Medicare Remit Easy Print

User Guide

Version 3.3

October 2012

This software was developed by the Centers for Medicare & Medicaid Services (CMS) for use by Medicare providers/suppliers to view and print a Health Insurance Portability and Accountability Act (HIPAA) compliant Medicare 835. Medicare has no liability and takes no responsibility for any other use of this software.

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About Medicare Remit Easy Print

Medicare Remit Easy Print enables you to print Medicare Part B and DME MAC HIPAA 835v5010 and 835v4010A1 files to a format that is similar to the Standard Paper Remittances (SPRs).You can use Medicare Remit Easy Print to:

- view MREP Remittance Advices (see page 56)
- search MREP Remittance Advices (see page 81)
- print MREP Remittance Advices (see page 78)
- print reports about MREP Remittance Advices (see page 204).

You can install Medicare Remit Easy Print on a PC or on a network (see *Pre-Installation Checklist for Installation on a PC*).

For general information about remittances, see http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf .

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What's New

- Under CR7499, the FCN/OTHER IDENTIFIER field of the PLB adjustment details increased from 30 bytes to 50 bytes. To accommodate this change, the field labels of the PLB details on the PROVIDER PAYMENT SUMMARY REPORT were replaced by column headings that mirror those of the ENTIRE REMITTANCE REPORT. The spacing of the PLB details on both reports has been adjusted.

  Note: The PLB headings only appear when PLB data is present.

Informational

- MREP accepts remittances in the X12 835V5010A1 and X12 835V4010A1 formats. MREP no longer accepts remittances in the X12 835V5010 format. However, since the X12 835V5010 format was only used during the transition period from X12 835V40101A1 and was never implemented for use in production, the User Guide refers to the X12 835V5010A1 format as X12 835V5010.

- MREP Version 3.2 includes the CARC/RARC list published 7/01/2011. Future lists will be made available individually and can be imported into MREP to keep the codes current. For more information, see *How to View the CARC and RARC Codes*.

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Differences between MREP Remittance Advices and Shared System SPRs

It is important to understand that the Medicare Remit Easy Print Remittance Advice is a representation of the HIPAA 835v4010A1 transaction data. Although CMS has attempted to make the Medicare Remit Easy Print generated Remittance Advice very similar to the Shared System Maintainer generated SPR (received via mail), the printed information and data content at times may differ. So, the two can be compared as long as there is an understanding of why they differ.

For example, the HIPAA 835v5010 transaction data contains reversal (mother) claim information and, in turn, the Medicare Remit Easy Print Remittance Advice displays this information and uses it in the calculation of the entire remittance "totals". The CMS systems that create the file for the SPR received via mail have the ability to "net" the claim information for adjustments prior to generating the SPR. The HIPAA 5010 transaction has no facility to convey the information to allow MREP to "net" the claim information for adjustments prior to generating the Medicare Remit Easy Print Remittance Advice and, therefore, must do a complete back-out of the original claim and "build" a new "adjusted" claim with the modified information.

Item	Medicare Remit Easy Print	Shared System
Adjustments	You must calculate the net. Claim Example #1 Original Claim 000000000001000 Provider Paid -$100.00 Adjustment Claim 000000000001001 Provider Paid $80.00 Provider Paid -$20.00 (overpayment) Claim Example #2 Original Claim 000000000002000 Provider Paid -$100.00 Adjustment Claim 000000000002001 Provider Paid $150.00 Provider Paid $50.00 (underpayment)	The net was calculated for you. Claim Example #1 Adjustment Claim 000000000001001 Provider Paid -$20.00 Claim Example #2 Adjustment Claim 000000000002001 Provider Paid $50.00
PREV PD	Always blank	Is calculated for you
General Messages for Suppliers/ Providers (Provider Bulletin Board)	Not displayed	Is displayed

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About This Guide

All personal health information has been replaced with fictitious information.

To use this guide, you need to have a working knowledge of Microsoft Windows.

For example, you need to know how to:

- access your desktop,
- use the Start menu, and
- use Microsoft Windows Explorer.

You also need to know common Microsoft Windows terminology. For example, Start > Programs refers to the Programs option on the Start menu.

Need Assistance?

If you need assistance, please contact:

Email	**Your Medicare contractor**
Phone	**Your Medicare contractor**

PC Requirements

Recommended Speed:	2.0 GHz or faster

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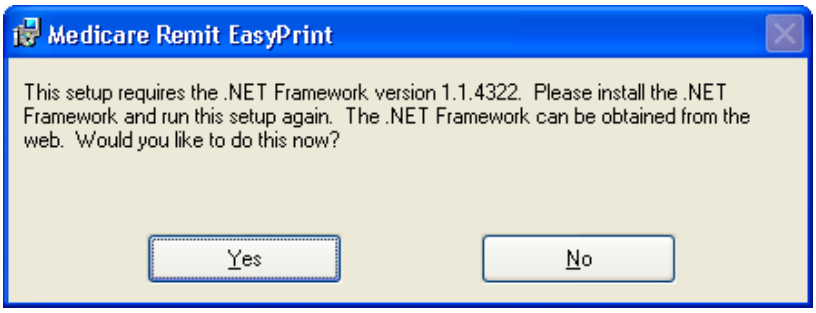
Operating System Requirements

Recommended: Windows XP

Others: Windows 2000
Windows NT
Windows 7
Windows Vista

.NET Framework: 1.1.4322 (O*n the Microsoft web site this is referenced as 1.1*)

This application uses Visual Basic.Net, a Microsoft compatible language, and like many applications that require a MS Windows platform, a .NET framework is required. More than likely you already have a version of the .NET framework on your PC. In order to use this application, you must have .NET framework version 1.1.4322 or a later version installed on each PC that is using this application. If you do not have this framework installed, you may receive a message stating that this version of the framework is required during the installation process and prompting you to install it.



By clicking yes—and if you have access to the internet—you are redirected to the Microsoft web site to download the .NET framework 1.1 (same as the 1.1.4322 version referenced in the message). It is not recommended that you download a beta version of the .NET framework if you are presented with this option on the Microsoft web site.

Outside of the application installation process, you may also visit the link to Microsoft .NET Framework Version 1.1 Redistributable Package at the Microsoft website to transport directly to the location on the Microsoft web site to download the 1.1 .NET framework version.

If you want to learn more about the 1.1 .NET Framework version and/or determine if you need to install this version, you may visit

.Net Framework Developer Center at the Microsoft website.

Please follow the directions within the web site when using this link.

If you do not have access to the internet and you receive a message to update your .NET framework, you have to obtain a copy of the .NET framework from Microsoft. The Medicare Remit Easy Print application does not work without the appropriate .NET framework installed on each machine accessing the application.

Note: When you download the 1.1 .NET Framework on 64-bit Windows operating systems (XP, Vista, and Windows 7), you may see a warning that states: “This software has **known incompatibility** with **IIS** services on this platform.” You may continue past the warning and install the Framework and MREP; however, you do so at your own risk and you should consult your technical support before doing so.

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Decompression Application:

To download the Medicare Remit Easy Print program from your Medicare contractor's web site, you must have the following:

- Access to the internet.
- WinZip or a compatible decompression application to extract files. If you do not have a decompression application then you can go to a number of web sites to acquire one (For example: http://www.winzip.com/downwzeval.htm.)

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How Does Medicare Remit Easy Print Get Medicare Remittance Info?

You have to import Medicare remittance information into Medicare Remit Easy Print. For more information about importing, see *Importing HIPAA 835 files.*

The files that you import are the ANSI files. For more information about the format of these files, see *Appendix A: MREP RA/HIPAA 835v5010 Segment Field Crosswalk.*

When Medicare Remit Easy Print reformats and saves a copy of an HIPAA 835 file, it is called the Import file. For information about how EasyPrint names the Import files, see *Import File Name Format.*

Medicare Remit Easy Print keeps all of the Import files in the Import folder in the Medicare Remit EasyPrint directory.

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Information for Administrators

Medicare Remit Easy Print can be installed on a PC or network.

To install MREP:

- on a PC, see *PC Installations*
- on a network, see *Installing Medicare Remit Easy Print on a Network*

Network Installations

Medicare Remit Easy Print Directory

There must be sufficient space on the network to save the Import file(s).

The Medicare Remit Easy Print software takes about 3000 KB.

Users must have Read/Write access to the directory where the software is installed because the software creates files and saves them using the user's security privileges to the directory.

Medicare Remit Easy Print Access

If you need to make Medicare Remit Easy Print available to all users who log on, you need to indicate this during the installation procedure.

Group Code MSI file

When installing the application on a network, each PC that accesses the application must have installed the Group Code MSI file.

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Pre-Installation Checklist for Installation on a Network

Before you install Medicare Remit Easy Print, you need to complete these steps:

Step	Description	Completed ✓
1	Check that the network, all PCs, and printers meet all requirements.	
2	Check that you are using one of the supported operating systems.	
3	Find out where the Medicare Remit Easy Print installation software is located. The file name is: Medicare Remit Easy Print.msi Write the location here:	
4	Find out where the Medicare Remit Easy Print Group Code .msi file is: The file name is: GroupCode.msi Write the location here: **Note:** The GroupCode.msi must be installed on all PCs executing EasyPrint from a network location or any PCs that access network locations from within the application. When installed on a network drive, only the EasyPrint shortcut and the GroupCode.msi package need to be installed on PCs executing the application. There is no need to install the application on each individual PC. In order for each client PC to access the application: From the client PC, navigate to the network location where Medicare Remit Easy Print is installed, right click on the EasyPrint.exe file, and select "create shortcut". This shortcut can then be copied to the desktop of the client PC. This step is necessary in the event the network drive mapping is different on the client PC.	
5	Create a folder called HIPAA 835 files and make sure that all users know the location. This folder must have adequate security for PHI. Write the location for the HIPAA 835 files here:	
6	Create a directory on the server for the Medicare Remit Easy Print installation. This directory must have adequate security for PHI.	

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Installing Medicare Remit Easy Print on a Network

When you install Medicare Remit Easy Print on a network:

- install Medicare Remit Easy Print on the network
- install the Medicare Remit Easy Print Group Code on *every* PC accessing the application.

Before You Install Medicare Remit Easy Print on a Network

Before you install Medicare Remit Easy Print:

- complete the Pre-Installation Checklist for installation on a network.

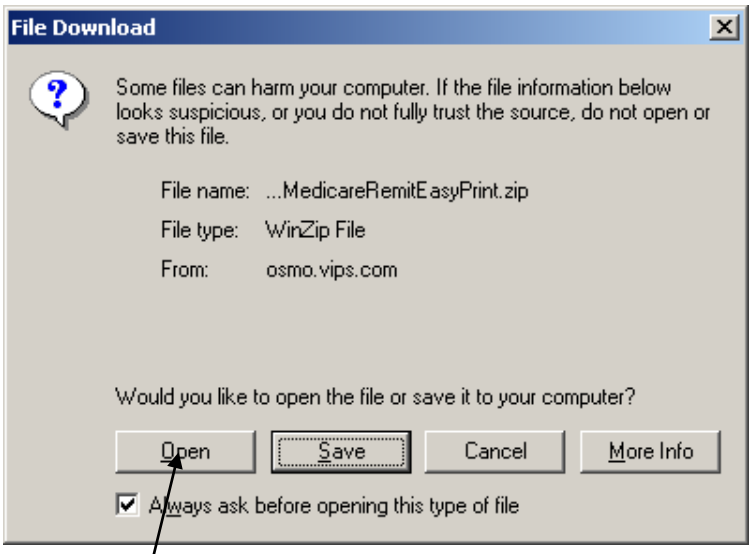
How to Install Medicare Remit Easy Print on the Network

Download Instructions

On your contractor's website:

Important!
If this download cannot get past your network firewall, please contact your Medicare contractor.

1. Select the Medicare Remit Easy Print link.
2. Click the Medicare Remit Easy Print zip file. The File Download window opens.



3. Click the Open button. The WinZip window opens.

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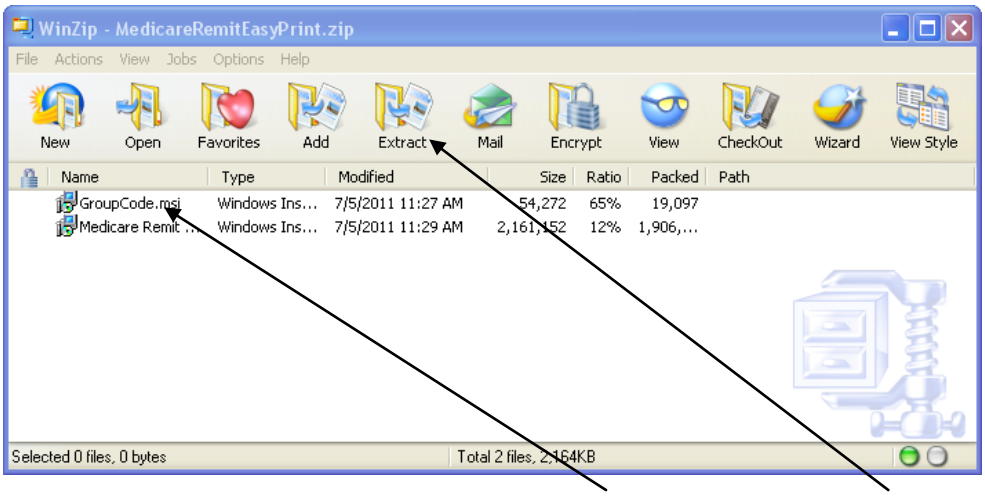
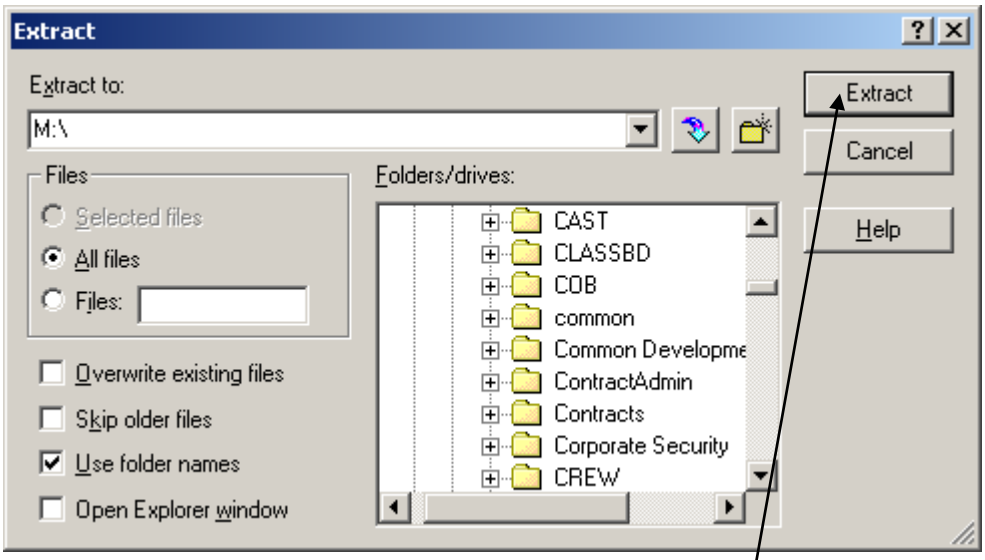


4. To extract the file to the network, highlight GroupCode.msi and click the Extract button. The Extract window opens.



5. Select the directory on your network where you want the GroupCode.msi file to be stored. Click the Extract button. You return to the WinZip window.
6. On the following line, write the name of the folder where you saved the GroupCode.msi file:

   _____

7. Highlight the MedicareRemitEasyPrint.msi file and click Extract.
8. Select the same location on your network where you saved the GroupCode.msi file. Click the Extract button.

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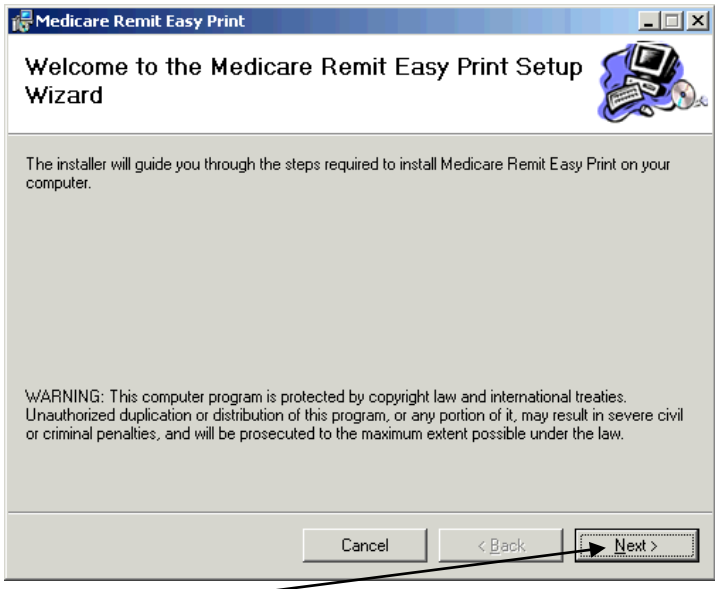
Installation Instructions

1. Make sure you know the location of the Medicare Remit Easy Print.msi file (Step 3 of the *Pre-Installation Checklist for Installation on a PC.*
2. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print.msi file.
3. Double-click the Medicare Remit Easy Print.msi file:

The Medicare Remit Easy Print Setup Wizard opens.



4. Click the Next button.

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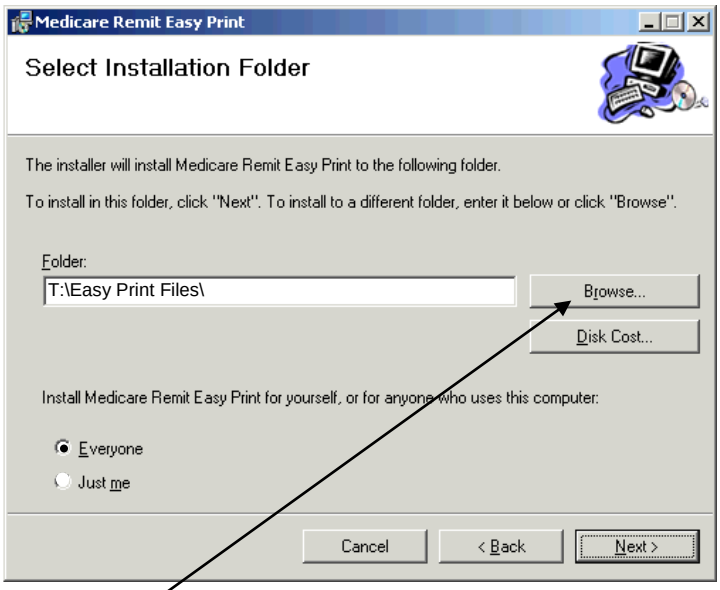
The Select Installation Folder window opens.

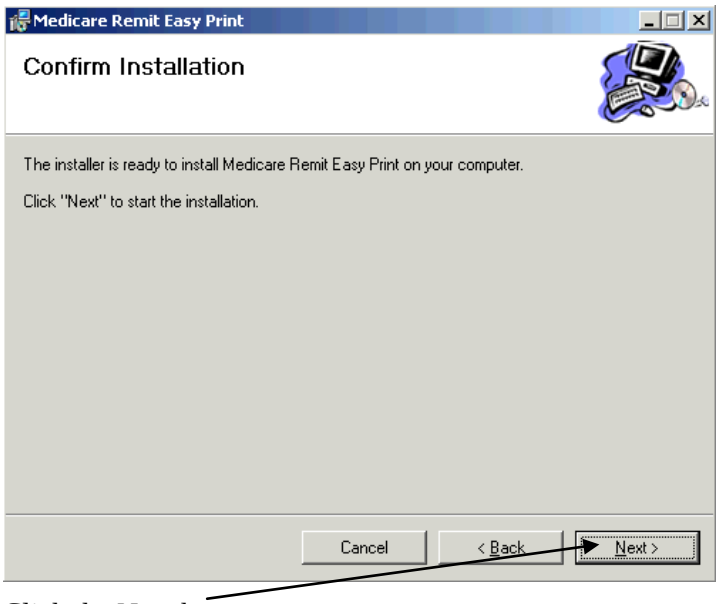


5. Click Browse to find the network location for the install. The applications and associated files are located in the T:\Easy Print Files\ folder.
6. On the following line, write the location where you are saving the application and where all of the associated folders and files are to be saved:

_____

Select Everyone and click the Next button.

The Confirm Installation window opens.



7. Click the Next button.

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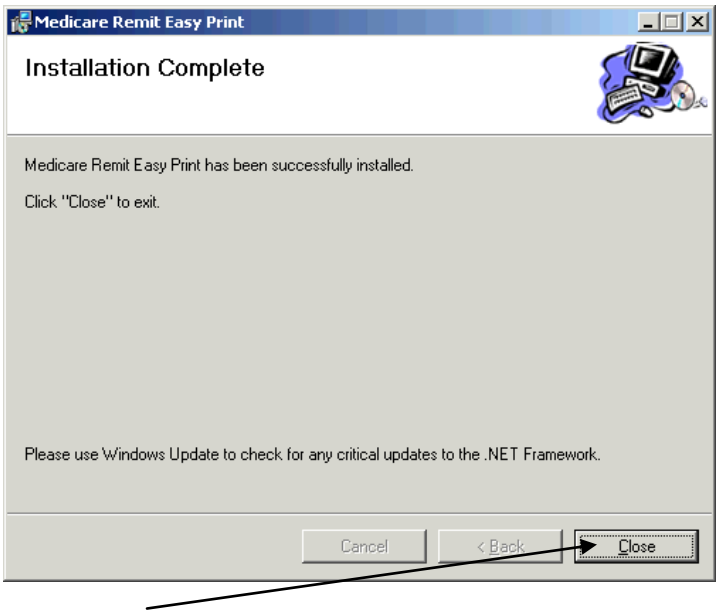
When the installation is finished, the Installation Complete window opens.



Best Practice:
Make the shortcut to the Medicare Remit Easy Print executable available to all users.

8. Click the Close button.

   The Medicare Remit Easy Print shortcut is available in the Medicare Remit Easy Print directory. Copy this shortcut to your desktop.

Important!
You must install the Medicare Remit Easy Print Group Code on each PC.

9. Complete the Medicare Remit Easy Print Group Code installation on each PC.

What Happens During the Installation Process?

The following items are created and placed in the directory you designated under the Medicare Remit Easy Print folder in Step 8 of the Installation Instructions:

- EasyPrint.exe
- Easy Print icon - shortcut
- Import folder - where all active converted HIPAA 835 files are stored
- Archive folder - where all inactive converted HIPAA 835 files are stored. (Inactive files are files not currently viewed in the application.)
- Report Export folder - where all exported Report files are stored
- Resource folder - internal folder to application

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Installing the Medicare Remit Easy Print Group Code on the PC

After you install the Medicare Remit Easy Print application on the network, you must install the GroupCode.msi file on *every* PC that needs to access the application.

How to Install the Medicare Remit Easy Print Group Code

1. Make sure you know the location of the Medicare Remit Easy Print Group Code file (Step 4 of the *Pre-Installation Checklist for Installation on a PC.*
2. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print Group Code.msi file.
3. Double-click the Medicare Remit Easy Print Group Code.msi file.

   GroupCode.msi

   The installation completes without opening any windows or displaying any messages.

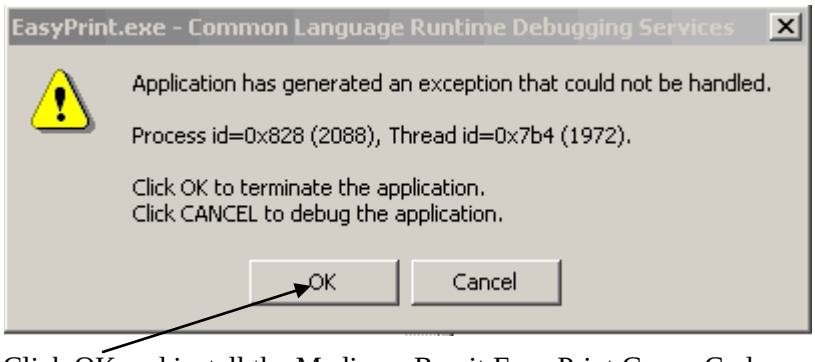
How to Know that the Medicare Remit Easy Print Group Code Install Completed Successfully

If the installation DID complete successfully, the PC user can open Medicare Remit Easy Print.

If the installation DID NOT complete successfully, the PC user cannot open Medicare Remit Easy Print is presented with an unhandled exception dialog.

Hint:
If you see this error message on the PC, you need to install the Medicare Remit Easy Print Group Code.

You need a minimum screen resolution of 1024 X 768.



Click OK and install the Medicare Remit Easy Print Group Code again.

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PC Installations

Medicare Remit Easy Print Setup Software

For users to load the software on their PCs, they must know the location of the Medicare Remit Easy Print Setup file.

Best Practice: Create a folder called HIPAA 835 files to store your 835 files, and make sure that all users know the location.

The file name is:

Medicare Remit Easy Print.msi

HIPAA 835 File Location

Users must know the location from which to download the HIPAA 835 file they receive from their Medicare contractor.

Medicare Remit Easy Print Directory

There must be sufficient space on the PC for Medicare Remit Easy Print to save the Import file(s).

The Medicare Remit Easy Print software takes about 3000 KB. The size of the Import file(s) is dependent upon the number of claims found in the HIPAA 835 file.

Medicare Remit Easy Print Access

The default for installing Medicare Remit Easy Print is to have it be accessible only to a single user on a PC.

Getting Started

To get started:

1. Complete the *Pre-Installation Checklist for Installation on a PC.*

2. Install Medicare Remit Easy Print on your PC (see page 19).

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Pre-Installation Checklist for Installation on a PC

Before you install Medicare Remit Easy Print, you need to complete these steps:

Step	Description	Completed ✓
1	Check to be sure that your PC and printer meet all requirements.	
2	Check to be sure that you are using one of the supported operating systems.	
3	Find out where the Medicare Remit Easy Print install file is located. The file name is: Medicare Remit Easy Print.msi Write the location here:	
4	Find out where the HIPAA 835 files are located. Write the location here: _____	

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Installing Medicare Remit Easy Print

Before You Install Medicare Remit Easy Print

Before you install Medicare Remit Easy Print:

- Complete the *Pre-Installation Checklist for Installation on a PC*

How to Install Medicare Remit Easy Print on Your PC

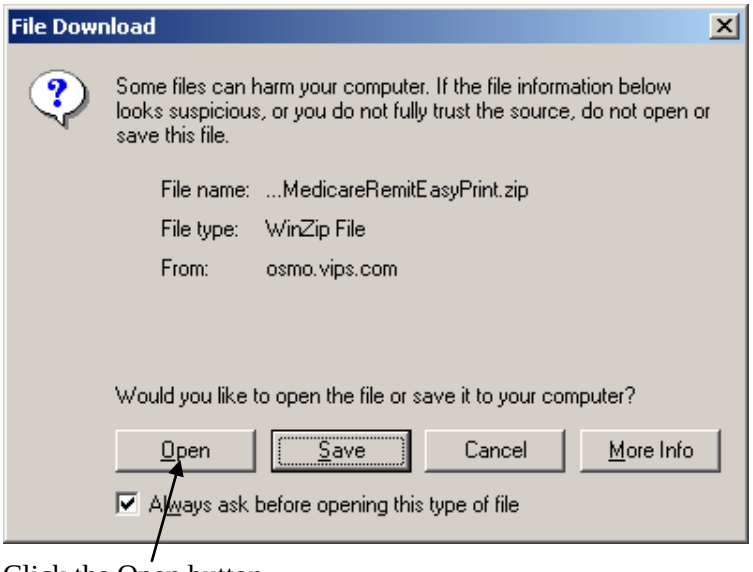
Download Instructions

On your contractor's website:

Important!
If this download cannot get past your PC security settings, please contact your Medicare carrier.

1. Select the Medicare Remit Easy Print link.
2. Click the Medicare Remit Easy Print zip file.

   The File Download window opens.



3. Click the Open button.

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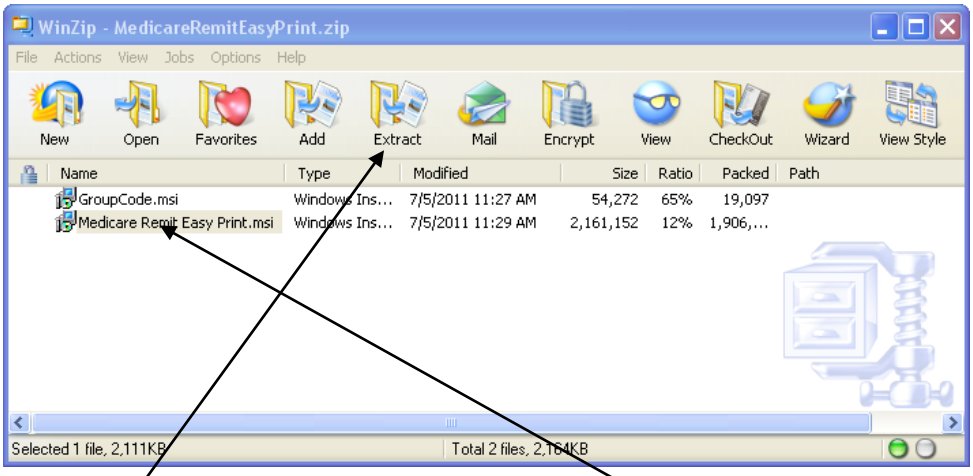
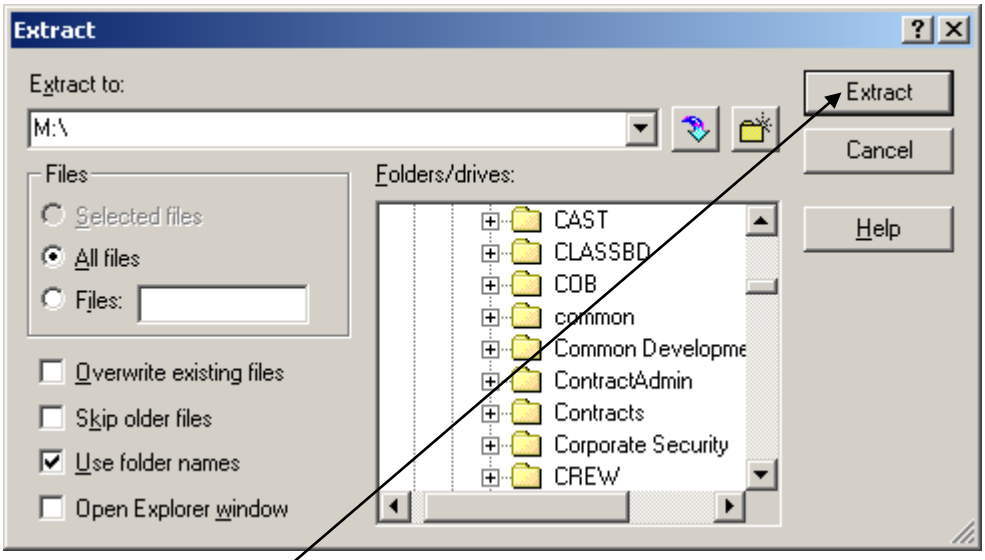
The WinZip window opens.



