REQUEST FOR RECORDS DISPOSITION AUTHORITY

TO: NATIONAL ARCHIVES & RECORDS ADMINISTRATION
   8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001

1. FROM (Agency or establishment)
   Department of Health and Human Services

2. MAJOR SUBDIVISION
   Centers for Medicare and Medicaid Services (CMS)

3. MINOR SUBDIVISION

4. NAME OF PERSON WITH WHOM TO CONFER
   Vickie Robey, CMS Records Officer

5. TELEPHONE NUMBER
   410-786-7683

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 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,

   ☑ is not required   ☐ is attached; or   ☐ has been requested.

DATE 09/16/2009

SIGNATURE OF AGENCY REPRESENTATIVE

Yvonne K. Wilson

TITLE

HHS Records Officer

7. ITEM NO.

8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION

Medicare Appeals System (MAS)

See attached.
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 a 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 Entities (IREs), Administrative Law Judges (ALJs), and CMS employees.


1. Inputs—Data on FFS and MC appeals (appeal number, appeal entity (contractor/ALJ office), reconsideration status, appellant name, Claim/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

Date (MM/DD/YYYY): 12/13/2017

INACTIVE - ALL ITEMS SUPERSEDED