs.</p>	<p>N1-440-10-01, Item F</p>	<p>Temporary 10 years</p>	<p>No change in final disposition. Decrease in retention.</p>
<p>Supplementary Medical Insurance (SMI) General Enrollment Period (GEP) Records. Records consisting of source documents, generally the SSA-40, automatic enrollment card, with appropriate suffix for all individuals who responded in the direct mail solicitation for SMI entitlement. The records contain such information as beneficiary name, claim number, address, premium amount, and a check mark reflecting individual's "yes" election or enrollment refusal.</p>	<p>NC1-440-79-01, Item 14</p>	<p>Temporary, 7 years</p>	<p>No change.</p>
<p>End stage Renal Disease (ESRD) Exception Requests. These exception files contain documentation for reimbursement for ESRD services and supplies and consist of the intermediary's preliminary recommendation and work papers and the provider's ESRD exception request and cost report.</p>	<p>N1-440-91-02, Item 1</p>	<p>Temporary, 7 years</p>	<p>No change.</p>
<p>Health Insurance General Enrollment Period, A record, on magnetic tape, for each individual who is eligible to enroll in supplementary medical insurance during the general enrollment period. The file is in sequence by health insurance claim number and is updated annually. Records date from January of the current year. Information in each record consists of claim number, date of birth, name, address, hospital insurance enrollment and termination information, and any previous supplementary medical insurance enrollment and termination information.</p>	<p>NC1-440-81-01, Item 5</p>	<p>Temporary, 2 years</p>	<p>No change in final disposition. Increase in retention.</p>
<p>Supplementary Medical Insurance—General Enrollment Period Records. Records consisting of source documents, (the HCFAL40D) all individuals who responded in the direct mail solicitation for SMI enrollment.</p>	<p>N1-440-95-01, Item 10</p>	<p>Temporary, 1 to 3 years</p>	<p>No change in final disposition. Increase in retention.</p>