4. To extract the file to the network, highlight MedicareRemitEasyPrint.msi and click the Extract button. The Extract window opens.



Best Practice: Create a folder called HIPAA 835 files to store your 835 files, and make sure that all users know the location.

5. Select the directory on your network where you want the MedicareRemitEasyPrint.msi file to be stored.
6. Click the Extract button. You return to the WinZip window.
7. On the following line, write the name of the folder where you saved the MedicareRemitEasyPrint.msi file:

_____

Because you are not installing the software on a network to be shared by other users, you do not need to copy the GroupCode.msi file.

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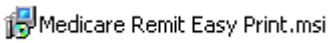
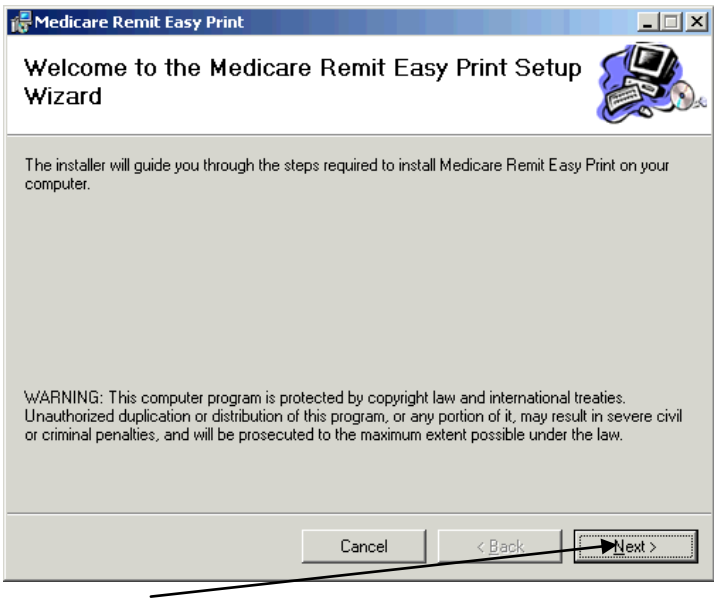
Installation Instructions

1. Make sure you know the location of the Medicare Remit Easy Print.msi file (Step 3 of the *Pre-Installation Checklist for Installation on a PC.*
2. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print.msi file.
3. Double-click the Medicare Remit Easy Print.msi file:

   The Medicare Remit Easy Print Setup Wizard opens.

4. Click the Next button.

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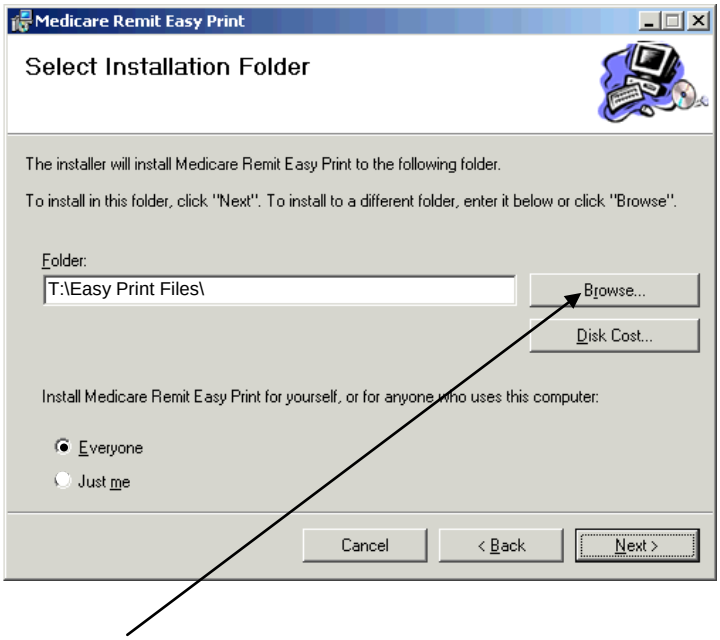
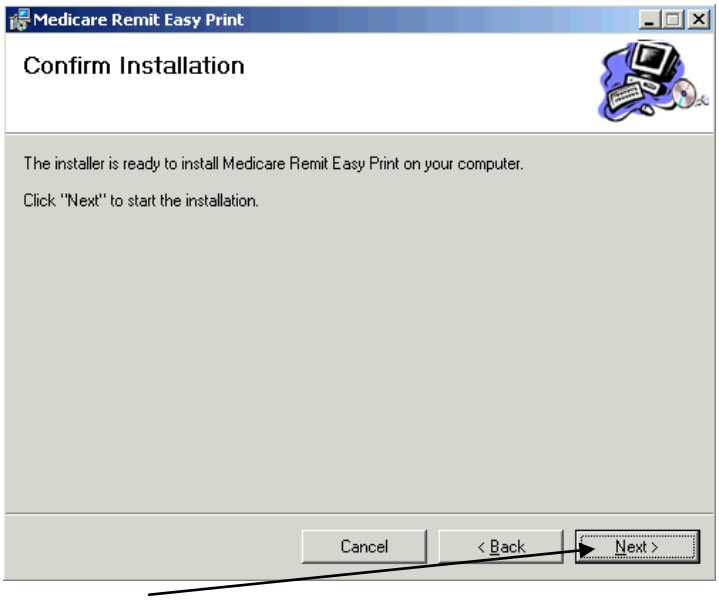
The Select Installation Folder window opens.



11. Click Browse to find the location of the Easy Print files on your PC. This is where the application and all the associated files are stored.
12. On the following line, write the location where you are saving the application and where all of the associated folders and files are to be saved:
13. Select Everyone and click the Next button.

    The Confirm Installation window opens.



14. Click the Next button.

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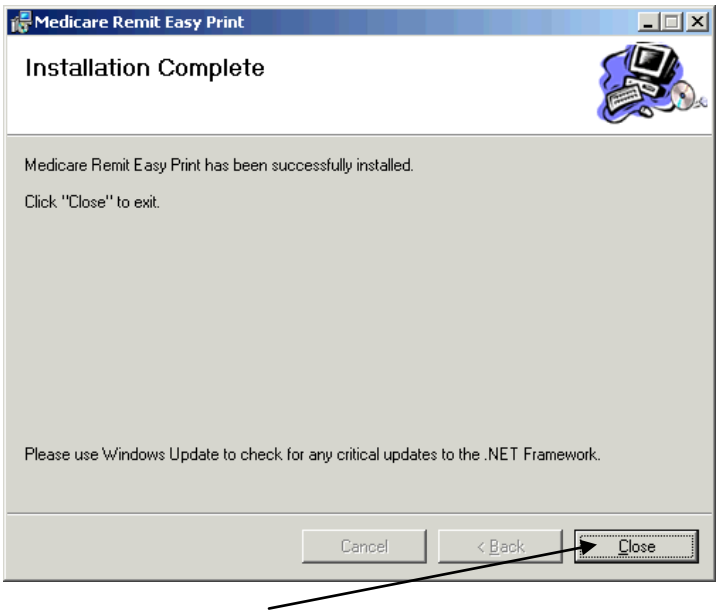
When the installation is finished, the Installation Complete window opens.



15. Click the Close button.

    The Medicare Remit Easy Print shortcut is available in the Medicare Remit Easy Print directory. Copy this shortcut to your desktop.

What Happens During the Installation Process?

The following items are created and placed in the directory you designated under the Medicare Remit Easy Print folder in Step 8 of the Installation Instructions:

- EasyPrint.exe
- Easy Print icon (shortcut)
- Import folder (where all active converted x835 files are stored)
- Archive folder (where all inactive converted x835 files are stored. Inactive files are files not currently viewed in the application)
- Report Export folder (where all exported Report files are stored)
- Resource folder (internal folder to application)

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Starting Medicare Remit Easy Print

You can find shortcuts to the Medicare Remit Easy Print program in 2 places:

- Your PC desktop:

- The Start > Programs menu:

Before You Start Medicare Remit Easy Print

Before you start Medicare Remit Easy Print, you must:

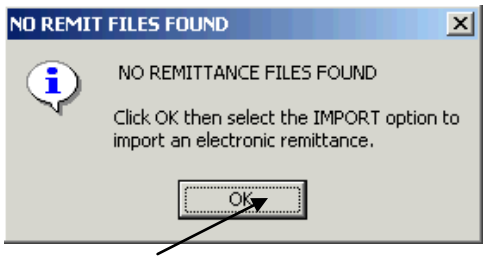
- Install Medicare Remit Easy Print (page 19).
- To determine the location of the HIPAA 835 folder or where your HIPAA 835 files are stored, complete Step 4 of the *Pre-Installation Checklist for Installation on a PC.*

How to Start Medicare Remit Easy Print

Hint:
You can find the Medicare Remit Easy Print shortcut on the desktop and on the Start menu.

1. To start Medicare Remit Easy Print, double-click the Medicare Remit Easy Print shortcut.

   The *first time* that you start Medicare Remit Easy Print, or when you don't have any Remittance files in the Import folder you see the "No Remittance Files Found" dialog. Click or select the OK button to close the dialog.



Click the OK button.

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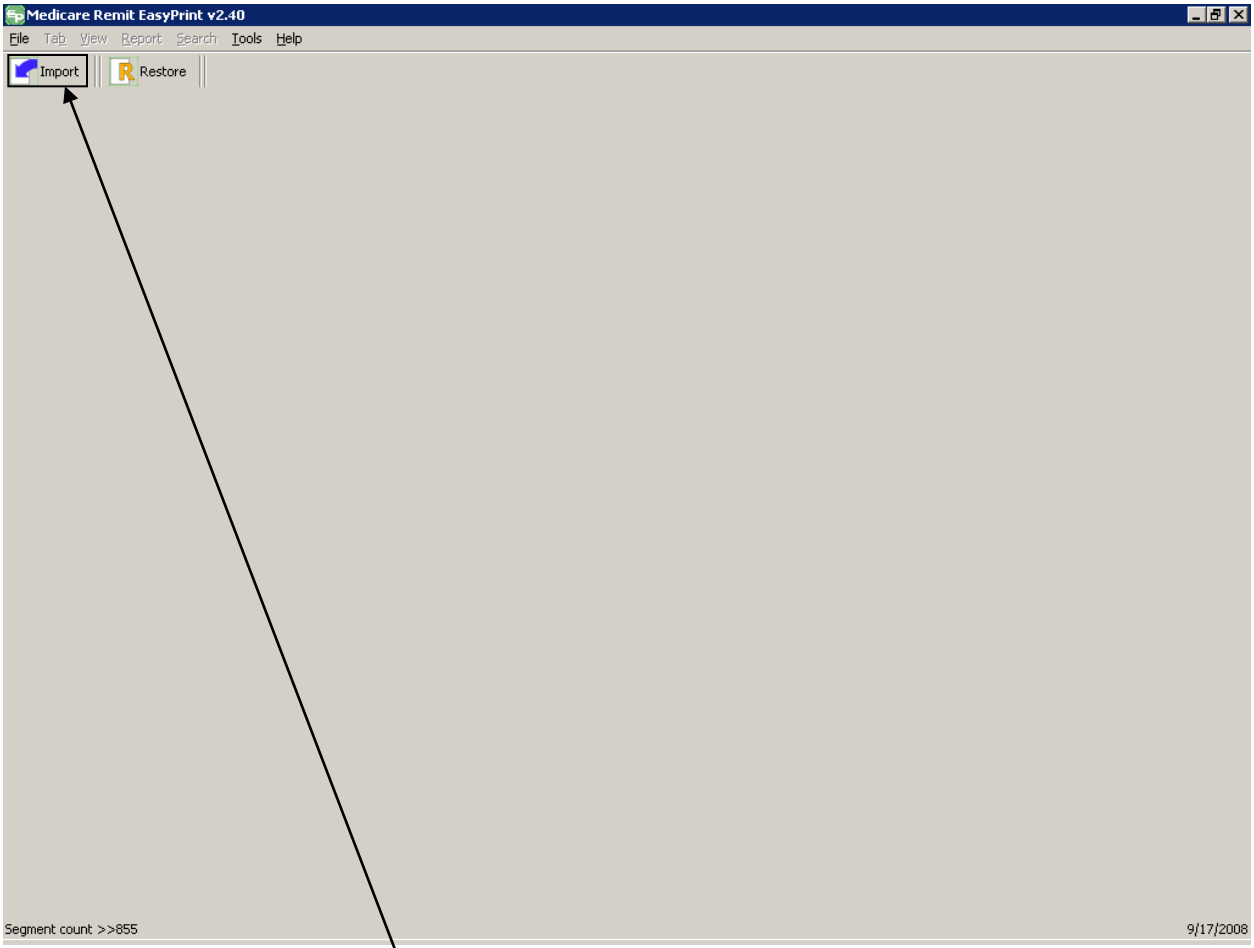
Medicare Remit Easy Print opens with the Import button ready:



2. Click the Import button.

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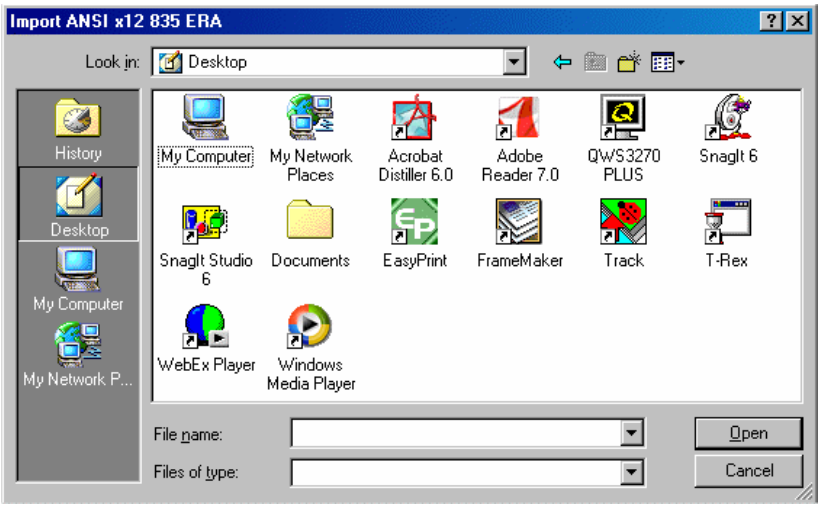
A file dialog window opens permitting you to select the HIPAA 835 file to import.



3. Select the HIPAA 835 file that you want to import by double-clicking it.

   Medicare Remit Easy Print starts the import to let you know that it is importing:

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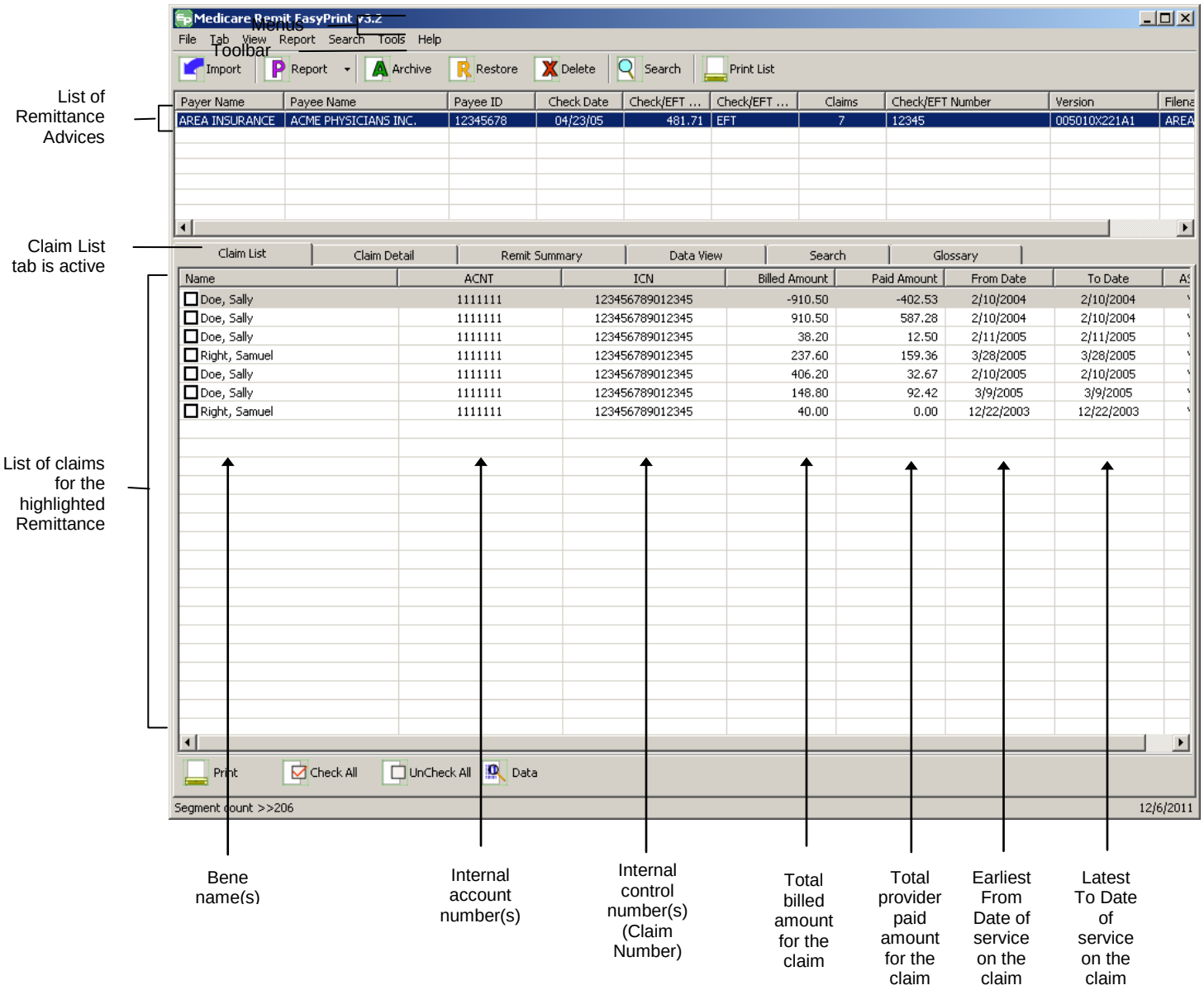
After the import is finished, the Remittance Advice List window appears.



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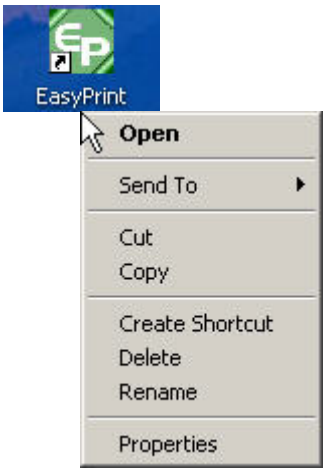
Locating MREP and MREP File Locations on Your PC/Network

Locating the MREP Application on Your PC/Network – Icon Available

1. With your mouse, right click on the icon on your desktop.



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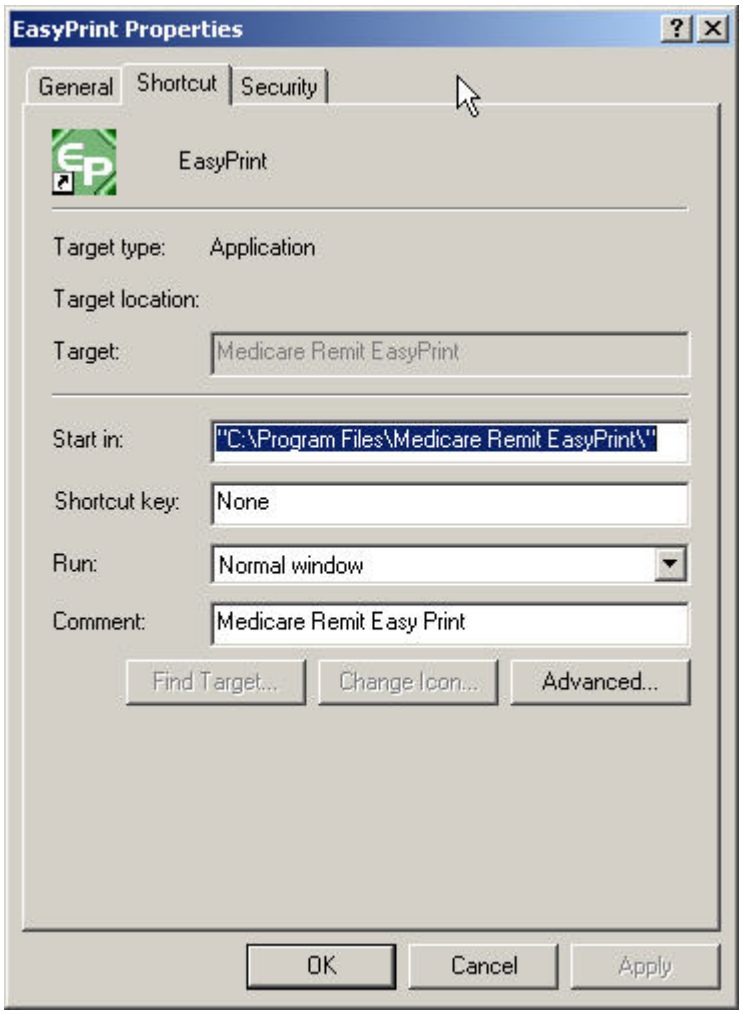
2. Go to Properties, Shortcut, Start in and you see the directory where the Medicare Remit Easy Print directory is located.



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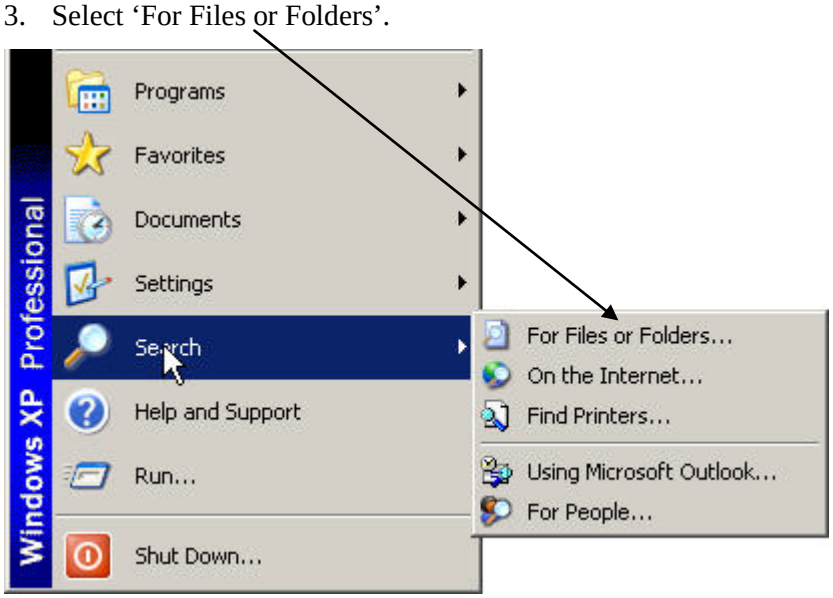
Locating the MREP Application on Your PC/Network – Icon not Available

1. Click the Start menu.
2. Select the 'Search' function.
3. Select 'For Files or Folders'.



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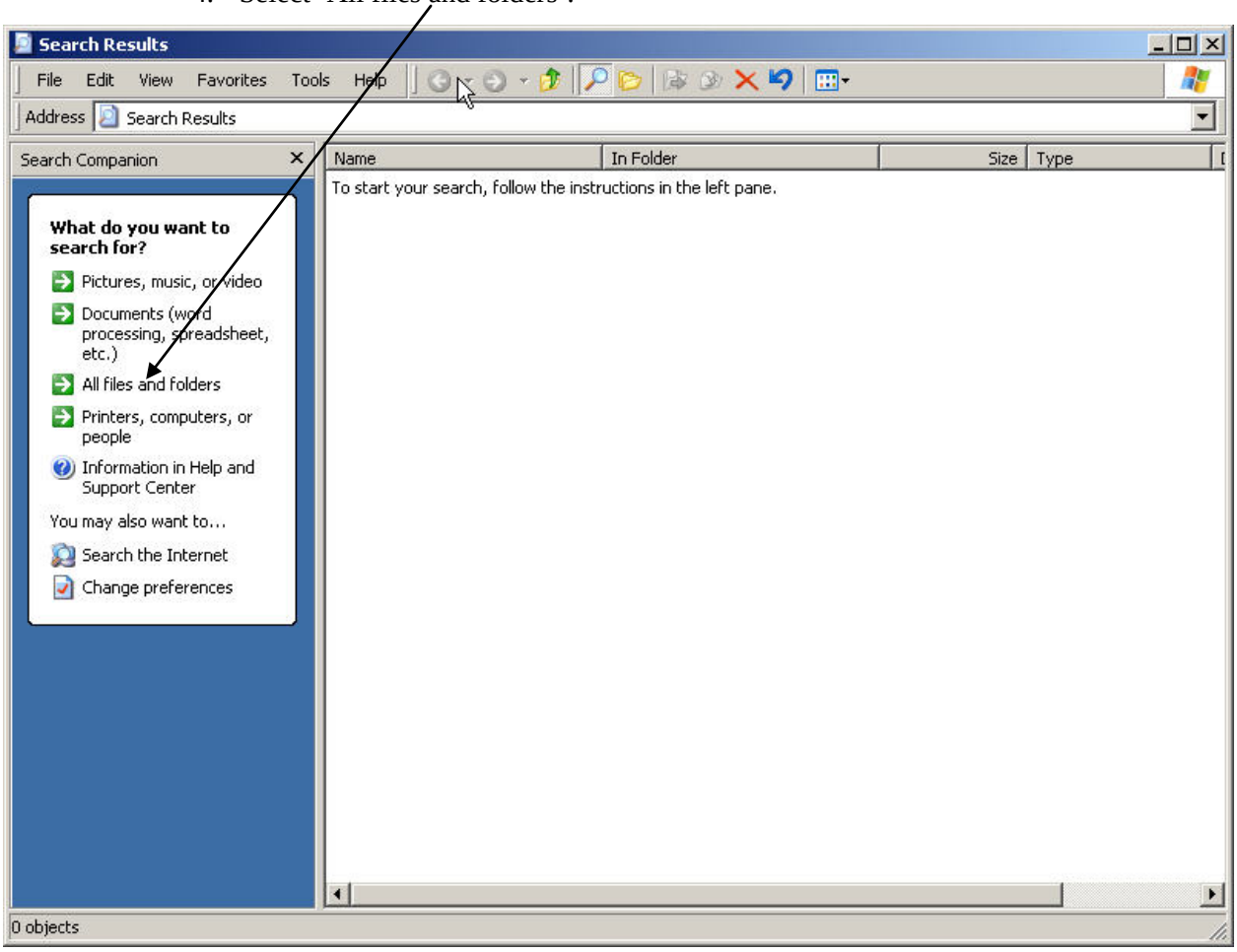
4. Select 'All files and folders'.



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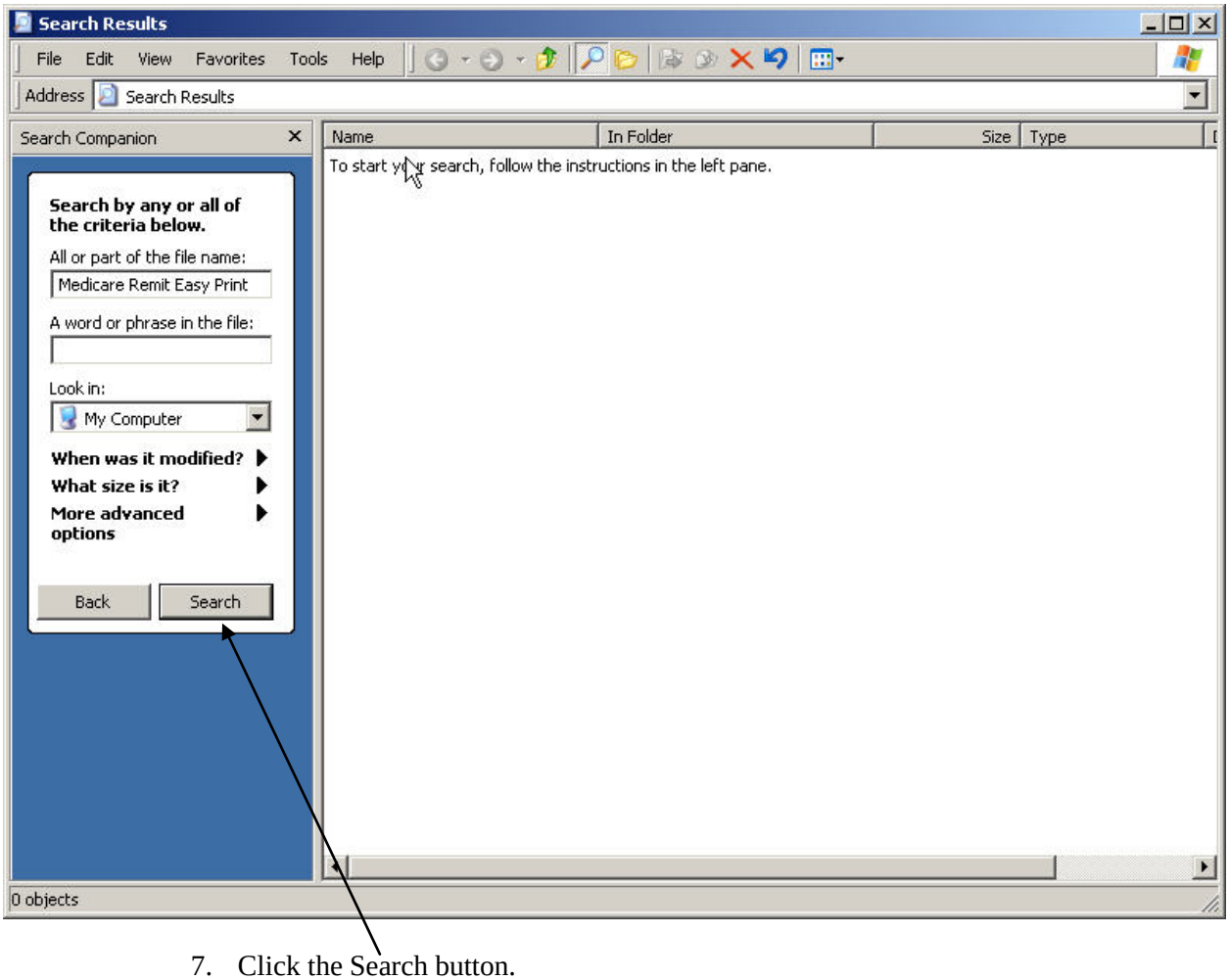
5. Type 'Medicare Remit Easy Print' or the name you saved your MREP software under in 'All files and folders'.
6. Select 'My Computer' from the 'Look In' drop-down box.



