

Request for Records Disposition Authority

Records Schedule Number DAA-0440-2015-0007
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 5 - Beneficiary 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Number of Total Disposition Items	Number of Permanent Disposition Items	Number of Temporary Disposition Items	Number of Withdrawn Disposition Items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-0440-2015-0007

Sequence Number	
1	Beneficiary Records Disposition Authority Number: DAA-0440-2015-0007-0001

Records Schedule Items

Sequence Number		
1	Beneficiary Records	
	Disposition Authority Number	DAA-0440-2015-0007-0001
	Records that facilitate the management of beneficiaries (those eligible for all CMS programs). See crosswalk for additional detail.	
	Final Disposition	Temporary
	Item Status	Active
	Is this item media neutral?	Yes
	Do any of the records covered by this item currently exist in electronic format(s) other than e-mail and word processing?	No
	GRS or Superseded Authority Citation	DAA-0440-2012-0009 / 0001 DAA-0440-2012-0013 / 0001 N1-440-09-06 / 2 N1-440-10-07 / 2/a N1-440-10-07 / 2/b N1-440-10-07 / 2/c N1-440-10-07 / 2/d
	Disposition Instruction	
	Cutoff Instruction	Cutoff at the end of the calendar year.
	Retention Period	Destroy no sooner than 10 year(s) after cutoff but longer retention is authorized
	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-0440-2015-0007

Bucket 5: Beneficiary Records

Records that facilitate the management of beneficiaries (those eligible for all CMS programs). Temporary, destroy when 10 years old, or when no longer needed for agency business, whichever is later.

Sub-bucket	Original Series (Superseding)	Original Authority	Original Retention	Change
5. Beneficiary Records. Records that facilitate the management of beneficiaries (those eligible for all CMS programs), including verification processes. Temporary, 30 years. NOTE: see bucket 4 for records related to the enrollment process.	Medicare Beneficiary Enrollment System (Master Files) , A collection of automated systems that support the collection and maintenance of information (e.g., demographics, enrollment, insurance, premium payments) about Medicare beneficiaries. Includes but not limited to: (1) Enrollment Database; (2) Medicare Beneficiary Database; and (3) Beneficiary Enrollment Retrieval System.	N1-440-09-06, item 2	Temporary, 10 years	No change.
	Chronically Ill Beneficiaries Data (Master Files) , Individually identifiable and other data collected from multiple CMS databases pertaining to Medicare beneficiaries and their providers who provide service to those beneficiaries. The collected information will contain but is not limited to name, address, telephone number, health insurance claim number, geographic location, race/ethnicity, gender, and date of birth, as well as background information relating to Medicare or Medicaid issues (i.e., non-identifiable claims data collected such as the Institutional provider information and any claims statistics that are non-identifiable (Medicare, Medicaid and Assessment).	DAA-0440-2012-0013, item 0001	Temporary, 30 years	Reduction in retention.
	Common Working File (Master Files) , The CWF is a single data source for Medicare entities (e.g., fiscal intermediaries, earners, Medicare administrative contractors) to verify beneficiary eligibility and conduct prepayment review and approval of claims from a national perspective. This allows validation before any payment checks are processed. It is the only place in the fee-for-service (FFS) claims processing system where full individual beneficiary information is housed. CWF meets CMS' core requirements for claims processing: (1) beneficiary entitlement to Part A/B, (2) accurate deductible & coinsurance; (3) appropriate services; (4) benefits on the claim are available, and (5) Medicare Secondary Payer information is correct. CWF also performs limited Part A/B crossover editing to ensure services are not paid twice on different types of claims. The CWF is an essential component to ensuring that accurate payments are made for only medically necessary services and are provided only to eligible Medicare beneficiaries by qualified providers, CWF also is vital to minimizing fraud and abuse in the Medicare program and ensuring quality care is provided to Medicare beneficiaries. All claims are received and processed the same day.	N1-440-10-07, items 2a, 2b, 2c, and 2d	Temporary, 2 to 30 years	Unification of retention.

<p>Enrollment Resolution and Reconciliation (ER&R) Records. The purpose of the Enrollment Resolution & Reconciliation (ER&R) project is to provide the services necessary to reconcile discrepancies in enrollment information shared between the Health Insurance Exchanges, insurance plan issuers, and CMS in support of accurate enrollment in the Federally Facilitated Marketplace (FFM), State-Based Exchanges (SBEs) and Federally-facilitated Small Business Health Options Program (FF-SHOP) established under the Affordable Care Act (ACA). The successful implementation of the ACA requires integrated support to ensure individuals enrolled in Qualified Health Plans (QHPs) are enrolled in the right QHP, at the right time, and with the appropriate Advanced Premium Tax credits (APTC) and Cost-Sharing Reductions (CSR), or use by the CERRS project. System operations an</p>	NEW	n/a	n/a
<p>Data Collection Secondary to Coverage Decision (DCSCD) System. The data collection includes baseline patient characteristics (Individual clinical records of patients participating in data collection activities) The collected information will contain, but is not limited to, name, address, telephone number, health insurance claim (HIC) number, geographic location, race/ethnicity, gender, and date of birth, as well as, background information relating to Medicare or Medicaid Issues Final Disposition.</p>	DAA-0440-2012-0009, item 0001	Temporary, 10 years	No change in final retention. Increase in retention.