

## **CENTERS FOR MEDICARE AND MEDICAID SERVICES**

**Moderator: Maria Cooper  
November 10, 2005  
12:00 p.m. CT**

Operator: Thank you and welcome to the Centers for Medicare and Medicaid Services, Medicare Remit Easy Print Provider Outreach and Software Overview conference call. This call is being recorded.

At this time, I would like to turn the conference over to Ms. Maria Cooper. Please go ahead.

Maria Cooper: Thank you, Lori. Good afternoon, my name is Maria Cooper and I'm with the Provider Communications Group at CMS Central Office in Baltimore, Maryland. I would like to welcome everyone to the MREP Overview Webinar.

This presentation will consist of a PowerPoint slide presentation as well as a live demonstration of the MREP Software.

Before we get started, I would like to remind everyone that the webinar is for Medicare contractors, ViPS Incorporated, CMS Central and Regional Office staff only. Providers should not be on this call. The webinar is being recorded and transcribed, so please identify yourself before you speak.

Next, the facilitators will introduce themselves, and like I stated earlier, my name is Maria Cooper from the CMS Central Office, and I am one of the facilitators.

Robin Collins: Good afternoon, my name is Robin Collins; I'm with the Provider Communications Group here at CMS Central Office.

Lisa Smith: Hi, this is Lisa Smith, also with the Provider Communications Group.

Maria Cooper: Thank you. This is Maria again. I would also like to mention that Bill Hauck and Jill Wallace from ViPS, Incorporated are on the call, and they will be assisting us with any technical questions about the MREP Software. This is the entity responsible for developing the software for CMS. And we would like to say "thank you," again, ViPS. OK, let's go ahead and move onto the agenda.

Our agenda will consist of MREP background information, the MREP demo and provider outreach, including our analysis of the MREP marketing plans that we received from our contractors. There will be two question-and-answer sessions. One will be at the end of the MREP demo, and again, at the end of the presentation. So, please hold your questions until one of those times.

I'd like to turn it over to Robin Collins, who will be talking about the history of MREP.

Robin Collins: Thank you, Maria. The administrator has directed CMS to drive paper out of Medicare. We have developed several initiatives in an effort to support our goal of moving toward a paperless environment.

One of our goals is to reduce paper remittance advice. We have developed an aggressive goal for fiscal year '06 and '07 to incrementally reduce the amount of SPRs. We have taken some major steps toward this goal.

One, we produced the Understanding of Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers and Billers. And we've received some positive feedback for the guide.

We've also produced JSM 05378 introducing the Medicare Remittance Advice Initiative, which was issued June 10th of this year. We have been monitoring the amount of SPRs versus ERAs. As of September of this year, 69 percent of all Carrier remittance advices were paper, and we're looking to reduce this percentage as part of our goal.

We've also partnered with VIPs, as Maria mentioned earlier, in order to produce software for the professional provider population to help them help us realize our goal. We are pleased to announce that Medicare Remit Easy Print, MREP, is now available.

What is MREP? Well, MREP is a software that enables physicians and suppliers to read and print the HIPAA-compliant ERA, also known as the Transaction 835, or simply the 835. MREP has many benefits that can help providers do business better. We are hoping that the additional features of MREP will encourage providers to choose ERA over SPR.

MREP has many benefits that can help providers. MREP has several useful recording features, such as reports, Deductible Service Line Report, Adjusted Service Line Report, and Deny Service Line Report. Maria will show an example of these reports during our software demonstration portion.

MREP also provides the user with the ability to print remittance information for individuals or multiple selected claims, and it will let the provider forward only those claims that are needed by

other payers for secondary payment. MREP organizes and presents information in the manner that is easy to view. It is organized in separate tabs to show, for instance, a list of claims, and details for individually selected claims that has a summary information tab. There's also a glossary tab that has information containing claim-adjusted reason codes, remittance advice remark codes and their definition, which will be very helpful.

MREP is easy to use and install. There's a companion user guide that will walk you through -- the user through installation and use. Also, MREP is free. We're offering this product to the professional provider community for free, and are hoping that this free software with its many benefits will help us decrease the amount of SPRs.

Well, that's all I have today for the background of my initiative. And now Maria will begin the demonstration portion of our session. Thanks.

Maria Cooper: Thank you, Robin.

