Remittance Advice Resources and FAQs

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The Centers for Medicare & Medicaid Services (CMS) prepared this Remittance Advice (RA) booklet for Medicare Providers to access RA information. This booklet contains information about RAs and allows different provider types to navigate easily to relevant topics. **To go directly to a section, click on the topic below**.

> **Target Audience:** Providers, Physicians, Suppliers, and
> Medicare Fee-For-Service Program (also known as Original Medicare)

> The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

GENERAL INFORMATION

MACs send claim adjudication and payment information to providers, suppliers, and billers using an Electronic Remittance Advice (ERA) or a Standard Paper Remittance (SPR) along with payments. These RAs give explanations and guidance as to whether Medicare made a payment on a claim and if the payment differs from what the provider submitted. The ERA or SPR conveys itemized information for each claim and/or service line enabling the provider to associate the adjudication decisions with those submitted claims/lines. The ERA or SPR, reports the reason and the value of each adjustment. Adjustments can happen at the claim, service line, or provider level.

Institutional and Professional RAs

Part A, Institutional Providers, submit claims to Medicare Administrative Contractors (MACs). After the MACs process these claims, they generate an **Institutional Remittance Advice (RA)** as a companion to the payment or as an explanation of no payment.

Part B, Professional Providers, submit claims to MACs. After the MACs process the claims, they generate a **Professional RA** as a companion to the payment or as an explanation of no payment.

An ERA reports the adjustment reasons using standard codes. For any claim or service-line level adjustment, Medicare may use three sets of codes:

1. Claim Adjustment Group Code (Group Code)
2. Claim Adjustment Reason Code (CARC)
3. Remittance Advice Remark Code (RARC)

Group Codes assign financial responsibility for the unpaid portion of the claim/service-line balance. A Contractual Obligation (CO) Group Code assigns responsibility to the provider and Patient Responsibility (PR) Group Code assigns responsibility to the patient. Providers may bill Medicare beneficiaries for an unpaid portion only when an adjustment shows Group Code PR. CARCs provide an overall explanation for the financial adjustment and RARCs supplement the CARCs with the addition of a more specific explanation. While providers get an ERA or SPR, Medicare beneficiaries get a Medicare Summary Notice (MSN) indicating how much financial responsibility the beneficiary incurs because of the claim.

At the provider level, adjustments usually do not relate to any specific claim or service-line in the RA, and Provider Level Balance (PLB) reason codes explain the reason for the adjustment. Some examples of provider level adjustment are:

1. An increase in payment for interest due as a result of the late payment of a clean claim by Medicare
2. A deduction from payment as a result of a prior overpayment
3. An increase in payment for any provider incentive plan

Note: Medicare issues one check or Electronic Funds Transfer (EFT) when payment is due, representing all benefits due from Medicare for the claims itemized in an ERA or SPR.

As a Payee you will use RA information as inputs to patient accounting system/Accounts Receivable (A/R) and general ledger applications. In addition, RA information may indicate a need for you to resubmit a claim with corrected information. RA information also indicates whether you can appeal the payment.

ERA vs SPR

You may get an RA from Medicare as an ERA or as an SPR. Although the information on ERAs and SPRs is similar, the two formats are different. The ERA offers some data and administrative efficiencies not available in an SPR. Additionally, an ERA can have more information than an SPR. For example, an SPR has two basic page layouts: the Claims Page and the Summary Page. However, an ERA has four page layouts: the All Claims Screen, Single Claim Screen, Bill Type Summary Screen, and Provider Payment Screen. ERAs can also be manipulated electronically into a variety of report formats. The Health Insurance Portability and Accountability Act (HIPAA) does not cover the SPR, so service-line information may not appear on some Institutional SPRs like it does on an ERA. The SPR shows the same lines, fields, and codes that are on the ERA, which helps you to make sure that the 835 balances at three levels (transaction, claim, and service line).

Health care professionals who are active in the Medicare Program and submit claims, may get an ERA. ERA is an outbound Electronic Data Interchange (EDI) transaction from the payer that enables you to get payment information in an electronic file format. If you have software capability in place in your system, your MAC can automatically post an ERA file created by Medicare to your accounts receivable system. Once you have the ERA in place, the payment posting process is more efficient and accurate.

