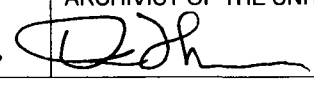
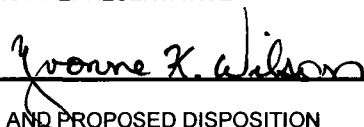


REQUEST FOR RECORDS DISPOSITION AUTHORITY		JOB NUMBER NI-440-09-18	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received 9-24-2009	
1 FROM (Agency or establishment) Department of Health and Human Services		NOTIFICATION TO AGENCY In accordance with 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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	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 12/10	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>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			
DATE 09/23/2009	SIGNATURE OF AGENCY REPRESENTATIVE 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7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)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 Provider Enrollment Systems (PES)</u> See attached		

Provider Enrollment Systems (PES)

A collection of automated systems that support medical goods and services provider enumeration and enrollment in support of CMS' health insurance programs. Includes but not limited to:

National Plan and Provider Enumeration System – Assigns and manages unique identifiers for providers of health care systems. The system verifies the NPIs entered into PECOS during the enrollment process using asset of NPI (National Provider Identifier) matching criteria. The PECOS and NPPES applications operate together for the proper validation and verification of the NPIs entered by a user. PECOS produces a monthly Global Extract File that includes enrollment data for all approved enrollment records in PECOS. NPPES maintains one external connection to the Social Security Administration database for validation of Providers' social security numbers. NPPES is required to validate an individual provider's SSN when provided.

Provider Enrollment Chain and Ownership System (PECOS) – PECOS is the national Medicare enrollment system for Medicare providers and suppliers. The enrollment process is initiated when providers or suppliers submit a completed CMS 855 Medicare provider/supplier enrollment form type A, B, I, or R to a Medicare contractor. The CMS 855 form collects various types of provider/supplier data based on the provider's/supplier's reason for submittal. The submittal reasons are as follows:

- Initial Enrollment with Medicare
- Reactivation of Medicare enrollment
- Voluntary Termination of Medicare enrollment
- Revalidation of Medicare enrollment
- Change of Medicare enrollment information
- Change of Ownership of the Medicare enrolled provider
- Acquisition of or Merger with another organization
- Consolidation with another organization
- Enrollment with another fee-for-service contractor

In addition to identifying information, the form collects other sets of information such as ownership data, data on managing employees, and affiliated provider information. The PECOS application allows the Medicare contractor to enter information, which it electronically stores and shares with other systems. The capture and management of provider/supplier/practitioner enrollment information is the primary function of PECOS. In addition to capturing and relating information contained in the CMS 855 forms, PECOS also provides a logging and tracking (L&T) function, a chain home office enumeration process, an inquiry/reporting capability, and a data exchange process which forwards enrollment and chain information to other systems. The current system includes verifying the National Provider Identifier (NPI) through an external interface and populating that information, along with all other relevant enrollment record information, on an extract file that the Multi-Carrier System (MCS) claims system (Part B Medicare) and the Fiscal Intermediary Standard System (FISS) claims system (Part A Medicare) pick-up. In addition, PECOS enrollment data is submitted to Physician Quality Reporting Initiative (PQRI) via Prescription Drug Event (PDE). PDE is comprised of a relational database that consolidates required PECOS data and supply enrollment information to PQRI. The PDE system provides an internal data service interface that is utilized by PQRI to submit requests for individual or organization level enrollment data and receive responses containing enrollment details.

PECOS processes the SSA DMF, which lists all deceased individuals, on a daily and monthly basis. NPPES sends daily and monthly DMF files to PECOS. On a daily basis, NPPES enumerators match the records from the DMF to the NPI records in NPPES and manually deactivate matched records with a reason of 'Death.' Each night, a file of NPI

records that are deactivated due to death is sent to PECOS. In addition, NPI sends PECOS reactivated NPI records for individuals who were erroneously marked as deceased in a previous generation of the DMF.

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:

IRIS – A legacy mainframe system that stores a file with data concerning the assignments of interns and residents at teaching hospitals. The file contains personally identifiable employment, demographic and education data covered under the Privacy Act for the residents and interns. The data are used for research and to detect improperly overlapping assignments. Once a month these files are uploaded to a CMS mainframe computer, edited and acceptable records are appended to a mainframe master file. The consolidated master file can be used to perform ad hoc studies on its contents. IRIS does not interact with any other system.