Like Robin stated a moment ago, MREP is software that was developed to translate 835 data into readable and friendly format. As long as the provider is receiving their 835s, they can download MREP, import their 835s into the software and then translate the 835 data into the standard paper remittance format. The only thing is providers must know where they store their 835s and be able to access them.

Providers should obtain a copy of the MREP software from their Medicare Carrier or DMERC website and as you all know, contractors are responsible for linking to the CMS website where the MREP software is housed. And in order for providers to have a successful download, they must have access to the Internet and a WinZip or compatible decompression file to extract files.

Installation of MREP is very simple. The first steps include locating where the MREP installation package is. The next step would be to identify where the MREP application files will be housed. Providers should write down where they save the application because it's very easy to forget, as we've been able to – as we've all experienced.

Once the provider installs MREP, the software will automatically create these folders in their own directory, including the Easy Print executable file and the Easy Print icon to their desktop.

OK. So what's happening once the provider has MREP installed and they import an 835 to be translated? What the providers will do is select the import button. They will then locate where the 835 is and click on the OK button. MREP then creates a copy of the 835 file and then translates it into a readable SPR format. That SPR file will now be stored in the import folder that was created by MREP.

OK. Importing 835s in MREP is very simple, and only has to be done once. Once MREP has copied and translated the 835 into an SPR format, the SPR file will display in the MREP import folder. If providers uninstall and reinstall the software, the SPR files will still remain in the import folder.

One general point to remember is that MREP will only providers to view the detailed data for one 835 file at a time, and the MREP software has a split screen, which allows providers to view all their 835 files in the top portion, but the lower portion will only give detailed information for the 835 file that's highlighted.

OK. There are several ways in which a provider can view their remittance data. There's a Claim List tab, and this provides general claims information. There's also a screen for using – this is also the screen for using the Claim Detail, and the Claim Detail screen does just that. It gives

detailed claim information with similar data to the SPR, and the SPR Summary sums up the payment and adjustment amounts for the provider.

OK. Another helpful tool can be the Data View. What the Data View does is it just shows the raw 835 data. If a provider needed to access that for any reason, MREP does allow them to do that. They can see the loops in the segment for whatever reason. The search function allows providers to quickly access their patient's information. They can either search by HIC number, account number, rendering, provider number and so on, and this is much more efficient than having to search through a stack of papers.

OK. The glossary contains claim adjustment reason codes and remittance advice remark codes and their definitions. The glossary will only contain codes that the provider received on their 835, and if there are links in the definition of the codes, for example, if the definition of a code suggests or tells the provider to go out to the CMS website for a national policy, those links will be live and the provider can just click on those.

One of the main reasons we hear why providers do not want to stop receiving their SPR is because they need to them to forward it to other payers, and one of the great features of MREP is that it does allow providers to print those – to print individual claims or multiple claims and forward those to those other payers, so they don't have to, you know, white out information that's on an SPR now and fax that information in. MREP allows them to just go ahead and print the information that they need specifically for a particular patient.

MREP's reporting features allow providers to run several useful reports. A few of those include a Deductible Service Line Report, an Adjusted Service Line Report, and a Denied Service Line Report. Providers can also view and print their entire 835 file in the SPR format, which would be equivalent to the SPR they're already receiving today, so that's one of those marketing spiels we can tell the providers, that if they do not want to use MREP because they're just so used to

receiving their SPR, they can still get exactly what they're getting from an SPR but through MREP just by going and printing the entire remittance.

OK. Now at this point, I would like to start the demo, so just please bear with me a moment while I get the software up.

OK. Everyone should be seeing Medicare Remit Easy Print, and you'll see V1.5, which is just the version number. This is what MREP would look like after a provider has already imported their 835 files. And in this case, we can see that there are three and they're at the top. One, the second one, and then the last one, and I'm clicking on those just to show you – give you an idea of what they look like.

So, for example, the first remittance advice you have your claim list information down there. All of your detailed information about that particular remittance advice is at the bottom. So if you were to look at – if you wanted to look at a detailed information for the first three beneficiaries, you would just check those off; go to your claim detailed information; claim detailed tab, which is the next tab; and you would have your detailed information for those three claims right here. And if a provider had the same beneficiary and they needed all of Sally Doe's claims to go to the next payer, they could just click on all of Sally Doe's claims, click the claim detail information, print this out, and forward it to the next payer.

