REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR)
WASHINGTON, DC 20408

LEAVE BLANK (NARA use only)	
JOB NUMBER N1-440-09-6	
DATE RECEIVED 9-22-2009	

1. FROM (Agency or establishment)
Department of Health and Human Services

2. MAJOR SUBDIVISION
Centers for Medicare and Medicaid Services (CMS)

3. MINOR SUBDIVISION

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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.

4. NAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE	DATE	ARCHIVIST OF THE UNITED STATES
Vickie Robey	(410) 786-7883	13/2/10	

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 ⊙ 3 page(s) are not now needed for the business of 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.

DATE	SIGNATURE OF AGENCY REPRESENTATIVE	TITLE
09/17/2009	Yvonne R. Wilson	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 GRS OR SUPERSEDED JOB CITATION	10.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)
	Electronic Records Schedule: Medicare Beneficiary Enrollment System See attached.	NC1-440-81-01 See email from V. Robey	

NSN 7540-00-634-4604
PREVIOUS EDITION NOT USABLE
STANDARD FORM 115 (REV. 3-91) (CDC Adobe Acrobat 5 0 Electronic Version, 8/2001)
Prescribed by NARA
36 CFR 1228

Created by Electronic Document Services USDHHS (301) 443-2454

Attachment to SF-115, for CMS Electronic Systems Schedule

<u>**Medicare Beneficiary Enrollment System (MBES)**</u>

A collection of automated systems that support the collection and maintenance of information (e.g., demographics, enrollment, insurance, premium payments) about Medicare beneficiaries. Includes but not limited to:

<u>Enrollment Database</u> – The authoritative source of information for anyone who has ever been entitled to receive Medicare. Both personal and financial information is stored on the system and is the single resource of managing Medicare entitlement data.

<u>Medicare Beneficiary Database</u> – The authoritative source of information required to support managed care enrollments and payments to Managed Care Organizations. Provides a centralized database that is able to communicate with other systems while being able to view, manage and update beneficiary information. Main repository for Medicare entitlement and demographic information for the entire managed care population of beneficiaries who are or have been entitled to receive Medicare. Additionally, the MBD collects and maintains data elements necessary for the new voluntary prescription drug benefit program required by Section 101 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

The following systems interconnect with EDB:

- Beneficiary Enrollment Retrieval system provides authorized user query-only access
- Enrollment Retrieval New Interactive Edit provides immediate online update services for certain data elements on an individual's EDB record
- Third Party System identifies everyone who has or once had a third-party payer of his or her Medicare premiums
- Lockbox Bank Remittance System provides online interactive data entry facility for Lockbox Bank personnel to process non-scanned Medicare direct-billed remittances
- Distributed Index to Rejected Transactions (DIRT) is an exception-management system controlling all system exceptions produced by the Medicare update processors. Processing exceptions residing in DIRT are displayed in the Beneficiary Enrollment Retrieval System (BERT) as part of the audit log, which is a data group viewable for each retrieved beneficiary
- Medicare Update Processors for Enrollment Transactions programs update the EDB based on transactions received from the Social Security Administration (SSA), the Railroad Retirement Board, and other sources. BERT's audit log will display exceptions produced by MUPPET programs as well as the MUPPET program name and its date of update to the EDB
- SSA's MBR is the Master Beneficiary record of all currently and previously entitled Social Security benefit beneficiaries (including uninsured Medicare beneficiaries) and denied or disallowed claimants. The MBR maintains and updates health-insurance-related entitlement, enrollment, premium, and third party data.
- Medicare Customer Service Center (MCSC) Next Generation Desktop (NGD) system is the customer relationship management system used by MCSC Customer Service representatives to respond to Medicare beneficiary Medicare-related questions and resolve related problems.
- End Stage Renal Disease (ESRD) system is an automated interactive database of ESRD patient and provider information. It is used by CMS and the renal community to perform their duties and responsibilities in monitoring the Medicare status, transplant and dialysis activities and

Medicare utilization (inpatients and physician supplier bills) of ESRD patients and their Medicare providers.

- Railroad Retirement Board provides entitlement information on all recipients covered under the Railroad Retirement Act.
- Common Working File (CWF) is a Medicare Part A and Part B benefit coordination and pre-payment claims validation system which uses localized databases maintained by designated contractors called "hosts". There are currently 9 CWF host sites that maintain a CWS beneficiary database. Each database contains beneficiary records for their sector and those beneficiary records reside only at that host site. Claims process against the CWF Host beneficiary record insuring the beneficiary is entitled, has benefits available and, the deductible is properly applied. Medicare contractors submit claims daily to the host sites and receive a response (approval or disapproval) to those claims within 24 hours of submission of the claims.
- Medicare Easy Pay System (MEPS) supports CMS' Automated Clearing House (ACH) collection of Medicare monthly premiums for direct-billed Medicare beneficiaries. MEPS accepts requests from Medicare beneficiaries to start or stop monthly ACH premium payments as well as beneficiary-initiated changes to the bank information while maintaining premium payment via ACH. The ACH process allows Medicare beneficiaries who are directly billed for their Medicare premiums to have their monthly premiums automatically deducted from a savings or checking account.
- EDB also receives data from Third-party payers, Group Health Plans (GHPs) such as HMOs, ESRD networks, CMS' Lockbox Bank and Program Service Center's direct input actions (i.e., CMS 1592 and SSA-2691).

Data resides on mainframe system and is maintained in compliance with Privacy and CMS Security/Access Rules, Federal Information Systems Management Act, Health Insurance Portability and Accountability Act, Sections 1833, 1852 and 1876 of the Social Security laws.

1. Inputs -- Personally identifiable information in the form of beneficiary name, birth date, address, date of death, Part A and Part B enrollment (current and historical), Medicare card issuance, Medicare Secondary Payer, third-party payer, Medicare Advantage enrollment, hospice information, cross-reference numbers, direct billing, disability data, ESRD data, prescription drug benefit program data. Enrollment and demographic information, entitlement and demographic changes, direct billing, death notices, third-party payments and Group Health Plan changes.

DISPOSITION: Temporary. Cutoff annually. Delete/destroy 5 years after cutoff, or when no longer needed for Agency business, whichever is later. (GRS 20, Item 2c).

2. Medicare Beneficiary Enrollment System — Master Files

DISPOSITION: Temporary. Cutoff at end of an individual's eligibility/enrollment [e.g. death] in Medicare program. Delete/destroy 10 years after cutoff, or when no longer needed for Agency business, whichever is later.

3. Outputs — Initial enrollment Period packages or enrollment letters; new, corrected or replacement Medicare cards; update Common Working File with new and changing beneficiary enrollment, entitlement and demographic information; monthly contractor files to mail new beneficiaries the Medicare handbook.

Superseded by Job / Item number:

DAA-0440-2015-0007-0001

Date (MM/DD/YYYY):

8/15/2017

DISPOSITION: Temporary. Cutoff annually. Delete/destroy 5 years after cutoff or when no longer needed for Agency business, whichever is later. (GRS 20, Item 12)