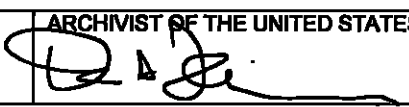
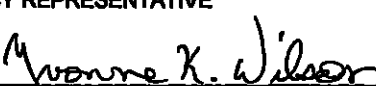


<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <b>NI-440-09-8</b>	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <b>9-22-2009</b>	
1. FROM (Agency or establishment) <b>Department of Health and Human Services</b>		<b>NOTIFICATION TO AGENCY</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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
2. MAJOR SUBDIVISION <b>Centers for Medicare and Medicaid Services (CMS)</b>			
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>09/22/09</b>	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 <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 GRS OR SUPERSEDED JOB CITATION	10.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)
	<b><u>CMS Medicare Pricing Systems</u></b>  See attached.		

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

**Medicare Pricing Systems (MPS)**

MPS is a family of subsystems that produce the pricing modules required to support the processing of claims via CMS' Shared Systems (Claims Processing Systems, job N1-440-04-03). Medicare contractors (Carriers, Fiscal Intermediaries, MACs, Regional Home Health Intermediaries, and Durable Medical Equipment Regional Carriers) use the Shared Systems/Claims Processing Systems (FISS, MCS and VMS) to process claims from providers such as physicians, laboratories and suppliers. The pricing modules support this process and contain rates, prices and pricing algorithms according to the type of service. After the pricing modules containing the Fee Schedules and Pricers have been produced by MPS, they are made available to the Shared Systems as files that can be downloaded from the CMS Mainframe. The modules or programs include the following:

- Pricers – pricing programs which contain computer code (there are several Pricers, such as an inpatient Pricer and a skilled nursing facility Pricer);
- Fee Schedules – files which contain prices (there are Fee Schedules for items such as clinical laboratory services, durable medical equipment, and physician services); and
- Grouper – software that translates variable such as age, diagnosis and surgical codes into a diagnosis related group (DRG).

The Medicare program provides for annual updates to the pricing modules, which occur on January 1 or October 1, the beginning of the new fiscal year. The annual updates are based on new regulations set forth by the federal register, changes to the wage index, and Congressional provisions. Quarterly updates are not performed unless required.

MPS includes, but is not limited to, the following subsystems:

~~Healthcare Common Procedure Coding System (HCPCS) – produces a file of Current Procedural Terminology (CPT) Codes from the American Medical Association (AMA) and American Dental Association (ADA), alphanumeric procedures from the HCPCS panel and descriptions and payment information for each code that is used for reporting medical services and procedures performed by physicians. Provides a list of descriptive terms and identifying codes as a uniform language to identify services. HCPCS codes are used throughout the MPS system, and are already scheduled as permanent under job N1-440-01-02.~~

Clinical Laboratory Fee Schedule (CLFS) – Maintains, updates, and disseminates Part B pricing data for services priced under the clinical lab fee schedule. CLFS prices claims submitted by Clinical Labs for Clinical Laboratory Services. Provides a file of prices by HCPCS for use in Contractor payment systems. Pricing is legislatively mandated.

Durable Medical Equipment Fee Schedule (DMEFS) – DMEFS prices claims submitted by Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) providers for Durable Medical Equipment (DME), orthotics, prosthetics and supplies. Provides a file of prices by HCPCS for use in contractor payment systems.

~~GROUPEX – Software that uses inpatient claims containing diagnosis codes and patient information to group ICD-9 CM codes (diagnosis codes) into Diagnosis Related Groups. Part of the PPS system at the FI's MACs which prepares the inpatient claim for pricing. (Software; GRS 20, Items 10 & 11)~~

**INACTIVE - ALL ITEMS SUPERSEDED**

Investigational Device Exemption System (IDE) – Produces a file containing a number assigned to a device by the Federal Drug Administration (FDA), device category, device description, start and end dates. Used to add, change or delete information to track procedures to see if the number performed matches the number forecast. Provides a database of devices to FIS/MACs weekly for use in claims payment systems.

FDA Mammography Database (MQSA) – Inputs a file from the FDA; updates a database of certified mammography facilities and procedures creating a file containing facility ID, facility name and address and certification dates. MQSA provides information on certified facilities to contractors for claims payment.

Prospective Payment System (PPS) - Procedures, algorithms and other information used to perform various analyses based on legislation for the purpose of setting rates for paying services, covered under PPS.

PPS Pricing Software for Inpatient Stays System (PRICER) – PRICER prices claims submitted by a PPS provider for PPS covered services. Provides a software package to Contractors for use in payment systems.

Physician Fee Schedule (PSPRICE) – Produces a file of CPT and alphanumeric codes, i.e., HCPCS, fee schedule amounts, and payment indicators to price claims submitted by physicians. Provides a file of prices to the Contractors for use in payment systems.

