

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER N1-440-09-7	
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	
2 MAJOR SUBDIVISION Centers for Medicare and Medicaid Services (CMS)		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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	
3 MINOR SUBDIVISION			
4 NAME OF PERSON WITH WHOM TO CONFER Vickie Robey, CMS Records Officer	5 TELEPHONE NUMBER 410-786-7883	DATE WITHDRAWN 10/19/2011	ARCHIVIST OF THE UNITED STATES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>5</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 09/21/2009	SIGNATURE OF AGENCY REPRESENTATIVE S // Yvonne K. Wilson <i>Yvonne K. Wilson</i>	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7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)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 and Children's Health Insurance System (MCHIP)</u> See attached		
<i>Withdrawn 10/19/2011</i>			

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

**Medicaid & Children's Health Insurance System (MCHIS)**

A collection of automated systems that support administration and funding of the Medicaid and State Children's Health Insurance programs, as well as drug pricing and rebate functions (Superseded Disposition Authorities Medicaid- Survey/Cert (N1-440-95-1/9), CLIA (N1-440-01-4, MSIS (NC1-440-82-4/11), State Plan Amend/Waiver (N1-440-01-3/1, N1-440-94-1) Includes but not limited to

*W. Johnson  
10/19/2011*

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a web application available only to CMS employees and contractors who have been granted access to the CMS Intranet. This system stores and processes data submitted by states on the EPSDT Report (Form CMS-416). This form provides basic information on participation in the Medicaid child health program. The system data is used to assess the effectiveness of state EPSDT programs in terms of the number of children (by age, group and basis of Medicaid eligibility), who are provided with child health screening services, referred for corrective treatment, and provided with dental services. Child health-screening services are also defined (for purposes of reporting on this form) as initial or periodic screens required to be provided according to a state's screening periodicity schedule. This data is used to assure the availability and accessibility of required health care resources and to help Medicaid recipients to use these resources effectively. The collection of the data helps Medicaid agencies to

- Manage a comprehensive child health program of prevention and treatment,
- Seek eligible participants and inform them of the various health resources, benefits of prevention, and the health services and assistance available to help them and their families,
- Assess children's health needs through initial and periodic examinations and routine evaluations,
- Assure health problems found are diagnosed and treated early, before they become more complex and their treatment more costly

This is a stand-alone system and does not interconnect or share information with any other applications

Federal Upper Limits System (FULs) – Determines the highest allowable Medicaid price for selected therapeutically equivalent Food and Drug Administration (FDA) approved drugs. In order to calculate the FULs prices, drug product information is downloaded from FDA files and pricing data is purchased and downloaded from three compendia sources: Medispan, First Databank BlueBook, and RedBook. The Compendia data includes all Drug Manufacturers, along with specific Product data including the Direct and Average Wholesale Price (AWP) prices. The system merges the data across the Compendia by National Drug Codes (NDC) and consolidates it into records related to a FDA sanctioned drug. These merged records are available online for final processing and to allow end-user interaction. The end result of the processing steps was to ascertain the Upper Limit Price Medicaid would pay for certain therapeutic drugs.

State Plan Amendment and Waiver Tracking System (SPW) – Tracks the approval process of State Plan Amendments (SPAs) and certain types of Waivers in the Medicaid Program

Medicaid Drug Rebate System (MDR) – Supports the Medicaid Drug Rebate program, which enables states to receive Federal funding for outpatient drugs dispensed to Medicaid patients. Drug manufacturer product and pricing information is used by the system to calculate Unit Rebate Amounts (RUAs) for drugs on a quarterly basis. Rebate information is sent to the states, who invoice drug

manufacturers for the appropriate rebate amounts Drug manufacturers submit updated product and pricing information (average manufacturer price, Best Price, Customary Prompt Pay Discount, Nominal Price) via the Drug Data Report System

