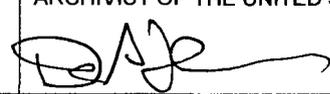
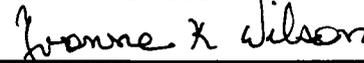


<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <i>NI-440-09-3</i>	
To NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <i>9-22-2009</i>	
1 FROM (Agency or establishment) Department of Health and Human Services		NOTIFICATION TO AGENCY  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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	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 & Medicaid Services			
3 MINOR SUBDIVISION Office of Clinical Standards and Quality Review			
4 NAME OF PERSON WITH WHOM TO CONFER Vickie Robey, CMS Records Officer (410) 786-7883	1 TELEPHONE NUMBER  (410) 786-7883	DATE <i>8 FEB 11</i>	ARCHIVIST OF THE UNITED STATES 
<b>2 AGENCY CERTIFICATION</b> 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			
<i>09/17/2009</i>	SIGNATURE OF AGENCY REPRESENTATIVE Yvonne Wilson 		TITLE DHHS Records Management Officer
7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)
1	Electronic System Record Schedule for the Health Care Quality Improvement System (see attached)		

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

### **Health Care Quality Improvement System (HCOIS)**

A collection of automated systems that facilitate the collaboration of CMS and the Quality Improvement Organizations (QIO) to monitor and improve utilization and quality of care for Medicare and Medicaid beneficiaries. Records include but not limited to

- Clinical, survey and project data from Medicare and Medicaid providers
- Certification and assessment data from End Stage Renal Disease (ESRD) providers
- ESRD patient and provider information
- Summarized data for payment error rates by state and nationally
- Electronic data entry and reporting system for approximately 4000 dialysis facilities in the U S
- Survey & Certification and Patient Assessment
- Quality Indicator Report for use by nursing homes and surveyors
- Clinical information on patients in nursing homes and patients in home health agencies, rehabilitation hospitals
- Financial incentives for eligible professionals to participate in a voluntary quality-reporting program

The data resides on mainframe system utilities using commercial off the shelf analytical tools. Data is maintained in compliance with Privacy and CMS Security/Access Rules, Health Insurance Portability and Accountability Act, Freedom of Information Act, Paperwork Reduction Act. Includes but is not limited to the following systems

**Consolidated Renal Operations in a Web-Enabled Environment (CROWN)** – Facilitates the collection and maintenance of information about the Medicare End Stage Renal Disease (ESRD) program, its beneficiaries and the services provided to beneficiaries. Includes but is not limited to the following applications and information collection activities: ESRD patient, provider, facility, facility personnel and events data, ESRD Medical Evidence Report, Medicare Entitlement and/or Patient Registration, ESRD Death Notifications, In-Center Hemodialysis Clinical Performance Measures. Includes but not limited to Vital Information System to Improve Outcomes in Nephrology (VISION), ESRD Standard Information Management System (SIMS), Renal Management Information System (REMIS)

**Quality Improvement and Evaluation System (QIES)** – Supports a suite of applications and tools designed to provide states and CMS with the ability to use performance information to enhance onsite inspection activities, monitor quality of care, and facilitate providers' efforts related to continuous quality improvement. Includes summarized data for payment error rates by state and nationally, provider certification and assessment data, provider compliance, provider deficiency, complaints about providers, enforcement actions against providers, survey tracking and scheduling activities, assessment collection activities, quality indicators and other quality and payment information, clinical data on patients in rehabilitation hospitals. Includes but is not limited to the following applications and information collection activities: Minimum Data Set and Outcome and Assessment Information Set, Data Management Systems, Quality Indicator Reporting, Inpatient Rehabilitation Facility Patient Assessment Instrument, Inpatient rehabilitation data from National Assessment Collection Database, Swing Bed Assessments and Data Processing System, Swing Bed Viewer, FI and RHHHI Extract Tools, QIES Metadata Application, Dashboard Reports, Survey and Certification Management Reporting, CASPER Reports

**Physician Quality Reporting Initiative (PQRI)** – Collects and maintains individually identifiable information for all eligible professionals who voluntarily participate in the PQRI. Eligible professionals report on a designated set of quality measures for services paid under the traditional fee-for-service program, may earn a bonus payment subject to a cap. Information is collected on eligible

professionals voluntarily participating in PQRI Information is collected on patients of participating providers from the CMS 1500 (Claim Form) and the 837-P electronic transaction claim. The information includes but not limited to name, address, phone number, social security number, taxpayer ID number, unique physician ID number, (UPIN) and National Provider Identifier (NPI). Patient health information for provider patients will include, but is not limited to Health Insurance Claims Number and social security number. Eligible professionals' NPI must be listed along with the Healthcare Common Procedure Coding System codes for services, procedures, and quality data on the claim. Eligible professionals must consistently use their NPIs to correctly identify their services, procedures and quality-data codes for an accurate determination of satisfactory reporting. The following functions are supported within the PQRI application: Measure Analytics, Measure Applicability Validation, payment Calculation, Feedback Reports, Web Application.