Sustained Growth Rate (SGR) – Calculates the volume of services by fiscal year using physician reimbursement by carrier to provide CMS-Office of the Actuary with volume data for reports to Congress.

Skilled Nursing Facility Pricer (SNFPRICER)— Software used to price claims for submitted PPS covered services in Skilled Nursing Facilities. Provides a software package to contractors for use in payment systems. (Software; GRS 20, Items 10 & 11)

Wage Index (WI) – Part of the PPS system that calculates the adjustment factor for each core-based statistical area (CBSA) and rural area in each state to adjust standardized amounts for area differences in hospital wage levels by geographic area.

Data resides on mainframe system and is maintained in compliance with all Federal laws and regulations and Federal, HHS and CMS policies and standards as they relate to information security and data privacy.

~~1. Inputs – The MPS receive data from sources both inside and outside of CMS. CPS 4 procedure codes from AMA, Device Data from FDA, Annual Service Counts from CMS' Part B Medicare Extract and Summary System (BESS), and information from CMS' Medicare Utilization Data Collection and Access Systems NGH Summary Process, and from CMS' Payment Policy Groups. The MPS data are updated annually.~~

~~DISPOSITION: Temporary. Cutoff annually. Delete/destroy after master file is verified or when no longer needed for Agency business, whichever is later. (GRS 20, item 2)~~

~~2. - Master Files - The MPS receive data from sources both inside and outside of CMS. CPS 4 procedure codes from AMA, Device Data from FDA, Annual Service Counts from CMS' Part B Medicare Extract and Summary System (BESS), and information from CMS' Medicare Utilization Data Collection and Access~~

**INACTIVE - ALL ITEMS SUPERSEDED**

~~Systems NCH Summary Process, and from CMS' Payment Policy Groups. The MPS data are updated annually. Systems include data on Fee Schedules; Procedure and Diagnosis Codes; ICD-9 Groupings; HCPCS Codes; CPT-5 procedure codes; Device data and Mammography Equipment Certification Data from FDA; Pricing Information; Wage indices; Pricing Data Tables; Summarized physician/supplier data; SNF Pricing Algorithms; hospital wage data.~~

~~CLFS - Pricing information from CMS policy staff, procedure codes from HCPCS, annual services counts from BESS~~

~~DMEFS – Pricing amounts from DMERCs, procedure codes from HCPCS~~

~~GROUPER – Diagnosis related data~~

~~HCPCS – HCPCS Codes and data; CPT-5 Procedure Codes from AMA~~

~~IDE – Device Data from FDA (device category, device description, start and end dates)~~

~~MQSA – Mammography Equipment Certification Data from FDA~~

~~PPS, PRICER, SNFPRICER – Pricing Information; Hospital Wage Indices from PPS~~

~~PSPRICE – Pricing Data Tables, Procedure Codes~~

~~SGR – Summarized physician/supplier data from HCH Summary Process~~

~~WI – Hospital Wage Data from Cost Reports (from Health Data Provider Cost Report System – HCRIS)~~

~~DISPOSITION: Temporary. Cutoff at time of annual update. Delete/destroy each annual data file 10 years after cutoff or when no longer needed for Agency business, whichever is later.~~

~~3a. Outputs – Medicare Pricing Reports (includes but not limited to: Coding Updates to Fee Schedules to Medicare Claims Processing Contractors for testing; Reports; Procedure Codes, Prices, HCPCS Validations; ICD-9 Groupings; Procedure and Diagnostic Codes; Investigational Device Usage Data; Mammography Equipment Certification Data; MSA Calculations to Medicare Plus Choice System; hospital wage indices to PRICER; Inpatient Pricing Algorithms; Physician Fee Schedule; Skilled Nursing Facility Pricing Algorithms; Hospital Wage Indices to Medicare Claims Processing Contractors and Medicare Plus Choice Systems (MPC))~~

~~DISPOSITION: Temporary. Cutoff file at the end of the FY. Delete/destroy when no longer needed for Agency business. (GRS 20, item 12; any reports mandated by Congress are covered by N1-440-95-01, item 6)~~

~~HCPCS Codes (Disposition Authority: N1-440-01-02)~~

~~DISPOSITION: PERMANENT. Transfer to the National Archives and records Administration (NARA) a copy of the Annual Code Summary when codes are updated annually according to 36 CFR 1228.188. (Disposition Authority: N1-440-01-02)~~

~~3b. Adhoc Reports~~

~~DISPOSITION: Temporary. Cutoff annually. Delete/destroy 1 year after cutoff or when no longer needed for Agency business, whichever is later. (GRS 20, item 16)~~

Superseded by:

DAA-0440-2015-0004-0001

DATE (MM/DD/YYYY):

7/13/2017