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Note: This article was updated on October 1, 2012, to reflect current Web addresses. All other information remains unchanged.

Options for Providers/Suppliers Affected by CR4376: Suppression of Standard Paper Remittance Advice (SPR) to Providers and Suppliers Also Receiving Electronic Remittance Advice (ERA) for 45 Days or More

Provider Types Affected

Physicians, suppliers, qualified non-physician practitioners, and other providers billing Medicare Carriers, including durable medical equipment regional carriers (DMERCs)

Provider Action Needed



STOP – Impact to You

This Special Edition reminds providers that as of June 1, 2006, if you have been receiving **both** an Electronic Remittance Advice (ERA), either directly from your Medicare carrier/DMERC or indirectly from a clearinghouse, billing agent, or other entity representing you, **and** a Standard Paper Remittance (SPR) from your carrier/DMERC for 45 days or more, that **you will no longer be mailed an SPR** by your carrier/DMERC, in accordance with Change Request (CR) 4376. This article outlines some of the options available to providers who will no longer receive the SPR directly from their carrier/DMERC.



CAUTION – What You Need to Know

Are you receiving an ERA? Make sure you know if and how you receive the ERA. You may be receiving your ERA directly from your carrier/DMERC or you may be receiving your ERA indirectly through a billing agent, clearinghouse, or other entity representing you. No matter how you receive your ERA, if you are also receiving

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an SPR from your carrier/DMERC in addition to receiving an ERA for 45 days or more, after June 1, 2006, your carrier/DMERC will no longer mail you an SPR. **If you still need both, take appropriate action now.**



GO – What You Need to Do

If you need the SPR, take action **NOW** so you can avoid any business disruption associated with the June 1, 2006, cutoff of the SPR. If your clearinghouse, billing agent, or other entity cannot offer a way (e.g. print software) for you to receive or generate a paper remittance, it may be beneficial to explore other options.

Determine which of the following scenarios represents your situation:

- 1. You are receiving the ERA directly from your carrier in the HIPAA-compliant 835 format:** Use the Medicare Remit Easy Print (MREP) software.¹ MREP requires that you import ERAs in the HIPAA-compliant 835 format. (See the *Additional Information* section of this article for further information.) MREP is free software that allows you to:
 - Print the ERA for individual or multiple selected claims in a format mirroring the SPR, so you can forward your remittance to secondary/tertiary payers;
 - Easily navigate and view remittance information;
 - Quickly access claim information;
 - Print and export useful reports about ERAs including denied, adjusted, and deductible service lines;
 - Receive the latest version of Claim Adjustment Reason and Remittance Advice Remark Code sets, three times a year;
 - Archive, restore, and delete imported ERAs; and
 - Eliminate physical filing and storage space needs.
- 2. You are receiving a HIPAA-compliant 835 from a billing agent, clearinghouse, or other entity:** Use MREP or software offered by the billing agent, clearinghouse, or other entity representing you to view and print your paper remittance advice.
- 3. You are receiving the ERA directly in a format that is not the HIPAA-compliant 835 format:** Transition to the HIPAA-compliant 835 format now, so you can begin using MREP. CMS ended the contingency plan for non-HIPAA claims, i.e., 837 transaction, in 2005. CMS will be ending the contingency plan for the non-HIPAA remittance advice, i.e., the 835, next.

¹ This software was developed by the Centers for Medicare & Medicaid Services (CMS) for use by Medicare providers/suppliers to view and print a Health Insurance Portability and Accountability (HIPAA)-compliant Medicare 835. Medicare has no liability and takes no responsibility for any other use of this software.

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4. **You are receiving an ERA that is not the HIPAA-compliant 835 format from your billing agent, clearinghouse, or other entity representing you and they do not offer software or other means that allows you to view and print your remittance advice:** Work with them so that they will send you a HIPAA-compliant 835, so you can use MREP.
5. **You have a need for the paper remittance advice and your clearinghouse, billing agent, or other entity representing you is receiving the ERA on your behalf, but does not currently forward the ERA to you:** Work with your clearinghouse, billing agent, or other entity to receive the ERA and use MREP. This may be your situation if the clearinghouse, billing agent, or other entity representing you receives the ERA for you, but until now there has been no business reason to forward the ERA to you.

Background

CMS has an initiative for moving to a more electronic transaction environment and reducing the cost associated with producing and mailing the paper remittances sent by CMS contractors. The *Medicare Claims Processing Manual*, Chapter 22, Section 40.1, Remittance Advice, describes the instructions issued by CMS to carriers and DMERCs. The section instructs carriers and DMERCs to eliminate SPRs to those providers/suppliers who were receiving ERA transactions for 45 days or more.

Additional Information

To learn about more MREP benefits, download the brochure available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedicareRemit_0408.pdf on the CMS website. Or, you can view Special Edition MLN Matters article SE0611 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0611.pdf> or a related MLN Matters article (MM4376) at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM4376.pdf> on the CMS website.

For more information about the MREP software and how to receive the HIPAA 835, please contact your carrier/DMERC. Medicare Part B Electronic Data Interchange (EDI) helpline phone numbers are available at <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html/ElectronicBillingEDITrans/> on the CMS website.

If you have other questions, please contact your Medicare carrier/DMERC 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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The official instructions (CR4376) issued to your carrier/DMERC regarding this change can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R885CP.pdf> on the CMS website.

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