

MLN Matters Number: MM5032

Related Change Request (CR) #: 5032

Related CR Release Date: April 28, 2006

Effective Date: October 1, 2006

Related CR Transmittal #: R927CP

Implementation Date: October 2, 2006

Note: This article was updated on October 31, 2012, to reflect current Web addresses. All other information remains unchanged.

Medicare Remit Easy Print (MREP) Update

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, including durable medical equipment regional carriers (DMERCs), for services provided to Medicare beneficiaries.

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 5032 which advises providers to use Medicare Remit Easy Print (MREP) software to read and print the Health Insurance Portability and Accountability Act (HIPAA) compliant electronic remittance advice (RA) for accounts reconciliation and crossover claims submission to secondary/tertiary payers.



CAUTION – What You Need to Know

CR5032 also includes instructions for Medicare's system maintainer (VIPS) to update MREP software with additional functionalities, and directs carriers and DMERCs to test and communicate to the end users about the software update.



GO – What You Need to Do

See the *Background* section of this article for further details regarding this update.

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Background

The Centers for Medicare & Medicaid Services (CMS) developed Medicare Remit Easy Print (MREP) software as a tool providers can use to read and print an electronic remittance advice (RA) in a human readable format. The format is based on the current Standard Paper Remittance (SPR) format. Providers who use the MREP software package can:

- Print paper documentation that can be used to reconcile accounts receivable; and
- Create document(s) that can be included with claim submissions to Coordination of Benefits (COB) payers.

The MREP software became available on October 11, 2005, to providers (Part B and DMERC) through their respective Medicare carrier/DMERC, and it was updated this year in April and July.

CR5032 further encourages providers to use the MREP software to read and print the Health Insurance Portability and Accountability Act (HIPAA) compliant electronic RA for accounts reconciliation and crossover claims submissions to secondary/tertiary payers.

CMS created a process to receive suggestions from providers, Medicare Contractors, and CMS staff in order to continuously improve and enhance MREP's functionality and effectiveness. A summary listing of the improvements to be implemented in the October 2006 update of MREP is included in the *Additional Information* section of this article.

Note: This update to MREP software includes suggestions for improvements received before the cut off date of March 15, 2006.

Beginning June 1, 2006, Medicare contractors and DMERCs (and later DMACs) will start suppressing the issuance of standard paper remittance advices (SPRs) to providers/suppliers, billing agents, clearing houses, or other entities representing providers, who also have been receiving electronic remittance advice (ERA) transactions for 45 days or more. MREP is an option for providers to print their own remittances at their own computer.

After the October 2006 update, annual updates of MREP will be provided every October unless a critical error affecting production needs to be corrected. The software will also be updated three times a year to implement the Claim Adjustment Reason and Remittance Advice Remark code changes.

See Special Edition MLN Matters article at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0627.pdf> on the CMS website for options for providers affected by this change.

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Implementation

The implementation date for CR5032 is October 2, 2006. Your carrier/DMERC will post a notice to their web site on or after October 2, 2006, to alert you that the new version of the MREP software is available for download and that the software includes the latest version of the Claim Adjustment Reason Codes and Remittance Advice Remark Codes.

Additional Information

For complete details, please see the official instruction issued to your carrier/DMERC regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R927CP.pdf> on the CMS website.

If you have any questions, please contact your 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. .

List of Improvements to be Implemented in October 2006

Synopsis of Change
A 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 easier. The Provider ID will be displayed after the Payee Name on the MREP Main Page.
New report/listing of accounts NOT FORWARDED to supplemental or crossovers.
A new report is added to show "Late Filing."
A new report will be created showing only those items with coinsurance.
Print reason/remark codes on same page as Remittance; or, can there be a check box that will either print the codes or not? The MREP software is being changed to include a check box to allow the user to have the remit print with or without the reason/remark codes.
The program should automatically import the 835 file. CMS is looking into this possibility or identifying and displaying the 835 file and path.
Searchable "Help" menu and Index. The analysis is underway to determine the appropriate level of a help facility.

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