REQUEST FOR RECORDS DISPOSITION AUTHORITY					JOB NUMBER		
	TIONAL ARCHIVES & RECORDS ADMINISTRATION  11 ADELPHI ROAD COLLEGE PARK, MD 20740-6001				Date received 9-22-2009		
FROM (Agency or establishment)     Department of Health and Human Services				NOTIFICATION TO AGENCY			
MAJOR SUBDIVISION     Centers for Medicare and Medicaid Services (CMS)     MINOR SUBDIVISION				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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.			
4. NAME OF PERSON WITH WHOM TO CONFER Vickie Robey, CMS Records Officer 410-786-7683				DATE ARCHIVIST OF THE UNITED STATES			
6. 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 on the attached							
DATE SIGNATURE OF AGENCY REPRESENTATIVE				TITLE			
09/16/2009		S:// Yvonne K. Wilson	Evonne X. Wilson	HHS Records Officer			
7. ITEM NO.	8.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITIO		SU	9. GRS OR PERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)	
	Medicare Appeals System (MAS)						
	See attached.						
	•						
	·						

## INACTIVE - ALL ITEMS SUPERSEDED

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

## Medicare Appeals System (MAS)

The Medicare Appeals System is designed to support the new legislatively mandated appeals processes for traditional Medicare Fee-For-Service (FFS) and Managed Care (MC). The new FFS appeal process is required by the Benefits Improvement and Protection Act of 2000 (BIPA) where the methods of appeals for Part A and Part B claims are merged into one process. The Managed Care (Part C) process is required by the Balanced Budget Act of 1977 which required CMS ensure managed care enrollees have a formal appeals process to dispute an adverse determination by a Managed Care Organization (MCO). The Medicare Appeals System (MAS) is suite of applications designed to support the end-to-end level two and level three appeals process including associated reporting and analysis capabilities. MAS end users are Qualified Independent Contractors (QICs), Independent Review Entitles (IREs), Administrative Law Judges (ALIs), and CMS employees.

The MAS resides in the CMS Data Center and is maintained in compliance with Health Insurance Portability and Accountability Act of 1996, OMB A-130, Appendix III, OMB Circular A-123, GAO, Inspector General Act of 1978 (Public Law 95-452) as amended, CMS Policy Standards and Guidelines Handbook.

1. Inputs – Data on FFS and MC appeals (appeal number, appeal entity (contractor/AL) office), reconsideration status, appellant name, Glaim/Encounter number, Provider ID, Date(s) of Service, amount in controversy, date hearing request received, date decision is due, date of decision), timeliness, category, decision/disposition, case file location, beneficiary data retrieved from the Medicare beneficiary Database (HIC, Name, Address, City, state, Zip Code).

DISPOSITION: Temporary: Maintain until no longer needed for Agency business. (GRS 20, Items 2 and 3)

2. Master Files — FFS and MC appeals data; scanned copies of all case file paperwork, including appellant request(s) for appeal, medical documentation, additional evidence/documentation and appeal decision(s)/disposition(s).

DISPOSITION: Temporary. Cutoff at time of dismissal or final decision of the case. Delete/destroy 10 years after cutoff, or when no longer needed for Agency business, whichever is later.

3. Outputs - Regular and ad hoc reports.

DISPOSITION: Temporary. Maintain until no longer needed for Agency business. (GRS 20, Item 16)

Superseded by job / Item number:

DAA-0440-2015-0004-0001
Data (MM/DD/YYY):

7(13(20)7