There are advantages to using the ERA versus the SPR. Using an ERA saves time and increases productivity by providing electronic payment adjustment information that is portable, reusable, retrievable, and storable. Trading partners can exchange an ERA with much greater ease than an SPR ERA advantages include:

- Faster communication and payment notification
- Faster account reconciliation through electronic posting
- Automation of follow-up action
- Generation of less paper
- Lower operating costs
- Ability to create various reports
- Ability to search for information on claims
- Ability to export data to other applications
- More detailed information
- Access to data in a variety of formats through free software supported by Medicare

The amount payable for each claim and/or service line as well as each adjustment applied to either can be automatically posted to accounting or billing applications from an ERA, eliminating the time and cost for staff to post this information manually from an SPR. ERAs generally contain more detailed information than SPRs. Also, ERAs may enable providers to automate follow-up actions after getting an RA.

If you submit your claims on paper or if you send claims electronically and do not have your own submitter number but want to get ERAs directly, you must complete the Separate Remittance Agreement form. You may allow a billing service or clearinghouse to get the ERA files on your behalf by completing the Provider/Submitter Agreement form. If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

Note: MACs do not send SPRs if you have been getting ERAs for more than 31 days (Institutional Providers) and 45 days (Professional Providers) respectively. If you submit claims through a billing service or clearinghouse or a submitter/sender ID that is currently receiving ERAs, you will no longer get your SPR effective with the date of completion of the ERA setup.

Information in the ERA

The basic field, i.e., data element, types in the RA can be alphabetic, numeric, or alphanumeric. The HIPAA-compliant Accredited Standards Committee (ASC) X12N 835 format standards define data elements that appear on all Medicare ERAs as **Required** or **Situational**.

- The required fields are mandatory for MACs to include in the ERA
- Situational fields depends on data content and business context (Medicare requirements), and providers use them if the situation applies

If your MAC bases payment on a procedure code, i.e., Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code, that is different from the procedure code you submitted on the claim, (for example, your MAC revised the HCPCS/CPT code during processing), both procedure code fields appear in the 835.

If there is no difference between the adjudicated procedure code (required field) and the submitted procedure code (situational field), only the adjudicated procedure code data element appears in the 835. The submitted code data element does not appear because the situation does not apply.

Enrolling in ERA

Directions for enrolling in ERA are available on your MAC's website. Find their website at http://go.cms.gov/MAC-website-list.

Free Medicare ERA Software

Medicare provides free downloadable translator software that can both read ERAs as well as print the equivalent of an SPR. **PC-Print is available for Institutional Providers**, and **Medicare Remit Easy Print (MREP) is available for Professional Providers**. These software products enable you to store, view, and print RAs when you need them, thus eliminating the need to request or await mail delivery of SPRs. The software also enables you to export special reports to Excel and other application programs you may have.

> **Note:** CMS provides these software tools in downloadable form at no charge. However, MACs may charge a small fee for those providers requesting an alternative delivery method for any of these products.

Commercial ERA Software

Although Medicare offers free ERA software, you may decide to purchase software that better fits your business needs. For example, you may seek RA software that integrates with other office management suite applications you use for billing, accounts receivables, reporting capabilities, and other purposes. Otherwise, you may prefer the flexibility of web-based application options eliminating the need to download software updates. Additionally, you may seek integrated software packages designed for your type of facility, specialty, or the relative size of your practice.

If you use proprietary software you must confirm that the software version in use meets HIPAA-compliant American Standards Committee (ASC) X12N 835 format standards and includes required and situational data elements that comply with Medicare guidelines, published by each MAC. Refer to https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/CompanionGuides.html.

MACs provide directories of approved HIPAA-compliant software vendors, billing services, and clearinghouses. Medicare and its MACs do not endorse any particular commercial ERA product. CMS encourages you to do your own thorough research when considering purchasing or using software outside of what CMS provides. Please direct any questions about the features and functionality of such software to the software vendors themselves and not to CMS or its MACs.

