

REQUEST FOR RECORDS DISPOSITION AUTHORITY		JOB NUMBER <i>N1-440-10-07</i>	
TO: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <i>7 May 2010</i>	
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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	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 & Medicaid Services			
3. MINOR SUBDIVISION Office of Information Systems, Division of Systems Operations, Business Applications Mgmt Group (Rick Wolfsheimer, (410) 786-6160)			
4. NAME OF PERSON WITH WHOM TO CONFER Vickie Robey	5. TELEPHONE NUMBER (410) 786-7883	DATE <i>May 4, 2010</i>	ARCHIVIST OF THE UNITED STATES <i>[Signature]</i>
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.			
<i>May 4, 2010</i>		SIGNATURE OF AGENCY REPRESENTATIVE <i>Yvonne K. Wilson</i>	
Yvonne Wilson.		TITLE DHHS Records Management Officer	
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
1	The attached schedule is for an electronic system, the Common Working File, a single data source of individual beneficiary information for Medicare entities to verify Medicare eligibility, prepayment reviews and claims approval.		

Common Working File (CWF)

The CWF (system of records) is a single data source for Medicare entities (e.g., fiscal intermediaries, carriers, Medicare administrative contractors) to verify beneficiary eligibility and conduct prepayment review and approval of claims from a national perspective. This allows validation before any payment checks are processed. It is the only place in the fee-for-service (FFS) claims processing system where full individual beneficiary information is housed. CWF meets CMS' core requirements for claims processing: (1) beneficiary entitlement to Part A/B; (2) accurate deductible & coinsurance; (3) appropriate services; (4) benefits on the claim are available, and (5) Medicare Secondary Payer information is correct. CWF also performs limited Part A/B crossover editing to insure services are not paid twice on different types of claims. The CWF is an essential component to ensuring that accurate payments are made for only medically necessary services and are provided only to eligible Medicare beneficiaries by qualified providers. CWF also is vital to minimizing fraud and abuse in the Medicare program and ensuring quality care is provided to Medicare beneficiaries. All claims are received and processed the same day. CWF maintains data from 1989 to the Present.

1. Input/Sources

~~Electronic inputs. Includes but not limited to: the beneficiary's name, sex, health insurance claim number (HIC), address, date of birth, medical record number, prior stay information, provider name and address, physician's name, and or ID number, warranty information when pacemakers are implanted to explanted, date of admission or discharge, other health insurance, diagnosis, surgical procedures and a statement of services rendered for related charges and other data needed to substantiate claims.~~

~~DISPOSITION: Temporary. Delete when data have been entered into the master file or database and verified, or when no longer needed to support reconstruction of, or serve as backup to, the master file or database, whichever is later. (GRS 20, item 2c)~~

~~2. Master File The master file contains billing for medical and other health care services, uniform bill for provider services or equivalent data in an electronic format, and Medicare Secondary Payer records containing other third party liability information necessary for appropriate Medicare claims payment and other documents used to support payments to beneficiaries and providers of services. Master file also includes but not limited to: the beneficiary's name, sex, health insurance claim number (HIC), address, date of birth, medical record number, prior stay information, provider name and address, physician's name, and or ID number, warranty information when pacemakers are implanted to explanted, date of admission or discharge, other health insurance, diagnosis, surgical procedures and a statement of services rendered for related charges and other data needed to substantiate claims.~~

~~DISPOSITION:~~

- ~~2a) Beneficiary/Enrollment data. Temporary. Delete when superseded.~~
- ~~2b) Part A claims history data. Temporary. Destroy 30 years after final action/payment on claim.~~
- ~~2c) Part B/DME claims history data. Temporary. Destroy 2 years from the date the claim was processed by CWF.~~
- ~~2d) Outpatient claims history data. Temporary. Destroy 27 months from the date the claim was processed by CWF.~~

Superseded by Job / Item number:

DAA-0440-2015-0007-0001
 Date (MM/DD/YYYY):
8/15/2017

~~3. Outputs~~ Hard copy printouts created to meet ad hoc business needs

~~DISPOSITION: Temporary. Destroy when agency determines that they are no longer needed for administrative, legal, audit or other operational purposes. (GRS 20, item 16)~~