

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1994</b>	<b>Date: December 28, 2017</b>
	<b>Change Request 10151</b>

**Transmittal 1990, dated December 21, 2017, is being rescinded and replaced by Transmittal 1994, dated December 28, 2017, to add VMS to Business Requirement (BR) 10151.5 and to remove CEDI from BR 10151.6. All other information remains the same.**

**SUBJECT: Suppression of the Standard Paper Remittance Advice (SPR) in 45 Days if Also Receiving Electronic Remittance Advice (ERA)**

**I. SUMMARY OF CHANGES:** The purpose of the Change Request (CR) is for the Shared System Maintainers (SSMs) to suppress the issuance of Standard Paper Remittance (SPR) advices to those providers/suppliers (or a billing agent, clearing house, or other entity representing those providers/suppliers) who also have been receiving Electronic Remittance Advice (ERA) transactions for 45 days or more. Provider/Supplier education/notification should begin no later than January 1, 2018. The shared system changes to suppress the distribution of SPRs were implemented in January 2006.

**EFFECTIVE DATE: January 1, 2018**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 2, 2018**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1994	Date: December 28, 2017	Change Request: 10151
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## I. GENERAL INFORMATION

**A. Background:** The SPR is the hard copy version of an ERA. Parts A and B Medicare Administrative Contractors (A/B MACs) and Durable Medical Equipment (DME) MACs must be capable of producing SPRs for providers/suppliers who are unable or choose not to receive an ERA. The A/B MACs and the DME MACs suppress distribution of SPRs if an Electronic Data Interchange (EDI) enrolled provider/supplier is also receiving ERAs for more than 31 days for Institutional Health Care Claims (837I) and 45 days for DME and Professional Health Care Claims (837P). Internet-Only-Manuals, Medicare Learning Network (MLN) number MM4376, CR4376 and CR8570 resources have been provided with information to the A/B MACs and the DME MACs regarding the receipt of SPR and ERA distribution time lines.

The CMS has implemented the Health Insurance Portability and Accountability Act (HIPAA) standard following the X12 Technical Report 3 for transaction Health Care Claim Payment/Advice (835) version 5010A1, and requires the use of this format exclusively for ERAs on or after full implementation. CMS has developed software that gives all providers/suppliers a tool to read and print a Remittance Advice (RA), a free software, called Medicare Remit Easy Print.

A/B MACs Part A shall remove the distribution of SPRs to their EDI enrolled providers/suppliers after 31 days of receiving both SPR and ERA formats. MACs shall not send a SPR/hard copy version to a particular provider/supplier unless this requirement causes hardship and has received waiver approval by the CMS authority, the Division of Transactions, Applications and Standards.

A/B MACs and DME MACs must suppress the distribution of SPRs to those Part B providers/suppliers (or a billing agent, clearinghouse, or other entity receiving ERAs on behalf of those providers/suppliers) *after* 45 days of receiving both SPR and ERA formats. In rare situations (e.g., natural or man-made disasters) exceptions to this policy may be allowed at the discretion of CMS. A/B MACs and DME MACs should contact CMS if a waiver is needed.

This doesn't change current policy for A/B MACs and DME MACs Provider Portal RA capabilities, such as view/print/download RAs, even for those providers receiving the ERA. It also doesn't change current policy of allowing duplicate RA requests through Interactive Voice Response (IVR) systems.

**B. Policy:** There are no statutes, regulations or legislation related to this CR.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*



Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Technology (GDIT) VIPS Medicare Systems (VMS) APPL/1 Provider Header Record screen following the initial setup of a DME supplier for ERA.									
10151.5	The SSMs shall develop and install logic in the systems removing the capability that the MACs have to update the SPR field.					X	X	X		
10151.6	Effective 45 days from implementation of this CR, as of date February 14, 2018, the FISS SSM shall develop and install logic in the systems to stop the generation of the Print and Mail SPR file used by the MACs for printing and mailing of the SPR as determined by the timeframes set in this CR if they are also receiving any format of ERA.  This doesn't eliminate the duplication of claims payment information between the ERA file and the SPR file after 31 days for Part A and 45 days for Part B, only the suppression of the printing/ mailing of original SPR.					X	X			
10151.6.1	The MACs shall continue to generate and test their non-base jobs for the portal and remit. This applies to enrolled A/B & DME MAC providers/suppliers who are also receiving any format of ERA.	X	X	X	X					
10151.6.2	A/B MACs shall test the Internal ERA, SPR, and History files to verify they are still receiving the duplicate remittance information on the Internal ERA file, Internal	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	SPR file and History file, even after automatic print/mail suppression.									
10151.6.3	A/B MACs shall test current IVR functionality to ensure these changes don't impact the ability to request a duplicate RA for MACs offering this capability.	X	X	X						
10151.6.4	DME MACs shall test the capability to generate a duplicate/office copy RA even if the original wasn't in the SPR file.				X					

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
10151.7	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Carol Young, Carol.Young@cms.hhs.gov , Katrina Mills, Katrina.Mills@cms.hhs.gov , Mohammad Ullah, Mohammad.Ullah@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**