The next tab, like I stated before, is the SPR Summary, and what this does is it does sum up the payment for this particular remittance advice that's highlighted. You can see that the total reason code and adjustment amount is located right here. The allowed amount is there, as well, and the total coinsurance deductible and the amount paid to the provider, including their check amount, is also on this, so if upper management and a provider needed to just be what we were paid for the week, they would be able to go to this nice little tab and print this out and give it to their manager.

And as I said this before, the 835 raw data is here, as well. They could just click on the Data View tab and go through whatever looping segment they needed to see.

The search feature is a nice feature for providers. They're able to look up accounts by HIC number, by an individual control number, by a beneficiary number, by their last name, and this allows them just to do a quick search. I can do an exact match or not.

The next tab is a Glossary tab, and like we started earlier, this gives the provider the remittance advice remark codes and claim adjustment reason codes. They would go through this list and see what their rights were, if there's something that's the patient responsibility, if they had information that was missing on a claim they'd be able to get that information here, at least the definition. They would have the codes in a claim list detail.

One of the next things I'd like to show you are the reporting features. For example, if a provider wanted to report all their claims that had denied service lines, they could just go to this –to the report bar at the top, go to print report, and do a preview. This will allow them to look at all the claims that have denied claim lines on them, and if they needed to go ahead and do an appeal, whatever they needed to get from this, they could go ahead and do that. If they know that, you know, they can bill the beneficiary, or if it's a contractual obligation, they would be able to see that, as well.

Another feature, like I stated earlier, was that providers have the ability to print the entire remittance advice. And again, like we stated, one of the main reasons why we can't get providers or one of the main reasons why providers are a little wary of moving over to stop receiving their SPR is because they like to have their entire remittance advice in paper in their office in a file. And they're still able to do this through MREP; it just gives them the ability to print out everything. And if they're adamant about keeping their paper, they can do so, but they can print it themselves.

OK. This will – this concludes the actual MREP demonstration, and what I'd like to do now is open the line up for questions.

Operator: At this time, if you would like to ask a question, you may do so by pressing star one on your touch-tone telephone. If you're on a speakerphone, please make sure your mute function is turned off to allow your signal to reach us. Once again, that's star one for questions. And we'll pause for just a moment.

We'll go to Kerrie Copeland with Palmetto GBA.

Kerrie Copeland: Hi, I work within the Part B South Carolina Education Department, and I'd like to get some of this material so we can put together an online presentation for our providers. Is there any way we can get some type of, you know, software, to see how it works, and play around with it so we can get a tutorial for them?

Female: We'll be discussing it in this section about Provider Outreach, but there is a PowerPoint demonstration on the download page that is currently available. And I'll have the URL in the next section.

Kerrie Copeland: OK.

Operator: We'll go next to Kathy Campbell with NHIC.

Kathy Campbell: Hi, thank you – I'm looking at the printout of the entire Provider Remit Notice. Does the provider's number issued by Medicare actually show on this notice?

Female: Yes, the provider number will be listed at the top.

Kathy Campbell: So that will be with the 835 feature?

Female: That is correct.

Kathy Campbell: OK, thank you.

Operator: We'll go to Bill Baker with G.H.I. Medicare

Bill Baker: This is Bill Baker with G.H.I. Medicare. I have a question; when the provider receives their remit, if they choose not to print it immediately, but electronically send it to another provider and then have them print it out, is that possible? Or is the first recipient the end of the chain, I guess, is the best way to put it.

Maria Cooper: Unless the claim is – unless the beneficiary is on a coordination of benefits – is on a coordination of benefits crossover, it would have – it would end with MREP.

Female: There's no way to send it electronically. You'd have to print it out and send it by paper.

Bill Baker: OK, thank you.

Operator: We'll go to Melany Giordani with Health Now New York.

Jane Domain: Hi, yes – this is Jane Domain. I'm also in the room. I have a question about retractions. How would the provider – are retractions going to be shown on the remit? And if so, how would providers do that?

Female: Are you referring to adjusted claims?

Jane Domain: Well, basically, yes. It would be an adjustment, but it would be an adjustment where we're retracting money. We're offsetting the provider.

Female: Yes, they would see that as a regular claim and they would have the code associated with that.

Jane Domain: OK. So we tell them – does it also give them the account that it's coming from?

Female: No, it will not.

