

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10686	Date: March 24, 2021
	Change Request 11626

Transmittal 10291, dated August 6, 2020, is being rescinded and replaced by Transmittal 10686, dated, March 24, 2021 to revise the effective and implementation dates removing the CR off the April 2021 release and expanding it to the October 2021 release. All other information remains the same.

SUBJECT: Expand Retention of Claims History for Outpatient, Part B, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) to 5 years

I. SUMMARY OF CHANGES: The purpose of this CR is for the impacted system(s) to expand retaining Outpatient, Part B and DMEPOS claims history within Common Working File (CWF) up to five (5) years or 60 months.

EFFECTIVE DATE: October 4, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 5, 2020 - Development; July 6, 2021 - Testing; October 4, 2021 - Integration Testing and Implementation

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: All Medicare fee-for-service claims adjudicated through Common Working File (CWF) and accepted are stored in CWF History files. The CWF Host purges certain claims types from CWF History after two (2) years. However, when claims are purged from CWF History, Medicare Administrative Contractors and/or other shared systems have to rely on adding purged claims back to history using 'Add History' function for adjusting and/or canceling old claims.

CMS is directing the system(s) to expand retaining Outpatient, Part B and DMEPOS claims history for a period of up to five (5) years or 60 months.

B. Policy: Not applicable

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11626.1	The contractor shall make all necessary system modifications to retain Outpatient, Part B, and DMEPOS claims history up to five (5) years or 60 months.								X	CWF Host	
11626.1.1	The contractor shall expand each beneficiary history pointer address to an 8-byte data element and store up to 10,000 pointer entries to retain additional history								X		

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11626.1.6	The contractor shall make necessary modifications in Health Insurance Master Record (HIMR) to ensure Outpatient, Part B, and DMEPOS history claims for up to five (5) years or 60 months are displayed without any issues.								X	
11626.1.7	The contractor shall provide additional resources, if necessary, for the MAC regions to process Medicare fee-for-service claims against files with larger history.									CWF Host
11626.2	The contractors shall establish the connection(s), if not present, to the CWF maintainer environments and test the changes with CWF to ensure 1. the Outpatient, Part B, and DMEPOS claims are available for Dates of Service up to five (5) years or 60 months in CWF claims history after the CWF purge, and 2. the shared systems can still use 'Add History' function, as applicable, to add purged claims back to CWF claims history.					X	X	X	X	
11626.2.1	The contractors shall attend up to three (3) 1-hour calls facilitated by CWF maintainer to coordinate the integration testing effort.					X	X	X	X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0