| CMS Manual System                | Department of Health & Human<br>Services (DHHS)   |
|----------------------------------|---|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid<br>Services (CMS) |
| Transmittal 336                  | Date: MAY 2, 2008                                 |
|                                  | Change Request 5962                               |

#### **SUBJECT: Beneficiary Address Change for Shared Systems**

**I. SUMMARY OF CHANGES:** Claims systems need to be modified to always update permanent beneficiary and rep payee addresses when a CWF Reply Trailer is received that includes an address different from the one on file.

#### New / Revised Material Effective Date: October 1, 2008 Implementation Date: October 6, 2008

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:**

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: For Medicare Administrative Contractors (MACs): Not Applicable.

#### **IV. ATTACHMENTS:**

#### **One-Time Notification**

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

## **Attachment – One-Time Notification**

Pub. 100-20 Transmittal: 336 Date: May 2, 2008

Change Request: 5962

SUBJECT: Allow Next Generation Desktop users to Enable CWF Reply Trailer Address Updates in Claims Systems

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

#### I. GENERAL INFORMATION

#### A. Background:

Beneficiary Contact Center CSR's frequently receive requests from beneficiaries to update mailing address information. Requests for permanent address changes are referred to the Social Security Administration. Once SSA systems have been updated, the new addresses cascade through CMS' EDB and CWF systems. The updated addresses are then sent to the claims processing systems as part of the response to claims sent to CWF. This is known as CWF Reply Trailer 12. The claims systems may use the address provided on this reply trailer to update beneficiary or representative payee permanent addresses. In some cases the reply trailer address updates are not applied by the claims systems based on the presence of certain values associated with prior address changes. Once these values are present in the claims systems, future address updates from CWF are ignored and the address must be manually updated each time it changes. To avoid this situation, the claims systems need to be modified to always update permanent beneficiary and rep payee addresses when a CWF Reply Trailer is received that includes an address different from the one on file.

#### **B.** Policy:

Effective with this instruction, the Shared System maintainer systems shall always accept and update beneficiary addresses when a CWF Reply Trailer is received that includes an address different from the one that is on file.

#### II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

| Number | Requirement   | Responsibility (place an "X" in each |   |   |   |   |   |      |      |    |     |
|--------|---|--------------------------------------|---|---|---|---|---|------|------|----|-----|
|        |   | applicable column)                   |   |   |   |   |   |      |      |    |     |
|        |   | A                                    | D | F | C | R |   | Shai | red- |    | OTH |
|        |   | /                                    | M | Ι | A | Η |   | Syst | tem  |    | ER  |
|        |   | В                                    | E |   | R | Η | Μ | aint | aine | rs |     |
|        |   |                                      |   |   | R | Ι | F | Μ    | V    | С  |     |
|        |   | Μ                                    | Μ |   | Ι |   | Ι | C    | Μ    | W  |     |
|        |   | Α                                    | Α |   | E |   | S | S    | S    | F  |     |
|        |   | C                                    | C |   | R |   | S |      |      |    |     |
| 5962.1 | The shared system maintainer shall modify MCS to    |                                      |   |   |   |   |   | Х    |      |    |     |
|        | always update permanent beneficiary or rep payee    |                                      |   |   |   |   |   |      |      |    |     |
|        | addresses when a CWF Reply Trailer is received that |                                      |   |   |   |   |   |      |      |    |     |
|        | includes an address different from the one on file. |                                      |   |   |   |   |   |      |      |    |     |
|        |   |                                      |   |   |   |   |   |      |      |    |     |
| 5962.2 | The shared system maintainer shall modify VMS to    |                                      |   |   |   |   |   |      | Х    |    |     |

| Number | Requirement   | Responsibility (place an "X" in each applicable column) |       |      |      | ı each |     |      |      |     |     |
|--------|---|---|-------|------|------|--------|-----|------|------|-----|-----|
|        |   | ap  | oplic | cabl | e co | lun    | ın) |      |      |     |     |
|        |   | A   | D     | F    | C    | R      |     | Shai | red- |     | OTH |
|        |   | /   | Μ     | Ι    | A    | Η      |     | Syst | tem  |     | ER  |
|        |   | B   | E     |      | R    | Η      | Μ   | aint | aine | ers |     |
|        |   |   |       |      | R    | Ι      | F   | Μ    | V    | С   |     |
|        |   | Μ   | Μ     |      | Ι    |        | Ι   | С    | Μ    | W   |     |
|        |   | Α   | А     |      | Ε    |        | S   | S    | S    | F   |     |
|        |   | C   | С     |      | R    |        | S   |      |      | _   |     |
|        | always update permanent beneficiary or rep payee<br>addresses when a CWF Reply Trailer is received that<br>includes an address different from the one on file.  |   |       |      |      |        |     |      |      |     |     |
| 5962.3 | The shared system maintainer shall modify FISS to<br>always update permanent beneficiary or rep payee<br>addresses when a CWF Reply Trailer is received that<br>includes an address different from the one on file. |   |       |      |      |        | X   |      |      |     |     |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an "X" in each applicable column) |   |   |   |   |   |      |      |     |     |
|--------|-------------|---|---|---|---|---|---|------|------|-----|-----|
|        |             | Α   | D | F | C | R |   | Shai | red- |     | OTH |
|        |             | /   | M | Ι | A | Η |   | Syst | tem  |     | ER  |
|        |             | B   | E |   | R | Η | Μ | aint | aine | ers |     |
|        |             |   |   |   | R | Ι | F | Μ    | V    | С   |     |
|        |             | Μ   | Μ |   | Ι |   | Ι | C    | Μ    | W   |     |
|        |             | Α   | Α |   | Ε |   | S | S    | S    | F   |     |
|        |             | C   | C |   | R |   | S |      |      |     |     |
|        | None.       |   |   |   |   |   |   |      |      |     |     |
|        |             |   |   |   |   |   |   |      |      |     |     |

#### IV. SUPPORTING INFORMATION

# Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

| X-Ref<br>Requirement<br>Number | Recommendations or other supporting information: |
|--------------------------------|--|
|                                | None.  |

#### Section B: For all other recommendations and supporting information, use this space:

## **V. CONTACTS**

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### **VI. FUNDING**

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

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

#### Section B: For Medicare Administrative Contractors (MACs): N/A