Jane Domain: OK. So the provider would need to call Medicare to find out where the retraction is coming from?

Female: I believe so. Bill or Jill?

Jill Wallace: This is Jill Wallace with ViPS. The actual remit will show the original claim with negative amounts, and then the adjusted amount – there's another entry for the adjusted claim with zero amounts if you're retracting the money. You'll have two claims listed on the remit.

Jane Domain: OK. Will the claim list the name, or just a claim number of will it list the HIC number?

Female: It's the same information that would show up on the SPR today...

Jayne Domain: OK, thank you.

Female: ...the bene, the HICN and the account number.

Jane Domain: Thank you.

Operator: We'll go to Kathy Boehm with TrailBlazer Health Enterprise.

Kathy Boehm: Yes, just a couple of questions. On the Denial Report, does that just show claims with an actual denial, or would it also show return reject?

Female: Those would show claims with an actual denial.

Kathy Boehm: Is there a mechanism for them to – because those are the ones they need to fix and resubmit. So from a user standpoint, is there a way to sort those and get those?

Female: That may be something we could consider for an enhancement, but at this time, we don't believe that there's a way to do that.

Kathy Boehm: OK. The next question had to do with I see that there's an export feature on there. Could they take any of these reports and export them into a current system that they already have, an accounting system?

Female: They should be able to do that. They would have to have something to go from, to connect the MREP software and whatever their accounting software is.

Kathy Boehm: OK. And the last question, just to – because I know this question is going to come up and I want to make sure I get the correct answer, this is not replacing electronic remittance notices, correct?

Female: No, it's not. No.

Kathy Boehm: Providers that already get electronic remittance notices, there's no need for them to sign up for this?

Female: No, if they're not receiving paper, and they're already receiving an ERA. That's fine. This is just to – this is – MREP was built to get those providers who are only receiving the SPR or are receiving an ERA and an SPR as well.

Kathy Boehm: And do you know if they sign up for this at some point, providers had an option for a short period of time when ERNs first came in where they could continue getting the paper and get the electronic remittance notice. Will their paper remittances automatically go away once they sign up for this?

Female: No.

Kathy Boehm: They'll continue to get both?

Female: At this time, we would encourage our contractors to not send both out to providers, and that's what we're trying to do here today to make sure that providers are receiving the electronic 835, and because we've never offered a free software for our professional providers to translate that data, we're hoping that by providing the MREP software, we'll be able to get those providers to stop receiving the SPR.

Kathy Boehm: OK. And so they're going to go to our – go to the TrailBlazer, or contractor's website, or CMS website, to get the free software?

Female: That's correct. They should be going to the contractor's website and go to the link, even though the link is to the CMS website, correct, and download the software.

Kathy Boehm: And there is going to be some type of password, pass code, or something, so they could only get their information. Is that correct?

Female: The only way they'd be able to use MREP is by having their own 835s. So there isn't anything – MREP software by itself won't work, because you need an 835 to translate the data.

Kathy Boehm: But there will be a way once they dial into the contractor site to actually get that and to make sure that ...

Female: It'll vary by contractor.

Female: Right, that's a separate function.

Kathy Boehm: Correct.

Female: This is a two-step process. With MREP, they need to already be receiving an electronic 835 from their contractor. That step is separate than from them downloading the actual MREP software. So for them to use MREP, they have to have their 835s.

Kathy Boehm: OK, got it. Thank you.

Female: You're welcome. Thank you.

Operator: We'll go to Kristy Hiller with Noridian Admin Services.

Kristy Hiller: Thank you. My question has just been answered. Thank you very much.

Female: Great.

Operator: We'll go to Rebecca Kline with Empire Medicare Services.

Rebecca Kline: I just have a question concerning the ARs on this MREP because of HIGLAS. We are a HIGLAS contractor; is the AR numbers going to be complete numbers on the MREP?

Female: ViPS, do you have an answer to that question?

Bill Hauck: Can we get a little bit – this is Bill Hauck, can we get a little more information on the question?

Rebecca Kline: Yes. Because of HIGLAS, the way the SPRs, the paper SPRs are printed right now, they are minus some digits. EDS is expanding the digits on the paper SPR to accept because the AR numbers are longer now. So is MREP accepting the longer AR numbers?

Jill Wallace: This is Jill with ViPS. Are you talking about provider-level adjustments that show up in the PLB?

