## **CMS Manual System** Pub. 100-20 One-Time Notification

Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS) Date: APRIL 21, 2006

**Transmittal 221** 

## CHANGE REQUEST 5021

**SUBJECT: Beneficiary Change of Address- Phase 2** 

**NOTE:** Change Request 5021, Transmittal 221, dated April 21, 2006 is rescinded and will not be replaced at this time.