

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1623	Date: February 5, 2016
	Change Request 9464

SUBJECT: Using scrubbed Medicare beneficiary/legal rep address data within the Fee-For-Service (FFS) systems - Analysis and Design

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to allow CMS shared system maintainers to conduct analysis and design activities to standardize Medicare beneficiary/legal rep address data across CWF, the Shared Systems, the Medicare Administrative Contractors (MACs), and all other entities.

Enrollment Data Base (EDB) shall start sending scrubbed Medicare beneficiary address data to CWF instead of address data received from Social Security Administration (SSA) that is currently being shared with CWF. CWF shall store and provide Medicare beneficiary address data to all Shared Systems, A/B MACs and Durable Medical Equipment (DME) MACs. Implementation of this CR would eliminate the need for local data stores and minimize the use of Finalist at various systems.

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 2016

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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SUBJECT: Using scrubbed Medicare beneficiary/legal rep address data within the Fee-For-Service (FFS) systems - Analysis and Design

EFFECTIVE DATE: July 1, 2016

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IMPLEMENTATION DATE: July 5, 2016

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to allow CMS shared system maintainers to conduct analysis and design activities to standardize Medicare beneficiary/legal rep address data across CWF, the Shared Systems, the Medicare Administrative Contractors (MACs), and all other entities.

Enrollment Data Base (EDB) shall start sending scrubbed Medicare beneficiary address data to CWF instead of address data received from Social Security Administration (SSA) that is currently being shared with CWF. CWF shall store and provide Medicare beneficiary address data to all Shared Systems, A/B MACs and Durable Medical Equipment (DME) MACs. Implementation of this CR would eliminate the need for local data stores and minimize the use of Finalist at various systems.

Scrubbing is primarily done to:

- Standardize addresses
- Correct address errors

Contractors shall participate in and conduct the analysis and design activities to identify the business requirements and systems impacted to implement this change in a future CR.

B. Policy: Please refer to CMS CR 9372 for information related to maintaining the Indicators related to Medicare beneficiary address data.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9464.1	CMS shall set up workgroup calls with the shared system maintainers (SSMs), CWF, EDB, NGD, BCRC, HIGLAS, and MACs (A, B & DME) to assist with the development of design and technical requirements for utilizing scrubbed Medicare beneficiary/legal rep address data.	X	X	X	X	X	X	X	X	BCRC, CMS, EDB, HIGLAS, NGD

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>NOTE: Workgroup calls will begin the week of February 1, 2016.</p> <p>Proposed fields for Medicare beneficiary/legal rep address data:</p> <p>Address Scrub Switch - 1 position (Y, N, Space)</p> <p>Name Line Count - 1 position (0, 1, 2)</p> <p>Address Line 1 - 40 positions</p> <p>Address Line 2 - 40 positions</p> <p>Address Line 3 - 40 positions</p> <p>Address Line 4 - 40 positions</p> <p>Address Line 5 - 40 positions</p> <p>Address Line 6 - 40 positions</p> <p>City - 30 positions</p> <p>Postal State Code - 2 positions</p> <p>Numeric State Code - 2 positions</p> <p>Zip Code - 9 positions (5+4)</p> <p>State County Code - 3 positions</p> <p>Country Code - 2 positions</p> <p>Counselor Code - 3 positions</p> <p>Additional Finalist data fields (FILLER) - 25 positions</p>									
9464.2	Contractors shall participate in up to 6 teleconference meetings to discuss the implementation of the scrubbed Medicare beneficiary/legal rep address across fee-for-service systems. The duration of the calls shall be for one hour on a weekly basis.	X	X	X	X	X	X	X	X	BCRC, EDB, HIGLAS, NGD, STC
9464.3	Contractors shall identify foreseeable issues/implications (including assumptions), and raise	X	X	X	X	X	X	X	X	BCRC, EDB, HIGLAS,

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	
	questions.								NGD	
9464.4	Contractors shall submit an analysis paper via Echimp with suggested language for business requirements, the SSM technical system design information, and the associated hours estimate (LOE) for the work to be included in the implementation CR by Friday, APRIL 01, 2016.					X	X	X	X	
9464.5	Each of the SSMs shall rotate to capture the meeting minutes for all teleconference calls and upload them to Echimp no later than three days after each call.					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: N/A
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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):

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.