Rebecca Kline: Yes.

Jill Wallace: We can double check on that, but there should be enough, as long as the 835 can handle it, we should be able to handle it as well. But we can double check. Do you know how many digits it's expanding to?

Rebecca Kline: I believe it's 17, but I don't know that off the top of my head. I'm sorry.

Jill Wallace: OK.

Bill Hauck: Except in the case of really long fields, like the Carrier name or fields that could be 80 bytes or more long on the 835 format, the MREP software will carry the maximum number of bytes that's allowable in the 835 format. So if it fits on a 4010A1, it'll fit on this software.

Rebecca Kline: OK. And my second question, you had made a comment that they have to be receiving an 835. So, are you saying that these providers have to be already receiving an ERA to get MREP?

Female: That's correct. They have to receive an 835.

Rebecca Kline: OK, thank you very much.

Operator: We'll go to Kathy Boehm with TrailBlazer Health Enterprise.

Kathy Boehm: Yes, another question. I know the providers for years have been asking if we could change the paper remit so that they could sort by provider. In other words, lots of doctors in one group may all be on one remit. I may have missed you displaying this, but would they have the ability to do that?

Female: Right now, they have the capability – they can do a search by rendering provider number. Is that what you're referring to?

Kathy Boehm: Right. Because what they want to do is be able to take one remit, divide it by the five doctors, let's say in the group, and give different reimbursement clerk who's responsible for each of those doctors a different set of, you know, patients who were treated by that provider on that...

Female: OK – yes, they can do a sort by rendering provider.

Kathy Boehm: OK, great. Thank you.

Female: Thank you.

Operator: We'll go to Bill Baker with G.H.I. Medicare.

Bill Baker: Hi, it's Bill Baker again; I have another question. Who is – who is the owner of MREP? Right now we're on the 4010A1. When we go to another level of ANSI who has the owner – who's responsible for maintenance of the product?

Female: CMS is the owner of the product, and we have ViPS that have – they're implementing any changes that we have to have as changes occur.

Bill Baker: OK, thank you.

Female: Thank you.

Operator: We have no other questions at this time.

Female: OK. Thank you, Lori.

Lisa Smith: Hi, this is Lisa Smith, and I'll be talking about the Provider Outreach section.

The marketing of MREP Software is a joint effort, which requires communication between your provider outreach and education area, your provider contact center, and your electronic data interchange area, which is why a representative from each area was invited to this webinar today.

For JSM 00522, we ask that you promote MREP on listservs, on your websites and in provider newsletters and bulletins, and we ask that you include the MREP message in other PCOM Provider Outreach and training opportunities. We also ask that you encourage providers to use the electronic funds transfer, or EFT, so providers can receive their payment safer and faster. We've asked that you have the MREP Software on CDs available to be mailed if providers have download issues that are not resolved timely. Please waive these costs until April 1, 2006.

Additionally, we ask that you submit marketing plans for promoting the MREP Software. Again, you have the discretion to promote the MREP Software to your provider community in the most efficient way, keeping in mind that we're looking to reduce the number of SPRs sent. Remember when targeting providers who are not receiving the 835 at all, include information on telecommunications connectivity, or any costs associated, such as long distance. Or if it's free, mention that that is a benefit.

Since providers will be directing their Medicare Remit Easy Print questions to you, what resources do you have to help you? Some resources available to you for CSR and EDI assistance are the FAQs available on the ViPS Assist website for providers and Carriers. You should post the provider FAQs to your websites. A job aid is posted on the CMS website for CSRs currently. A tri-fold color brochure is available on the Medlearn website in the highlights tabs, and is a downloadable publication under the Office Management Information section. Print copies of the brochure will be available for order in January from the Medlearn website.

And as I mentioned before, there's an MREP PowerPoint demonstration available on the MREP download page that you can use in your outreach and training.

Our current plan is to do a National Medicare Remit Easy Print campaign beginning in January. It will include a Medlearn Matters Article, as well as sending the MREP marketing message on the fee-for-service provider, provider partnerships, and ODF listservs.

We will include the MREP message at the physician Open Door Forum; highlight postings on CMS provider web pages, and we plan to include the marketing brochure in the CMS Exhibit Program.

We're also in the process of updating the RA Guide with Medicare Remit East Print information. In addition, a web-based training course is being developed about the remittance advice, which we'll also include MREP information.

