CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2795	**Date: September 27, 2013**
	Change Request 8467

SUBJECT: Medicare Remit Easy Print (MREP) Annual Enhancement

I. SUMMARY OF CHANGES: Medicare Remit Easy Print (MREP) software was developed by the Centers for Medicare and Medicaid Services (CMS) to help providers to transition to Electronic Remittance Advice (ERA) by offering to translate the ERA into a humanly readable format. CMS introduced the software in October 2005, and has continously enhanced the software based on feedback from the end users. This Change Request (CR) instructs the developer of the software to update based on enhancement requests received through the Medicare Administrative Contractors (MACs) and/or the CMS website. This software is available free of charge from the CMS website and now offers a number of special reports that users can view and download in addition to the remittance advice. This Recurring Update Notification applies to chapter 22, section 40.5.

EFFECTIVE DATE: January 1, 2014
IMPLEMENTATION DATE: January 6, 2014

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

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; Contractors activities are to be carried out with 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 obliged 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:

Recurring Update Notification

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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2795	Date: September 27, 2013	Change Request: 8467

SUBJECT: Medicare Remit Easy Print (MREP) Annual Enhancement

EFFECTIVE DATE: January 1, 2014
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I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) developed Medicare Remit Easy Print (MREP) software to help providers to transition from paper to electronic format of the remittance advice. The Electronic Remittance Advice (ERA) must be the standard format adopted under the Health Insurance Accountability and Portability Act (HIPAA). Currently the HIPAA adopted standard is the ASC X12 Transaction 835 version 005010A1. MREP users can view and print the ERA in humanly readable format, and can send a hard copy remittance advice with their claims to payers after Medicare. Additionally MREP users can run and download a number of special reports that have been added as response to requests from the users for enhancement. This software is available for free and has been updated on a yearly basis since its introduction in October 2005. This Change Request (CR) is instructing VIPs - the software developer - to update MREP based on requests received from the users through the Medicare Administrative Contractors (MACs) and/or the CMS website.

B. Policy: CMS offers free software - Medicare Remit Easy Print (MREP) - to view and print HIPAA compliant Electronic Remittance Advice (Transaction 835 - Health Care Claim Payment/Advice). The software gets enhanced on a regular basis to meet the changing needs of providers/suppliers to help them transition to ERA.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8467.1	VMS shall revise the MREP remittance advice layout in accordance with enhancement request 31 (from ViPS Assist ticket #41070), removing the blank line after each set of Claim Line details. Note: See attached enhancement request list										X		
8467.2	VMS shall revise the MREP remittance advice layout in accordance with enhancement request 32 (from ViPS Assist ticket #41124), adding the CARC Adjustment Amount (CARC-AMT) to the										X		

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
	fields subtotaled for each claim. Note See attached enhancement request list												
8467.3	VMS shall update the MREP manual as needed after implementing the above 2 business requirements, if needed.										X		
8467.4	Contractors shall notify MREP users of the enhancements in MREP software once they are implemented.		X		X		X						CEDI

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Other
		A	B	HHH					
8467.5	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X		X		X		

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen, sumita.sen@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:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment

MREP Enhancement Request List

Seq #	Synopsis	Comments
31	The blank line added between claim lines (for readability) an unnecessary waste of paper.	Though a simple fix, layout changes should be vetted with contractors and users. Though reported on a separate ticket, any development should be considered with Enhancement Request 32.
32	Ticket opened for several layout issues, some already resolved. Still to be addressed: CARC adjustments aren't totaled by Claim; Line Control Number is not needed and a waste of space; confusing alignment.	Analysis required. ViPS recommends getting contractor and user feedback during the design process. Though reported on a separate ticket, any development should be considered with Enhancement Request 31.