7. Click the Search button.

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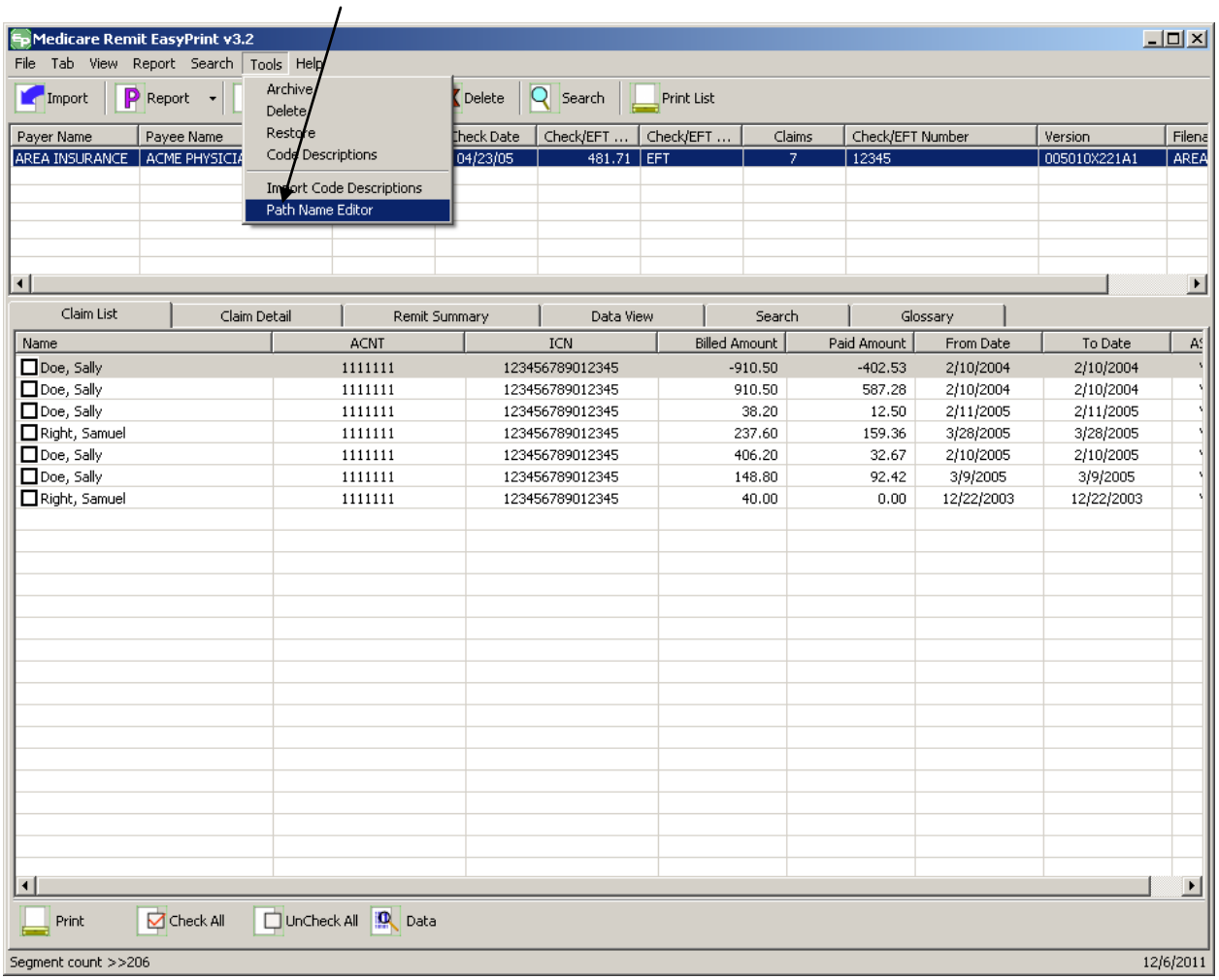
Identifying Easy Print File Locations

This tool contains the current path to folders containing the files that Medicare Remit Easy Print uses. In most cases, these paths never need updating. But, in certain situations, the user may want to override the default locations of these folders.

1. To identify the necessary files/resources that Medicare Remit Easy Print is using, select Path Name Editor from the Tools menu.



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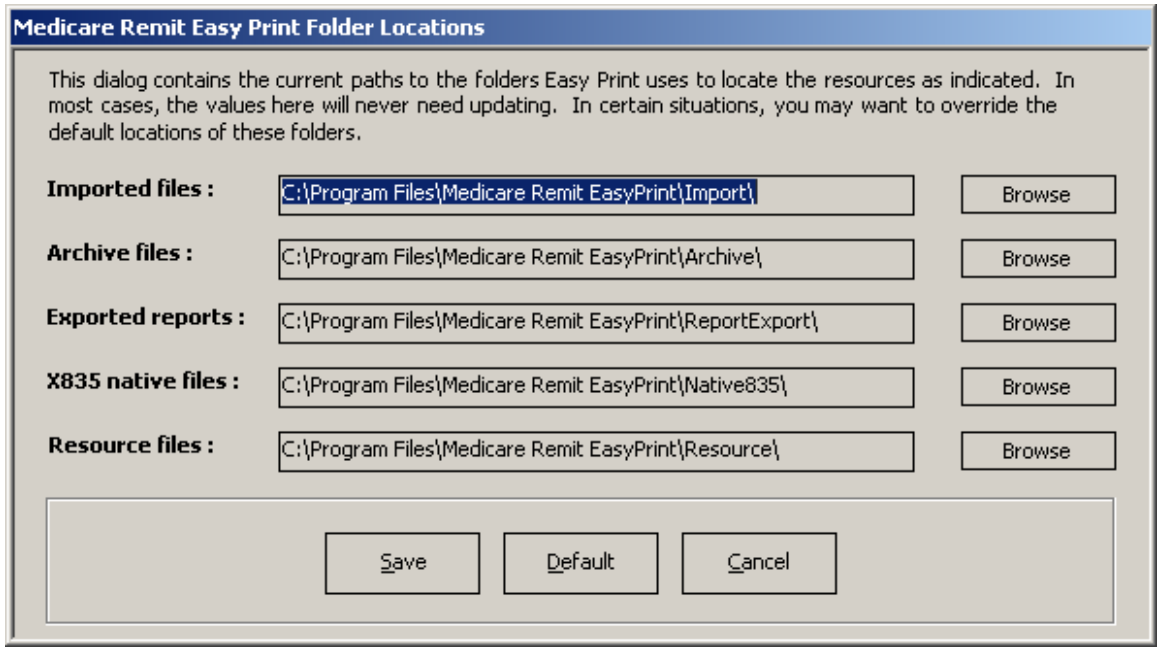
2. The folder locations window appears showing the current folder location settings.



The **Imported files:** folder contains those files once the native 835 files have been imported into Medicare Remit Easy Print.

The **Archive files:** folder contains those files that have been archived from Medicare Remit Easy Print.

The **Exported reports:** folder contains those report files where the user chose to export the reports rather than printing them.

The **X835 native files:** folder contains the native 835 files that are imported into Medicare Remit Easy Print.

Note: When an issue is reported and the ViPS MREP Team requests that the file be sent for further investigation, this is the type of file that needs to be sent. The file has a ".txt" extension.

Identify the file/remittance advice that is in question or causing an issue.

For the provider/supplier community, send a copy of this file to your contractor and your contractor should send the same file to the ViPS MREP Team.

The **Resource files:** folder contains the necessary internal files (004010X091A1.FLD or 005010x221A1.FLD and loop.str) for Medicare Remit Easy Print to run. The Codes.ini file is also in this folder, but it is not required for Medicare Remit Easy Print to run. (**Note:** The Codes.ini file contains the descriptions of the Reason and Remark codes. If it is not present, the user receives a generic default message for each Reason and Remark code.)

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Buttons

Save	Save changes made to the folders
Default	Reset the values for the files back to what they were when the Medicare Remit Easy Print application was initially installed
Cancel	Exit the Medicare Remit Easy Print Folder Locations display box without saving changes

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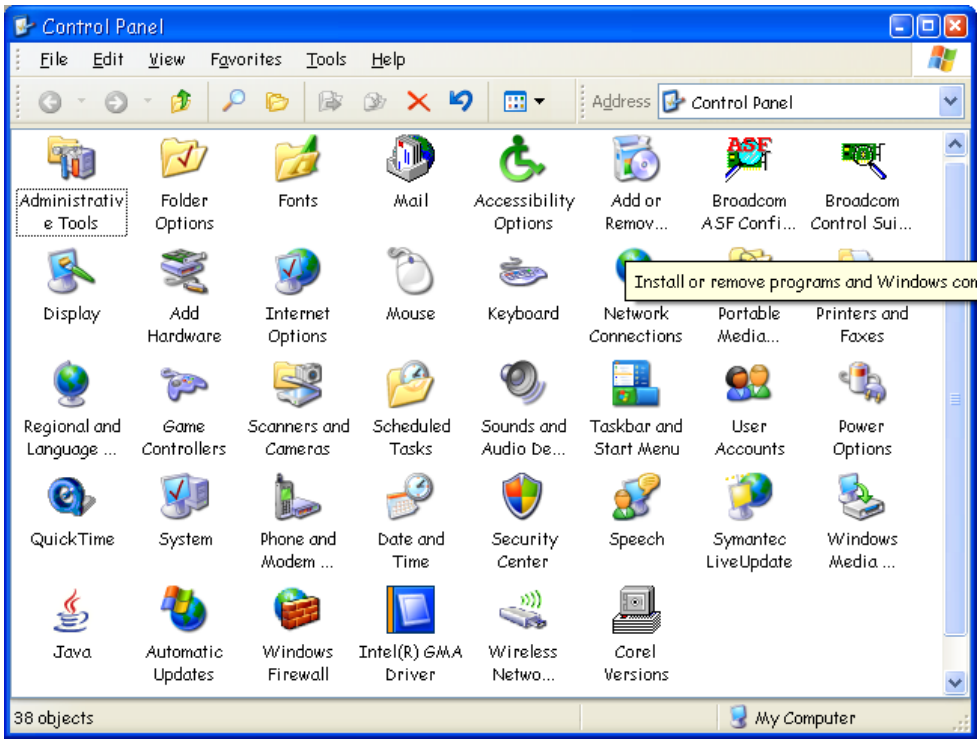
Uninstalling Medicare Remit EasyPrint

1. Navigate to the Windows Control Panel Add/Remove Programs.
   - From the taskbar, click Start > Control Panel.
   - The control panel window opens.



Windows 2000/XP control panel

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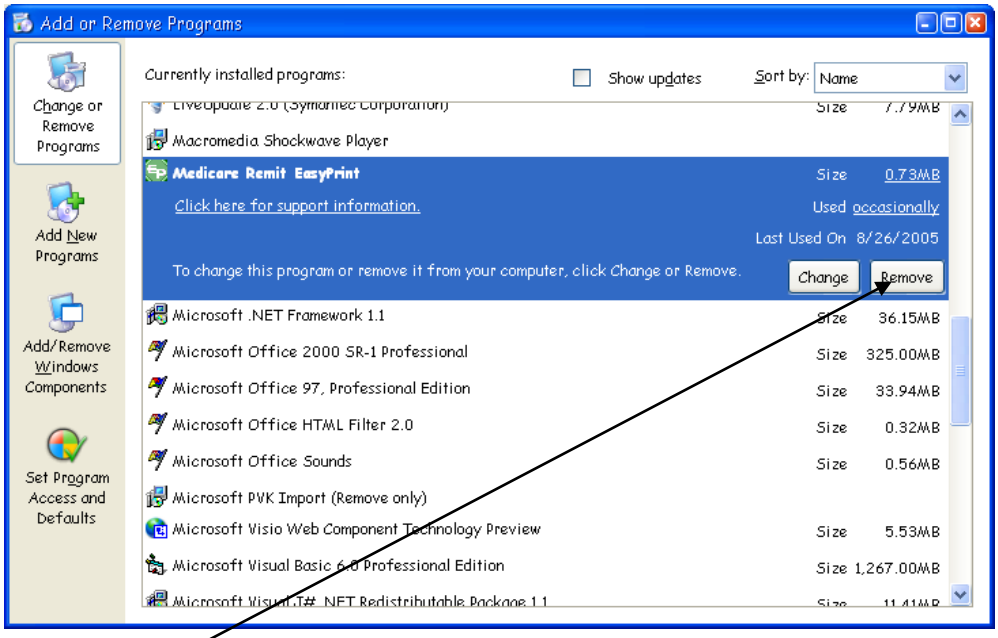
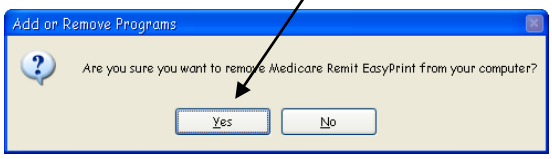
2. Remove the Medicare Remit Easy Print Application.

   - Double click the Add/Remove Programs icon in the Control Panel.
   - Select Medicare Remit Easy Print from the resulting list.



   - Click Remove, then click Yes on the confirmation dialog.



The Uninstall process is complete!

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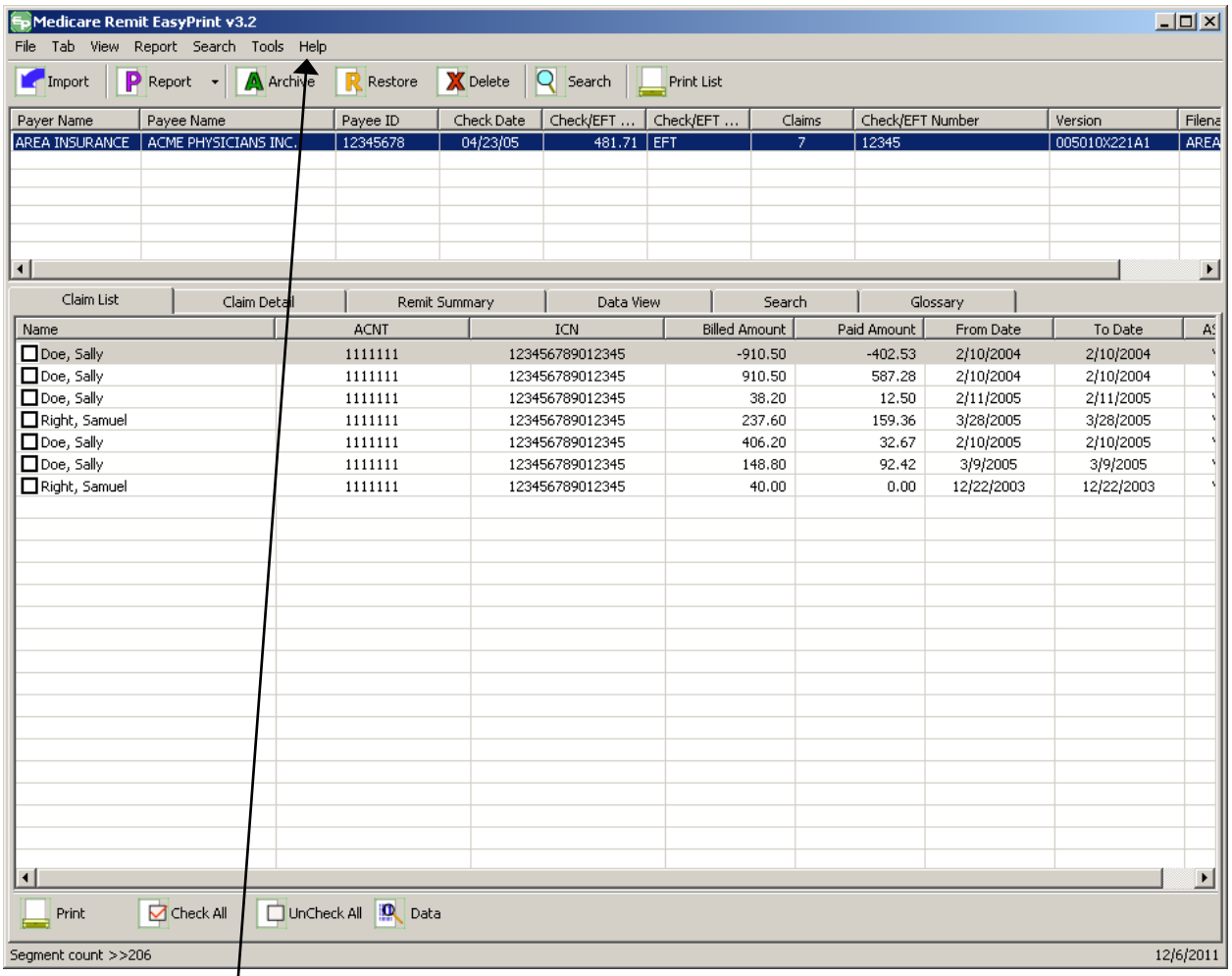
Online Help System

The Medicare Remit Easy Print (MREP) Help online system allows you to look up information about MREP from MREP itself instead of referring to the Medicare Remit Easy Print User Guide. The online Help system is geared to the day-to-day tasks in MREP. It does not include information regarding the technical aspects of installing or running MREP on a PC or network.

How to Access the Online Help System

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click Help.

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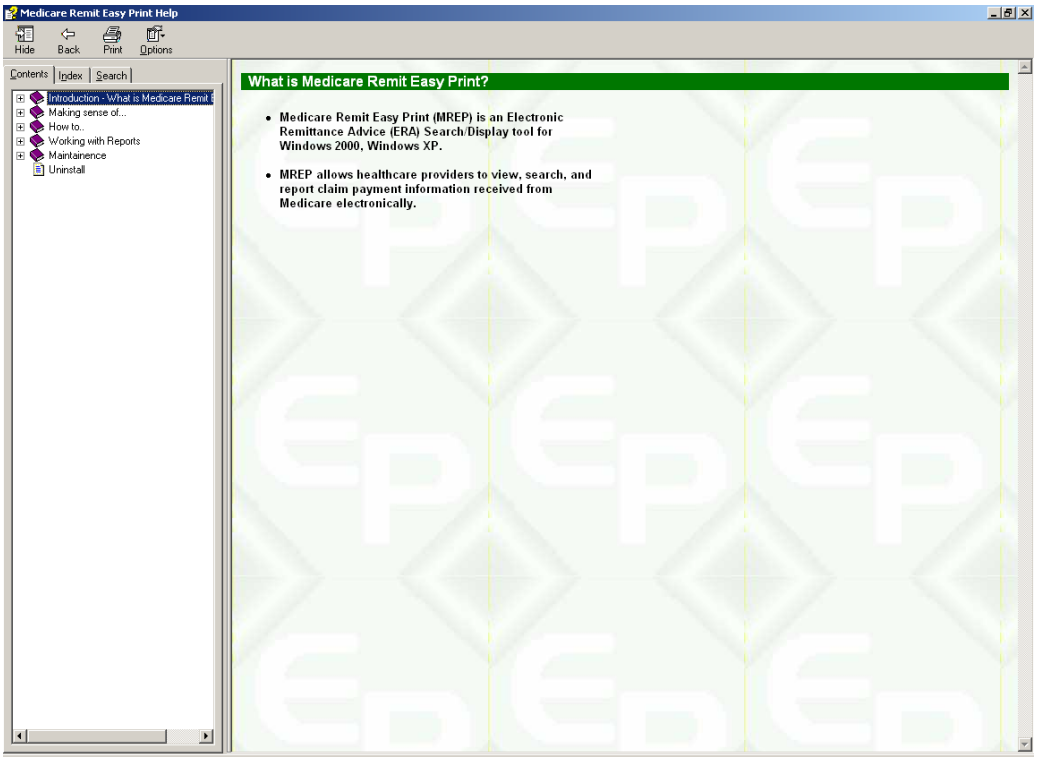
Medicare Remit Easy Print opens the Medicare Remit Easy Print Help window and displays the introduction.

Note: Be sure that the Medicare Easy Print Help dialog box is displaying the Contents tab in the left frame of the
window.



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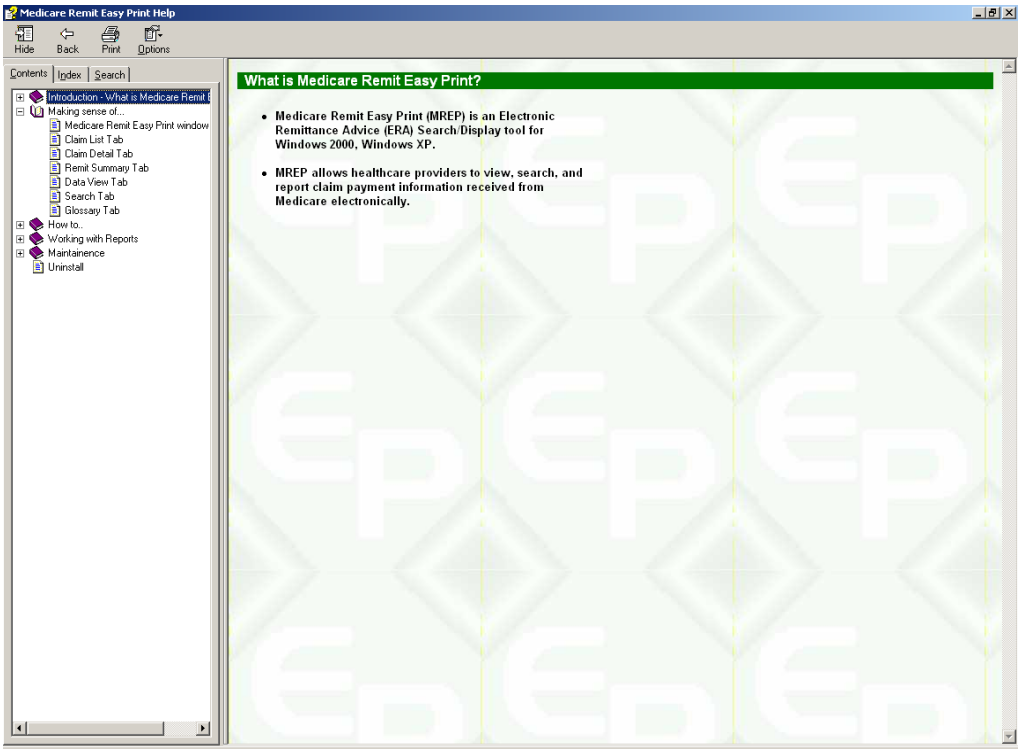
How to Use the Contents Tab

1. To see what's inside a book, click the + sign.



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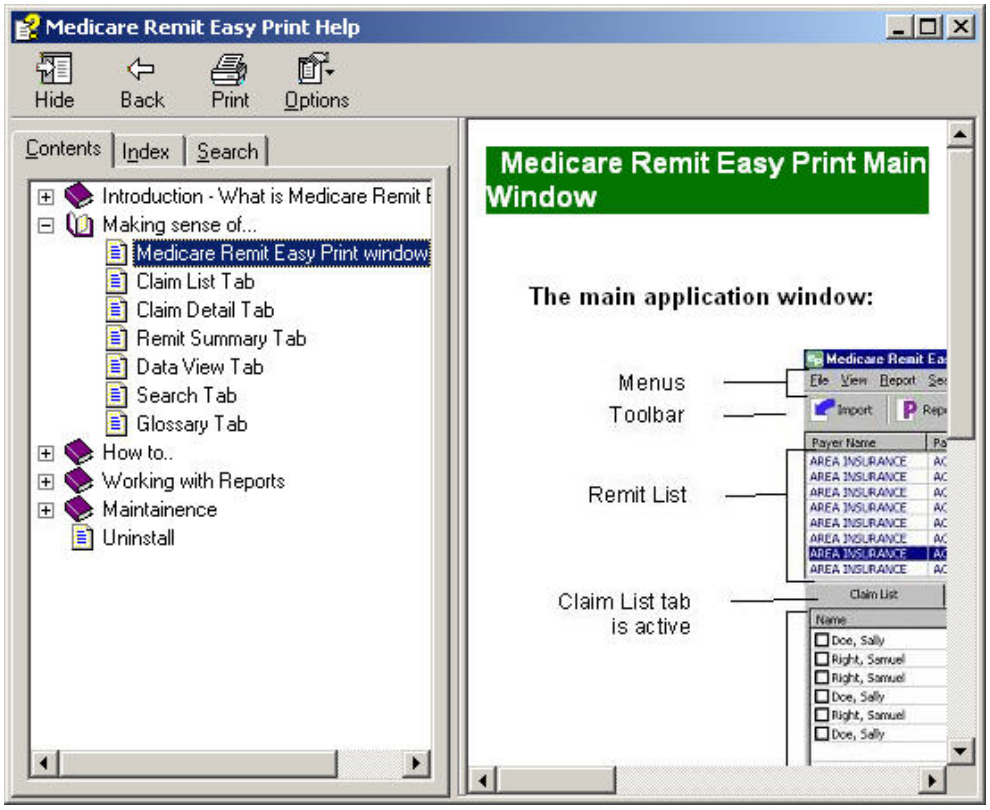
2. Click a topic to display the topic.



At this point, you can:

Print the topic	Click Print
View Options	Click Options
Return to the previous view	Click Back
Hide the tab	Click Hide

3. To close the book, click the minus (–) sign on the keyboard.

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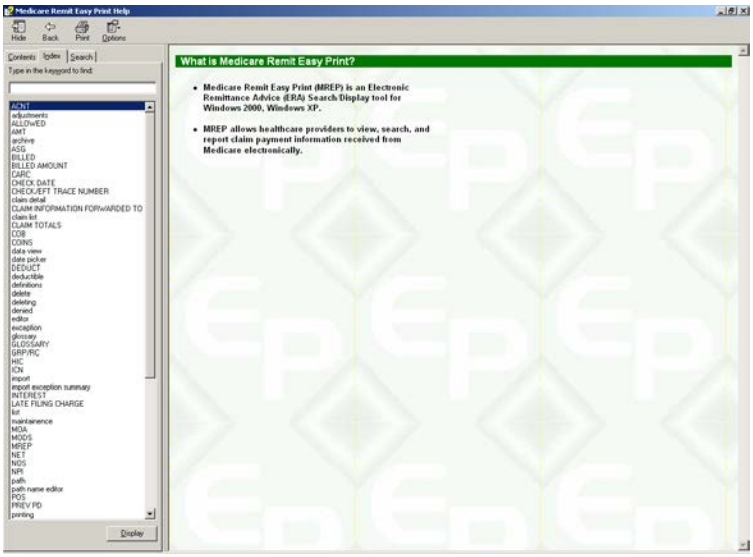
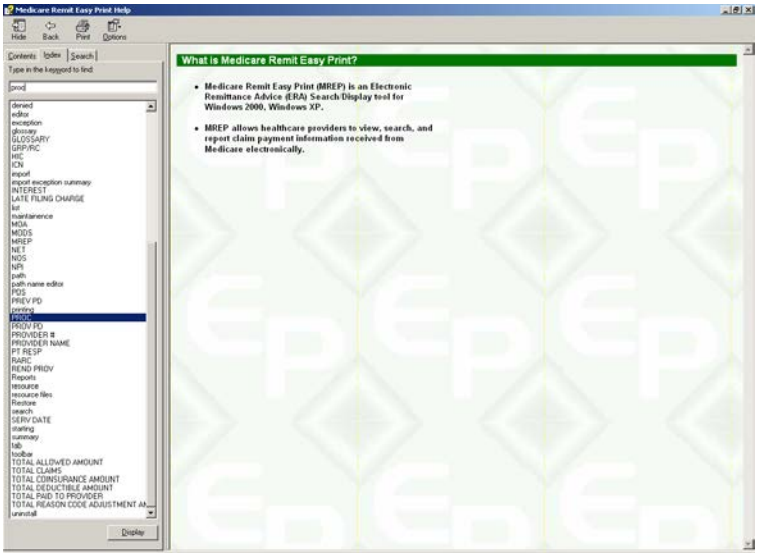
How to Use the Index Tab

1. Click the Index tab.



2. Type a keyword to find.



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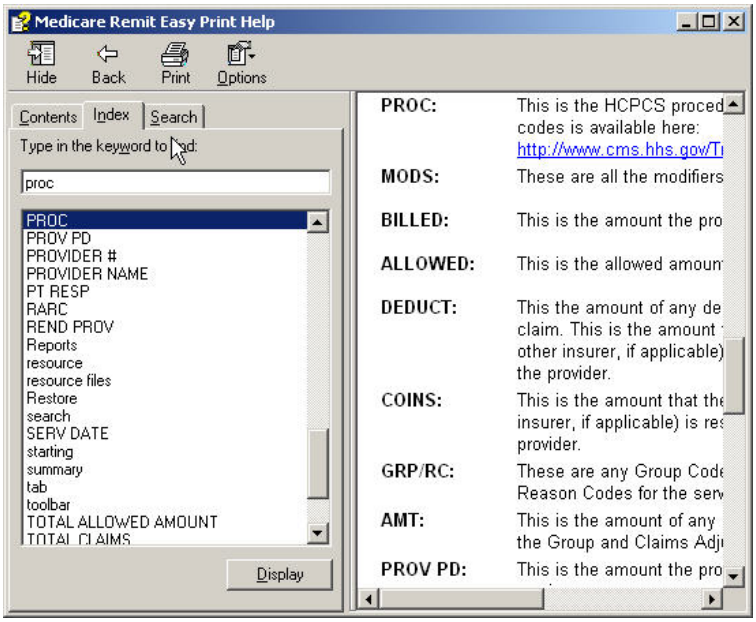
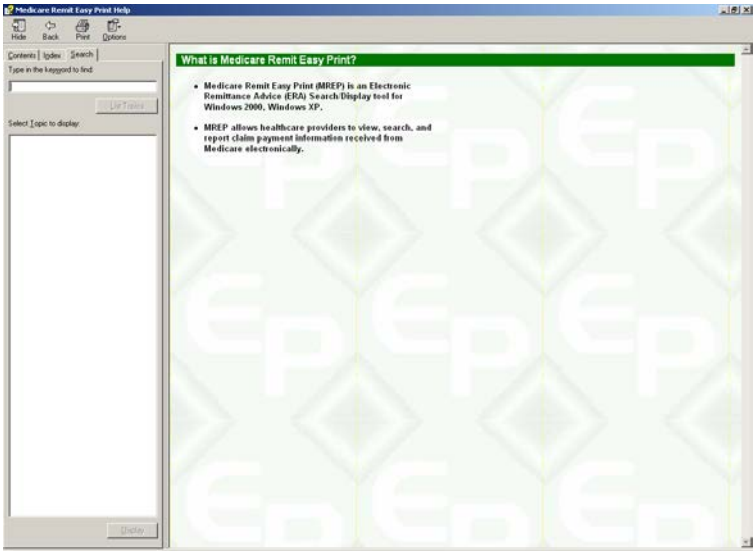
3. Select a keyword by double clicking on it or click the display.