Note: Regardless of what software is used for ERA, you should monitor CMS MLN Matters® Article releases for updates to:

1. CMS provided PC-Print or Medicare Remit Easy Print (MREP)
2. Claim Adjustment Reason Codes (CARCs)
3. Remittance Advice Remark Codes (RARCs)

   - The CARC and RARC lists are updated three times per year. CMS publishes a MLN Matters® Article advising providers of each update. Updates usually occur on March 1, July 1, and November 1.
   - Reviewing these articles will help you assure that your ERA software has the proper code updates.

How Is the ERA available?

ERAs are available electronically to providers after the MAC processes your claims for a specified period. Your MAC determines how long the ERA is available. ERAs offer you additional flexibility when you view your remittance information. This flexibility includes a specialized data view, the ability to create various reports, the ability to search for information in claims, and the ability to export data to other applications. ERAs also may enable you to automate follow-up actions like billing the beneficiary for deductible/co-pay.

Who Generates the ERA?

MACs produce the ERA in the HIPAA-compliant ASC X12N 835 format, often referred to as Transaction 835, or the 835.

The 835 that your MAC sends to you is a variable-length record designed for electronic transmission and is not suitable for use in application programs or for viewing by provider personnel. Providers, or the entity receiving the 835, convert this file after transmission into a flat file for manipulation within their systems. This booklet refers to the 005010X322A1 version of the ASC X12N 835, which is the current adopted HIPAA standard.

Providers who do not get the 835 directly from Medicare, need to confirm receipt of all information from the entity receiving the 835 on their behalf, for example, a financial institution. The entity getting the 835 may not regularly send the RARCs that explain adjustments in reimbursement.

READING AN INSTITUTIONAL RA

This section tells Institutional Providers and billers how to read an ERA and an SPR using PC-Print software. There are three major sections:

- **Reading an Institutional ERA**: This section provides guidance for reading an Institutional ERA
- **Reading an Institutional SPR**: For providers who elect to get this information on paper, this section provides similar guidance for reading an Institutional SPR
- **Balancing the Institutional RA**: Presents guidance and examples for balancing the ERA or the SPR so providers' records are consistent with Medicare's records

Introduction

Institutional Providers submit claims to MACs. After MACs process these claims, they generate an Institutional RA as a companion to the payment or as an explanation of no payment.

Are the RAs Standardized?

Both the Institutional ERA and SPR (when you view them using the free PC-Print software Medicare provides) show standardized data formats to ensure that you get the necessary information. Institutional Providers using proprietary software to get an ERA should confirm with their MAC that the software meets the HIPAA-compliant ASC X12N 835 format standards, including required and situational data elements that comply with the Medicare business context. The SPR mirrors the information provided in an ERA.

For more information on the Medicare standardized data requirement companion guides for the ASC X12N 835, refer to https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/CompanionGuides.html.

How Do I View the Information in an Institutional ERA?

Since the 835 format is for electronic transfers only, you cannot easily read the data. Your staff may view and print the information in an ERA using special translator software like the Medicare PC-Print translator software program. The PC-based PC-Print translator program is an interactive program. It allows you to view, search, and print the Medicare Part A ERA containing all of the data residing within the 835 ERA transmission.

PC-Print software produces one of four print versions of data contained in an 835. This allows you to choose how much or how little 835 data to print and offers an advantage over the SPR. The number of Institutional claims you submit in batches, as well as the number of service-lines, can be very large. MACs do not send SPRs with service-line level data to Institutional Providers who prefer to get SPRs, to avoid expensive shipping costs.

If you want access to service-line level information you must accept an 835. A number of commercial software vendors also include software in their HIPAA suite that you may use to print a paper version of the 835.

How Do I Get the PC Print Software Program and User Guide?

Medicare provides free downloadable translator software that can both read the ERA as well as print an equivalent of the SPR. Institutional Providers can get PC-Print from their MACs.

This software product enables you to store, view, and print RAs when you need them, eliminating the need to request or await mail delivery of SPRs. The software also enables you to export special reports to Excel and other application programs you may have and manage. Refer to the PC-Print website. MACs inform you of necessary updates to accommodate code set changes typically three times a year. Register on your MAC's website to get automatic notifications of updates.

Balancing an Institutional RA

Remittance balancing reconciles differences between payment amounts on the RA with the amounts you actually billed. Balancing requires that the total paid is equal to the total billed, plus or minus any payment adjustments. According to HIPAA, every electronic transaction a MAC issues must balance at the service line, claim, and transaction levels.

