### REQUEST FOR RECORDS DISPOSITION AUTHORITY

<table>
<thead>
<tr>
<th>JOB NUMBER</th>
<th>N1-440-09-9</th>
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<tbody>
<tr>
<td>Date received</td>
<td>9-22-2009</td>
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</tbody>
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#### 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
410-786-7883

#### 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.

<table>
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<tr>
<th>DATE</th>
<th>SIGNATURE OF AGENCY REPRESENTATIVE</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/2009</td>
<td>Yvonne K. Wilson</td>
<td>HHS Records Officer</td>
</tr>
</tbody>
</table>

#### 7. ITEM NO.

#### 8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION
CMS Medicaid Integrity System (MIS)

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

Superseded by Item number: 1

Date (MM/DD/YYYY): 01/26/2017

INACTIVE - ALL ITEMS SUPERSEDED
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)