How to Use the Search Tab

1. Click the Search tab.



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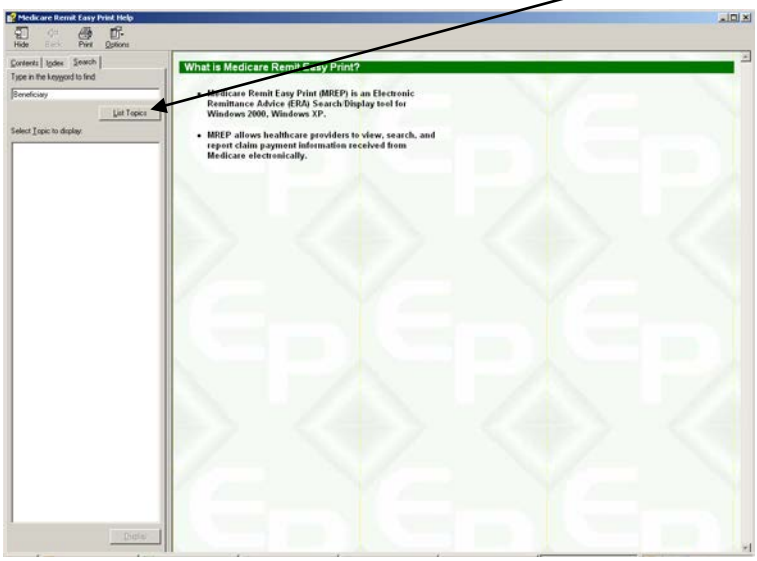
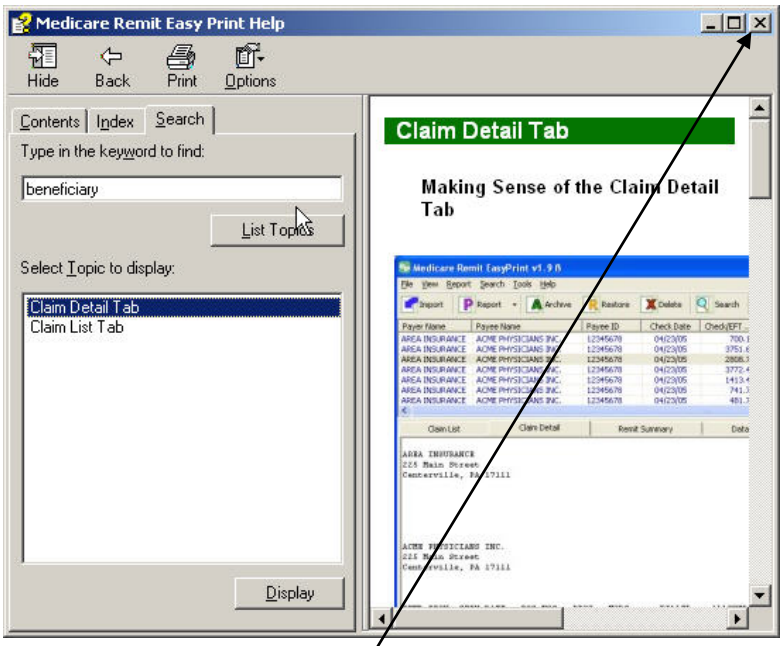
2. Type a keyword to find, then click the List Topics button

or type Alt + L.



3. Once the list of topics appears, double click the one you want.



How to Close the Medicare Remit Easy Print Help Window

Click the close window button ☒ or type Alt + F4.

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Importing HIPAA 835 files

The *first time* that you start Medicare Remit Easy Print, you must import an HIPAA 835 file.

For the procedure for the first import, see Step 1 of *How to Start Medicare Remit Easy Print.*

The *first time* you start Medicare Remit Easy Print, or when you don't have any Remittance files in the Import folder you see the "No Remittance Files Found" dialog. Click or select the OK button to close the dialog.

Before You Import the HIPAA 835 File

Before you import an HIPAA 835 file, you must:

- Install the Medicare Remit Easy Print program. (See *PC Installations* or *Network Installations*)
- To determine the location of the HIPAA 835 folder or where your HIPAA 835 files are stored, complete Step 4 of the *Pre-Installation Checklist for Installation on a PC.*

Import File Name Format

When you import the HIPAA 835 file, Medicare Remit Easy Print makes a copy of it, renames it, and stores it in the Import file folder.

The file-naming format is as follows:

PPPPPPPPPPPPPPPPPPPPPPPPPPPPP	Payer Name – 30 bytes maximum
CCCCCCCCCCCCCCC	Check/EFT # – 15 bytes maximum

If a file has been imported successfully and you attempt to import the same file, an error record is written to the *Import Exception Summary Window/Report* and the file is not imported into the MREP application. Importing a file format other than HIPAA 835v5010A1 or 835v4010A1, or a non-compliant version of a HIPAA 835-formatted file also writes a record to the Import Exception Summary window/report and the file is not imported into the MREP application.

NOTE: With the release of MREP v2.9 (April 2011), the only acceptable versions of the HIPAA 835 file that can be imported into MREP are 835v5010A1 and 835v4010A1.

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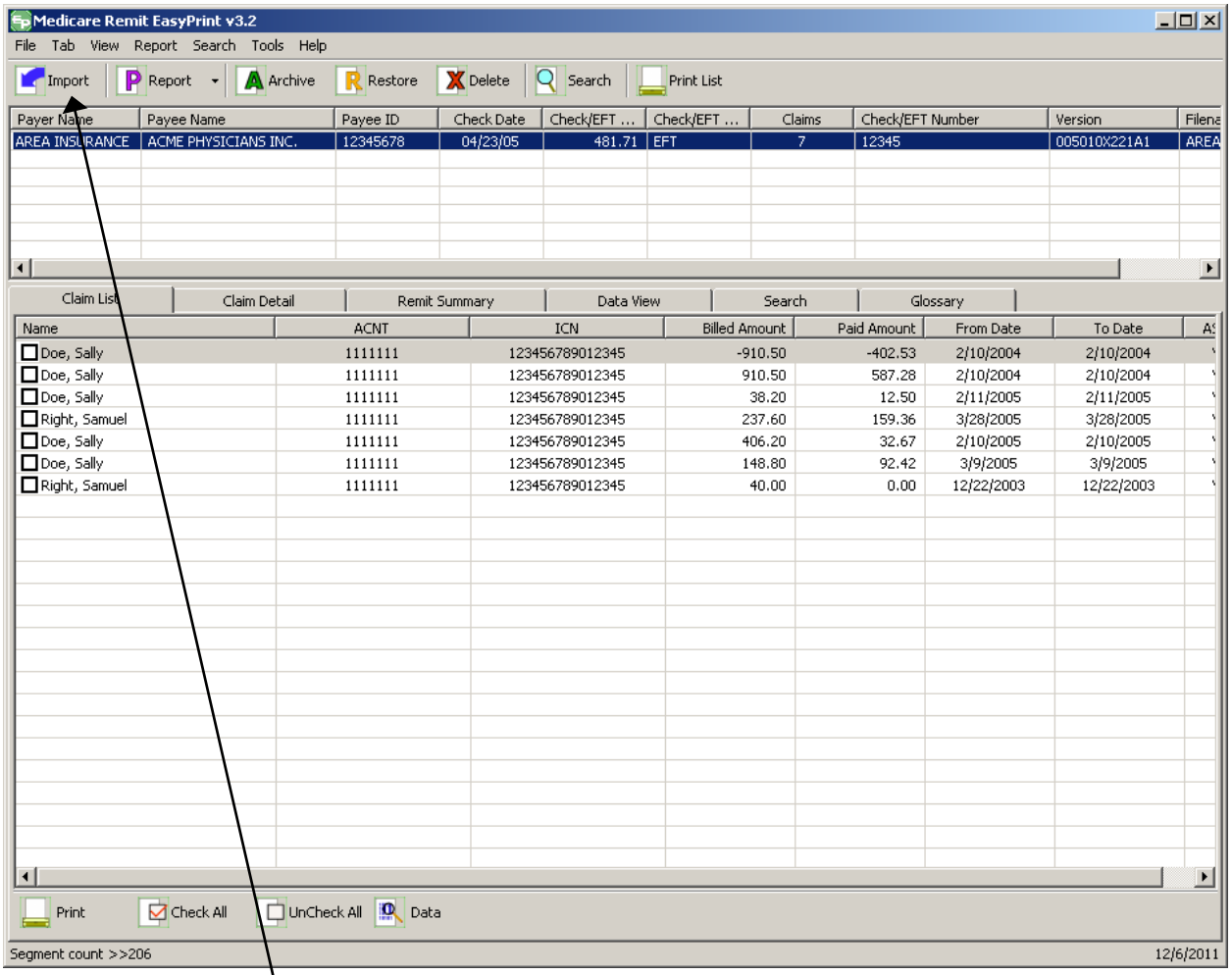
How to Import the HIPAA 835 File

Hint:
For information about the very first time you import, see Step 1 on page 28.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the Import button or go to the File menu option and select Import.

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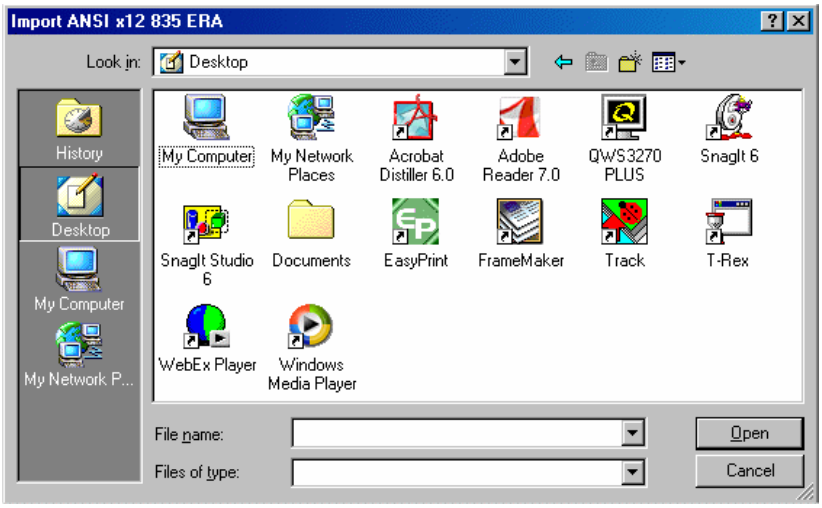
Medicare Remit Easy Print opens a window for you to select the HIPAA 835 file to import:



3. Select the HIPAA 835 file that you want to import by double-clicking it

   Medicare Remit Easy Print starts the import and lets you know that it is importing:

   After the import finishes, the MREP Remittance Advice List window appears.

At this point, you can:

Work with the MREP Remittance Advices	See *Working with MREP Remittance Advices*
Work with Reports	See *Working with Reports*

.

> **Note:** Medicare Remit Easy Print reformats and saves a copy of the HIPAA 835 file. This copy is the Import file. If you import the same HIPAA 835 file more than once, Medicare Remit Easy Print bypasses the duplicate file and displays the Import Exception Summary Report indicating duplicate remittances were detected.

For information about making sense of the Import file name, see *Import File Name Format.*

.

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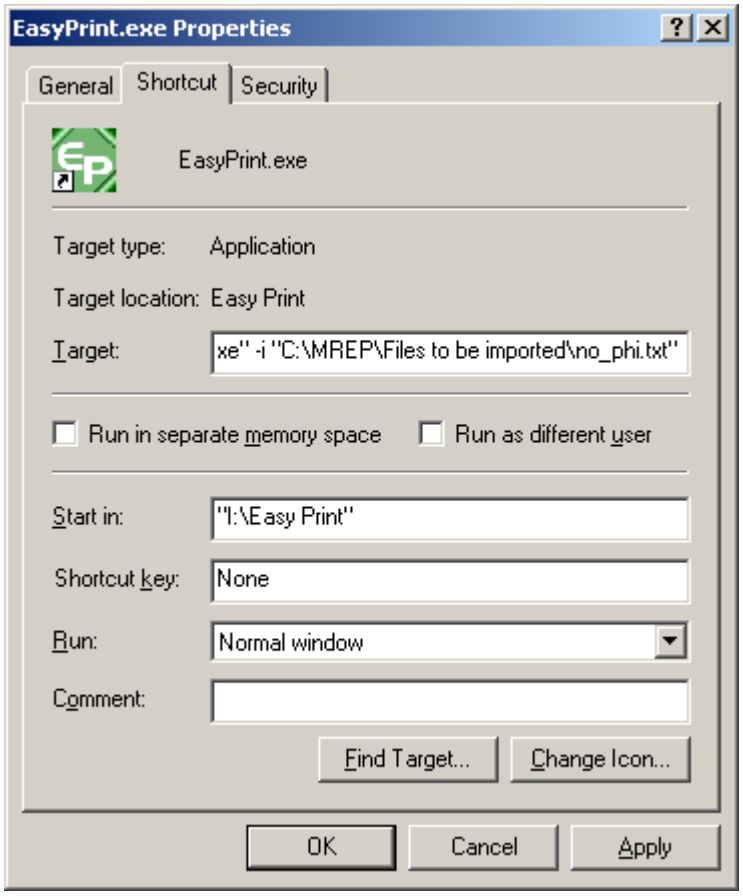
How to Automatically Import the HIPAA 835 File

1. Close Medicare Remit Easy Print. Right click on the Easy Print icon and click Properties. The EasyPrint.exe Properties window appears.



Note: The values in the various fields vary for each MREP user.

2. The Target: value needs to be modified to indicate the location of the files that are to be imported. The user must enter a space after the last double quote, the value of –I or –i (not case sensitive), followed by another space and the pathname. The pathname must be in double quotes. For example, "I:\Easy Print\EasyPrint.exe" –i "C:\MREP\Files to be imported\no_phi.txt"

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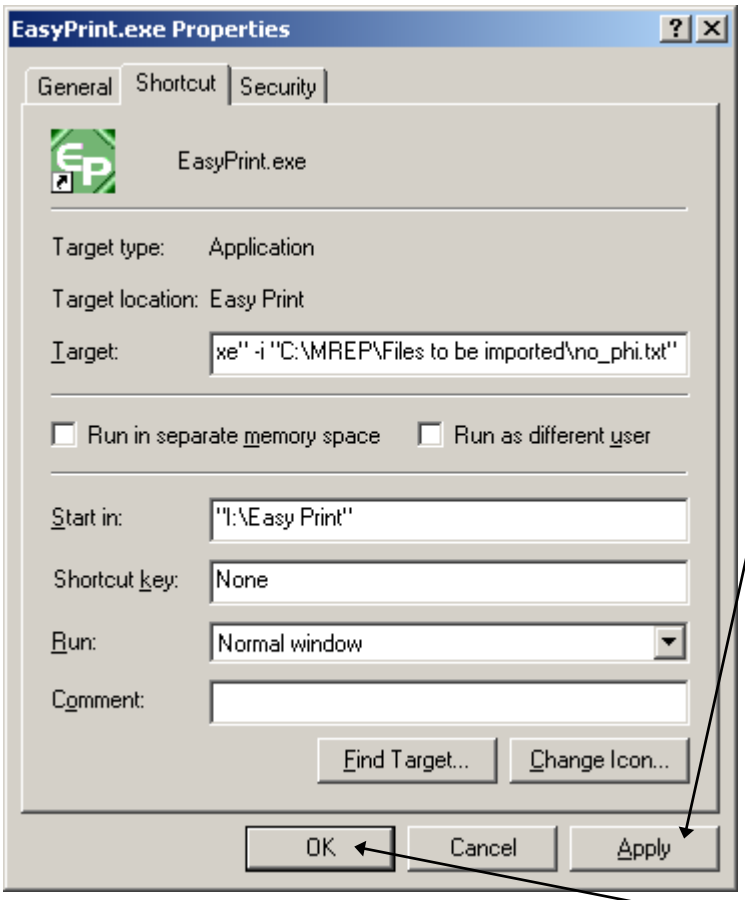
3. To save the changes you made to the Target: value, you must click the Apply button.



4. Once you click the Apply button, then you must click the OK button. The Properties window then disappears.

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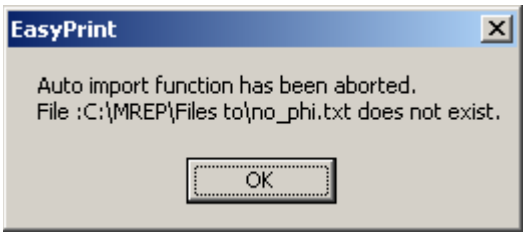
5. You can restart the MREP software.

   Notes:

   - If the user updates the Target field with a file path that does not exist, a message dialog appears stating the target file does not exist. Once the user chooses to close this window by clicking the OK button, the MREP software continues to run with the files that have already been imported.



   - Each time that the MREP software is invoked, it always accesses the import pathname to attempt to import the data that is contained in the specified file.
   - When a duplicate remit file or a file with an invalid data format (not 835v4010A1 or 835v5010) is encountered, the Import Exception Summary window appears. The user can choose to Print or Close this window. Once the user chooses to close this window, the MREP software continues to run with files that have already been imported.

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What to Do with an Import Error Message

There are two error messages that you may see:

For this error message:	You need to:
Invalid File Format	Select the correct HIPAA 835 file to import. You have either selected an ERA not in a HIPAA 835 format or an ERA that is a HIPAA 835 with invalid delimiters. If you continue to receive this error, contact your contractor.
Path / File Access Error	Check with your network/PC administrator. You need to have read/write access rights to the Medicare Remit Easy Print directory.

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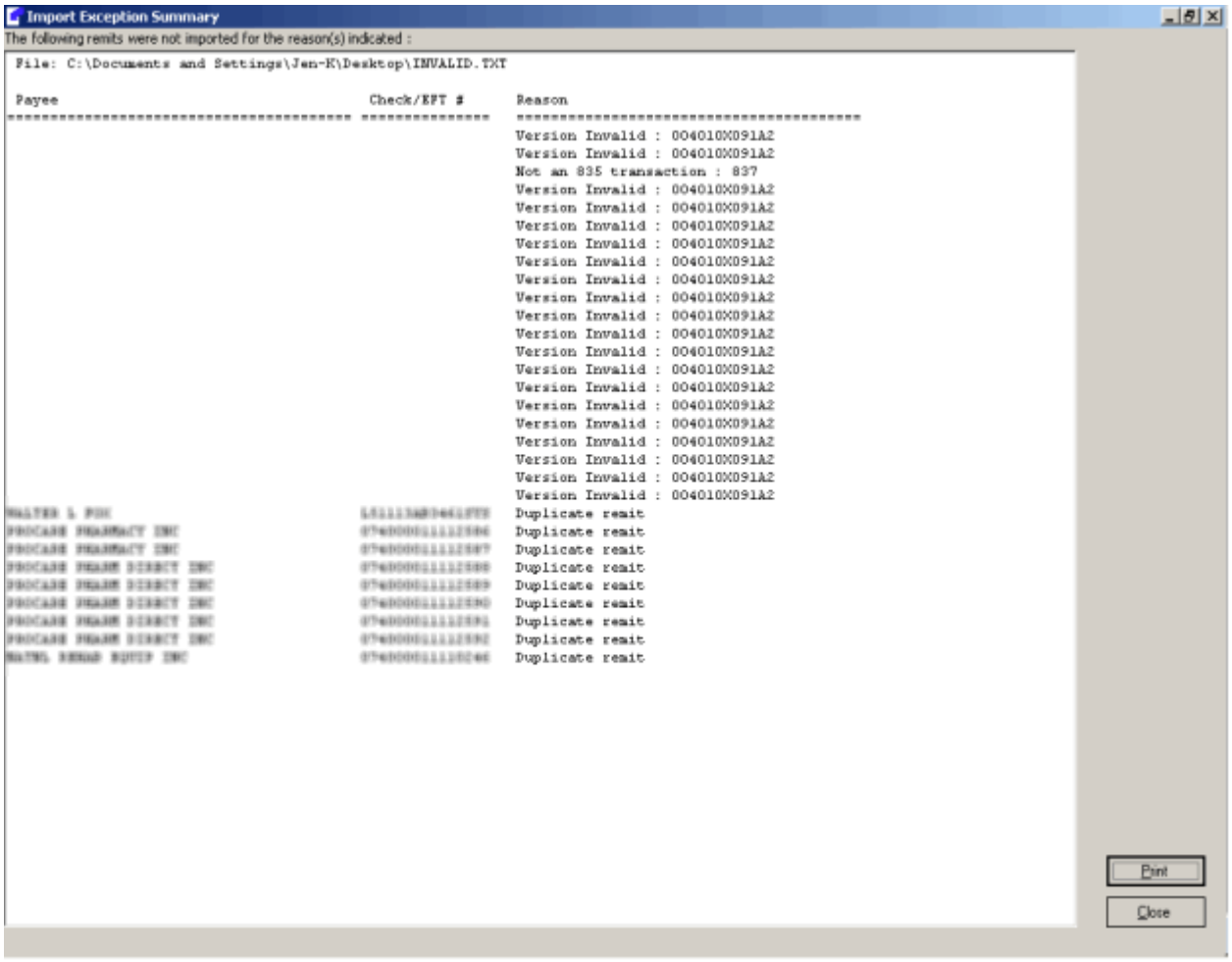
Import Exception Summary Window/Report

The Import Exception Summary window/report helps to identify duplicate files, file formats other than 835v5010 or HIPAA 835v4010A, non-compliant HIPAA 835-formatted files, and prevents the posting of "junk" files to the import folder. If any of the scenarios that are described above are encountered while attempting to import files to the MREP application, an Import Exception Summary dialog displays a list of invalid files by Payee and Check/EFT #, in addition to a brief description of the issue encountered.



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You have the option of closing the window or printing the Import Exception Summary. If you choose to print the Import Exception Summary report, the window does not close automatically once the report prints. You need to close the window using the close button or "X-ing" out (top right corner of the Import Exception Summary window). The printing functionality for the Import Exception Summary report follows the existing printing functionality within MREP. Please note that if the window is closed prior to printing the report, the list of import error(s) is lost. To eliminate the need for file space management, a decision was made to not save the MREP Import Exception errors. To recreate the Import Exception Summary window, the files need to be imported again.

The Import Exception Summary window and report contains three columns of information.

- The first column of information is entitled "Payee". Depending on what type of error is encountered during the import process, this field could contain data or spaces. The maximum number of bytes of data that can appear is 40.
- The second column of information is entitled "Check/EFT #". Depending on what type of error is encountered during the import process, this field could contain data or spaces. The maximum number of bytes of data that can appear is 15.
- The third column of information is entitled "Reason". Depending on what type of error that is encountered during the import process, there is the possibility of three different messages appearing.

Prior to the three columns of data, the Import Exception Summary window and report contains a heading with the title "File:". The information following the "File:" heading is the location and name of the file that the attempt is being made to import into the MREP application.

When the Import Exception Summary report prints, the printed version contains an additional heading prior the "File:" heading. It is the first heading on the report. On the left side of the page, the heading displays "Import Exception Summary". In the center of the page, the heading displays the date and time stamp when the summary report was printed. The format of the date is MM/DD/CCYY. Please note that the leading zero in the month and day do not appear – for example: 2/15/2006. The format of the time is HH:MM:SS XX (XX represents AM or PM). On the right side of the page, the heading displays the version of the MREP application that is being used (for example: Easy Print v1.7).

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Working with MREP Remittance Advices

How to View a List of Claims for an MREP Remittance Advice

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

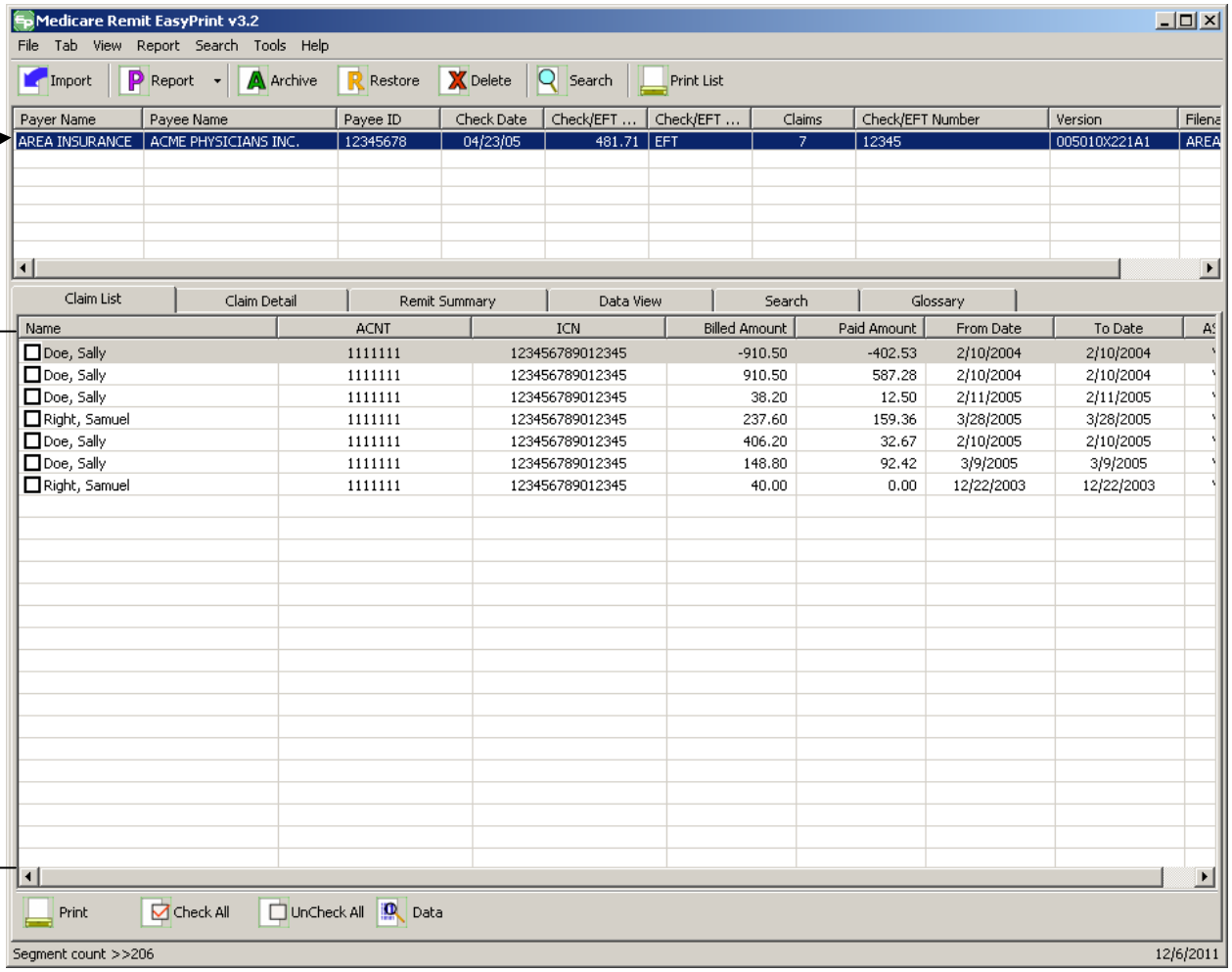
   The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

   Medicare Remit Easy Print highlights the Remittance Advice and lists the associated claims below.

This is the Remittance Advice for this claim. You clicked Payee 1.

These are the claims for Payee 1



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Note: Some screen reading applications may not be able to read all of the values on the claim list tab. Function key F1 displays an accessibility informational message allowing the screen reading application to recite the field names and values displayed in the listview for the highlighted claim. Please note the Patient's Name appears the Last Name first, followed by a comma and then the First Name:

At this point, you can:

Find out more about this tab	See page *Making Sense of the Claim List Tab*
Print the list	Click Print or go to the Tab menu option and select Print Claim List, or type Alt + B + P. For more info, see *How to Print a List of Claims*.
View claim details	Click Claim Detail or go to the View menu option and select Claim Detail For more info, see *How to View the Detail for a Claim*
View a Summary for the Remittance Advice	Click Remit Summary or go to the View menu option and select Remit Summary For more info, see *How to View the Total Amounts for a Remittance Advice*.
View the data that feeds the Remittance Advice	Click Data View or go to the View menu option and select Data View For more info, see *Making Sense of the Data View Tab*.
Search	Click Search or go to the View menu option and select Search For more info, see *How to Search Payment Information*.
View the CARCs and RARCs for the Remittance Advice	Click Glossary or go to the View menu option and select Glossary. For more info, see *Making Sense of the Glossary Tab*.