General Rules for Remittance Balancing

The following ERA field completion and calculation rules apply to the corresponding fields in the SPR:

- The CHECK AMT (BPR02 field in the 835) is the sum of all claim-level payments, less any Provider-Level Adjustments (PLB segment in the 835).

- Any adjustment the MAC applied to the submitted charge and/or units appears in the claim or service adjustment segments with the appropriate Group Codes, CARCs, and RARCs explaining the adjustments. The same adjustment may not appear at both the claim and the service-line level of an RA. Every provider-level adjustment likewise appears in the provider-level adjustment section of the SPR (PLB segment in the 835).

- Any positive adjustments (for example, deductible paid by the beneficiary) reduce the provider's amount of payment from Medicare.

- Any negative adjustments (for example, interest on a clean claim that Medicare pays after the 30th day from receipt) increase the amount of the payment from Medicare. Any adjustment reported with a negative sign reflects an increase in Medicare payment.

How Do I Use Transaction-Level Balancing of an Institutional RA?

Transaction-level balancing reconciles the total of all adjustments for all claims listed on the RA. Use transaction-level balancing to reconcile the check amount with the total or sum of all provider-level adjustments. Your servicing MAC can provide additional information on transaction-level balancing.

READING A PROFESSIONAL RA

You can view and print the information in an ERA using special translator software. The ASC X12N 835 format is for electronic transfers only. Professional Providers can get free translator MREP software for viewing HIPAA 835 files from their MAC. You can either use the free MREP software or purchase other proprietary translator software. If you use proprietary software to view and print ERAs, you must confirm that the software meets HIPAA-compliant ASC X12N 835 format standards and includes required and situational data elements that comply with Medicare guidelines.

The MREP software allows you to view and print the ERA, to run special reports, and to search the ERA to find information easily. You may use the MREP software by importing 835s that come from your MAC. Once imported, you may print these files in a format similar to an SPR or view them directly in the MREP software. In addition, you can save these files in your system for any length of time.

Presentation of ERA information Using MREP Software

The entire remittance report allows you to view or print your remittance information quickly in a format similar to an SPR.

A tabbed information view allows six selections from a particular ERA:

1. Select specific claims

2. View and print claim information for the selected claims

3. View and print summary information for the entire ERA

4. View ERA data in loops and segments

5. Search claims for specific information

6. View a glossary of all CARCs and RARCs that appear on the ERA

Special Reports provides information specific to:

• Claims containing adjusted service-lines

• Coordination of Benefits (COB) and Non-COB claims

• Deductible and coinsurance service-lines

• Denied service-lines

• Other adjustments

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list. For more information, refer to the Medicare Claims Processing Manual, Chapter 22 (Remittance Advice), for complete details of headings, fields, and codes used in the RAs. The appendix of the Medicare Remit Easy Print User's Guide provides the information necessary to see and understand the mapping of data for each report.

The differences that currently exist between SPRs that you get from MACs and paper remittances MREP software generates are:

• The totals section:

– The paper remittance from MREP software includes totals for all claims assigned and unassigned

• The handling of adjusted claims:

– Paper remittance from MREP software mirrors the 835 by showing the adjusted and the replacement claim

• The bulletin board section:

– MREP software omits this section because it is not included in the HIPAA-compliant 835 format

Future revisions to the 835 may result in additional differences, as not all 835 revisions may occur in exactly the same manner in the SPR as they do in the paper remittances from the MREP software.

