

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1111	Date: August 6, 2012
	Change Request 7786

Transmittal 1111, dated August 6, 2012, is being re-issued to correct a typo in the implementation date. January 2012 should have been listed as January 2013. Transmittal number, date issued and all other information remains the same.

SUBJECT: Expand Place of Service Address to Include Full Address

I. SUMMARY OF CHANGES: The purpose of this CR is to expand upon the requirements of CR 7645 so that the full address of the place of service is carried through processing to the IDR.

EFFECTIVE DATE: April 1, 2013

IMPLEMENTATION DATE: April 1, 2013 (MCS analysis and design and coding in October 2012 and January 2013)

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One-Time Notification

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I. GENERAL INFORMATION

A. Background: The National Fraud Prevention Program (NFPP) is being implemented by the Center for Program Integrity (CPI), the CMS component that is accountable for the prevention and detection of fraud, waste, abuse and other improper payments under the Medicare and Medicaid programs. The NFPP is an initiative to implement proven predictive modeling tools into the claims process to stop payment on high risk claims.

The NFPP discovered that the provider address carried from the claims process into the Integrated Data Repository (IDR) was the billing address, not the address at which services were delivered. CR 7645 required changes to the MCS transmit file and the Common Working File (CWF) processed by the IDR, specifically to include an existing field in MCS that contained the ZIP code of the place of service.

The purpose of this CR is to expand upon the requirements of CR 7645 so that the full address of the place of service is carried through processing to the IDR.

MCS shall begin analysis and design for the October 2012 and January 2013 release time frames with full implementation in the April 1, 2013 release.

B. Policy: Section 4241 of the Small Business Jobs Act of 2010 (Public Law 111-240) mandates the use of predictive modeling and other analytic technologies to identify and prevent fraud, waste, and abuse in the Medicare Fee for Service program. The system implemented through this legislation has significant potential to improve CMS' ability to prevent payment of fraudulent claims. These tools have been used successfully in the financial and telecommunication sectors and have applicability to Medicare. The legislation requires the program to be in place by July 1, 2011 and implemented nationally by 2014. In order for the system's models to be as accurate and effective as possible, the system requires the full address of the place of service, the source of which is the claims that come through the shared systems and CWF.

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C M W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: NA

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: NA

V. CONTACTS

Pre-Implementation Contact(s):

Craig Mooney at 410-786-1956 or William.Mooney@cms.hhs.gov

Rose Salloum at 410-786-0190 or Rose.Salloum-Byram@cms.hhs.gov

Post-Implementation Contact(s):

Contact your Contracting Officer’s Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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