

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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MLN Matters® Number: MM8223 **Revised**

Related Change Request (CR) #: 8223

Related CR Release Date: May 10, 2013

Effective Date: October 1, 2013

Related CR Transmittal #: R12350TN

Implementation Date: October 7, 2013

Phase III Electronic Remittance Advice (ERA) Enrollment Operating Rules

Note: This article was revised on May 10, 2013, to reflect a revised CR8223 issued on May 10. In the article, the CR release date, transmittal number, and the Internet address for accessing the CR were revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers and suppliers enrolling for Electronic Remittance Advice (ERA) with Medicare contractors (Fiscal Intermediaries (FIs), carriers, Regional Home Health Intermediaries (RHHI), A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment (DME MACs)).

What You Need to Know

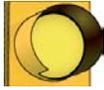


STOP – Impact to You

This article is based on Change Request (CR) 8223, which instructs Medicare contractors on the steps they must take to come into compliance with Phase III ERA Enrollment Operating Rule requirements by October 1, 2013. Contractors must have paper-based ERA enrollment forms in compliance with Attachment 1 of CR 8223 no later than July 1, 2014.

Disclaimer

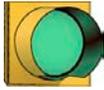
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CAUTION – What You Need to Know

Medicare contractors must update their Electronic Remittance Advice (ERA) Enrollment forms for new enrollments to comply with Attachment 1 of CR 8223. The contractors must comply with the following requirements:

1. Identify a maximum set of standard data elements to be requested from providers for enrollment to receive Electronic Remittance Advice (ERA).
2. Apply “controlled vocabulary” – predefined and authorized terms- for use when referring to the same data element.
3. Use standard data elements to appear on paper enrollment form in a standard format and flow, using consistent data elements and vocabulary as on the electronic form.
4. Use specific information or instruction to providers to assist in manual paper-based ERA enrollment.
5. Offer electronic ERA enrollment.



GO – What You Need to Do

Make sure that your billing staffs are aware of these updates to the ERA Enrollment Operating Rules.

Background

Section 1104 of the Affordable Care Act requires the Secretary of Health and Human Services to adopt and regularly update standards, implementation specifications, and operating rules for the electronic exchange and use of health information for the purpose of financial and administrative transaction.

What You Need to Know about the ERA Enrollment Form

Providers who have a signed ERA Enrollment Form on file with a particular Medicare contractor or Common Electronic Data Interchange (CEDI) are not required to submit a new signed ERA Enrollment Form to the same Medicare contractor or CEDI each time they change their method of electronic billing or begin to use another type of electronic data interchange (EDI) transaction, e.g., changing from direct submission to submission through a clearinghouse or changing from one billing agent to another.

Additionally, providers are not required to notify their Medicare contractor or CEDI if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in that instance.

Medicare contractors and CEDIs must inform providers that providers are obligated to notify them in writing in advance of a change that involves a change in the billing agent(s) or clearinghouse(s) used by the provider, the effective date on which the provider will discontinue using a specific billing agent

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and/or clearinghouse, if the provider wants to begin to use additional types of EDI transactions, or of other changes that might impact their use of ERA.

When an Medicare contractor or CEDI receives a signed request from a provider or supplier to accept ERA transactions from or send ERA transactions to a third party, the Medicare contractor or CEDI must verify that an ERA Enrollment Form is already on file for that provider or supplier. The request cannot be processed until both are submitted and issued.

The binding information in an ERA Enrollment Form does not expire if the person who signed that form for a provider is no longer employed by the provider, or that Medicare contractor or CEDI is no longer associated with the Medicare program. Medicare responsibility for ERA oversight and administration is simply transferred in that case to that entity that the Centers for Medicare & Medicaid Services (CMS) chooses to replace that Medicare contractor or CEDI, and the provider as an entity retains responsibility for those requirements mentioned in the form regardless of any change in personnel on staff.

Contractors may require a wet signature to be submitted in conjunction with the electronic enrollment. (Note: A wet signature is an original signature on a document that is then scanned and sent by e-mail.)

The document will become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to the Medicare contractor, CEDI, or other contractor if designated by CMS. Either party may terminate the arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

Additional Information

The official instruction, CR 8223, issued to your FI, carrier and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1235OTN.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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