Generating Special Reports Using the MREP Software

Adjusted Service lines Report	Shows claims that have a status of 22 (reversal of previous payment). This report does not show the adjustment claim that reflects the corrected dollar amounts, but shows only the negative amount that the reversed claim provides to negate the original claim.
Coordination of Benefit (COB) Claims and Non-COB Claims Reports	Shows all claims that your MAC has forwarded to an additional payer(s). Alternatively, the Non-COB Claims report shows all claims that the MAC did not forward to an additional payer. These reports allow you to quickly view claims by their COB status. You can access these two reports from the COB / Non-COB Claims option under the Report menu in the MREP software.
Deductible and Coinsurance Service-lines Reports	The MREP software provides the following three reports for viewing deductible and coinsurance services lines: 1. The Deductible Service-lines report lists all service-lines that have a deductible amount 2. The Coinsurance Service-lines report lists all service-lines that have a coinsurance amount 3. The Deductible/Coinsurance Service-lines report is a combination of the first two reports, and lists all service lines that have deductible or coinsurance amounts associated with them. These reports allow you to quickly view those claims for which beneficiaries (or other insurer, if applicable) must pay coinsurance or some portion of the deductible. You may access these three reports from the Deductible/Coinsurance Service-lines option under the Report menu in the MREP software.
The Denied Service-lines Report	Shows all service-lines that have an allowed amount equal to zero and are associated with a claim that does not have a claim status 22 (reversal of previous payment).
The Other Adjustments Report	Shows those claims that include some type of adjustment. This report shows claims that have late filing and interest, and remittances that have withholding and forwarding balances.

Reading a Professional SPR

Providers who elect to get a paper RA get the SPR. Recipients of an SPR get the same critical remittance information as recipients of the ERA. However, SPRs do not contain as many fields as ERAs and the SPR organization is different. SPRs look different based on the type of provider. SPRs for institutional providers (for example, hospitals) look different from those for professional providers (for example, physicians). Additionally, SPR formats may vary by the MAC that provides the SPR. Figures (example SPRs) in this section are only a reference and may vary from what providers actually see.

Types of SPRs Available

You may generate your own SPR by choosing to get an electronic 835 file and using the MREP software to view and print the 835 in SPR format. There are slight differences between SPRs you get from a MAC and SPRs you generate from the MREP software (referred to as the MREP SPR). The remainder of this chapter addresses how to read SPRs you get from a MAC.

How Do I Switch from an SPR to an ERA?

If you currently get SPRs and are interested in switching to ERAs, contact the EDI department of your MAC. You can find that contact information by looking for your MAC's website at http://go.cms.gov/MAC-website-list. Note: MACs no longer send the SPR to professional providers who also have been receiving ERAs for 45 days or more.

Balancing a Professional RA

Remittance balancing reconciles differences between payment amounts on the RA with the amounts you actually billed. Balancing requires that the total paid is equal to the total billed, plus or minus any payment adjustments. According to HIPAA, every electronic transaction a MAC issues must balance at the service line, claim, and transaction levels.

General Rules for Remittance Balancing

The following ERA field completion and calculation rules apply to the corresponding fields in the SPR:

1. The CHECK AMT (BPR02 field in the 835) is the sum of all claim-level payments, less any provider-level adjustments (PLB segment in the 835).

2. Any adjustment applied to the submitted charge and/or units appears in the claim or service adjustment segments with the appropriate Group Codes, CARCs, and RARCs explaining the adjustments. The same adjustment may not appear at both the claim and the service line level of an RA. Every provider-level adjustment appears in the provider-level adjustment section of the SPR (PLB segment in the 835).

3. The computed NET field must include PROV PD (the calculated payment to the provider), interest, late filing charges, and previous payments.

4. Any positive adjustments (for example, deductible paid by the beneficiary) reduce the provider's amount of payment from Medicare.

5. Any negative adjustments (for example, Medicare pays interest on a clean claim after the 29th day from receipt) increase the amount of the payment from Medicare. Any adjustment with a negative sign reflects an increase in Medicare payment.

FREQUENTLY ASKED QUESTIONS (FAQS)

Topic/Issue	Answer
What is the 835?	It is the HIPAA-compliant ASC X12N 835 format, often referred to as Transaction 835, or **the 835**.
What is PC-Print?	• PC-Print is free software, which is a Personal Computer (PC)-based ASC X12N 835 translator interactive program. It allows you to view and print the Medicare Part A ERA. • PC-Print software is available for Medicare Part A providers to view and print HIPAA-compliant ERAs from their own computer. If your current system does not have ERA capability, PC-Print software is available at no cost. This software is easy to use and will save you both time and money if you are currently receiving SPR and transition to ERA. • Your MAC makes PC-Print software available to you as a download for no charge. Your MAC may charge up to $25.00 per mailing to recoup cost if the MAC sends you the software on a CD/DVD or by any other means at a provider's request when the software is available for downloading. You may contact your MAC's EDI Helpline if you need help getting PC-Print.
Does PC-Print provide an option for viewing/printing the ERA that mimics the paper remittance?	• Yes, you may view or print the ERA in a format similar to the SPR. • To view the entire ERA, import the ERA that you wish to view and click on the button for the All Claims (AC) screen. This screen displays the data in a manner similar to the content and format of an SPR. • To print the entire ERA, after selecting the AC screen, just click on the printer button and this allows you to print the entire ERA in a format that is similar to the SPR.
How long is the ERA available in PC-Print? After PC-Print is closed, how can we access the ERA?	• Once you have downloaded an ERA from your EDI mailbox and saved it to your office computer, open it in PC-Print. • Browse to the directory where you saved your 835 ERAs. • If there is a problem retrieving your RA, reload it to your EDI mailbox. Please contact Medicare EDI at 1-888-670-0940, option one for assistance.

