



Related MLN Matters Article #: MM5308

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Ending the Contingency Plan for Remittance Advice (RA) and Charging for PC Print, Medicare Remit Easy Print (MREP), and Duplicate RAs

Key Words

MM5308, CR5308, R1063CP, Contingency, Plan, Remittance, Advice, PC Print, Medicare Remit Easy, MREP, RA

Provider Types Affected

Physicians, providers and suppliers submitting claims to A/B Medicare Administrative Contractors (A/B MACs), carriers, Durable Medical Equipment Regional Carriers (DMERCs), DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), and/or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is October 1, 2006.
- The implementation date is October 23, 2006.
- MLN Matters article MM5308 is based on Change Request (CR) 5308 which:
 - Updates the *Medicare Claims Processing Manual* (Chapters 22 and 24) to include the end of the contingency period for Electronic Remittance Advice (ERA) effective October 1, 2006; and
 - Provides instructions to Medicare contractors (A/B MACs, carriers, DMERCs, DME MACs, FIs, and RHHIs) regarding charging for:
 - Generating and mailing provider requested duplicate remittance advices (RAs). There is no current Centers for Medicare & Medicaid Services (CMS) instruction for contractors to charge for generating a duplicate remittance advice (when the provider has already been sent a remittance advice – either in electronic or paper format) and mailing in case of paper remittance advice. CR5308 informs Medicare contractors that they are now allowed to charge to recoup their cost to generate a duplicate RA if the request comes from a provider or any entity working on behalf of the provider.

- Making PC Print or Medicare Remit Easy Print software available to providers by CD/DVD or any other means when the requested software is available for free to download. Contractors may charge up to \$25.00 for each mailing to cover their cost(s).
- Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, an ERA sent to a provider on or after October 16, 2003 is required to be a standard HIPAA-compliant ERA, and the ERA standard adopted under HIPAA was ANSI ASC X12N transaction 835, Version 004010A1.
- CMS implemented a contingency plan (as of October 16, 2003) to continue to accept and send HIPAA-compliant and non HIPAA-compliant transactions from/to trading partners beyond October 16, 2003, for a limited time.
- CMS ended the contingency period for claims in October 2005, and in a Joint Signature Memorandum (JSM/TDL-06518) issued on June 28, 2006, CMS instructed Medicare contractors that it is ending the contingency period for ERAs on September 30, 2006.
- CR5308 instructs Medicare contractors that, on or after October 1, 2006, all ERAs must be provided in the standard HIPAA (ANSI ASC X12N 835 version 004010A1) format.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5308.pdf>

The official instructions (CR5308) may be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R1063CP.pdf> on the CMS web site.

If providers/suppliers have questions, they may contact their Medicare FI, carrier, RHHI, DMERC/DME MAC, A/B MAC, or Regional Home Health Intermediaries (RHHIs) at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS web site.