ATTACHMENTS: 1

	EDB - SSA Address Line Count Line1 (22) Line 2 (22) Line 3 (22) Line 4 (22) Line 5 (22) Line 6 (22) Zipcode (9)	MDB - Derived Mailing Address Scrub Switch Line 1 (40) Line 2 (40) Line 3 (40) Line 4 (40) Line 5 (40) Line 6 (40) City (40) State Code (2) Zipcode (9)	Comments
1.	0 1901 Henderson Ave Wheaton MD 19038	Y 1901 Henderson Ave Wheaton MD 209021918	Scrubbed address
2.	0 UNK 20745		SSA addresses of "UNK" are not populated to Derived Mailing Address.
3.	0 SHARBAN NO 42 S STARO SELO OBST TROYAN OBL LOVECH BULGARIA 903	SHARBAN NO 42 S STARO SELO OBST TROYAN OBL LOVECH BULGARIA Consular Code 903	Foreign addresses are not sent to Finalist. Scrub Switch is a space. Foreign addresses have Zipcode blank and Consular Code populated.
4.	0 123 ABCXYZ STREET GOODYEAR AZ 893958846	N 123 ABCXYZ STREET GOODYEAR AZ 893958846	Unscrubbed address

5.	0 POBOX 6028 PAGO PAGO AS 89395	Y PO BOX 6028 PAGO PAGO AS 967996028	Scrubbed address PO Box
6.	0 FUN N SUN FASHIONS 1 BEACH DRIVE BLDG A YZ 893958846	N FUN N SUN FASHIONS 1 BEACH DRIVE BLDG A YZ 893958846	Address does not scrub, city and state invalid.
7.	0 FUN N SUN FASHIONS 1 BEACH DRIVE PARADISE SC 893958846	N FUN N SUN FASHIONS 1 BEACH DRIVE PARADISE SC 893958846	Address does not scrub, city and state are valid.
8.	0 SUN N FUN FASHIONS FOR ALL FIESTA BULDING 10 TH FLOOR 111 ONONDAGA DR FOREST HEIGHTS MD 20745	Y 111 ONONDAGA DR FL 10 FOREST HEIGHTS MD 207451218	Scrubbed address SSA address 6 lines
9.	0 2100 CEDAR STREET APARTMENT B ALHAMBRA CA 91811	Y 2100 CEDAR ST UNIT B ALHAMBRA CA 918011782	Scrubbed address APARTMENT

10.	0 2041 SAN SEBASTIAN CT APT 72 HOUSTON TX 770583614	Y 2041 SAN SEBASTIAN CT APT 72 HOUSTON TX 770583614	Scrubbed address APT
11.	0 CALLE FORMOSA P-25 STA JUANITA BAYAMON PR 19038	Y URB SANTA JUANITA P25 CALLE FORMOSA BAYAMON PR 009564958	Scrubbed address CALLE
12.	0 PMB 341 7257 NW FOURTH BLVD GAINESVILLE FL 326071600	Y PMB 341 7257 NW 4 TH BLVD GAINESVILLE FL 326071660	Scrubbed address PMB on line 1
13.	0 23679 CALABASAS RD PMB 509 CALABASAS CA 913021502	Y PMP 509 23769 CALABASAS RD CALABASAS CA 913021502	Scrubbed address PMB on line 2
14.	0 C/O COUNTRYSIDE HEALTH CARE CENTER 3825 COUNTRYSIDE BOULEVARD NORTH PALM HARBOUR FL 34684 Rep Payee Yes	Y 3825 COUNTRYSIDE BLVD N CARE CENTER PALM HARBOUR FL 346844928	Scrubbed address Beneficiary has a Rep Payee

15.	2 LUZ M MORALES HERNANDEZ 56 JOHNSON STREET UNIT 13 WATERBURY CT 067101839	Y 56 JOHNSON ST APT 13 WATERBURY CT 067101839	Scrubbed address SSA Address Line Count 2
16.	0 TERRACES OF ROSEVILLE 707 SUNRISE AVENUE 1 ST FLOOR UNIT 126 ROSEVILLE CA 95661	Y 707 SUNRISE AVE APT 126 FL 1 ROSEVILLE CA 956614533	Scrubbed address Floor and unit in address
17.	0 10 LENOX AVE NEW YORK NY 10026	Y 10 LENOX AVE NEW YORK NY 10026	Scrubbed address New York NY
18.	0 URB CAPARRA TERRACE 820 CALLE 7 SO SAN JUAN PR 00921	Y URB CAPARRA TERR 820 CALLE 7 SW SAN JUAN PR 009212107	Scrubbed address URB
19.	0 PMB 235 8951 BONITA BEACH RD NO 525 BONITA BEACH RD FL 34135	Y PMP 235 8951 BONITA BEACH RD BONITA SPRINGS FL 341354201	Scrubbed address PMP

20.	0 RR 3 BOX 16 MILAN MO 10026	Y 52495 INFIRMARY RD MILAN MO 635562874	Scrubbed address RR with Box
21.	0 1027 APT2 RT52 CARMEL NY 33181	Y 1027 ROUTE 52 APT 2 CARMEL NY 105124735	Scrubbed address APT and RT
22.	0 FLORIDA INTERNATIONAL UNIVERSITY, BISCAYNE BAY CAMPUS 3000 NE 151 ST, ACADEMIC ONE 300 NORTH MIAMI FL 10512	Y 3000 NE 151 ST ST ACADEMIC ONE 300 NORTH MIAMI FL 331813605	Scrubbed address Comma in the address