

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 927

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: APRIL 28, 2006

Change Request 5032

SUBJECT: Medicare Remit Easy Print (MREP) Update

I. SUMMARY OF CHANGES: This Change Request (CR) instructs ViPS to update the Medicare Remit Easy Print (MREP) software with additional functionalities. It also instructs Carriers and Durable Medical Equipment Regional Carriers (DMERCs) to test, and communicate to the end users about the software update.

NEW/REVISED MATERIAL

EFFECTIVE DATE: October 1, 2006

IMPLEMENTATION DATE: October 2, 2006

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:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-04	Transmittal:924	Date: April 28, 2006	Change Request 5032
-------------	-----------------	----------------------	---------------------

SUBJECT: Medicare Remit Easy Print (MREP) Update

I. GENERAL INFORMATION

A. Background:

CMS has developed software called Medicare Remit Easy Print (MREP) that gives providers a tool to read and print an Electronic Remittance Advice (ERA) in a human readable format. Providers who use the MREP software package, have the ability to print paper documentation that can be used to reconcile accounts receivable, as well as create document(s) that can be included with claim submission to secondary/tertiary payers for Coordination of Benefits. The output of MREP is based on the current Standard Paper Remittance (SPR) format. This software became available on October 11, 2005 to professional providers and suppliers, through their respective carriers and DMERCs. The software has been updated in April and July of this year.

In an effort to continuously improve this product, CMS has set up a process to receive suggestions from providers, contractors, and CMS staff to enhance the functionality and effectiveness of the software. The attached summary page lists the improvements to be implemented in October, 2006. The MREP software maintainer (ViPs) will update the software to incorporate the improvements included in the attached list. Contractors will conduct testing of the updated software, and report issue(s) identified during the testing phase using the ViPs Assist Web site. Contractors will continue reporting any issue identified by them and/or providers once the new version goes into production.

This MREP update includes suggestions for improvements received before the cut-off date of March 15, 2006. After the October 2006 update, there will be only an annual update every October unless some critical error effecting production needs to be fixed. In addition, ViPs will provide 3 code updates to implement the Claim Adjustment Reason and Remittance Advice Remark code changes. These code sets are updated 3 times a year. A provider/supplier notification requirement will be included in Claim Adjustment Reason and Remittance Advice Remark code change requests which are issued three times a year.

B. Policy:

Beginning June 1, 2006, carriers and DMERCs (and later DMACs) shall begin suppressing the issuance of standard paper remittance advices (SPRs) to those professional providers and suppliers (or a billing agent, clearing house, or other entity representing those providers) who also have been receiving Electronic Remittance Advice (ERA) transactions for 45 days or more. Professional providers and suppliers are to use the MREP or any other similar software to read and print the Health Insurance Portability and Accountability Act compliant electronic remittance advice for accounts reconciliation and claims submission to secondary/tertiary payers.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5032.1	ViPS shall update the MREP software incorporating the improvements that have been requested by CMS, contractors and providers per the attached list.							X		
5032.2	Carriers and DMERCs shall test the new version.			X	X					
5032.3	Carriers and DMERCs shall report any issue(s) through ViPs Assist Web.			X	X					
5032.4	Carriers and DMERCs shall complete the tasks in Requirements 5032.2 and 5032.3 by September 30, 2006.			X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5032.5	On or after October 2, 2006, when the new version of MREP is available on the CMS web page accessed from http://www.cms.hhs.gov/AccessstoDataApplicati			X	X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	<p>on/, contractors and DMERCs (and later DMACs) shall send a message to your MREP contact list/listserv notifying providers/suppliers that a new version of MREP is available for download and that it includes the latest version of the Claim Adjustment Reason Codes and the Remittance Advice Remark Codes.</p> <p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site 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 your next regularly scheduled bulletin and incorporated into your outreach activities, as appropriate. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>									
5032.5.1	<p>On or after October 2, 2006, contractors and DMERCs (and later DMACs) shall post a notice to your website, notifying providers/suppliers that a new version of MREP is available for download and that it includes the latest version of the Claim Adjustment Reason Codes and the Remittance Advice Remark Codes.</p>			X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2006 Implementation Date: October 2, 2006 Pre-Implementation Contact(s): Sumita Sen at 410-786-5755 or Sumita.sen@cms.hhs.gov Post-Implementation Contact(s): Sumita Sen at 410-786-5755 or Sumita.sen@cms.hhs.gov	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
---	---

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

Attachment

List of MREP Improvements to be Implemented in October 2006

Prob #	<u>Date Opened</u>	<u>Synopsis of Reported Issue</u>	<u>Solution</u>
14423	2/17/2006	The provider would like to have the Provider ID added after the Payee Name. This way, when they have multiple providers and provider locations, they can sort them out easier.	The Provider ID will be displayed after the Payee Name on the MREP Main Page.
13881	1/18/2006	New report/listing of accounts NOT FORWARDED to supplemental or crossovers.	ViPS will create a new report/listing of accounts NOT FORWARDED to supplemental or crossovers.
13880	1/18/2006	Print reason/remark codes on same page as Remittance or can there be a check box that will either print the codes or not.	There will be a check box and functionality added to the remit print process to allow the user to have the remit print with the reason/remark codes or have the codes excluded from the remit when it prints.
13772	1/12/2006	The program should automatically import the 835 file.	ViPS will look at the possibility of importing or identifying and displaying the 835 file and path.
13588	1/4/2006	New reports for other adjustments such as 'Late Filing'.	ViPS will create a new Late Filing report.
13054	11/30/2005	Report Enhancement to show ones with co-insurance.	A new Deductible report will be created showing only those with co-insurance.
12454	10/17/2005	Searchable "Help" menu and Index. Hours supplied are for analysis and design of a feasible help facility.	ViPS will perform analysis and lead discussions with the CMS and EDIFWG to determine an appropriate level of a help facility within the MREP application.