Medicare Exclusion Database (MED) – Central repository of sanctioned providers. The MED system receives updates each month from HHS OIG of new sanctions and reinstatements. New sanctions are added to providers to provide a history of a provider's sanctions. In order to further identify sanctioned providers the MED system runs a series of matching programs to gather additional identifiers from internal CMS systems (UPIN sends a monthly file of profile information on all ID number such a date of birth, date of death or carrier numbers which are matched against data from MED database to determine that no excluded individual or entity is doing business with Medicare or Medicaid providers; OSCAR sends a monthly file of profile information on all Part Providers and supplier which are matched against data from MED database to determine that no excluded individual or entity is doing business with Medicare or Medicaid providers, NSC sends a monthly file of profile information on all Durable Medical equipment suppliers which are matched against data from MED database to determine that no excluded individual or entity is doing business with Medicare or Medicaid providers.). Finally, the MED system creates a set of extract files each month which are distributed to over 200 MED end users to assist in FWA activities. These files are cumulative sanctions, cumulative reinstatements, monthly sanctions, monthly reinstatements and NonMED file. These files will assist the MED end users to make sure excluded providers are not paid during the time period they are excluded and that providers do not hire those who are excluded. The users of the system include CMS Central office, CMS Regional offices and Medicare contractors responsible for the Medicare/Medicaid payments.

Unique Provider Identification Numbers (UPIN) – National registry of physicians and other practitioners, which contains verified, approved Medicare physician Identification and Eligibility records (MPIERS) in ascending UPIN order. A UPIN pending file is maintained to obtain verified physician information on a two-way data exchange with each of the Medicare carriers via the PECOS. UPIN registry interfaces with Part B Medicare carriers via PECOS to receive data on physicians, non-physician practitioners and medical group practices that submit claims to Medicare. All data necessary to maintain the UPIN Registry is electronically exported nightly from PECOS to the registry. In addition to the MPIER file, the UPIN system maintains static information developed by the NHIC Registry Staff such as newsletters, links and Frequently Asked Questions. The UPIN Registry interfaces with the CICS SSA Validation Systems and the Part B Claims systems. The UPIN has been discontinued as of June 2007 and replaced with the National Provider Identifier (NPI).

National Provider Identifier (NPI) Crosswalk System – All health care payers must be able to cross-refer a provider identified by an NPI to master provider records identified by other legacy identifiers and housed in the respective claims processing or ancillary system. Thus, CMS must cross-refer an NPI to the various legacy provider identifiers in the Medicare systems. The cross-reference cannot be a one-for-one mapping because in some situations, one legacy identifier may be represented by more than one NPI and, in another situation, more than one legacy identifier may represent one NPI. Accordingly, the Crosswalk File must include all data elements necessary to map an incoming NPI to the appropriate legacy provider identifiers.

~~1. Inputs – Provider/supplier enrollment information (CMS 855, Provider/Supplier and Durable Medical Equipment Supplier Application), monthly updates from HHS-OIG of new provider sanctions and reinstatements, monthly file of profile information on all Durable Medical equipment suppliers, profile information on all ID number such a date of birth, date of death or carrier numbers; assignments of interns and residents at teaching hospitals that contains personally identifiable employment, demographic and education data;~~

~~DISPOSITION: Temporary – Cutoff annually. Delete/destroy when 15 years old, or when no longer needed for Agency business, whichever is later. (job N1-440-01-01, item 1b)~~

2. Master Files – UPIN Registry; provider/supplier enrollment information (CMS 855, Provider/Supplier and Durable Medical Equipment Supplier Application), monthly updates from HHS-OIG of new provider sanctions and reinstatements; monthly file of profile information on all Durable Medical equipment suppliers; profile information on all ID number such a date of birth, date of death or carrier numbers, assignments of interns and residents at teaching hospitals that contains personally identifiable employment, demographic and education data

DISPOSITION: Temporary – Delete/destroy 15 years after provider/supplier enrollment approval/denial date, or when no longer needed for Agency business, whichever is later.

~~3. Outputs – Ad hoc reports, electronic version of the Carrier Workload Report, Monthly Global Extract File that includes enrollment data for all approved enrollment records in PECOS; provider data, UPIN Registry. Also includes Static information developed by the NHIC Registry Staff such as newsletters, links and Frequently Asked Questions.~~

~~DISPOSITION: Temporary. Cutoff annually. Delete/destroy 5 year after cutoff, or when no longer needed for Agency business, whichever is later. (GRS 20, item 16)~~