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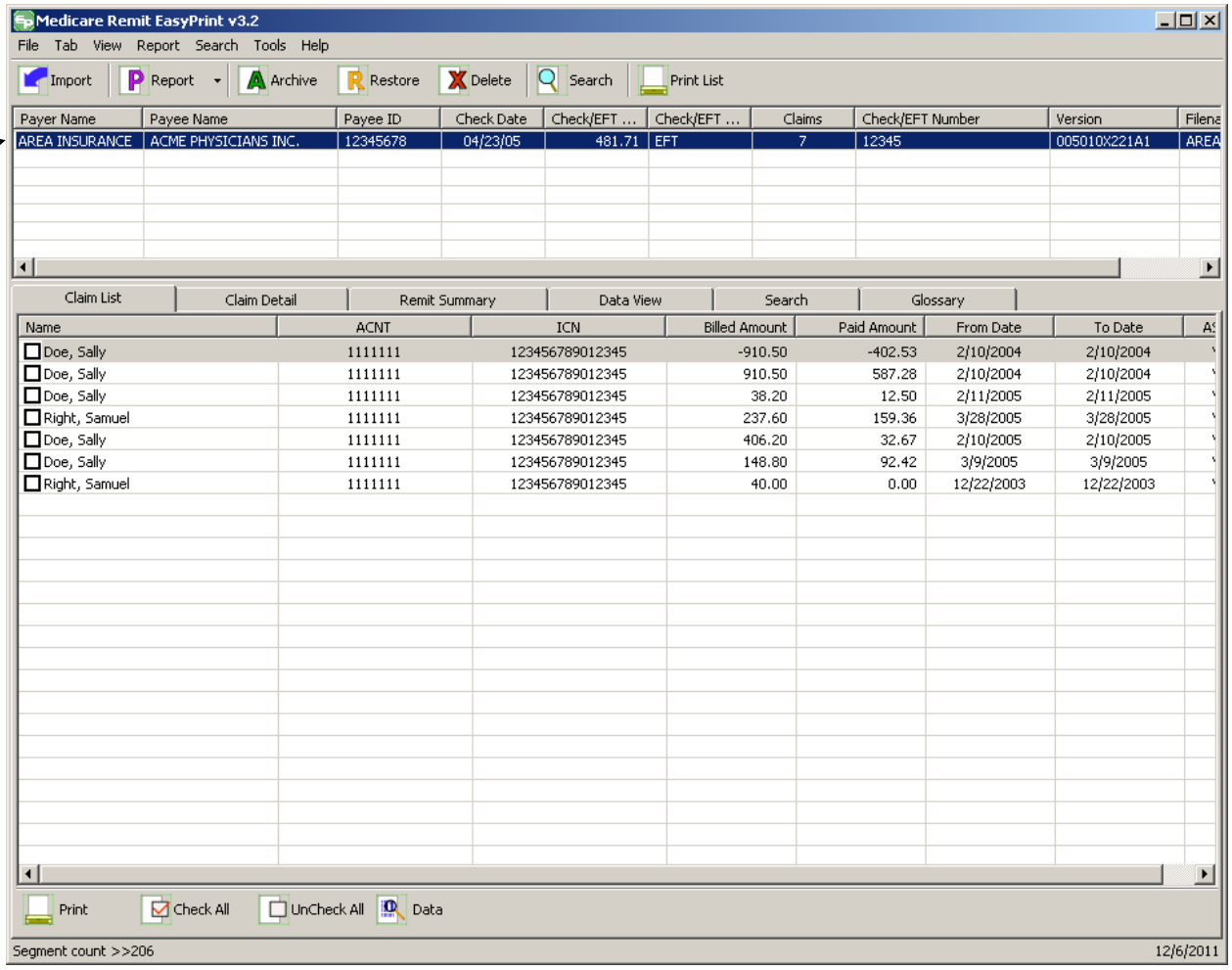
How to View the Detail for a Claim

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

   Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.



You clicked Payee 1

These are the claims for

Hint:
You can click on a column heading to change the sort order.

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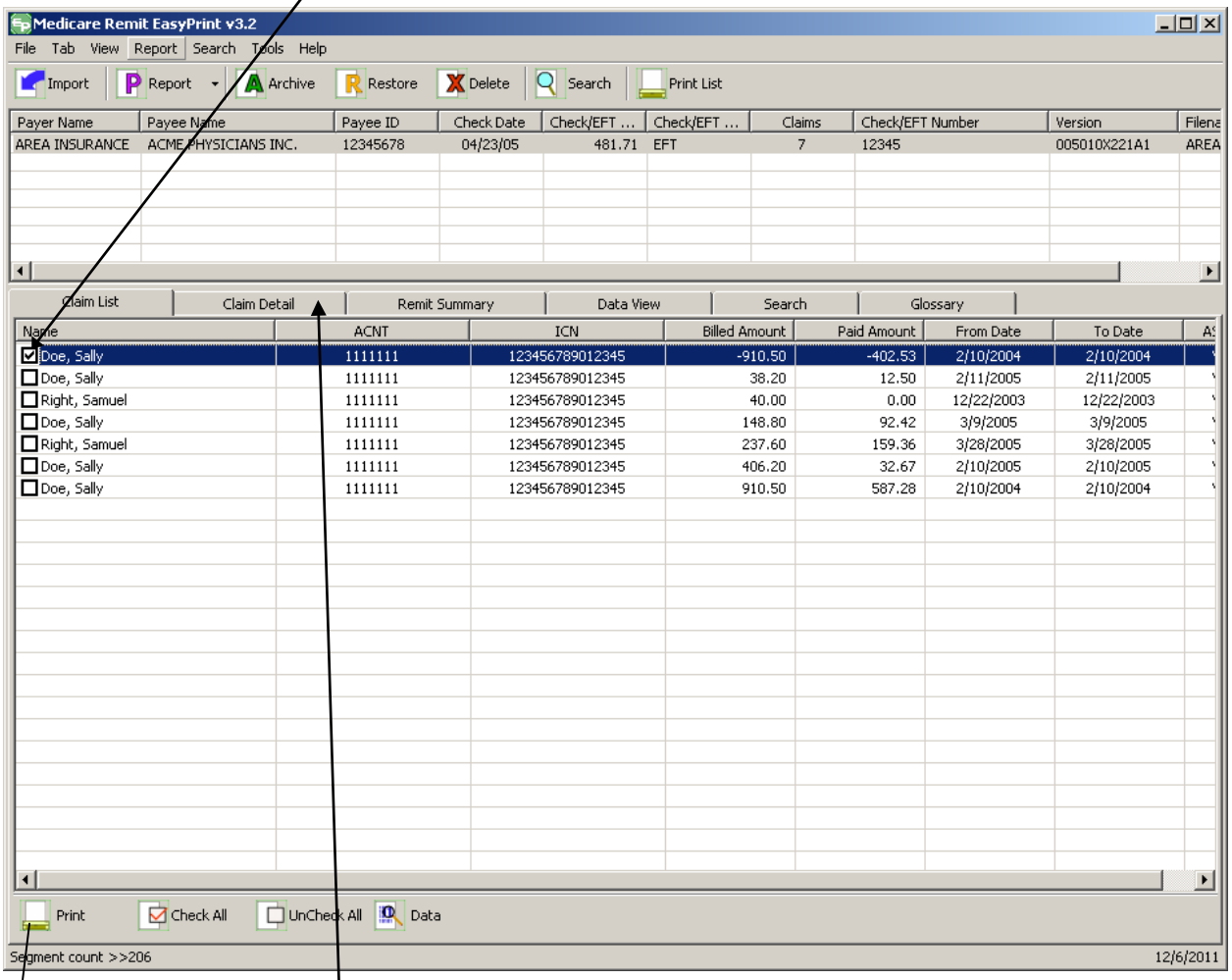
3. Check the checkbox next to the claim(s) that you want to see detail. Detailed information only appears for claims that are checked.

Hint:
You can use the Check All and Uncheck All buttons to help you select the claims.



Click to print the detail

4. Click the Claim Detail tab.

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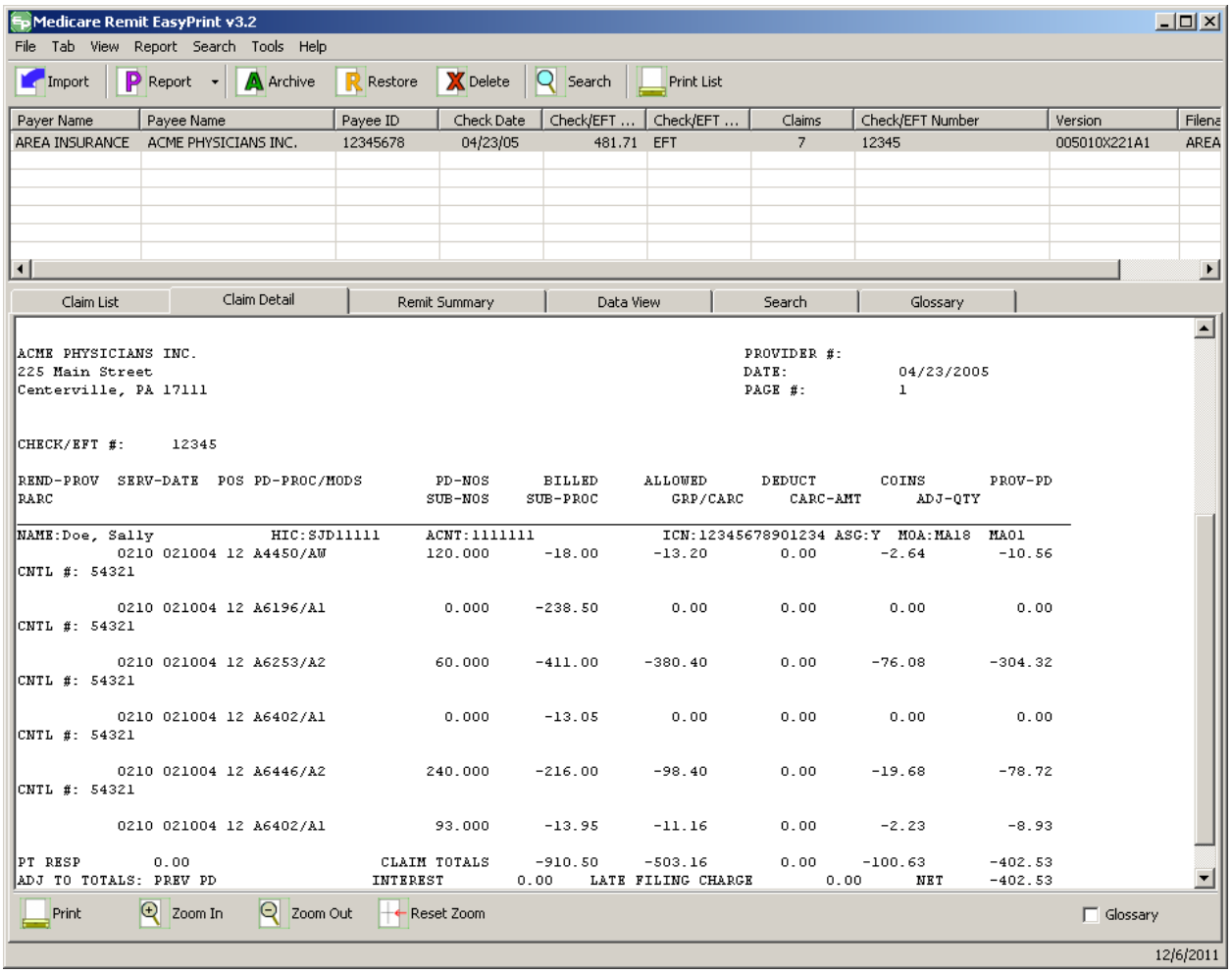
The detail appears for the claim you selected:



Payer Name	Payee Name	Payee ID	Check Date	Check/EFT ...	Check/EFT ...	Claims	Check/EFT Number	Version	Filena
AREA INSURANCE	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345	005010X221A1	AREA

```
ACME PHYSICIANS INC.                                                    PROVIDER #:
225 Main Street                                                         DATE:          04/23/2005
Centerville, PA 17111                                                   PAGE #:        1


CHECK/EFT #:     12345

REND-PROV  SERV-DATE  POS PD-PROC/MODS        PD-NOS      BILLED     ALLOWED      DEDUCT       COINS       PROV-PD
RARC                                         SUB-NOS    SUB-PROC       GRP/CARC     CARC-AMT      ADJ-QTY
_____________________________________________________________________________________________________________
NAME:Doe, Sally            HIC:SJD11111     ACNT:1111111              ICN:12345678901234 ASG:Y  MOA:MA18  MA01
           0210 021004 12 A4450/AW          120.000      -18.00      -13.20        0.00       -2.64        -10.56
CNTL #: 54321

           0210 021004 12 A6196/A1            0.000     -238.50        0.00        0.00        0.00          0.00
CNTL #: 54321

           0210 021004 12 A6253/A2           60.000     -411.00     -380.40        0.00      -76.08       -304.32
CNTL #: 54321

           0210 021004 12 A6402/A1            0.000      -13.05        0.00        0.00        0.00          0.00
CNTL #: 54321

           0210 021004 12 A6446/A2          240.000     -216.00      -98.40        0.00      -19.68        -78.72
CNTL #: 54321

           0210 021004 12 A6402/A1           93.000      -13.95      -11.16        0.00       -2.23         -8.93

PT RESP        0.00                    CLAIM TOTALS     -910.50     -503.16        0.00     -100.63       -402.53
ADJ TO TOTALS: PREV PD                 INTEREST        0.00    LATE FILING CHARGE        0.00      NET     -402.53
```

Find out more about this tab	See page *Making Sense of the Claim Detail*.
Print the detail	Click the print button, or go to the Tab menu option and select Print Claim Detail, or type Alt + B + P. For more info, see *How to Print the Detail for a Claim*.
Return to the Claim List	Click the claim list tab or go to the View menu option and select Claim List. For more info, see *How to View a List of Claims for an MREP Remittance Advice.*

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View a Summary for the Remittance Advice	Click the summary tab Remit Summary or go to the View menu option and select Remit Summary. For more info, see *How to View the Total Amounts for a Remittance Advice.*
View the data that feeds the Remittance Advice	Click the Data View tab Data View or go to the View menu option and select Data View. For more info, see *Making Sense of the Data View Tab*.
Search	Click the Search Tab Search or go to the View menu option and Search. For more info, see *How to Search Payment Information*.
View the CARCs and RARCs for the Remittance Advice	Click the Glossary Tab Glossary or go to the View menu option and select Glossary. For more info, see *Making Sense of the Glossary Tab*.
Option to print or suppress the printing of the glossary of CARCs and RARCs for the Remittance Advice (not available for Remittance Advices printed from the menu bar or toolbar)	A check box with the word Glossary appears in the lower right side of the Claim Detail tab. When this check box is checked, the glossary of CARCs and RARCs involved with a particular MREP Remittance Advice prints on a separate page. When the check box is not checked, the glossary of CARCs and RARCs involved with a particular MREP Remittance Advice does not print. The user also has the option via the Tab menu option to show or not show the glossary of CARCs and RARCs involved with the MREP Remittance Advice.

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How to View the Total Amounts for a Remittance Advice

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

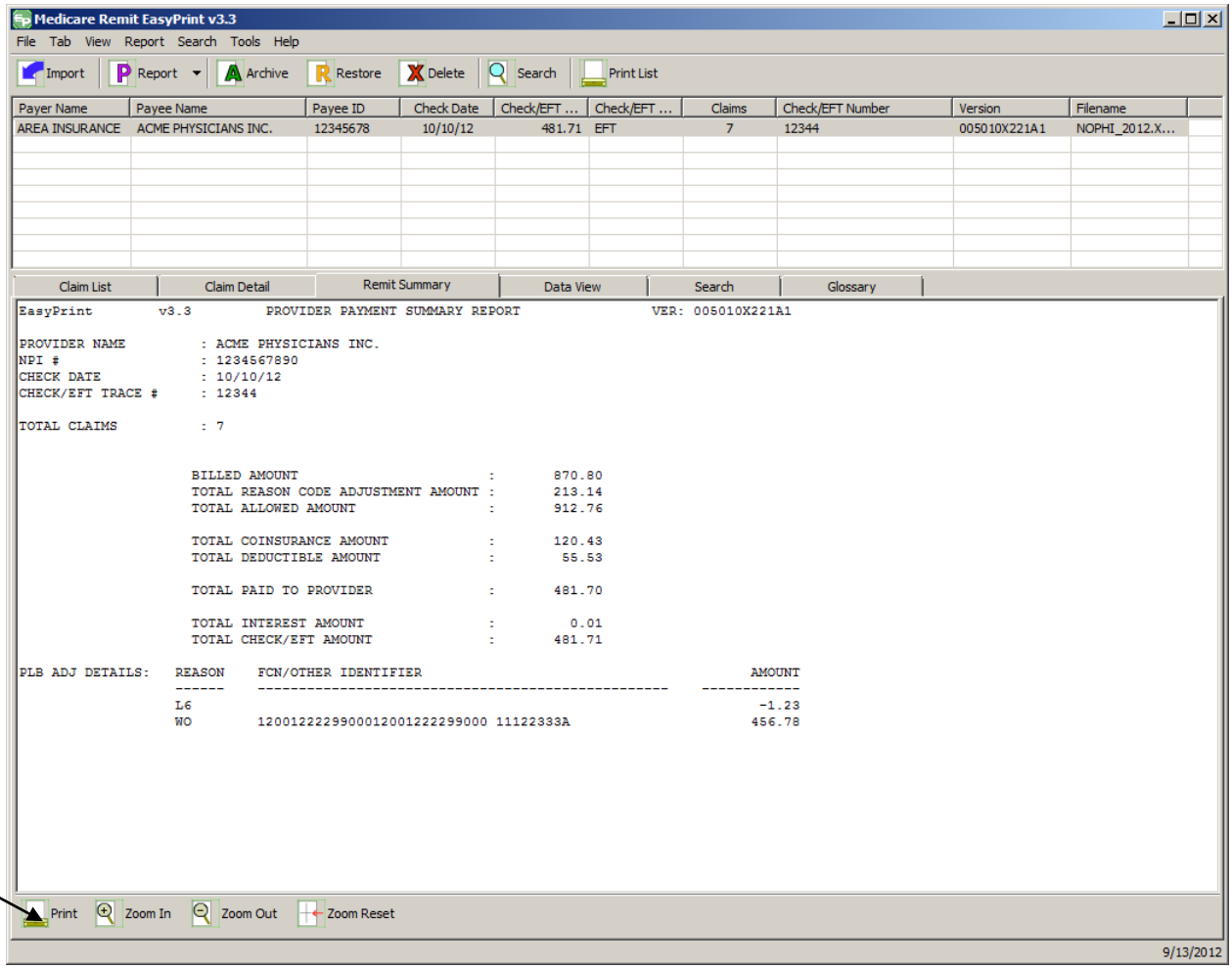
   The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

   Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

3. Click the Remit Summary Tab [Remit Summary] or type Alt + V + S.

   Medicare Remit Easy Print displays the totals, for example



Click the print button or type Alt + B + P to print the summary

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At this point, you can:

Find out more about this tab	See *Making Sense of the Remit Summary Tab.*
Print the summary	Click the print button or go to the Tab menu option and select Print Claim Detail or type Alt + B + P.
View claim details	Click the Claim Detail Tab or go to the View menu option and select Claim Detail For more info, see *How to View the Detail for a Claim.*
Return to the Claim List	Click the Claim List tab or go to the View menu option and select Claim List For more info, see *How to View a List of Claims for an MREP Remittance Advice.*
View the data that feeds the Remittance Advice	Click the Data View tab or go to the View menu option and select Data View For more info, see *Making Sense of the Data View Tab*.
Search	Click the Search tab or go to the View menu option and select Search For more info, see *How to Search Payment Information*.
View the CARCs and RARCs for the Remittance Advice	Click the Glossary tab or go to the View menu option and select Glossary For more info, see *Making Sense of the Glossary Tab*.

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How to View the Data in the Import File

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

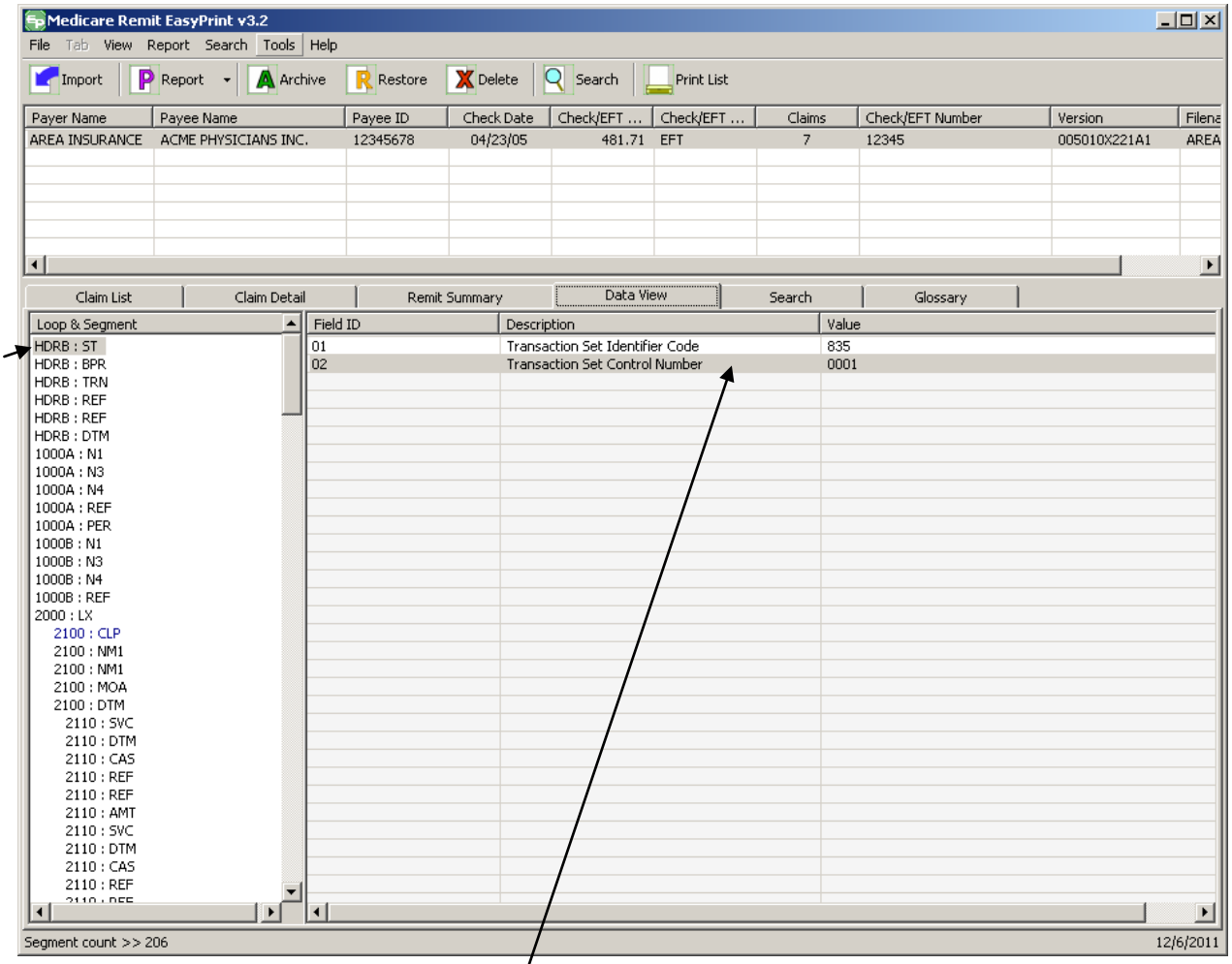
   The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

   Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

3. Click the Data View Tab [Data View] or type Alt + VV.

   Medicare Remit Easy Print displays the file format:



At this point, you can:

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Find out more about this window	See page *Making Sense of the Data View Tab*.
View claim details	Click the Claim Detail tab Claim Detail Or, go to the View menu option and select Claim Detail. For more info, see *How to View the Detail for a Claim.*
Return to the Claim List	Click the Claim List tab Claim List Or, go to the View menu option and select Claim List. For more info, see *How to View a List of Claims for an MREP Remittance Advice*.
View a Summary for the Remittance Advice	Click the Summary tab Remit Summary Or, go to the View menu option and select Remit Summary. For more info, see *How to View the Total Amounts for a Remittance Advice.*
Search	Select the Search tab Search Or, go to the View menu option and select Search. For more info, see *How to Search Payment Information*.
View the CARCs and RARCs for the Remittance Advice	Select the Glossary tab Glossary Or, go to the View menu option and select Glossary. For more info, see *Making Sense of the Glossary Tab*.

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How to View the CARC and RARC Codes

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

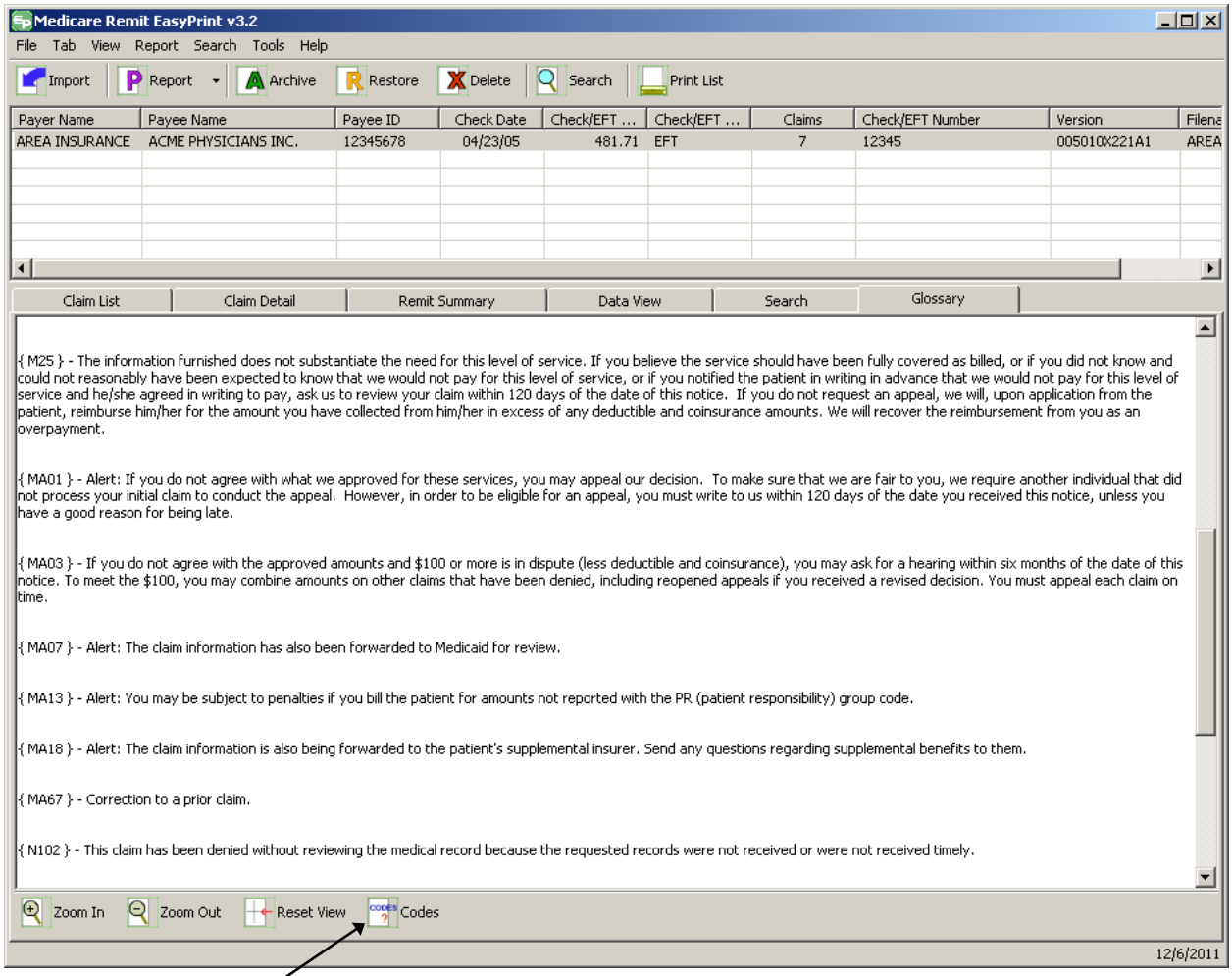
   The Medicare Remit Easy Print Claim List tab opens.

2. Select the Remittance Advice by clicking on it.

   Medicare Remit Easy Print highlights the Remittance Advice and lists the claims below.

3. Click the Glossary Tab [Glossary] or type Alt +V + G.

   Medicare Remit Easy Print shows the Reason and Remark codes for the Remittance Advice:



Click the Codes button or type Alt + B + C to see a comprehensive list of codes and descriptions.

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At this point, you can:

Find out more about this tab	See page *Making Sense of the Glossary Tab*.
View claim details	Click the Claim Detail tab Claim Detail or go to the View menu option and select Claim Detail. For more info, see *How to View the Detail for a Claim.*
Return to the Claim List	Click the Claim List tab Claim List or go to the View menu option and select Claim List. For more info, see *How to View a List of Claims for an MREP Remittance Advice.* .
View a Summary for the Remittance Advice	Click the Summary tab Remit Summary or go to the View menu option and select Remit Summary. For more info, see *How to View the Total Amounts for a Remittance Advice.* on page 91.
View the data that feeds the Remittance Advice	Select the Data View tab Data View or go to the View menu option and select Data View. For more info, see *Making Sense of the Data View Tab*.
Search	Select the Search tab Search or go to the View menu option and select Search. For more info, see *How to Search Payment Information*.
View the CARCs and RARCs for the Remittance Advice	Click the Codes button Codes at the bottom of the tab or type Alt + B + C. For more information, see *How to View the CARC and RARC Codes*.