W. W. W. W.  
10/19/2011

Medicaid & Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) – An automated data entry, review and validation system by which States enter their budget and expenditure forms online Budget requests for government allowances are entered on the Form CMS-37-Medicaid Program Budget Report which provides an estimate for both the current FY and the budget FY After reviewing a state's submissions, CMS provides the state with a grant award that authorizes Federal funding for that particular quarter, expenditures are reported on the CMS-64-Quarterly Medicaid Statement of Expenditures for the medical Assistance Program (Child Health Insurance) contains the amount of Medicaid grant funds that have been dispersed for a given quarter, as well as past FYs, recovery of funds or refunds provided & income earned on grant funds, and budget and expenditures are reported on CMS-21-Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI CMS21 is an accounting statement that shows a state's recorded expenditures and disposition of Federal funds Most of the expenditures reported on this form are associated with starting and expanding health insurance coverage to include uninsured, low-income children through the CHIP States are entitled to Federal reimbursement based on the actual expenditures shown in this form Form CMS-21B-CHIP Program Budget Report provides states with a means to report on their program budgets and is used to estimate program expenses Reconciliations between the projected program expenses shown in CMS21B and actual program expenses shown in CMS-21 are made after the period of availability for allotments has expired

Children's Health Insurance Program and Statistical Enrollment Database Systems (CHIP/SEDS) – Collects enrollment data from states for the Medicaid and Children's Health Insurance Program Basic information about enrollment of children in stand-alone and Medicaid expansion CHIP programs is collected States identify the type of eligibility, age, family income bracket and type of service delivery for each enrollee and submit quarterly and annual enrollment data using the CHIP/SEDS website States complete the following enrollment forms in SEDS

- CMS-21E – CHIP Number of Children Served
- CMS-64 21E – Number of Children Served Related to CHIP
- CMS64EC – Number of Children Served Related for the Medical Assistance Program

Survey and Certification & Clinical Laboratory Improvement Amendments (SC/CLIA) – Captures expenses incurred by the state agencies for survey activities Data is used for budgeting and estimating future funds needed by states Reports generated are used to ensure efficient use of funds needed by the state and answer questions from Congressional staff and outside interests CMS personnel review and certify the states' submissions and enter their analyses into ASC/CLIA CMS requires state agencies submit the following forms to assist in determining their annual budgets/workload and capture costs incurred for their survey activities

- CMS-435 – State Survey Agency Budget/Expenditure report
- CMS-434 – State Survey Agency Certification Workload report
- CMS-1465A – State Agency Budget List of Positions
- CMS-1466 – State Agency Schedule for Equipment
- CMS-EST – State Agency Estimate of Expenditures

CMS requires State agencies submit the following forms to assist in determining their annual budgets/workloads and capture the costs incurred for their survey activity

- CMS-102 – CLIA Budget/Expenditure report
- CMS-105 – CLIA Planned Workload reports
- CMS-1466 – CLIA Schedule for Equipment Purchases
- CMS-1465A – CLIA State Agency Budget Lists of Positions

WJH  
10/19/2011

Medicaid Statistical Information System (MSIS) – Evaluates state submitted tape files of Medicaid eligibility and claims data (inpatient, long term care, prescription drug and other claims) and produces the MSIS “valid files” which represent edited data. Provides unique views of Medicaid data that are easier to use for many research and policy analysis applications, selected eligibility/demographic data are added to each MSIS record so users need no link back to eligibility files for all uses, eligibility data are augmented with a summary of Medicaid payments and utilization for selected types of services for each eligible individual which results as a MSIS Annual Personal Summary File for each state and year

Medicaid Analytic eXtract (MAX) – A set of person-level data files on Medicaid eligibility, service utilization and payments. MSIS files (eligibles, Inpatient, Long Term Care, Other and Prescription Drug) are used by various MAX processes to create MAX versions of the eligibility and claims files for use by researchers. Data is extracted from the Medicaid Statistical Information System (MSIS)

Children’s Health Insurance Program Annual Report Template System (CARTS) – Web-based application used by CMS and the National Academy for State Health Policy (NASHP). NASHP assists the states and CMS in coordinating efforts to continually analyze Title XXI annual reports. CARTS assists states in the completion of their annual reports by consolidating state reports, making assessments about approved plans, and implementing better program management activities. CARTS tracks and reports answers from the CHIP Annual Survey. This system complements the CHIP Statistical Enrollment Data System

Incurred But Not Reported System – Medicaid (IBNRS) – Web-based application used by CMS to collect, report and export information on estimated annual Medicaid expenditures incurred by the states, but not yet paid by CMS at the end of the FY. The Medicaid CMS-R199 and CHIP (CMS-10180) accounts payment and receivable forms provided by the states to CMS serves as the basis for the estimates. CMS, in turn, uses the states information located in IBNRS, to prepare its fiscal year Annual Financial Reports

