

REQUEST FOR RECORDS DISPOSITION AUTHORITY		JOB NUMBER NI-440-09-9	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received 9-22-2009	
1. FROM (Agency or establishment) Department of Health and Human Services		NOTIFICATION TO AGENCY 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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	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 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 410-786-7883	DATE 09/21/2009	ARCHIVIST OF THE UNITED STATES <i>[Signature]</i>
<p>6. AGENCY CERTIFICATION</p> <p>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>2</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,</p> <p><input checked="" type="checkbox"/> is not required <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.</p>			
DATE 09/21/2009	SIGNATURE OF AGENCY REPRESENTATIVE <i>Yvonne K. Wilson</i> S:// Yvonne K. Wilson		TITLE HHS Records Officer
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	<u>CMS Medicaid Integrity System (MIS)</u> See attached.		

Attachment to SF-115, for CMS Electronic Systems Schedule

Medicaid Integrity System (MIS) (System of Record 09-70-0599)

The primary purpose of this system is to establish an accurate, current, and comprehensive database containing standardized enrollment, eligibility, and paid claims of Medicaid beneficiaries to assist in the detection of fraud, waste and abuse in the Medicare and Medicaid programs. Information retrieved from this system will also be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor, consultant or a CMS grantee; (2) assist another Federal or state agency with information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (3) support a research or evaluation project; (4) support litigation involving the agency; and (5) combat fraud, waste, and abuse in a federally-funded health benefit program.

Data resides on Agency's mainframe system and is maintained and will conform to all applicable Federal laws and regulations and Federal, HHS, and CMS policies and standards as they relate to information security and data privacy. Currently, the system contains 30 terabytes of data and resides at the San Diego Supercomputing Center (SDSC) in California.

~~1a. Inputs - Information on Medicaid beneficiaries, and physicians and other providers involved in furnishing services to Medicaid beneficiaries. Information contained in this system includes, but is not limited to: assigned Medicaid identification number, name, address, social security number, health insurance claim number, date of birth, gender, ethnicity and race, medical services, equipment, and supplies for which Medicaid reimbursement is requested, and materials used to determine amount of benefits allowable under Medicaid. Information on physicians and other providers of services to the beneficiary consist of an assigned provider identification number, and information used to determine whether a sanction or suspension is warranted.~~

~~DISPOSITION: Temporary. Cutoff annually. Delete/destroy 5 year after cutoff, or when no longer needed for Agency business, whichever is later. (GRS20, item 2b)~~

~~1b. Master Files - Information on Medicaid beneficiaries, and physicians and other providers involved in furnishing services to Medicaid beneficiaries (assigned Medicaid identification number, name, address, social security number, health insurance claim number, date of birth, gender, ethnicity and race, medical services, equipment, and supplies) for which Medicaid reimbursement is requested, and materials used to determine amount of benefits allowable under Medicaid. Physicians and other providers assigned provider identification number, sanctions or suspensions.~~

~~DISPOSITION: Temporary. Cutoff after the final determination of the case is completed. Delete/destroy 6 years after cutoff, or when no longer needed for Agency business, whichever is later.~~

~~1c. Outputs~~

~~1c1. Case Files (electronic or paper)~~

~~DISPOSITION: Cutoff on final action of the case. Destroy when inactive for 5 years. (GRS20, Item 6)~~

Superseded by job / item number:

DAA-0440-2015-0012-0001

Date (MM/DD/YYYY):

9/20/2017

~~1c2. Ad Hoc Reports (for statistical analysis)~~

~~DISPOSITION: Temporary. Cutoff annually. Delete/destroy 1 year after cutoff, or when no longer needed for Agency business, whichever is later. (GRS20, Item 16)~~