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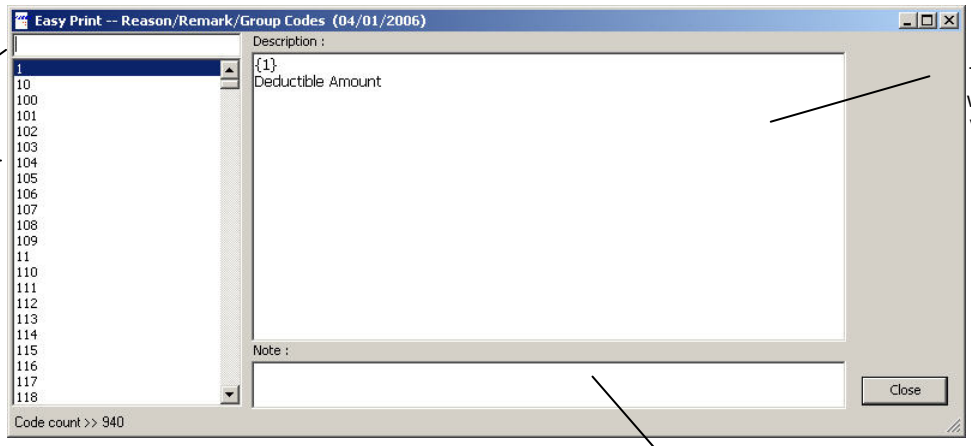
How to Look up a CARC/RARC Code

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.

1. On the menu Select Tools > Code Descriptions.

   The Code Descriptions window opens.



Type a specific code or click a code to display its description and notes

The Description window displays verbiage for the CARC/RARC Code

The Note window displays any notes about the CARC/RARC Code

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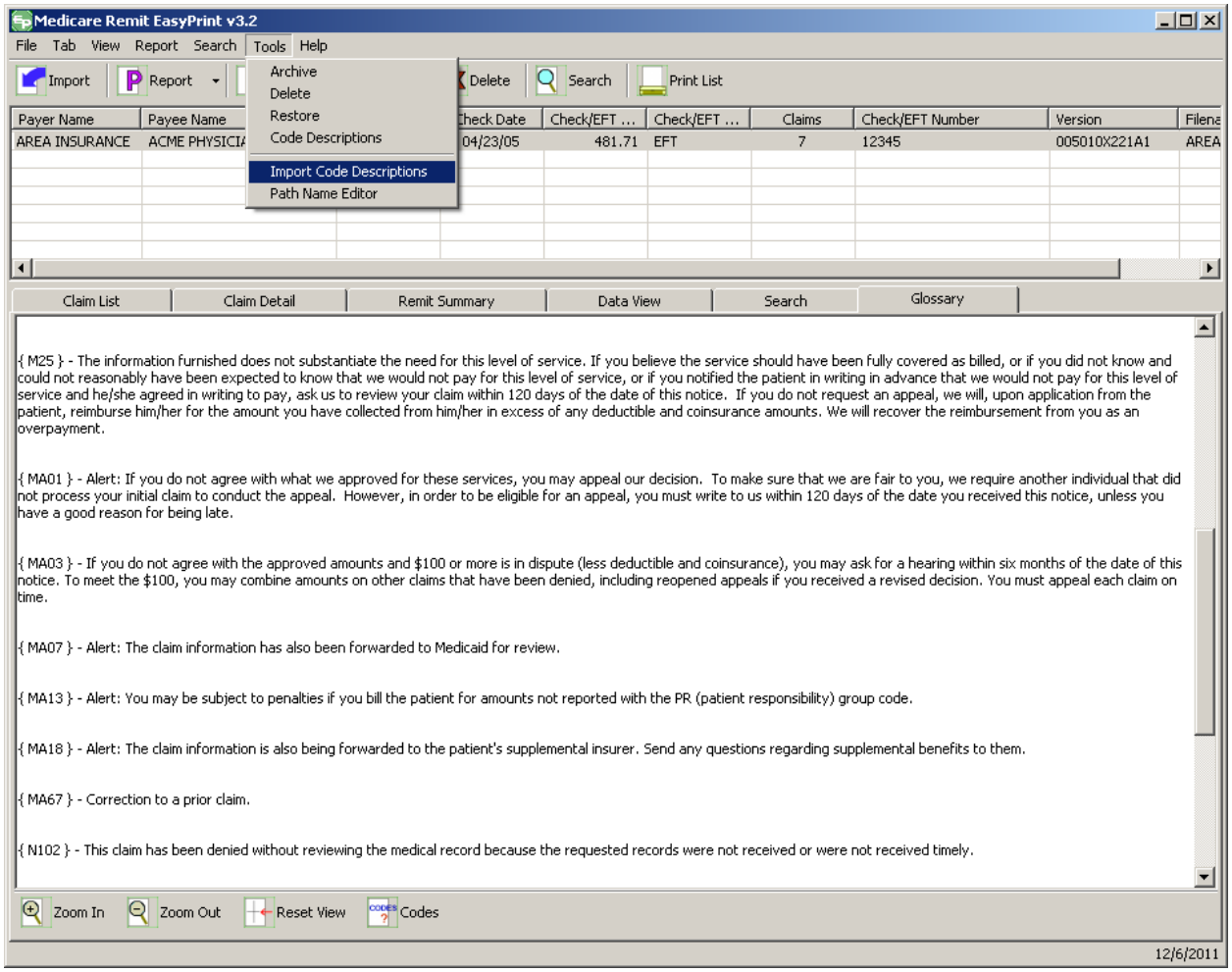
How to Update (Import) the CARC/RARC Codes

At a minimum, the ANSI Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) file requires an update three times a year. When the list of codes is updated per Washington Publishing Company, VIPS provides an updated file on the VIPS Assist website for the contractors and CMS provides a link to the updated file on the CMS website for the provider/supplier community. When the user finds it necessary to import this updated file into MREP, follow these instructions:

1. Access the list of the latest codes from the VIPS Assist or CMS website.
   2. Save the list of latest codes so that they are easily accessible.

      Note: The file name *must* be saved as Codes.ini in order for MREP to successfully find the code file.

   3. Select "Import Code Descriptions" from the Tools menu.



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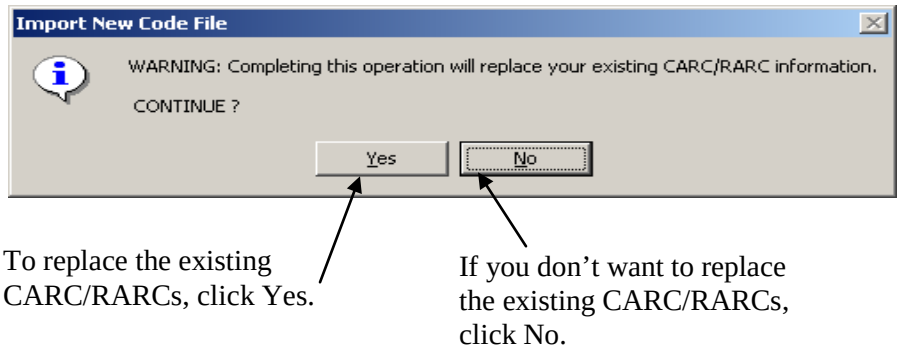
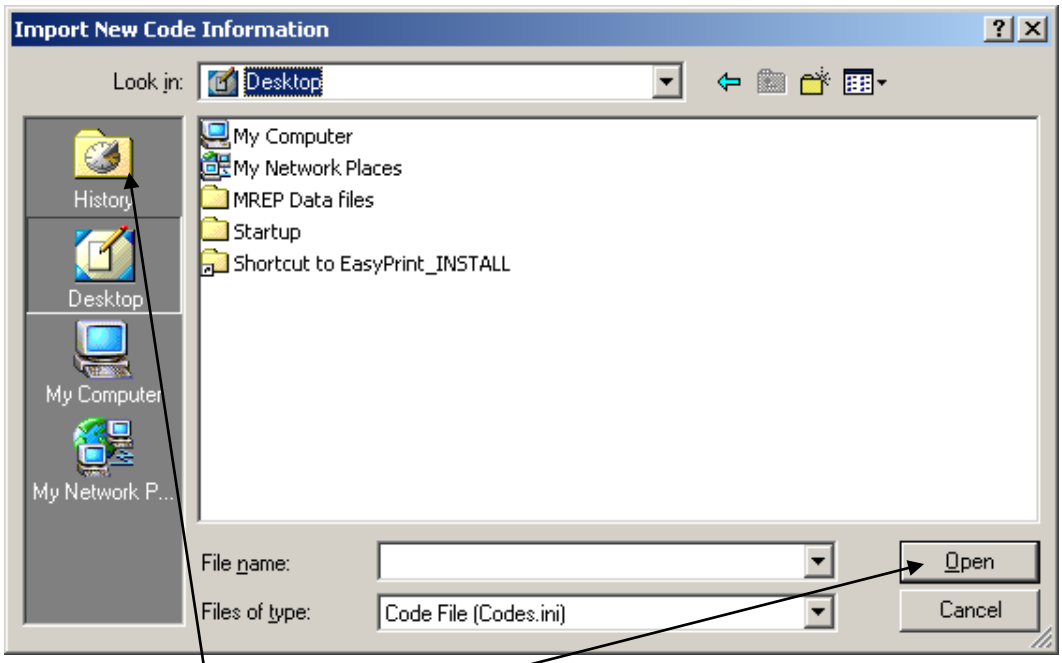
A dialog window appears asking to confirm the code import.



If you select the NO button, the dialog box disappears and no updates are made to MREP. If you select the YES button, a file dialog box appears.



4. Navigate to the folder or area where you saved the file under step 2. Select the Codes.ini file and then click the Open button.

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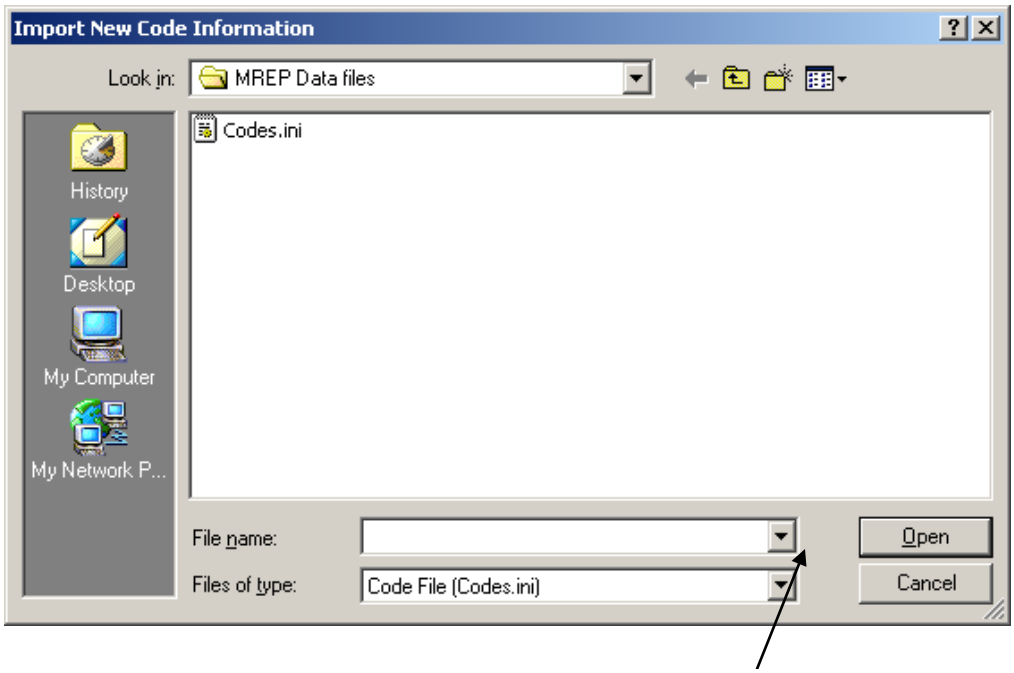
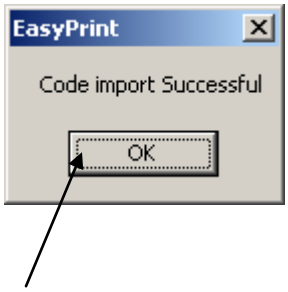


Click the Open button.

5. After you press the Open button, a dialog displays confirming the code import was successful. Click, or select the OK button to close the dialog.



Click OK.

6. The latest list of CARC/RARCs exists in the MREP application. To verify that the latest version exists, select “Code Descriptions” from the Tools menu.

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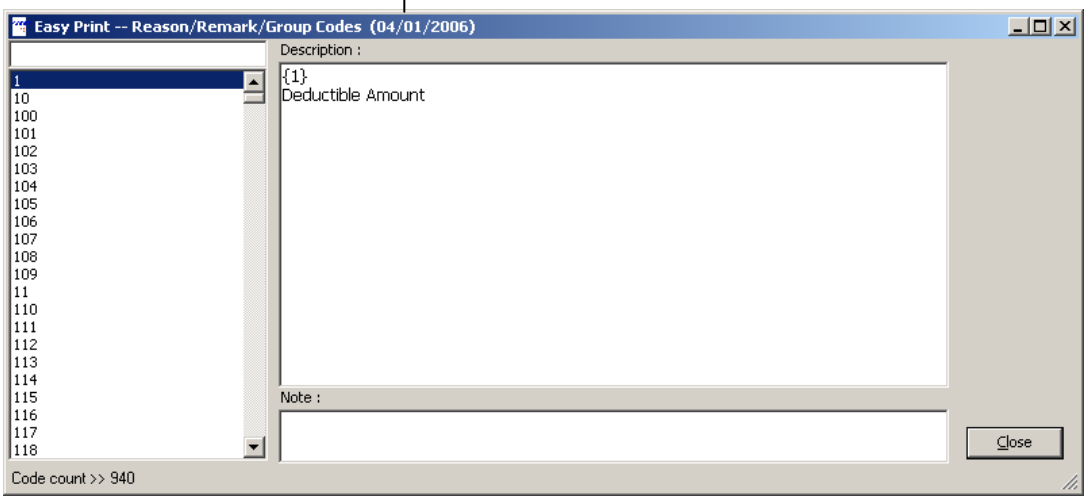
7. The Easy Print – Reason/Remark/Group Codes dialog box appears.

Note: The Easy Print – Reason/Remark/Group Codes dialog box includes the date of the latest version of the code list.



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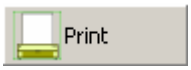
How to Print a List of Claims

1. View the list of claims.

For the steps to follow, see *How to View a List of Claims for an MREP Remittance Advice*.

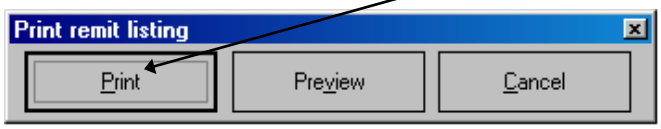
2. Click the print button 

at the bottom of the tab or type Alt + B + P.

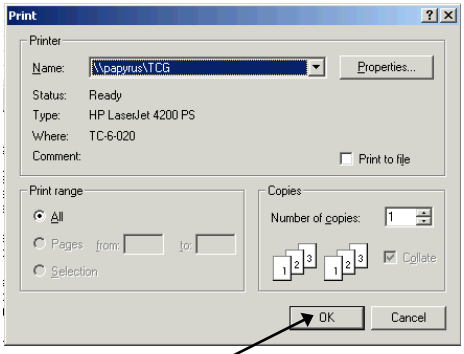
   The Print remit listing window opens.

3. Print the detail listing in one of the following ways:

   A. From the Print remit listing window, click Print to print the detail without previewing it.



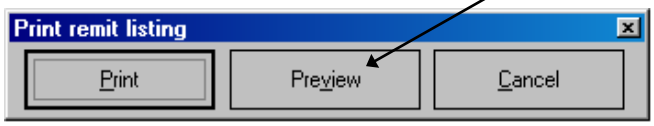
   The Print dialog opens.



   If you need to change the properties, click Properties and make changes as necessary.

   Click OK. Medicare Remit Easy Print prints the detail at your default printer.

   B. From the Print remit listing window, click Preview to view a preview of the printed page before printing.



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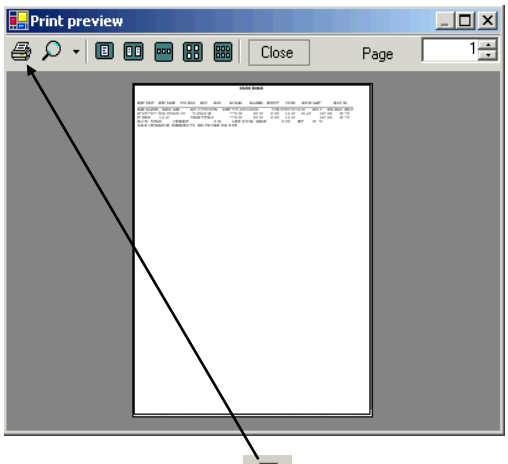
The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

At this point, you can:

View claim details	Click the Claim Detail tab or go to the View menu option and select Claim Detail For more info, see *How to View the Detail for a Claim.*
Search	Click the Search tab or go to the View menu option and select Search For more info, see *How to Search Payment Information*.
View a Summary for the Remittance Advice	Click the Summary tab or go to the View menu option and select Remit Summary For more info, see *How to View the Total Amounts for a Remittance Advice.*
View the data that feeds the Remittance Advice	Click the Data View tab or go to the View menu option and select Data View For more info, see *Making Sense of the Data View Tab*.
View the CARCs and RARCs for the Remittance Advice	Click the Glossary tab or go to the View menu option and select Glossary For more info, see *How to View the CARC and RARC Codes*.

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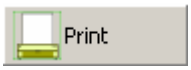
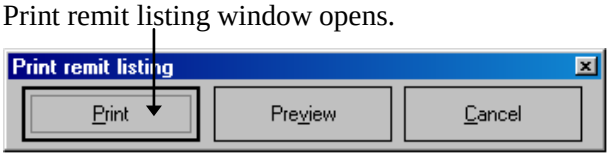
How to Print the Detail for a Claim

1. View the detail for the claim.

   For the steps to follow, see *How to View the Detail for a Claim.*

2. Click the print button 

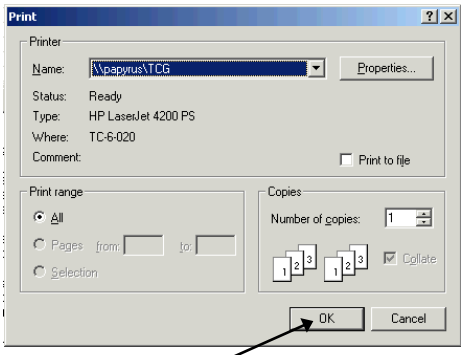
at the bottom of the tab, or type Alt + B + P. The Print remit listing window opens.



3. Print the detail listing in one of the following ways:

   A. Click Print to print the detail without previewing it.

   The Print dialog opens.



   If you need to change the properties, click Properties and make changes as necessary.

   Click OK. Medicare Remit Easy Print prints the detail at your default printer.

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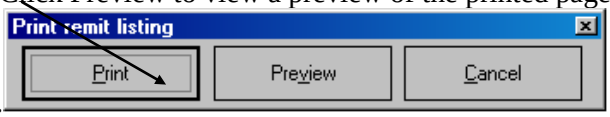
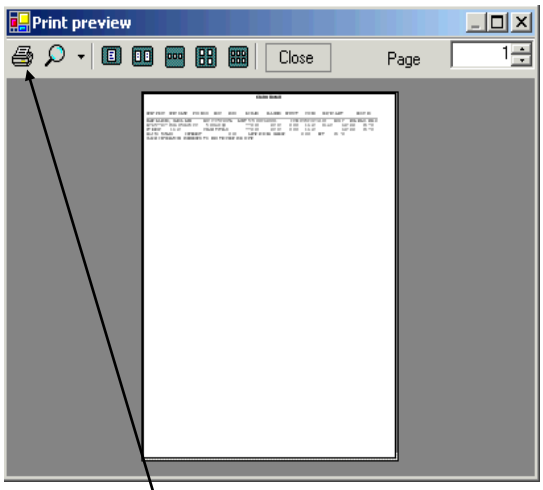
B. Click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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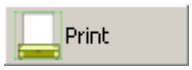
How to Print the Remittance Advice Summary

1. View the Remittance Advice Summary.

   For the steps to follow, see *How to View the Total Amounts for a Remittance Advice*.

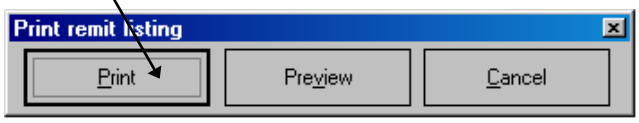
2. Click the print button 

at the bottom of the tab, or type Alt + B + P.

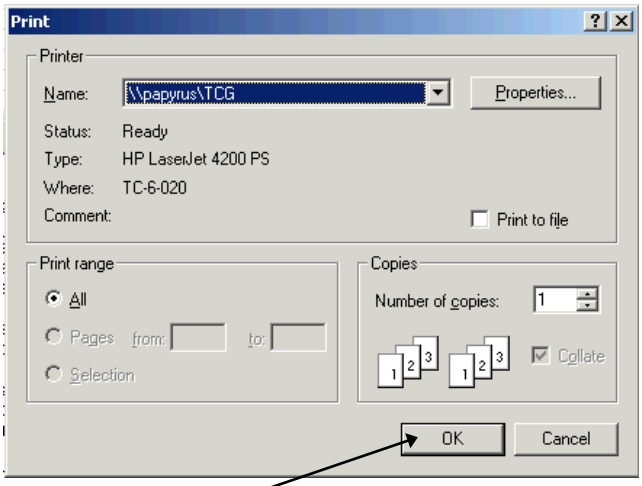
   The Print remit listing window opens.

3. Print the detail listing in one of the following ways:

   A. Click Print to print the detail without previewing it.



   The Print dialog opens.



   If you need to change the properties, click Properties and make changes as necessary.

   Click OK. Medicare Remit Easy Print prints the detail at your default printer.

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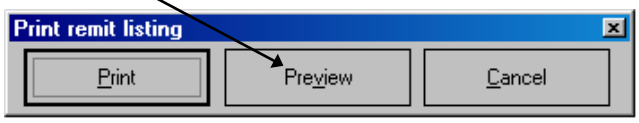
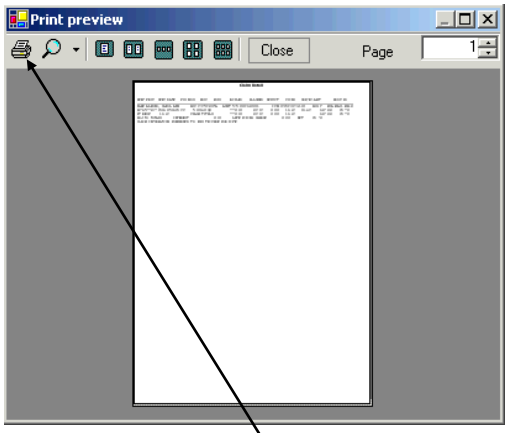
B. Click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click the printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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Searching Payment Information

You can search by:

- HICN
- Bene Last Name
- ICN
- Bene Account Number
- Procedure code
- Service date (range of dates in the format MM/DD/YY, MM/DD, MM/YY, DD/YY, MM, DD, or YY; forward slashes are not required when entering a value in the 'Value to Find' field)
- Rendering Provider Number
- Adjusted Lines
- COB Claims
- Non-COB Claims
- Deductible/Coins Lines
- Coinsurance Lines
- Deductible Lines
- Other Adjustments
- Denied Lines
- NDC
- MSP Claims
- Non-MSP Claims

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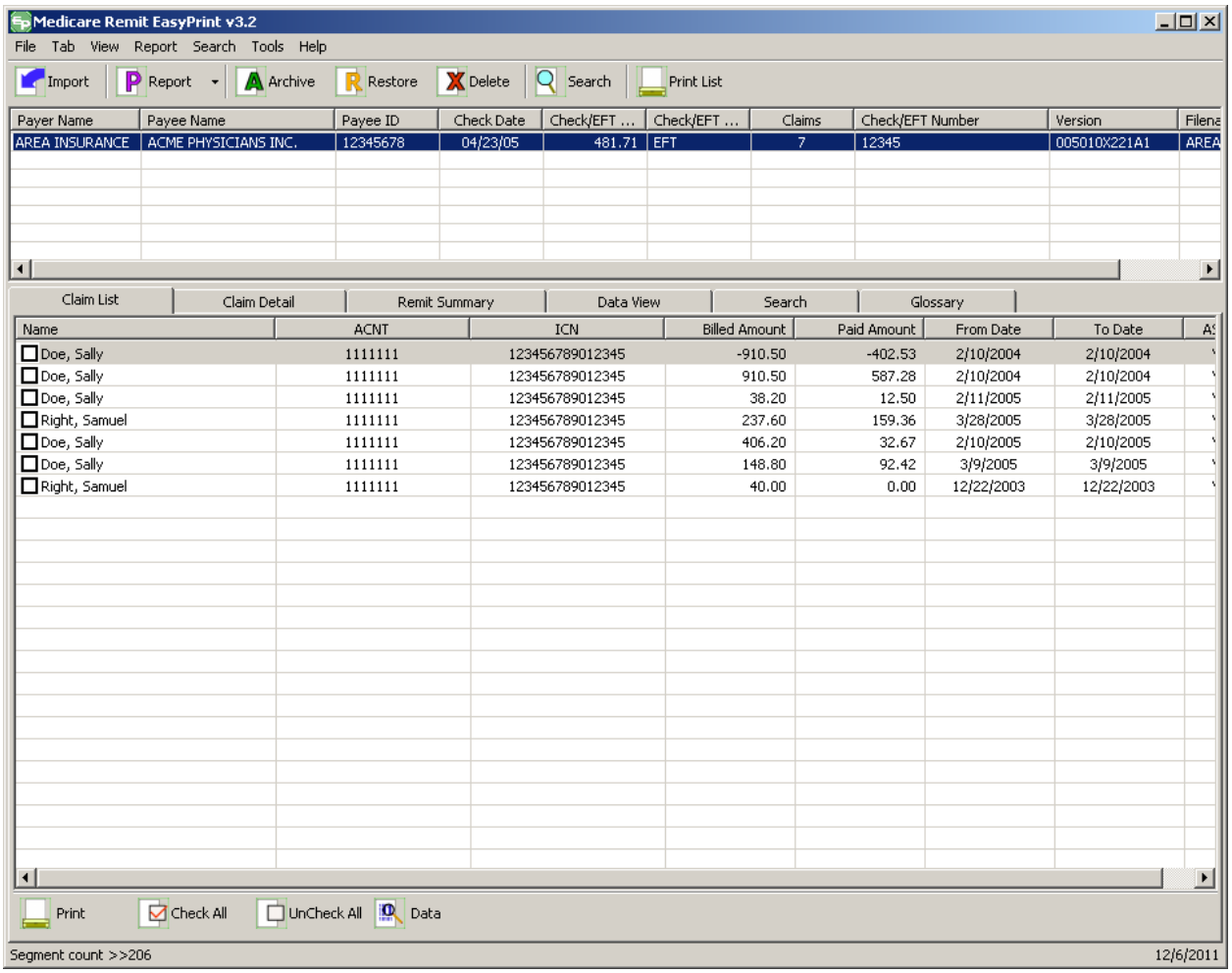
How to Search Payment Information

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



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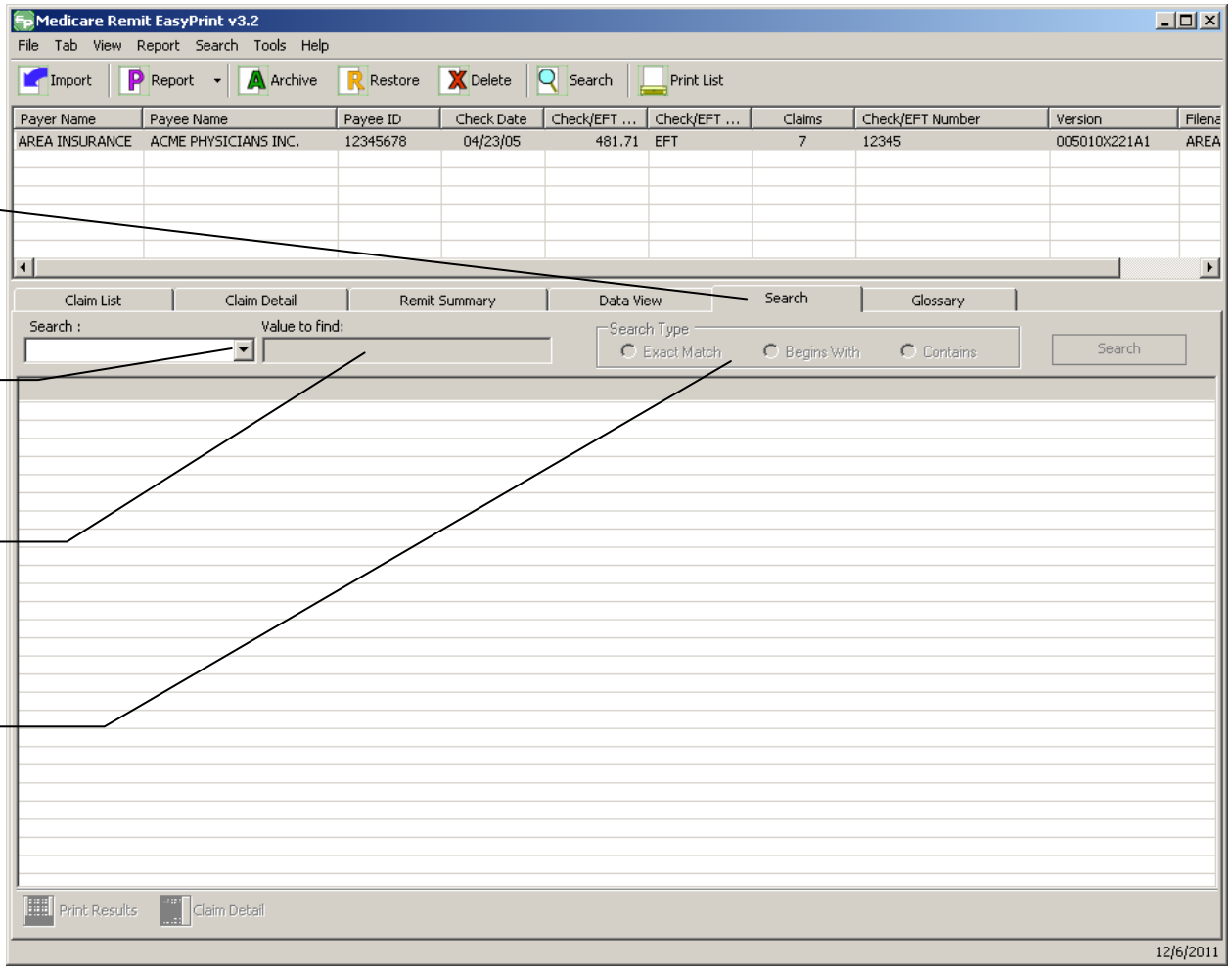
2. Click the Search button or the Search tab.

