

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



REVISED product from the Medicare Learning Network® (MLN)

- [“The DMEPOS Competitive Bidding Program: Non-Contract Supplier”](#) Fact Sheet, ICN 900925, downloadable

MLN Matters® Number: MM8570

Related Change Request (CR) #: CR 8570

Related CR Release Date: February 14, 2014

Effective Date: July 1, 2014

Related CR Transmittal #: R13450TN

Implementation Date: July 7, 2014

Implementing Operating Rule (OR)-Phase III ERA Or Dual Delivery of ERA and Paper Remittance

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers submitting claims to Durable Medical Equipment Medicare Administrative Contractors (DME/MACs) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8570 which informs DME MACs about the changes to facilitate compliance with the Coalition for Affordable Quality Care (CAQH) Committee on Operating Rules for Information Exchange (CORE) mandated Operating Rule (OR) 350: Dual Delivery of Electronic Remittance Advice (ERA) and Standard Paper Remittance (SPR) for 31 days after ERA enrollment by trading partners. Make sure your billing staffs are aware of these changes.

Background

Section 1104 of the Affordable Care Act requires the Secretary to adopt and regularly update standards, implementation specifications, and operating rules for the electronic exchange and use of

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health information for the purpose of financial and administrative transactions. As a result of CR8570, DME MACs are instructed to deliver both standard paper remittance and electronic remittance advice to a provider/supplier for a minimum of 31 days after the provider's/supplier's ERA enrollment is effective. Also, at the supplier's discretion, DME MACs will allow for paper remittances to not be received, or to be received for a shorter time period, per CORE Rule 350, section 4.3. In addition, the DME MAC will have discretionary authority to grant dual delivery extension, beyond the initial 31 days, if requested by the supplier.

Additional Information

The official instruction, CR 8570 issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R13450TN.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your 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.

News Flash - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information, visit:

- [MLN Matters® Article #MM8433](#), "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season"
- [MLN Matters® Article #SE1336](#), "2013-2014 Influenza (Flu) Resources for Health Care Professionals"
- [HealthMap Vaccine Finder](#) - a free, online service where users can search for locations offering flu and other adult vaccines. While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community.

Free Resources can be downloaded from the CDC website including prescription-style tear-pads that will allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu. On the CDC order form, under "Programs", select "Immunizations and Vaccines (Influenza/Flu)" for a list of flu related resources.

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