Drug Data Reporting (DDR) for Medicaid System – Web-based application that permits the electronic entry of statutorily required drug manufacturer product and pricing data. The Deficit Reduction Act of 2005 modified drug labeler reporting requirements under Section 1927 of the Social Security Act (SSA) and the National Drug Rebate Agreement by establishing additional quarterly submission requirements, as well as new monthly report requirements. Drug Labelers (i.e., companies that manufacture or distribute a drug with a National Drug Code who participate in the Medicaid Drug Rebate Program) are required to report drug data monthly and quarterly

EPSDT database resides at the CMS Enterprise Data Center in Tulsa, OK, FULS, MDR, MSIS, MAX are housed at the CMS headquarters Data Center, FULS resided as CMS Headquarters Data Center, MBES/CBES, CHIP/SEDS, SC/CLIA, CARTS, IBNR, DDR systems are housed and maintained at a contractor site Data Computer Corporation of America and is maintained in compliance with Federal, HHS and CMS policies and standards as they relate to information and security and data privacy

1a Inputs – Number of children (by age, group and basis of Medicaid eligibility) who are provided child health screening services, referred for corrective treatment, and receiving dental services, drug product

*Withdrawing  
10/19/2011*

information, drug pricing data, National Drug Codes, SPAs, Children's Health Insurance Program (CHIP SPAs, Program of All-inclusive Care for the Elderly (PACE) SPAs, Waivers (115s, 115 Independence Plus, 1915(b), 1915(c) Independence Plus), financial report indicating State's Medicaid funding needs, amount of Medicaid grand funds dispersed quarterly/past Fiscal years, recovery of funds for refunds provided, income earned on grant funds, state's expenditures and disposition of Federal funds associated with starting and expanding health insurance coverage to include uninsured, low income children through CHIP, state's quarterly expenditures, quarterly and annual enrollment and population data, MSIS files, (eligibles, Inpatient, Long Term Care, Other and Prescription Drug), drug coding from commercial vendors, MSIS validations, annual surveys from states, CHIP enrollment data collected from the States, annual reports from the states, CMS-R199 – Medicaid Accounts Payable and Accounts Receivable Form and CMS-10180-CHIP Accounts Payable and Receivable Form submitted by the states, Monthly Average Manufacturer Price (AMP) and any new or modified drug product data from drug labelers, Quarterly AMPs, Best Price, Customer Prompt Pay Discount), exchanges drug product and pricing data with the Medicaid Drug Rebate system,

DISPOSITION Temporary Cutoff annually Delete/destroy 3 years after cutoff, or when no longer needed for Agency business, whichever is later

1b Master Files – Eligibility and claims data files from the States (e.g., Number of children (by age, group and basis of Medicaid eligibility) who are provided child health screening services, referred for corrective treatment, and receiving dental services), State's budget and expenditures, Medicaid payments and utilization, drug utilization, claims history and disease conditions for individual Medicaid eligibles, payment data for health care services for Medicaid enrolled persons, drug coding, State's annual reports, State's expenses, payables and receivables—an accounts payable for the services rendered by Medicaid and CHIP providers as of the end of the FY, an accounts receivable for all amounts due to the states from various sources excluding the Federal government, Monthly Average Manufacturer Price and any new or modified drug product data, Quarterly Average Drug Manufacturer Price, Best Price, Customer Prompt Pay Discount), provides pricing data to Federal Upper Limits system (FULS)

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

1c Outputs

1c1 Published Final Reports

DISPOSITION Cutoff at the end of the FY Destroy 10 years after cutoff, or when no longer needed for Agency business, whichever is later

1c2 Medicaid-specific and Financial Reports (e.g., the FULS primary output is the Payment for Services Report which is also posted on the CMS Website, status of SPAs and waivers, Drug rebate information to States, State Utilization Discrepancy Reports, MSIS Annual Personal Summary File for each state and year, anomalies in data, data quality validations, MAX Reports posted on the CMS Website (e.g., Prescription Drug Tables & Chartbook, MAX Validation and Anomalies, Validation Reports, Release to End Users under DUAs), Annual Financial reports, pricing data to FULS

DISPOSITION Temporary Cutoff at the end of the FY Delete/destroy 3 year after cutoff, or when no longer needed for Agency business, whichever is later

1c3 Ad-Hoc Reports

DISPOSITION Temporary Cutoff at the end of the FY Delete/destroy 1 year after cutoff, or when no longer needed for Agency business, whichever is later

Withdrawn  
10/19/2011