   The Search tab opens.



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Hint:
You cannot use a wild card character in the search.

Hint:
You can use a calendar date picker to select a service date.

3. Use the drop-down list to select a search field.

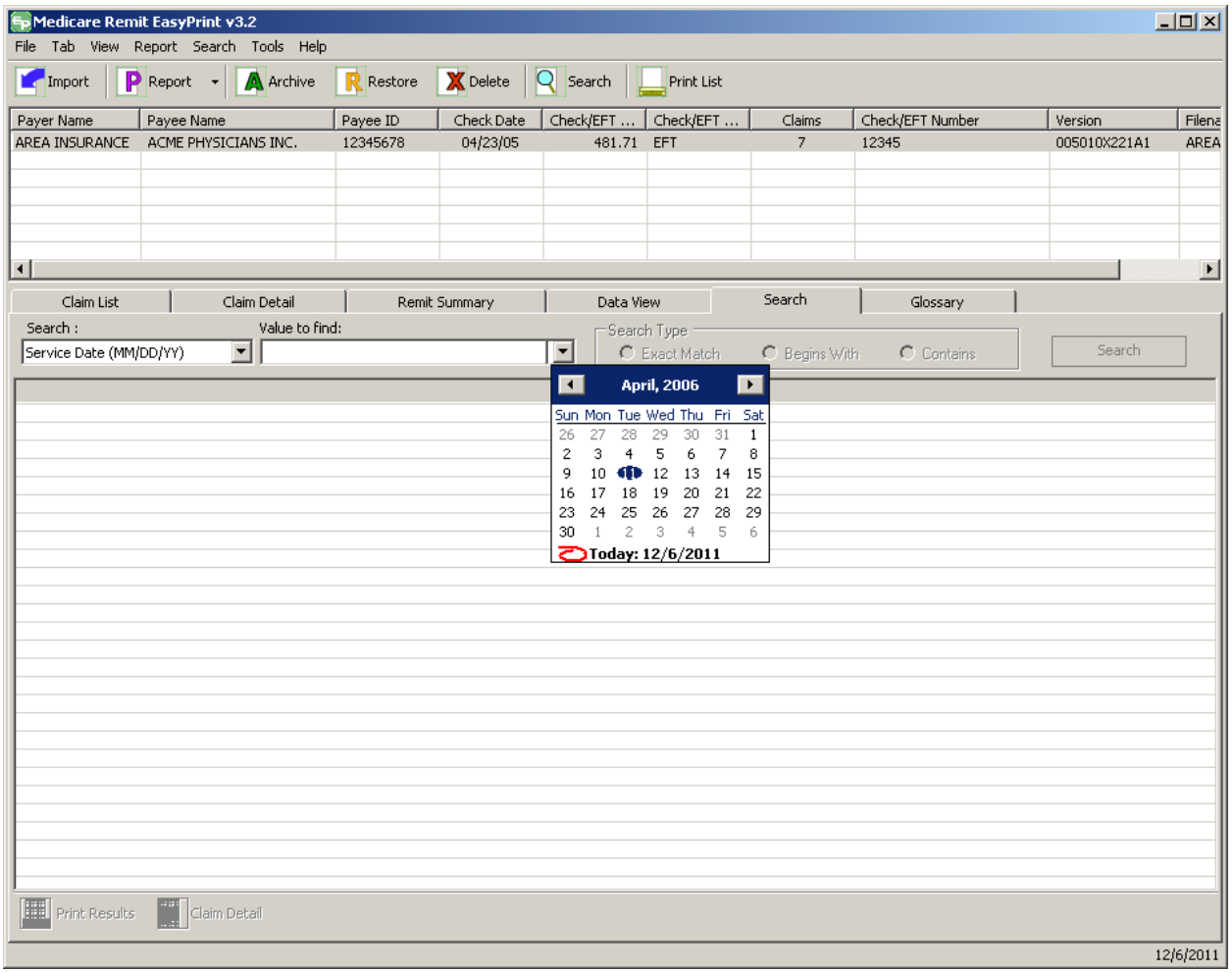
   If applicable, enter the value to find. The Search tab includes three radio buttons for how the field should be searched (Exact Match, Begins With, or Contains).

   To display the "searched" data, you must select one of the radio buttons before clicking the Search button. The Exact Match, Begins With, and Contains radio buttons are only available for the HICN, ICN, Bene Account Number, Bene Last Name, NDC, Procedure Code, and Rendering Provider fields.

   If the Search: field is not one of these fields, the Exact Match, Begins With, and Contains radio buttons are not available.

   If you select one of the Service Date formats from the drop-down menu, you can:

   - Enter the date in the Value to find field
   - Use the drop-down list only to access the Calendar picker for the MM/DD/YY format only. Use the left and right arrows to select the month, and then click on the date you want.



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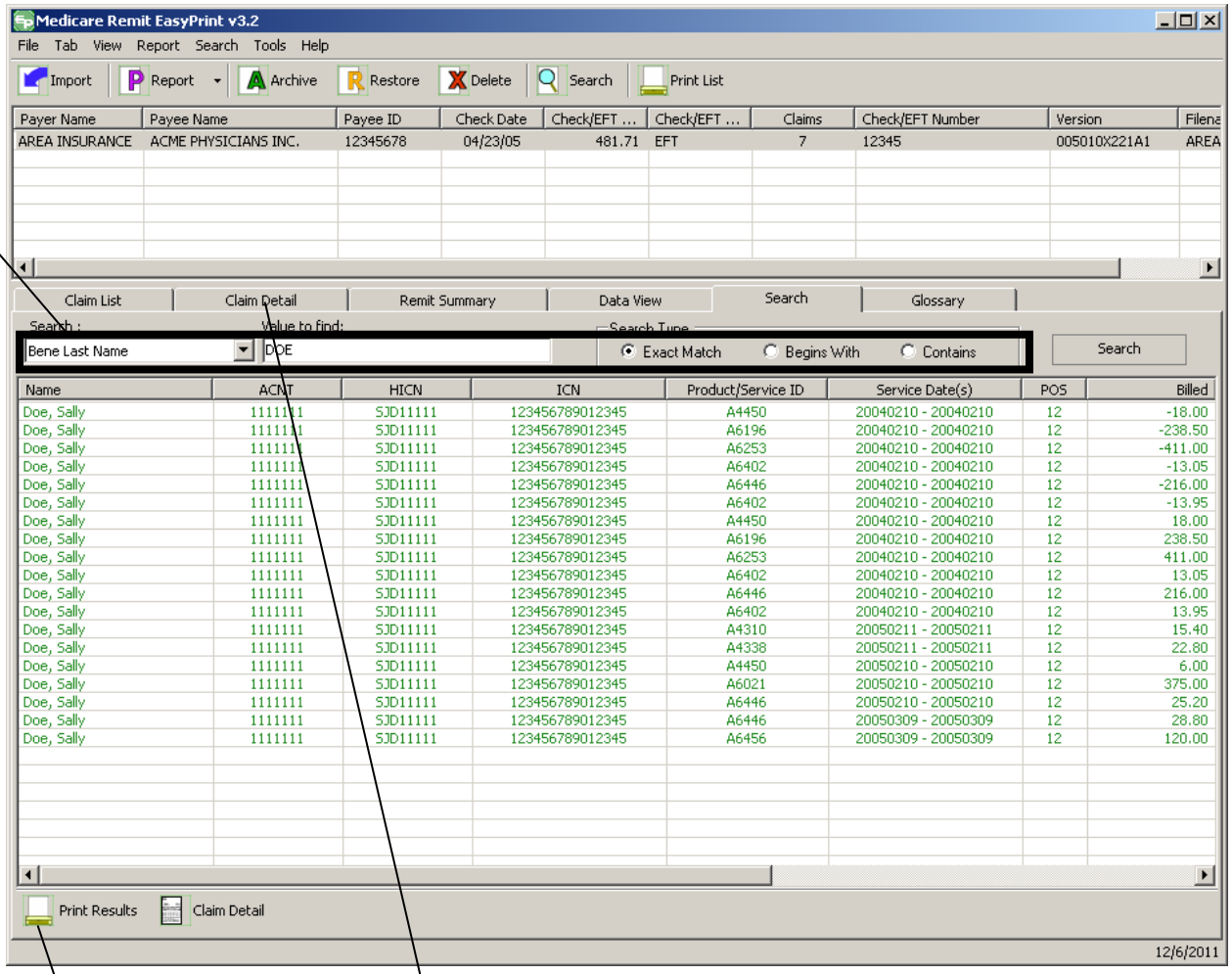
5. Click the Search type to start the search.

   Medicare Remit Easy Print returns all of the claim lines/info that match the search.

   For example, imagine you needed to view all of Sally Doe's claims. If the remit contains any claim lines with the name Doe, the Search Tab listview is updated with those claim lines matching the criteria.

The search was for Sally Doe's claims.



Hint:
You can change the sort order by clicking a column heading.

Hint:
If you cannot see all the columns, use the horizontal scroll bar at the bottom of the screen.

Click the print button or type Alt + B + P to print this list of claims

Click the Claim Detail Tab or type Alt + B + C to display the details for these claims

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Making Sense of the Claim List Tab

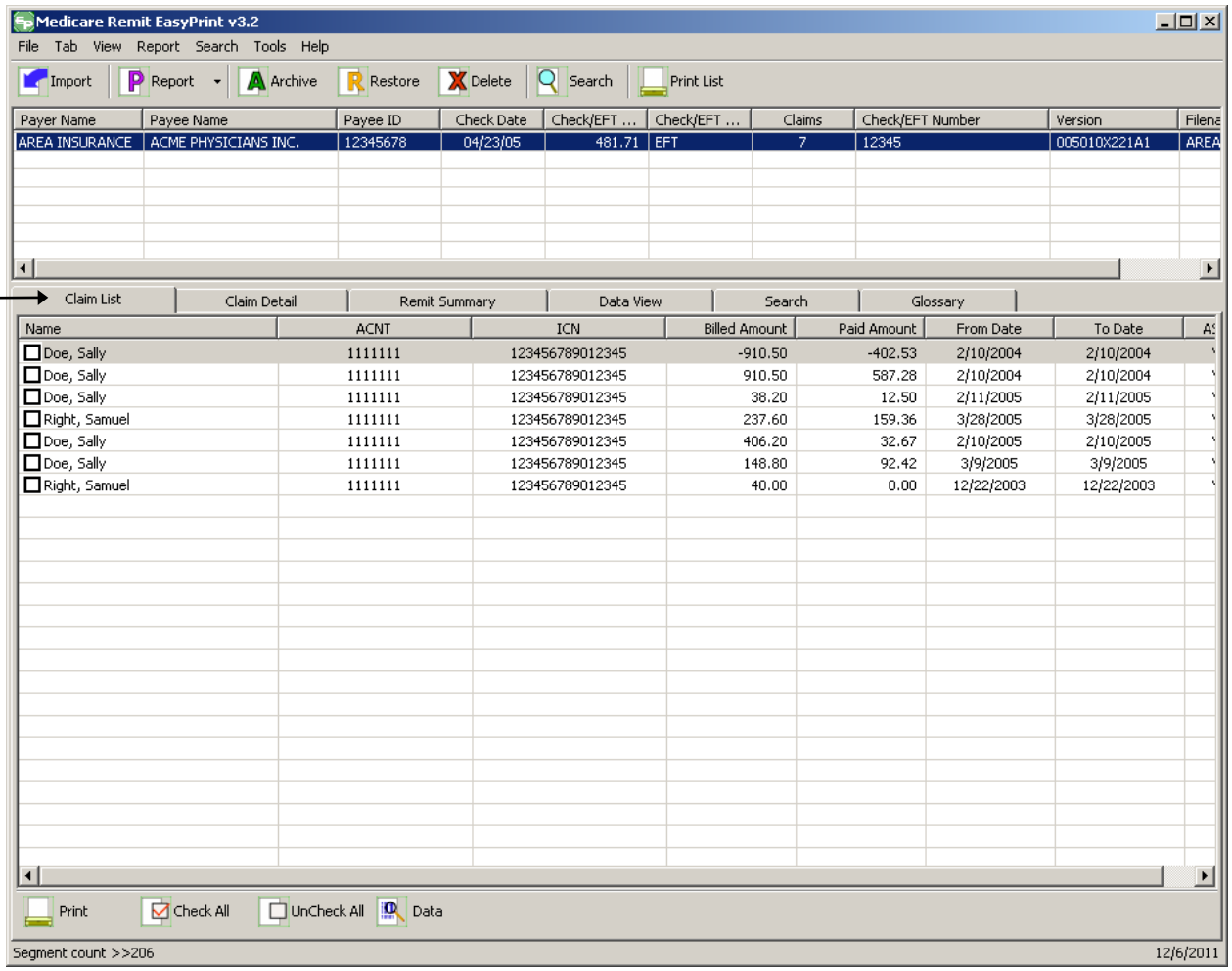
For the procedure to view the claim list, see *How to View a List of Claims for an MREP Remittance Advice.*

The claim list tab displays a summary of all of the claims found within the selected remittance:

Claim List tab

Hint:
Click on a column heading to change the sort order.

Hint:
Key F1 displays a dialog containing the listview field names and values. This enables screen reading programs to read all the listview fields for a highlighted claim.



Name	This is the name of the beneficiary that the claim was processed for. The name field is defined as Last Name followed by the First Name. A comma separates the two names.
ACNT	This is any internal number assigned to the claim by the provider.
ICN	This is the Internal Control Number (ICN), the unique number assigned to the claim when it is received by the contractor.
Billed Amount	This is the total claim dollar billed amount.
Paid Amount	This is the total claim provider billed amount.

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From Date	This is the earliest From Date of service on the claim.
To Date	This is the latest To Date of service on the claim.
ASG	This indicates whether or not the provider has accepted assignment for the claim.

Buttons

	Print the list. (type Alt + B + P)
	Select all of the claims. (type Alt + B + C)
	Unselect all of the claims. (type Alt + B + U)

Display Claim(s)

From the Tab menu option select Display Claim

Select claims in the claim list by enabling the checkbox for the corresponding claim. To display the selected claims, from the Tab menu option select Display Claim.

Name	ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date
☑ Doe, Sally	7722337	119932404007801	239.83	0.10	4/3/2005	4/3/2005
☐ Doe, Sally	7722337	119932404007801	56.72	38.06	3/16/2005	3/16/2005
☐ Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
☐ Right, Samuel	7722337	119932404007801	397.50	184.77	3/14/2005	3/14/2005
☐ Right, Samuel	7722337	119932404007801	397.50	184.77	3/24/2005	3/24/2005
☑ Doe, Sally	7722337	119932404007801	32.64	18.90	6/21/2004	6/21/2004
☑ Right, Samuel	7722337	119932404007801	397.50	184.77	2/18/2005	2/18/2005
☐ Right, Samuel	7722337	119932404007801	397.50	184.77	3/18/2005	3/18/2005
☐ Doe, Sally	7722337	119932404007801	48.78	31.22	3/21/2005	3/21/2005
☑ Doe, Sally	7722337	119932404007801	57.74	36.35	12/4/2004	12/4/2004
☐ Doe, Sally	7722337	119932404007801	26.50	12.89	1/4/2005	1/4/2005
☑ Doe, Sally	7722337	119932404007801	26.50	12.89	2/4/2005	2/4/2005
☐ Doe, Sally	7722337	119932404007801	26.50	9.66	3/4/2005	3/4/2005
☐ Doe, Sally	7722337	119932404007801	26.50	9.66	4/4/2005	4/4/2005
☑ Doe, Sally	7722337	119932404007801	90.80	45.69	2/19/2005	2/19/2005
☐ Doe, Sally	7722337	119932404007801	238.77	160.20	3/18/2005	3/18/2005
☐ Doe, Sally	7722337	119932404007801	26.50	9.66	4/7/2005	4/7/2005
☐ Doe, Sally	7722337	119932404007801	397.50	191.54	12/15/2004	12/15/2004
☐ Right, Samuel	7722337	119932404007801	57.74	33.86	1/6/2005	1/6/2005
☐ Right, Samuel	7722337	119932404007801	26.50	12.89	2/6/2005	2/6/2005
☐ Right, Samuel	7722337	119932404007801	26.50	12.89	3/6/2005	3/6/2005
☐ Right, Samuel	7722337	119932404007801	26.50	9.66	4/6/2005	4/6/2005
☐ Doe, Sally	7722337	119932404007801	397.50	184.77	3/15/2005	3/15/2005
☐ Doe, Sally	7722337	119932404007801	397.50	184.77	3/23/2005	3/23/2005

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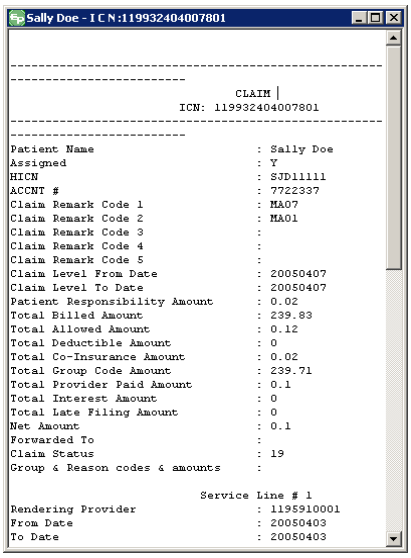
EasyPrint displays the claim(s) information in a vertical line-by-line format.



```
Sally Doe - I C N :119932404007801

-------------------------------------------------------------
-------------------------
                                    CLAIM
                          ICN: 119932404007801
-------------------------------------------------------------
-------------------------
Patient Name                          : Sally Doe
Assigned                              : Y
HICN                                  : SJD11111
ACCNT #                               : 7722337
Claim Remark Code 1                   : MA07
Claim Remark Code 2                   : MA01
Claim Remark Code 3                   :
Claim Remark Code 4                   :
Claim Remark Code 5                   :
Claim Level From Date                 : 20050407
Claim Level To Date                   : 20050407
Patient Responsibility Amount         : 0.02
Total Billed Amount                   : 239.83
Total Allowed Amount                  : 0.12
Total Deductible Amount               : 0
Total Co-Insurance Amount             : 0.02
Total Group Code Amount               : 239.71
Total Provider Paid Amount            : 0.1
Total Interest Amount                 : 0
Total Late Filing Amount              : 0
Net Amount                            : 0.1
Forwarded To                          :
Claim Status                          : 19
Group & Reason codes & amounts        :

                              Service Line # 1
Rendering Provider                    : 1195910001
From Date                             : 20050403
To Date                               : 20050403
```

This format provides the claim data at a glance and allows screen reading software to interpret the data more easily.

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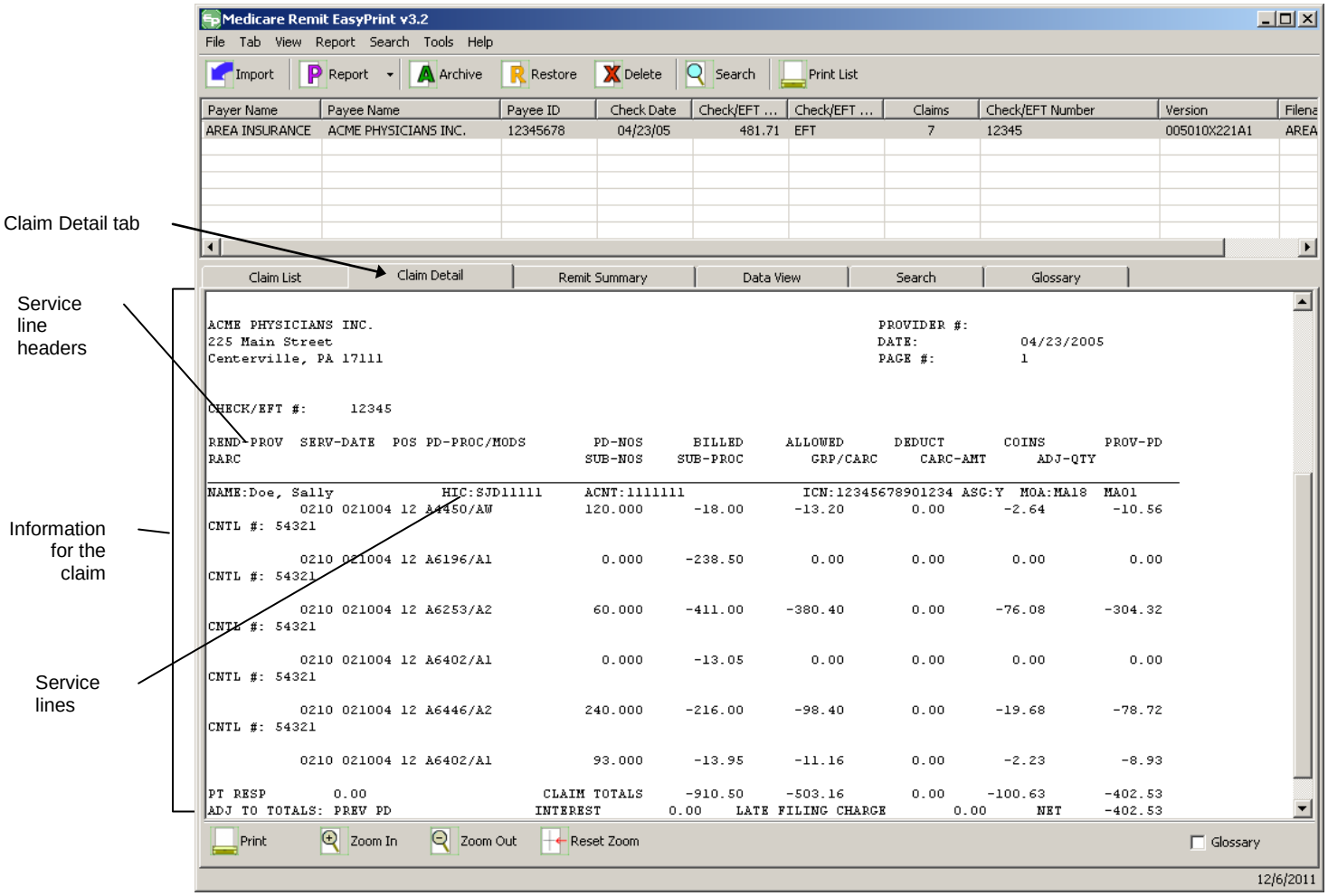
Making Sense of the Claim Detail Tab

For the procedure to view claim detail, see *How to View the Detail for a Claim.*

The claim detail tab displays all the claim information for each claim(s) that has been checked on the Claim List tab.



INFORMATION FOR THE CLAIM:

Note: Some fields described below do not appear in the above image.

First Line of Claim Line

NAME	This is the name of the beneficiary for whom the claim was processed.
HIC	This is the Health Insurance Claim (HIC) number of the beneficiary for whom the claim was processed.
ACNT	This is any internal number assigned to the claim by the provider.

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ICN	This is the Internal Control Number (ICN), the unique number assigned to the claim when it is received by the contractor.
ASG	This indicates whether or not the provider has accepted assignment for the claim.
MOA	This contains remark codes at the claim level.
REND-PROV	This is the performing provider ID number.
SERV-DATE	This is the date(s) of service.
POS	This is the two-digit Place of Service (POS) code. A list of POS codes is available here: http://www.cms.gov/manuals/downloads/clm104c26.pdf
PD-PROC	This is the HCPCS procedure code. A list of these codes is available here: https://www.cms.gov/CLIA/downloads/Subject.to.CLIA.pdf
MODS	These are all the modifiers billed with the procedure.
PD-NOS	This is the number of services rendered.
BILLED	This is the amount the provider billed for the service.
ALLOWED	This is the allowed amount for the service.
DEDUCT	This the amount of any deductible applied to the claim. This is the amount that the beneficiary (or other insurer, if applicable) is responsible for paying the provider.
COINS	This is the amount that the beneficiary (or other insurer, if applicable) is responsible for paying the provider.
PROV-PD	This is the amount the provider was paid for the service.

Second Line of Claim Line

RARC	These are the Remark Codes at the line level.
SUB-NOS	This is the submitted number of services.
SUB-PROC	This is the submitted HCPCS procedure code.
GRP/CARC	These are any Group Codes and Claim Adjustment Reason Codes for the service line.
CARC-AMT	This is the amount of any adjustment made based on the Group and Claims Adjustment Reason Code.
ADJ-QTY	This is the quantity of units of service being adjusted.
CNTL #	This is the line item control number.
HCPI	This is the Healthcare Policy Identification number.

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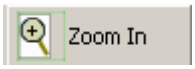
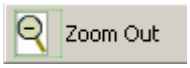
Totals	
PT RESP	This is the total amount that the beneficiary owes the provider for this claim.
CLAIM TOTALS	This includes the totals for all service-line level amounts: BILLED ALLOWED DEDUCT COINS PROV-PD
ADJ TO TOTALS:	
PREV PD	This field is blank in Medicare Remit Easy Print.
INTEREST	This is the interest amount paid for claims processing time.
LATE FILING CHARGE	This is the late filing charge.
NET	This is the amount that Medicare owes the provider for this claim.
CLAIM INFORMATION FORWARDED TO:	This appears when the claim is being forwarded to a beneficiary's supplemental insurer.
CORRECTED PRIORITY PAYER INFO:	This is the corrected priority payer name and/or id number.
OTHER CLAIM REL IDENTIFICATION:	This is additional information relevant to the adjudication of the claim and a qualifier identifying the type of reference information.
GLOSSARY	These are the Reason and Remark codes that are also shown on the Glossary tab.

Buttons

	Print the claim detail. (type Alt + B + P)
	Zoom in to make the size of the type larger. (type Alt + B + I)
	Zoom out to make the size of the type smaller. (type Alt + B + O)
	Reset the type to the original size. (type Alt + B + R)
	Appears CARCs/RARCs and descriptions for the selected claims when checked. (type Alt + B + S)

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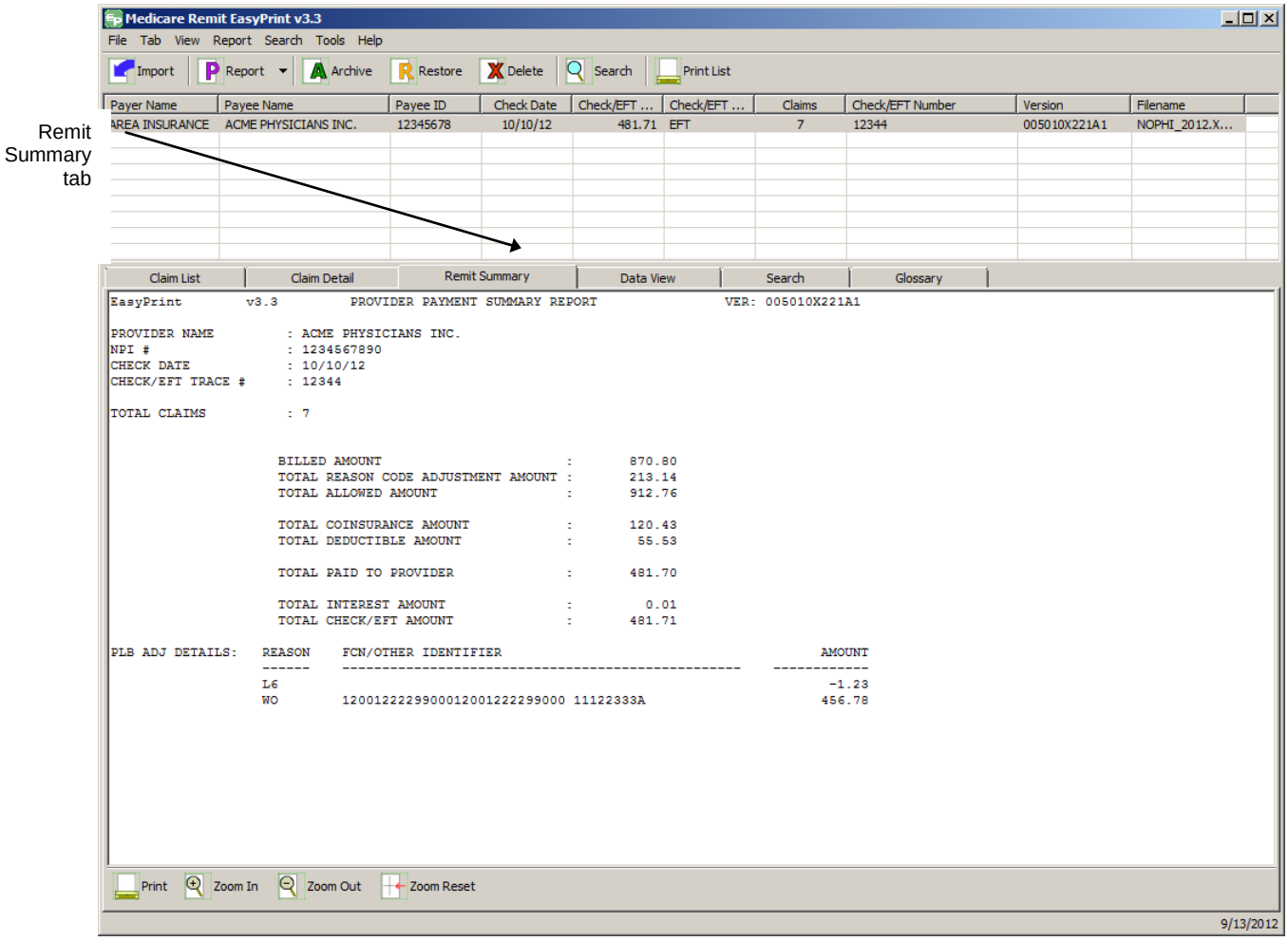
Making Sense of the Remit Summary Tab

For the procedure to view the Remittance Advice detail, see *How to View the Total Amounts for a Remittance Advice*.