Also part of our implementation, we're also notifying other health plans via e-mail that they may be receiving an SPR from MREP, so they're aware of it when receiving secondary or tertiary payment requests.

We thank you for submitting your marketing plans with many great ideas for additional marketing and outreach. In addition to the required marketing on your websites, listservs, and in provider bulletins and PCOM training opportunities, we've reviewed the marketing plans you submitted, and we want to share with you some additional suggestions that you can use in your marketing of the MREP Software.

Other places to include the MREP message are on the SPR. You can use the marketing language from the JSM. If feasible, include message on your IVR referring providers to your website, in check stuffers or other mailers to providers, at Carrier Advisory Committee and Provider Communication Advisory Group meetings, through contact with Medical Society, Professional and State Associations, whether it be through phone calls, face-to-face contact, or e-mail. We just ask that you ask them to disseminate this information, and this applies also to vendors and clearinghouses.

You can incorporate the MREP message in your web-based training courses or during provider phone contact. Ask if the provider is aware of MREP, and if not, refer them to your website to get access to it. If they don't receive the 835, tailor the message to include how they can obtain connectivity to receive the 835.

If it's not too late, include the MREP message in your MedPar CD. Include MREP and EFT information in your provider enrollment packet for new providers. Include it in any EDI seminars, workshops, publications or one-on-one training you're conducting.

When discussing MREP with providers who receive both the electronic and paper remittance, one contractor suggested encouraging providers to call when they find their paper remittance has become redundant for them instead of focusing on the termination of the paper remittance.

Remember to tailor the message dependent on the provider situation and to target those providers who can benefit most from MREP.

Thank you again for submitting your plans. We hope you find these suggestions helpful, and that you consider using them in your MREP marketing.

We received feedback from some of our providers during the MREP testing phase. Here are some direct quotes from providers in response to the question, "What features do you like most about the software?"

Overall comments from providers about MREP were that it's easy to use and easy to download the software, that the user guide is self-explanatory, that it eliminates the need for snail mail, that it's clear, fast and convenient description of the RA, and that it has great reports, which can be exported into their own accounting software.

Another suggestion for marketing is to use some of your provider's feedback, or even these testimonials in your marketing materials.

Now we are going to open the line for your questions. Also, we want to hear from you in response to a few questions. First, what kind of feedback have you received from the provider community so far regarding MREP, whether it be positive or negative? Next, we believe that providers who were receiving both electronic and paper remittance are open to using the software. What do you think it will take to get those providers receiving just the paper remittance to switch to the electronic remittance, or the 835? Is it the cost involved with receiving the 835? Does anyone have any success stories of providers who transitioned from receiving paper to only receiving the 835?

Operator, can you open the lines, please?

Operator: Yes. And once again, that is star one for questions. And we'll go to Cathy Grako with Cigna Government Services.

Cathy Grako: Hi. We've had the question already, if they can use the software for other insurances remittance advices? Does anyone know if it's applicable for 835s with other insurance companies?

Female: This software was designed for Medicare use only.

Cathy Grako: OK, that's what I thought. I just want to make sure. Thank you.

Operator: And we'll go to Sumita Sen with CMS.

Sumita Sen: Hi, this is Sumita Sen from BSOG; I have two comments, actually. These are not questions.

When Maria mentioned that in order to operate MREP, the providers would need either WinZip or some type of decompression software and the dot-net framework, I just want to mention that there are direct links from the CMS website to download these two. So if a provider does not have them, and is trying to download the MREP software from the CMS website, they can go and they can download because there are direct links available.

The other comment I have, I think there was a question from TrailBlazer, and I just need a clarification. I think the question was whether this can be exported to their accounting system. Are you asking whether they can do payment posting?

Female: Sumita, we won't be able to hear that question. Maybe they can submit their question to you directly?

Sumita Sen: OK, because this does not do payment posting.

Female: OK. We stated they needed additional software to go from MREP to whatever their software is.

Sumita Sen: I think, you know, the question was whether they can export to their accounting system.

Female: Right. And they can't do that directly.

Sumita Sen: No. I mean ...

Female: That's what I stated.

Sumita Sen: They cannot do any payment posting. They can export their reports.

Female: OK, thank you.

Sumita Sen: Thank you.

Operator: And we'll go to Kathy Boehm with TrailBlazer.

