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Transmittal 10291, dated August 6, 2020, is being rescinded and replaced by Transmittal 10686, dated, March 24, 2021 to revise the effective and implementation dates removing the CR off the April 2021 release and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:



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

Number	Requirement	Responsibility								
		A/B							Other	
		MAC			M E	-				
		A	В	Н		F	M		С	
				Н	M A		C	M		
				Н	C	S S	S	S	F	
	data within CWF as follows:									
	 Outpatient claims history from current 27 months up to five (5) years or 60 months. Part B claims history from current 24 months up to five (5) years or 60 months. DMEPOS claims history from current 24 months up to five (5) years or 60 months. All Inpatient claims since 01/01/1966. All Hospice claims since 01/01/1966. All Home Health claims since 01/01/1998. 									
	NOTE: Currently each claim type for a beneficiary can have up to 3270 pointers which is held in a 4-byte data element. With the 60 months retention and 8-byte Relative Byte Addresses (RBAs), CWF can potentially hold up to three (3) times the history data.									
11626.1.2	The contractor shall maintain the total number of history packs at 199. With the increase in the RBA, the 199 physical packs will be sufficient to carry all the CWF claims history data.								X	CWF Host
	NOTE: The CWF Hosts schedule purges to run once per year. If the History files run out of space, off schedule History Purge(s) shall execute to free capacity of the files already in use.									
11626.1.3	The contractor shall modify the annual purge process to clean up the asterisk pointers and only purge Outpatient, Part B, and DMEPOS claims older than five (5) years or 60 months.								X	
11626.1.4	The contractor shall make all necessary modifications to process Medicare fee-for-service claims utilizing the expanded pointers and claims history.								X	
11626.1.5	The contractor shall modify CWF edit 5620 to set for all claims types when the corresponding trailer counter is greater than 9,999.								X	

Number	Requirement	Re	espo	nsil	bilit	y											
						MAC N			MAC M			MAC M					Other
		A	В	H H H	E M A C	F	M C S	V M S	С								
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.					3			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								
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	Re	spoi	nsib	ility	
			A/B		D	C
		1	MAC	7)	M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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