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◆ For the third time, CMS has delayed edits that will reject Medicare claims for services performed at off-campus provider-based departments if their addresses on claims don't exactly match their addresses on 855A enrollment forms or if hospitals with multiple service locations don't report the correct place where services were provided. Hospitals now have until April 2020 to ensure addresses match perfectly, CMS said in *MLN Matters* SE19007 revised, which was issued Sept. 5. CMS previously delayed the edits because of compliance problems, although "no major issues" surfaced during its third round of testing ("CMS Again Delays Edits That Reject Claims Without Address Match, Lab DOS Policy," *RMC* 28, no. 25). In the new *MLN Matters*, CMS says, "Once the April 2020 Quarterly release is implemented, CMS will direct A/B [Medicare administrative contractors] to permanently turn on the edits and set them up to Return-to-Provider (RTP) claims that do not exactly match." But maybe all isn't well, says Valerie Rinkle, president of Valorize Consulting. "I think it shows the significance of the problems, but CMS is not communicating directly with hospitals having issues, and that is a concern." Contact Rinkle at valerie.rinkle@valorizeconsulting.com. View the transmittal at <https://go.cms.gov/2XFEPtS>.

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