Kathy Boehm: Yes, I have heard some rumors in the provider community that some of the software vendors and the clearinghouses want to charge providers in order for them to be able to take the 835 that they now receive and put it within their own software program. Have you had any feedback on this? Have you heard about this? And, course, they want to charge them big bucks for this.

Female: Do you know how much they want to charge?

Kathy Boehm: I've heard the figure of \$5,000.

Female: I, personally, have not heard this.

Kathy Boehm: It sounds like this is a stand-alone product, so once they download it, it doesn't – the intent is not to integrate it with any software product that they may already have. Is that correct?

Female: That's correct. But this software is geared for the providers, and we understand that there are billing agencies and clearinghouses out there that are – that are there to sell their services. What we can do from a provider communication standpoint is just continue to market the software itself to get those providers that are maybe using a vendor or clearinghouse to let them know that the software is free, it's available for their use. But, again, at this time, we haven't heard much feedback from vendors or clearinghouses.

Kathy Boehm: Yes, I think – well, what I've heard is a lot of the clearinghouses already take that 835, roll it up into whatever kind of report the individual provider might want, and again, there's a cost for that. So this might be an excellent marketing tool for them because it's a stand-alone product and they don't have to go through their vendor or clearinghouse to get it.

Female: Absolutely. Good point. Please reiterate that in your marketing.

Kathy Boehm: They just feel – I've heard a lot of providers say they feel like they're getting nickled and dimed to death by their software vendors and clearinghouses.

Female: And when they do that, tell them that MREP is free, and that's what we're here for. Market it to them. You know, just help them any way you can.

Kathy Boehm: Thank you.

Female: Thank you.

Operator: We'll go to Cathy Grako with CIGNA Government Services.

Cathy Grako: OK. I think we're going to run into the problem, though, where we have a lot of providers who have their own in-house vendors who think they can program around it and import it into their accounting software. If they do that, can we just tell them, if they do it, they're on their own, and we won't support it? I guess that's kind of directed to you, Sumita, or whoever can answer the question.

Female: Again, the MREP Software is for our Medicare providers, not for their vendors or for their clearinghouses. We only take responsibility for servicing our providers with regards to MREP.

Cathy Grako: OK, correct. And I completely agree. But we're going to have those people who insist that they're going to have somebody import it for them or create a link to their own software. So at that point, can we tell them that we won't support it if they do that?

Female: Yes.

Cathy Grako: OK, thank you.

Operator: And we'll go to Tina Mitrea with First Coast Service Options.

Kathy Black: This is actually Kathy Black here, First Coast Service Options. We have had one session, Medifest session, where we had a – we did the PowerPoint session, and we had quite a few providers to attend the session. They were very happy with the software. They're interested in it. We've had quite a few to download the software.

But one thing we are noticing is we have some of our larger clearinghouses that are downloading the remittances from us in an HIPAA-compliant format, but prior to them sending it to the actual provider, they're breaking it down to a, say, national standard format. Therefore, they're unable to use the software. So we're trying to work something with those larger clearinghouses, where they can get that to them in the HIPAA-compliant format where they will be able to take advantage of the software.

Female: OK. Thank you for your comment.

Operator: And we have a question from Kathy Boehm with TrailBlazer. And Ms. Boehm, your line is open.

Kathy Boehm: I'm sorry, if I understand it correctly, then, when a provider sends in a batch of claims electronically, the acknowledgement goes back to the entity that sent it, which would be a clearinghouse. Do the 835s go through the clearinghouse, as well, or to them first, or is it up to the individual provider whether they want the 835 to come back to them or to their clearinghouse?

Female: It would be up to the individual provider whether they're receiving it directly or whether they're having a vendor or clearinghouse doing business on their behalf.

Kathy Boehm: So it's only going to affect those who get it directly or asked to get it directly?

Female: That's correct.

Kathy Boehm: Thank you.

Operator: And we have no other questions at this time.

Female: I just wanted to ask the question again. What do you think it'll take to get providers receiving the paper to switch to the 835s?

Operator: We'll go to James Bavoso with Empire Medicare Services.

James Bavoso: Hi, good afternoon. I just had one question, and this, sort of, is built on what you said. Is there any talk about sort of putting in some sort of mandate, for instance, those submitters that use the free software programs, mandating them to use the MREP software?