Frequently Asked Questions (FAQs) continued

Topic/Issue	Answer
What is MREP?	CMS provides this free software for Part B professional providers and suppliers. This software allows viewing and printing of the HIPAA-compliant 835. You can use this software to access and print RA information including special reports from the HIPAA 835. MREP allows you to print HIPAA ASC X12N 835 version 5010A1 files to a format that is similar to the traditional SPR format. You can use MREP to view, search, and print RAs; and print and export reports containing RA information.
If I sign up for ERA will it affect how I get my payment?	No, ERA and Medicare payments are two separate functions. If you sign up for ERA, it will not affect the way Medicare pays your claims.
Will I be able to access ERAs that Medicare issued prior to the date I signed up for ERA?	No, ERA becomes effective the day you sign up. You cannot access RAs that Medicare issued before you signed up.
What is the impact of the new Medicare Card and the MBI on Remittance Advice as of October 1, 2018?	For Remittance Advices generated after October 1 through the end of the transition period, CMS will return both the new Medicare Beneficiary Identifier (MBI) and Health Insurance Claim Number (HICN) when you submit a claim with a valid and active HICN. We will report the MBI in the same place you get the "changed HICN" today. You can also get the MBI by asking your beneficiaries for their new Medicare card or using your Medicare Administrative Contractor's MBI look up tool through their portal; sign up if you do not have access.

To ensure your Medicare beneficiaries continue to get care, you can use either the HICN or MBI for all Medicare transactions through December 31, 2019. |
| Where can I find the MBI in MREP? | Starting October 1, 2018, CMS will update MREP so it also gives you the MBI when you submit a claim with a valid and active HICN. CMS is changing the current MREP Remittance Advice HICN label to Medicare ID (MID) and adding a new MID label and field that will show the MBI number that's in the ASC X12N 835 P in Loop 2100, NM109 of the Corrected Patient/Insured Name Segment. |

RA RESOURCES

For More Information Resource

Electronic Remit Advice (ERA) and Standard Paper Remit (SPR)	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html
Medicare Claims Processing Manual Chapter on Remittance	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf
Remittance Advice Information: An Overview Booklet, ICN 908325	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908325.html
Special Edition MLN Matters® Article SE 18006: New Medicare Beneficiary Identifier (MBI) Get It, Use It	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018-Transmittals-Items/SE18006.html
Washington Publishing Company (WPC) Website	http://www.wpc-edi.com/

Hyperlink Table

Embedded Hyperlink	Complete URL
ASC Companion Guide	http://www.wpc-edi.com/reference/repository/ 006020CC.pdf
ASC X12N 835	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html
Electronic Data Interchange (EDI) Support	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html
Electronic Funds Transfer (EFT)	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html
Health Care Payment and RA	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html
MAC's EDI Helpline	https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Downloads/EDIHelplines.pdf
Medicare Claims Processing Manual, Chapter 22	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf

Hyperlink Table continued

Embedded Hyperlink	Complete URL
MREP User's Guide	https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccesstoDataApplication/downloads/EasyPrintUserGuide.pdf
NPI	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/
PC-Print User Guide	https://medicare.fcso.com/PC-Print_software/210042.pdf
RA Overview Booklet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908325.html
WPC Reference	http://www.wpc-edi.com/reference/
Sign-up	https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf
Transition Period	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909365.html
5010 Resources	https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/Version_5010.html

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