Standard Data Processing System (SDPS) - Consists of many data and reporting requirements that have been designed and developed in response to the ongoing ADP requirements of the various QIOs and other affiliated partners to fulfill its contractual requirements with CMS. Provides individual medical records, aggregate medical data, clinical data and financial data related to medical claims. Through the SDPS, the QIOs have a database of current Part A claims data, ad hoc capability to access Part B data, access to national data sets, software tools for data analysis, report generation tools and project information. This system interfaces with CMS Central office, 53 QIOs and CDAC. Includes but is not limited to the following applications and information collection activities: Analytical Reports (SAS OLAP), Automated Survey Processing Environment, Case Review Information System, Certification and Survey Enhanced Reporting System, Clinical Abstraction Tracking System, CMS Abstraction & Reporting Tool, Consolidated Renal Operations in a Web-Enabled Network, ESRD Standard Information Management System, Financial Information and Vouchering System, Fiscal Intermediaries Extract, Medicare Quality Improvement Community, MedQuest Clinical Data Collection Design System, Metadata, Minimum Data Set, Nursing Home Improvement And Feedback Tool, Online Access Request System, Online Survey Certification and Reporting System, Outcome and Assessment Information Set Database, Premier Warehouse, Program Activity Reporting Tool, Program Progress Reports system, Program Resource System, QIES to Success, QIO Abstraction Tracking System, QIO Analytical Files, QIO Clinical Warehouse, QIONet, QNet Quest, Quality Improvement Evaluation System, QualityNet Exchange, QualityNet Remote User Virtual Private Network, Renal Management Information System, RHHI Extract, SDPS CMS Dashboard, Standard Electronic File Folder, Survey and Certification Management Reporting, Tracking Payment Error Prevention Program, Tracking Quality Improvement Project system, Vital Information System to Improve Outcomes in Nephrology.

Quality Improvement Initiative (QII) – Assists Medicare beneficiaries and their caregivers by promoting the availability of quality measures, helping to ensure they understand what the measures mean, and encouraging them to use the measures as part of their health care decision making process. QIO will assist Medicare beneficiaries and their caregivers by promoting the availability of the quality measures, helping to ensure they understand what the measures mean, and encouraging them to use the measures as part of their health care decision making process.

~~1a Inputs – ESRD patient, provider, facility, facility personnel and events data, ESRD Medical Evidence Report, Medicare Entitlement and/or Patient Registration, ESRD Death Notifications, In-Center Hemodialysis Clinical Performance Measures, clinical performance measures, summarized data for payment error rates by state and nationally, provider certification and assessment data, clinical data on patients in rehabilitation hospitals, clinical information collected from residents in nursing homes and patients in home health agencies (HHA), MDS and OASIS assessment submissions from nursing homes and home health agency providers.~~

~~DISPOSITION Temporary Cutoff annually Delete/destroy when . years old, or when no longer needed for Agency business, whichever is later (GRS 20, item 2b)~~

1b Health Care Quality Improvement Systems - Master Files

ESRD patient, provider, facility, facility personnel and events data, ESRD Medical Evidence Report, Medicare Entitlement and/or Patient Registration, ESRD Death Notifications, In-Center Hemodialysis Clinical Performance Measures, clinical performance measures, summarized data for payment error rates by state and nationally, provider certification and assessment data, clinical data on patients in rehabilitation hospitals, clinical information collected from residents in nursing homes and patients in home health agencies (HHA), MDS and OASIS assessment submissions from nursing homes and home health agency providers

~~DISPOSITION Temporary Cutoff annually Delete/destroy when 10 years old, or when no longer needed for Agency business, whichever is later~~

~~1c Outputs - Reports, Adhoc queries, Forms, (Includes but is not limited to ESRD Facility/Patient information, Form CMS 2744, CMS Annual Report Tables, Quality Improvement Projects, Mortality Rate Reports, Population Trends Report, Report on Status of QIOs, Dialysis information, transplant information and ESRD coverage and patient status information, ESRD Renal Provider and Facility Survey Files, Statistics on Patient Measures, Quality Indicator Reports for use by nursing homes and surveyors, State Agency Performance Reports, Survey and Certification Reports, oversight management reports, summary and trend reports, facility reports, Home Health Quality Indicator Reports, Nursing Home and Home Health Agency reports, Data Accuracy and Verification Reports for nursing homes, Pre-review Reports for Nursing Home Quality Measures, Oversight Management Reports for nursing homes, Nursing Home management reports, standard survey reports for all provider types), reporting and performance-rate analyses, payment calculations, payment data files, feedback reports, MDS QI reports, feedback reports, MDS and OASIS databases~~

~~DISPOSITION Adhoc Queries, Reports, Forms, etc Disposition Temporary Cutoff annually Delete/destroy 10 years after cutoff, or when no longer needed for Agency business, whichever is later (GRS 20, item 5)~~