Female: At this time, there isn't a mandate for providers to use the MREP software, but again, we want our contractors to encourage providers to use it. I mean, they may already have something that translates the 835 data into a readable format already. And if they're not receiving an SPR, then

that's fine. But we would just like to push this product, especially since CMS has developed it, it is free, and it has some great features.

James Bavoso: OK. We've been out, you know, talking about it, but until push comes to shove, a lot of people just, you know, look at you like deer in the headlights.

Female: Thank you. Are they saying why they don't want to use it?

James Bavoso: You know ...

Female: They have something?

James Bavoso: Some people say they already have software, others say they have to go back to their software vendor or system maintainer to see whether or not it's compatible, even though we try to tell them that it's a stand-alone product and it would work better for them.

Female: OK. Thank you for your comment.

Operator: We'll go to Mary Reuse with Noridian.

Mary Reuse: Hi, this is Mary Reuse – one thing we here at Noridian have not heard anything, as far as the provider community with MREP software. My thing is that I feel that if we put messages out on our IVR, even on our remits that are going out now, anything like that; I think this will promote the usage of the MREP. I feel that, you know, just with – what I have seen so far today, I think that it's going to be excellent for our provider community to be able to use this and at least be able to – the one feature I really liked is sorting it by beneficiary so that they can send only that information to the insurance instead of having to send out, you know, other patients.

Female: Great. Thank you

Operator: We'll go to Kathy Boehm with TrailBlazer Health Enterprises.

Kathy Boehm: Yes, just from the providers that we currently deal with, I think your question about, you know, what would it – what would it take to get them to switch, I'm finding that the folks that they have in the initial stages of their accounting processes, opening the remittance notices, separating the checks, and they're not technical staff. So I think the easier we can make it, if there's a – if there's a quick reference guide that can come with this that gives them easy instructions instead of a book that's maybe 25, 30 pages long, I think they tend to get overwhelmed when there's a lot of instructions. But once you get into it, it's clear to see that it's easy to maneuver. However, I think the quicker we can give them the information in a short amount of time with regard to instructions on how to use it, would be helpful.

And the other thing, if they could have a trial – if they could just try at once, I think providers are afraid if they commit to this, then they're going to be stuck with this forever and a day. And I think if they would have an opportunity to maybe, you know, if we could send them a message and tell them to test it once and give them a link to the downloads, you know, one time when they get their 835, maybe that would be a great – a great way to get them to try it and see that it does work.

Female: Great. Thank you for the suggestion. And also to note, on the MREP download web page, there are two sets of instructions for installing. One to install to your local PC and one to install to a network, so it's shorter for that piece of it. So we will consider maybe creating a reference guide as well. But as you saw it, it's pretty easy to use on its own once you have imported the 835.

Operator: We'll go to Elizabeth Buckley with National Heritage Insurance Company.

Elizabeth Buckley: Yes, I just wanted to go back to the question regarding if other 835s could be utilized in this. I know they said it was just for Medicare providers, but what features do we have in place that a provider couldn't take another 835 that they were getting from another insurance company and incorporating it into the software?

Female: At this time, we don't have anything that would stop a provider from importing another 835. But again, as we stated earlier, the software is developed for Medicare providers only, for their Medicare 835s, and we just need to push that message out.

Female: Thank you.

Female: Thank you.

Operator: We'll go out to Scott Armstead with CIGNA Government Services.

Scott Armstead: Yes, you were just asking for comments, reviews. For CIGNA Part B, so far we've had over 500 people linked over to the CMS website, and all we've had is excellent comments. The only issues we've had is where the people, when they get set up for remits and everything, and then when they've got to download their import remit they find out they're using NSF format instead of ANSI. That's all of the problems we've had so far for CIGNA.

Female: Thank you very much.

Operator: And we have no other questions or comments at this time.

Female: Any additional comments or questions can be sent to the remittance advice resource mailbox.

It's [remittanceadvice@cms.hhs.gov](mailto:remittanceadvice@cms.hhs.gov). We just want to let you know that we'll have this PowerPoint

available on the Medlearn web page titled Medicare Contractor Training Materials for CMS Initiatives. And we'll also include the recording of this webinar with a transcript on that same page.

We want to thank you for your time and attention today. This concludes the MREP Application Overview and Provider Outreach Webinar.

Operator: This does conclude today's conference. Thank you for your participation. You may now disconnect.

END