The Remit Summary Tab displays total dollar amounts, claim counts, and provider adjustment information if present in the selected remittance.



PROVIDER NAME	This is the provider's name.
PROVIDER #	This is the provider's ID number.
CHECK DATE	This Is the date of the check.
CHECK /EFT TRACE NUMBER	This is the tracking number for the check or EFT.
TOTAL CLAIMS	This is the total number of claims.
BILLED AMOUNT	This is the total billed amount.
TOTAL REASON CODE ADJUSTMENT	This is the total adjustment amount.

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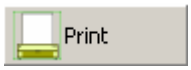
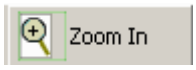
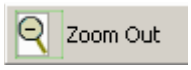
AMOUNT	
TOTAL ALLOWED AMOUNT	This is the total allowed amount.
TOTAL COINSURANCE AMOUNT	This is the total amount of coinsurance applied.
TOTAL DEDUCTIBLE AMOUNT	This is the total deductible amount.
TOTAL PAID TO PROVIDER	This is the total amount paid to provider.
TOTAL INTEREST AMOUNT	This is the total amount of interest applied.
TOTAL CHECK /EFT AMOUNT	This is the total amount of the check.
PLB ADJ DETAILS	This is the remittance-level (PLB) adjustment. This field only appears if a remittance-level adjustment is present.

Buttons

	Print the summary. (type Alt + B + P)
	Zoom in to make the size of the type larger. (type Alt + B + I)
	Zoom out to make the size of the type smaller. (type Alt + B + O)
	Reset the type to the original size. (type Alt + B + R)

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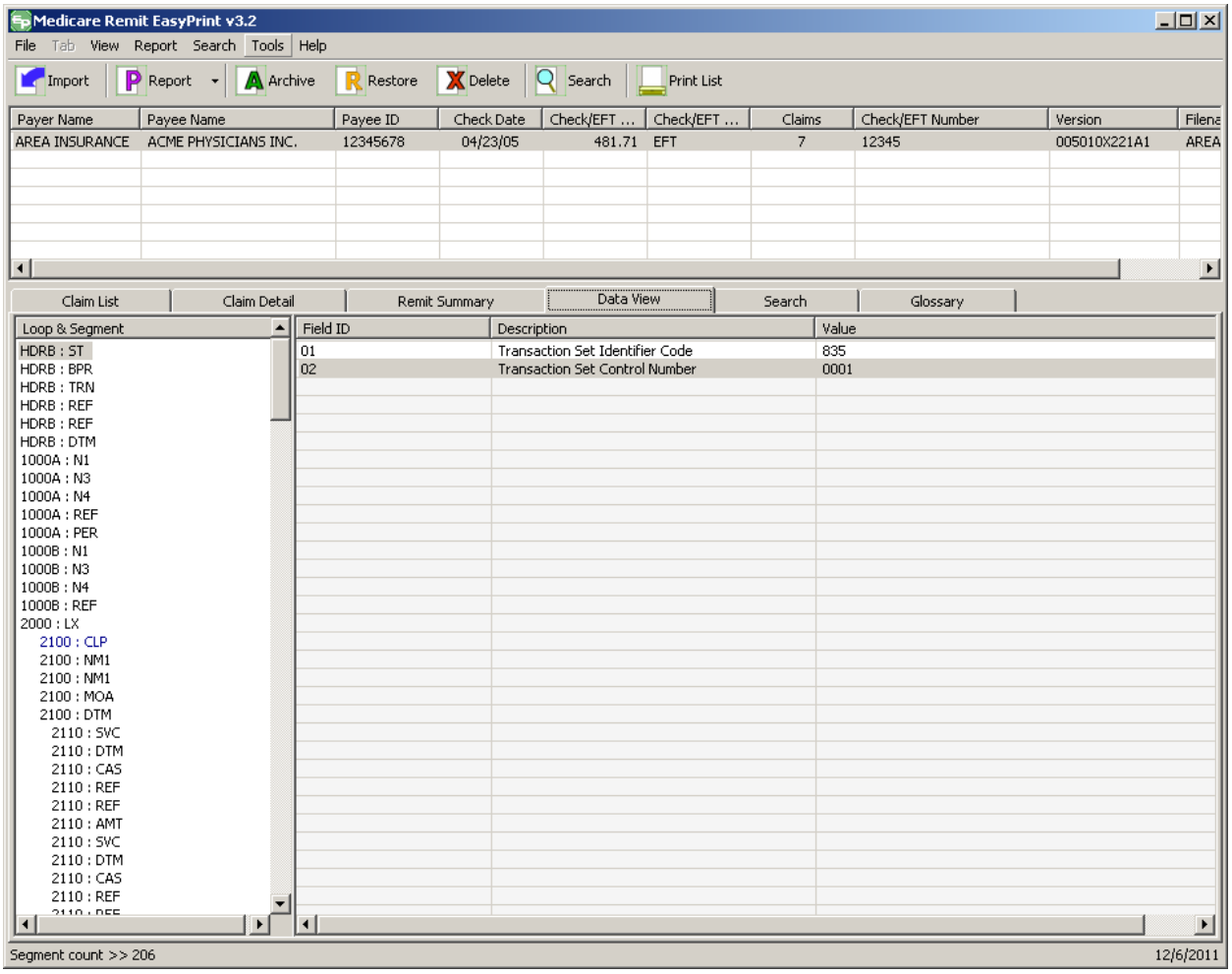
Making Sense of the Data View Tab

For the procedure to view the data, see *How to View the Data in the Import File.*

The Data View Tab displays the remittance fields as they are stored internally in MREP. The data are stored in what are referred to as Segments. Each segment contains a varying number of elements or fields.



The HIPAA 835v4010A1 and 835v5010 formats separate data into segments and loops. To understand how to read segments and loops, refer to the X12 835 Implementation Guides.

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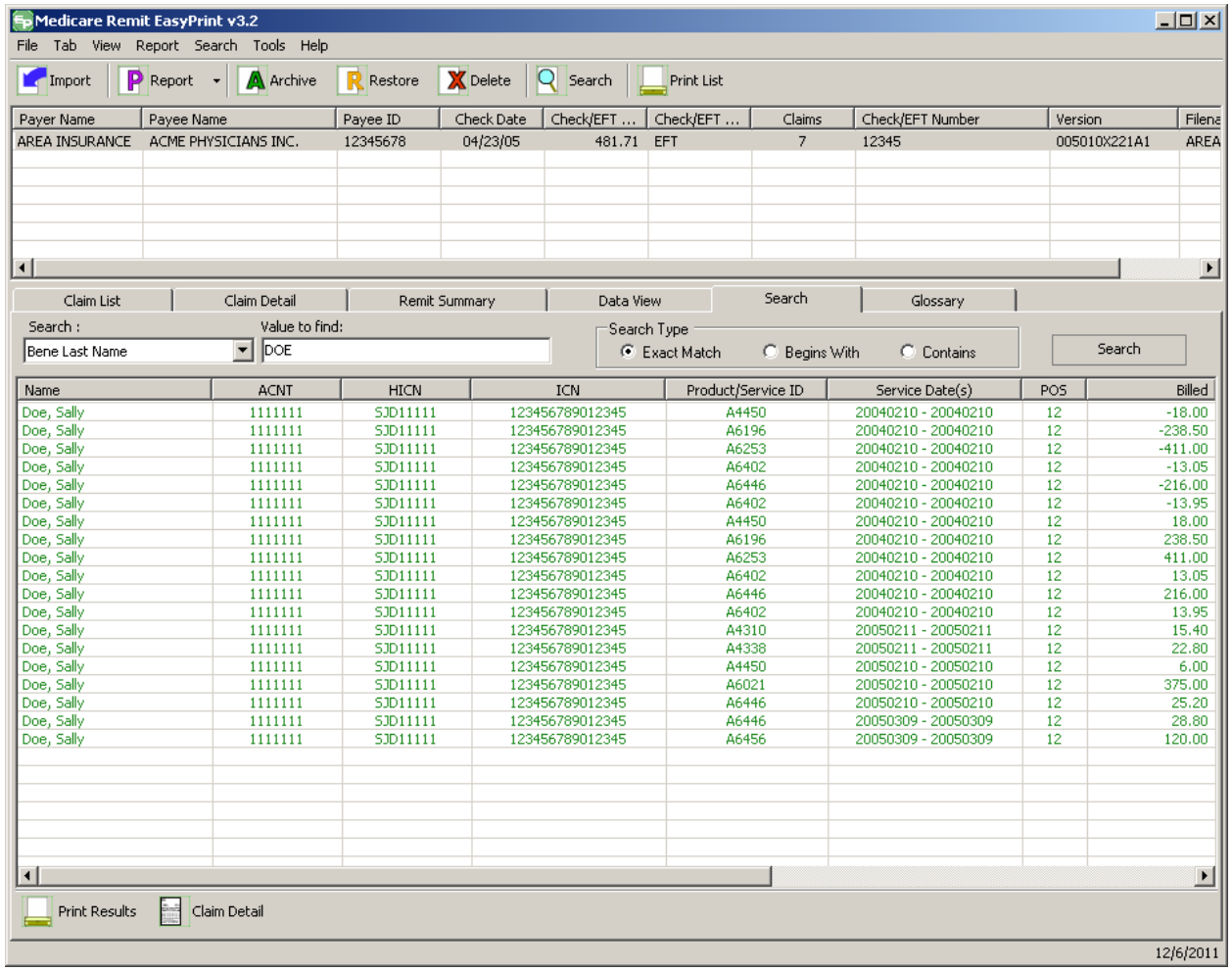
Making Sense of the Search Tab

For the procedure to view the data, see *How to Search Payment Information*.

The Search Tab displays a summarized list of claim information that matches the criteria of the user's search. The Name field's format is the beneficiary's Last Name, followed by a comma and then the First Name.



Payer Name	Payee Name	Payee ID	Check Date	Check/EFT ...	Check/EFT ...	Claims	Check/EFT Number	Version	Filena
AREA INSURANCE	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345	005010X221A1	AREA

Name	ACNT	HICN	ICN	Product/Service ID	Service Date(s)	POS	Billed
Doe, Sally	1111111	SJD11111	123456789012345	A4450	20040210 - 20040210	12	-18.00
Doe, Sally	1111111	SJD11111	123456789012345	A6196	20040210 - 20040210	12	-238.50
Doe, Sally	1111111	SJD11111	123456789012345	A6253	20040210 - 20040210	12	-411.00
Doe, Sally	1111111	SJD11111	123456789012345	A6402	20040210 - 20040210	12	-13.05
Doe, Sally	1111111	SJD11111	123456789012345	A6446	20040210 - 20040210	12	-216.00
Doe, Sally	1111111	SJD11111	123456789012345	A6402	20040210 - 20040210	12	-13.95
Doe, Sally	1111111	SJD11111	123456789012345	A4450	20040210 - 20040210	12	18.00
Doe, Sally	1111111	SJD11111	123456789012345	A6196	20040210 - 20040210	12	238.50
Doe, Sally	1111111	SJD11111	123456789012345	A6253	20040210 - 20040210	12	411.00
Doe, Sally	1111111	SJD11111	123456789012345	A6402	20040210 - 20040210	12	13.05
Doe, Sally	1111111	SJD11111	123456789012345	A6446	20040210 - 20040210	12	216.00
Doe, Sally	1111111	SJD11111	123456789012345	A6402	20040210 - 20040210	12	13.95
Doe, Sally	1111111	SJD11111	123456789012345	A4310	20050211 - 20050211	12	15.40
Doe, Sally	1111111	SJD11111	123456789012345	A4338	20050211 - 20050211	12	22.80
Doe, Sally	1111111	SJD11111	123456789012345	A4450	20050210 - 20050210	12	6.00
Doe, Sally	1111111	SJD11111	123456789012345	A6021	20050210 - 20050210	12	375.00
Doe, Sally	1111111	SJD11111	123456789012345	A6446	20050210 - 20050210	12	25.20
Doe, Sally	1111111	SJD11111	123456789012345	A6446	20050309 - 20050309	12	28.80
Doe, Sally	1111111	SJD11111	123456789012345	A6456	20050309 - 20050309	12	120.00

Buttons

Print the list of claims from the search. (type Alt + B + P)

View details for all of the claims from the search. (type Alt + B + C)

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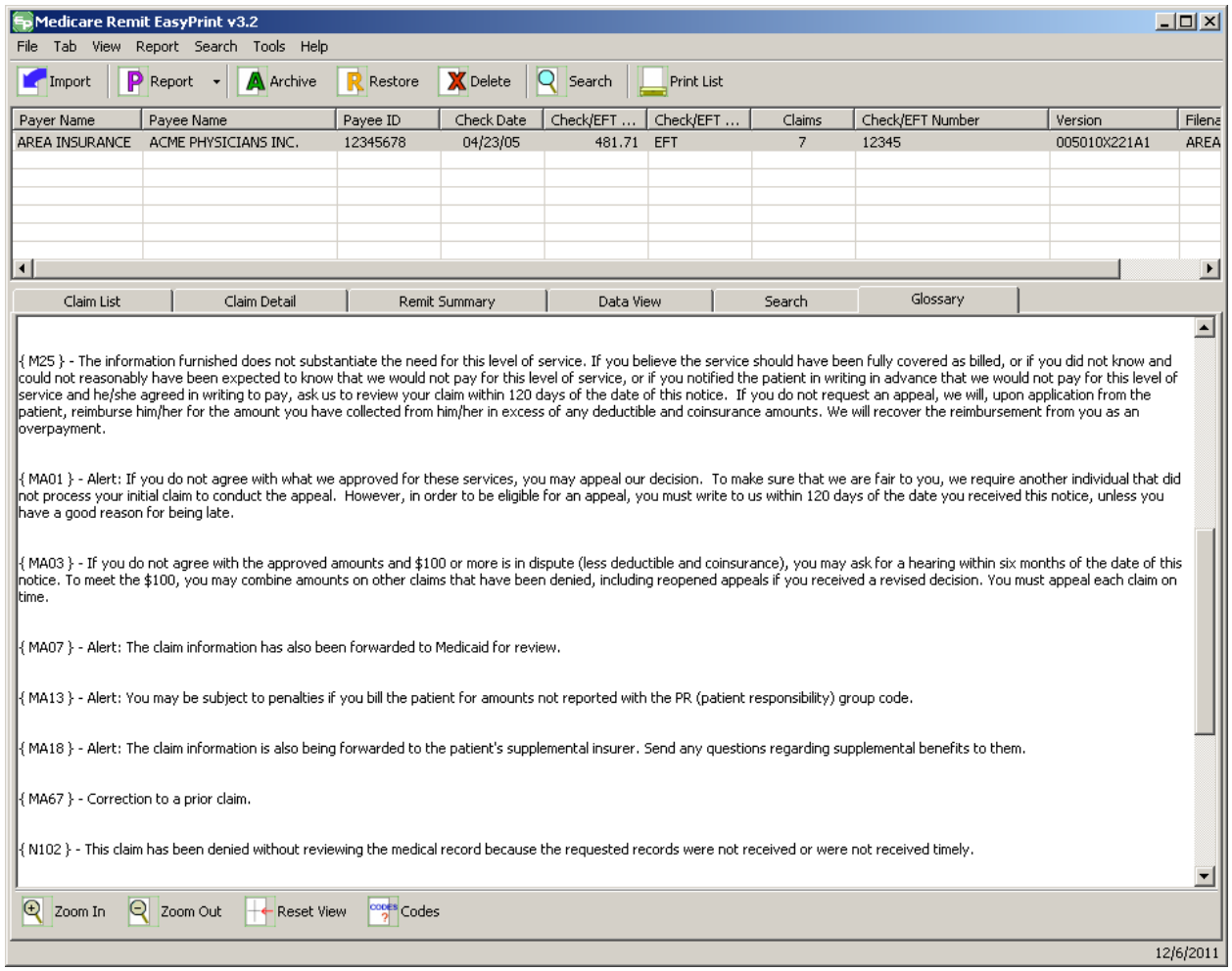
Making Sense of the Glossary Tab

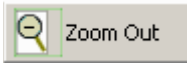
For the procedure to view the data shown in the Glossary Tab see *How to View the CARC and RARC Codes*.

The Glossary tab displays the CARC/RARC codes and descriptions for the selected remittance.



Buttons

Zoom in to make the size of the type larger. (type Alt + B + I)



Zoom out to make the size of the type smaller. (type Alt + B + O)

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Reset the type to the original size. (type Alt + B + R)

Displays CARCs/RARCs and descriptions for the selected claims when checked. (type Alt + B + S)

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Working with Reports

Medicare Remit Easy Print provides 11 different reports, including:

- Denied Service Lines
- Adjusted Service Lines
- Deductible Service Lines
- Coinsurance Service Lines
- Deductible/Coinsurance Service Lines
- COB Claims Report
- Non-COB Claims Report
- MSP Claims Report
- Non-MSP Claims Report
- Other Adjustment Report
- Entire Remittance

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Making Sense of the Denied Service Lines Report

This report displays claim service lines that have an allowed amount equal to zero *and* are associated with a claim that does NOT have a claim status 22 (reversed claim). The report includes only the lines on the claim that meet these criteria.

Denied Service Line(s) Report

Generated: 9/22/2009 9:26:34 AM

Carrier: AREA INSURANCE
Payee #: 0208980001
Payee Name: ACME PHYSICIANS INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980001	7722337	119932404007801	01	12/22/03-12/22/03	A6261	40.00	0.00	0.00	0.00	0.00
		Right Samuel	SJD11111			A1	Reason Code: CO-18		Remark Codes: N111		
							40.00	0.00	0.00	0.00	0.00

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Making Sense of the Adjusted Service Lines Report

This report displays claims that have a status of 22 (reversed claim).

This report does NOT show the adjustment claim that reflects the corrected dollar amounts.

Adjusted Service Line(s) Report

Generated: 9/21/2009 12:24:21 PM

Carrier: AREA INSURANCE

Payee #: 0208980001

Payee Name: ACME PHYSICIANS INC.

Chk Date: 04/23/05

Chk/EFT #: 12345

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980001	7722337	119932404007801	01	02/10/04-02/10/04	A4450	-18.00	-13.20	0.00	-2.64	-10.56
		Doe Sally	SJD11111			AW	**Reason Code: CR-42 CR-2**		**Remark Codes:**		
00002	0208980001	7722337	119932404007801	02	02/10/04-02/10/04	A6196	-238.50	0.00	0.00	0.00	0.00
		Doe Sally	SJD11111			A1	**Reason Code: CR-50**		**Remark Codes: M25 N102**		
00003	0208980001	7722337	119932404007801	03	02/10/04-02/10/04	A6253	-411.00	-380.40	0.00	-76.08	-304.32
		Doe Sally	SJD11111			A2	**Reason Code: CR-42 CR-2**		**Remark Codes:**		
00004	0208980001	7722337	119932404007801	04	02/10/04-02/10/04	A6402	-13.05	0.00	0.00	0.00	0.00
		Doe Sally	SJD11111			A1	**Reason Code: CR-57**		**Remark Codes: M25 N115**		
00005	0208980001	7722337	119932404007801	05	02/10/04-02/10/04	A6446	-216.00	-98.40	0.00	-19.68	-78.72
		Doe Sally	SJD11111			A2	**Reason Code: CR-42 CR-2**		**Remark Codes:**		
00006	0208980001	7722337	119932404007801	06	02/10/04-02/10/04	A6402	-13.95	-11.16	0.00	-2.23	-8.93
		Doe Sally	SJD11111			A1	**Reason Code: CR-42 CR-2**		**Remark Codes:**		
							-910.50	**-503.16**	**0.00**	**-100.63**	**-402.53**

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Making Sense of the Deductible Service Lines Report

This report shows claim service lines that have deductible amounts greater than zero, as well as those service lines with only deductible amounts greater than zero. It includes only the lines on the claim that meet these criteria.

Deductible Service Line(s) Report

Generated: 9/21/2009 12:36:43 PM

Carrier: AREA INSURANCE
Payee #: 0208980001
Payee Name: ACME PHYSICIANS INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq #	*Prov#/NPI*	*ACNT # / Name*	*ICN/HICN*	*Ln#*	*Service Date(s)*	*Prod/Serv ID*	*Billed*	*Allowed*	*Deduct*	*Pd to Prov*
00001	0208980001	7722337	119932404007801	01	02/11/05-02/11/05	A4310	15.40	13.12	**13.12**	0.00
		Doe Sally	SJD11111			KX	**Reason Code: PR-1 CO-42**		**Remark Codes:**	
00002	0208980001	7722337	119932404007801	02	02/11/05-02/11/05	A4338	22.80	22.80	**7.17**	12.50
		Doe Sally	SJD11111			KX	**Reason Code: PR-1 PR-2**		**Remark Codes:**	
00003	0208980001	7722337	119932404007801	01	02/10/05-02/10/05	A4450	6.00	4.40	**4.40**	0.00
		Doe Sally	SJD11111			AW	**Reason Code: PR-23 PR-1 CO-42 OA-23**		**Remark Codes:**	
00004	0208980001	7722337	119932404007801	02	02/10/05-02/10/05	A6021	375.00	315.30	**30.84**	31.53
		Doe Sally	SJD11111			A1	**Reason Code: PR-23 PR-1 PR-2 CO-42 OA-23**		**Remark Codes:**	
							419.20	**355.62**	**55.53**	**44.03**

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Making Sense of the Coinsurance Service Lines Report

This report shows claim service lines that have coinsurance amounts greater than zero, as well as those service lines with only coinsurance amounts greater than zero. It includes only the lines on the claim that meet these criteria.

Coinsurance Service Line(s) Report

Generated: 9/21/2009 12:39:21 PM

Carrier: AREA INSURANCE

Payee #: 0208980001

Payee Name: ACME PHYSICIANS INC.

Chk Date: 04/23/05

Chk/EFT #: 12345

Seq #	*Prov#/NPI*	*ACNT # / Name*	*ICN/HICN*	*Ln#*	*Service Date(s)*	*Prod/Serv ID*	*Billed*	*Allowed*	*Coins*	*Pd to Prov*
00001	0208980001	7722337	119932404007801	01	02/10/04-02/10/04	A4450	18.00	13.20	2.64	10.56
		Doe Sally	SJD11111			AW	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00002	0208980001	7722337	119932404007801	02	02/10/04-02/10/04	A6196	238.50	220.50	44.10	176.40
		Doe Sally	SJD11111			A1	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00003	0208980001	7722337	119932404007801	03	02/10/04-02/10/04	A6253	411.00	380.40	76.08	304.32
		Doe Sally	SJD11111			A2	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00004	0208980001	7722337	119932404007801	04	02/10/04-02/10/04	A6402	13.05	10.44	2.09	8.35
		Doe Sally	SJD11111			A1	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00005	0208980001	7722337	119932404007801	05	02/10/04-02/10/04	A6446	216.00	98.40	19.68	78.72
		Doe Sally	SJD11111			A2	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00006	0208980001	7722337	119932404007801	06	02/10/04-02/10/04	A6402	13.95	11.16	2.23	8.93
		Doe Sally	SJD11111			A1CC	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00007	0208980001	7722337	119932404007801	02	02/11/05-02/11/05	A4338	22.80	22.80	3.13	12.50
		Doe Sally	SJD11111			KX	**Reason Code: PR-1 PR-2**		**Remark Codes:**	
00008	0208980001	7722337	119932404007801	01	03/28/05-03/28/05	A6209	194.40	179.52	35.90	143.62
		Right Samuel	SJD11111			A2	**Reason Code: PR-2 CO-42**		**Remark Codes: N88**	
00009	0208980001	7722337	119932404007801	02	03/28/05-03/28/05	A6446	43.20	19.68	3.94	15.74
		Right Samuel	SJD11111			A2	**Reason Code: PR-2 CO-42**		**Remark Codes: N88**	
00010	0208980001	7722337	119932404007801	02	02/10/05-02/10/05	A6021	375.00	315.30	7.85	31.53
		Doe Sally	SJD11111			A1	**Reason Code: PR-23 PR-1 PR-2 CO-42 OA-23**		**Remark Codes:**	
00011	0208980001	7722337	119932404007801	03	02/10/05-02/10/05	A6446	25.20	11.48	0.32	1.14
		Doe Sally	SJD11111			A1	**Reason Code: PR-23 PR-2 CO-42 OA-23**		**Remark Codes:**	
00012	0208980001	7722337	119932404007801	01	03/09/05-03/09/05	A6446	28.80	13.12	2.62	10.50
		Doe Sally	SJD11111			A1	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
00013	0208980001	7722337	119932404007801	02	03/09/05-03/09/05	A6456	120.00	102.40	20.48	81.92
		Doe Sally	SJD11111			A1	**Reason Code: PR-2 CO-42**		**Remark Codes:**	
							1719.90	**1398.40**	**221.06**	**884.23**

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Making Sense of the Deductible/Coinsurance Service Lines Report

This report shows claim service lines that have both deductible and coinsurance amounts greater than zero, as well as those service lines with only coinsurance and deductible amounts greater than zero. It includes only the lines on the claim that meet these criteria.

Deductible/Coinsurance Service Line(s) Report

Generated: 9/11/2009 11:46:15 AM

Carrier: AREA INSURANCE
Payee #: 0208980001
Payee Name: ACME PHYSICIANS INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980001	7722337	119932404007801	01	02/10/04-02/10/04	A4450	18.00	13.20	0.00	2.64	10.56
		Doe Sally	SJD11111			AW	Reason Code: PR-2 CO-42		Remark Codes:		
00002	0208980001	7722337	119932404007801	02	02/10/04-02/10/04	A6196	238.50	220.50	0.00	44.10	176.40
		Doe Sally	SJD11111			A1	Reason Code: PR-2 CO-42		Remark Codes:		
00003	0208980001	7722337	119932404007801	03	02/10/04-02/10/04	A6253	411.00	380.40	0.00	76.08	304.32
		Doe Sally	SJD11111			A2	Reason Code: PR-2 CO-42		Remark Codes:		
00004	0208980001	7722337	119932404007801	04	02/10/04-02/10/04	A6402	13.05	10.44	0.00	2.09	8.35
		Doe Sally	SJD11111			A1	Reason Code: PR-2 CO-42		Remark Codes:		
00005	0208980001	7722337	119932404007801	05	02/10/04-02/10/04	A6446	216.00	98.40	0.00	19.68	78.72
		Doe Sally	SJD11111			A2	Reason Code: PR-2 CO-42		Remark Codes:		
00006	0208980001	7722337	119932404007801	06	02/10/04-02/10/04	A6402	13.95	11.16	0.00	2.23	8.93
		Doe Sally	SJD11111			A1CC	Reason Code: PR-2 CO-42		Remark Codes:		
00007	0208980001	7722337	119932404007801	01	02/11/05-02/11/05	A4310	15.40	13.12	13.12	0.00	0.00
		Doe Sally	SJD11111			KX	Reason Code: PR-1 CO-42		Remark Codes:		
00008	0208980001	7722337	119932404007801	02	02/11/05-02/11/05	A4338	22.80	22.80	7.17	3.13	12.50
		Doe Sally	SJD11111			KX	Reason Code: PR-1 PR-2		Remark Codes:		
00009	0208980001	7722337	119932404007801	01	03/28/05-03/28/05	A6209	194.40	179.52	0.00	35.90	143.62
		Right Samuel	SJD11111			A2	Reason Code: PR-2 CO-42		Remark Codes: N88		
00010	0208980001	7722337	119932404007801	02	03/28/05-03/28/05	A6446	43.20	19.68	0.00	3.94	15.74
		Right Samuel	SJD11111			A2	Reason Code: PR-2 CO-42		Remark Codes: N88		
00011	0208980001	7722337	119932404007801	01	02/10/05-02/10/05	A4450	5.00	4.40	4.40	0.00	0.00
		Doe Sally	SJD11111			AW	Reason Code: PR-23 PR-1 CO-42 OA-23		Remark Codes:		
00012	0208980001	7722337	119932404007801	02	02/10/05-02/10/05	A6021	375.00	315.30	30.84	7.85	31.53
		Doe Sally	SJD11111			A1	Reason Code: PR-23 PR-1 PR-2 CO-42 OA-23		Remark Codes:		
00013	0208980001	7722337	119932404007801	03	02/10/05-02/10/05	A6446	25.20	11.48	0.00	0.32	1.14
		Doe Sally	SJD11111			A1	Reason Code: PR-23 PR-2 CO-42 OA-23		Remark Codes:		
00014	0208980001	7722337	119932404007801	01	03/09/05-03/09/05	A6446	28.80	13.12	0.00	2.62	10.50
		Doe Sally	SJD11111			A1	Reason Code: PR-2 CO-42		Remark Codes:		
00015	0208980001	7722337	119932404007801	02	03/09/05-03/09/05	A6456	120.00	102.40	0.00	20.48	81.92
		Doe Sally	SJD11111			A1	Reason Code: PR-2 CO-42		Remark Codes:		
							1741.30	1415.92	55.53	221.06	884.23

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Making Sense of the COB Claims Report

This report shows those claims on the HIPAA 835v4010A1 or 835v5010 file that were crossed over. The requirement for crossover claims to print on the report is that the 2100 loop, CLP02 data field must contain one of the following values:

19 Processed as Primary, Forwarded to Additional Payer(s)

20 Processed as Secondary, Forwarded to Additional Payer(s)

21 Processed as Tertiary, Forward to Additional Payer(s)

COB Claims Report

Generated: 9/11/2009 12:04:58 PM

Carrier: AREA INSURANCE
Payee #: 0208980001
Payee Name: ACME PHYSICIANS INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq#	ACNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	7722337	Doe, Sally	SJD11111	119932404007801	910.50	734.10	0.00	146.82	587.28
	Processed as primary, forwarded to SUPPLEMENTAL INSURER								
00002	7722337	Right, Samuel	SJD11111	119932404007801	237.50	199.20	0.00	39.84	159.36
	Processed as primary, forwarded to UNKNOWN								
00003	7722337	Doe, Sally	SJD11111	119932404007801	148.80	115.52	0.00	23.10	92.42
	Processed as primary, forwarded to BCBS OF SOUTH CAROLINA (FEP)								
					1296.90	1048.82	0.00	209.76	839.06

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Making Sense of the Non-COB Claims Report

This report shows those claims on the HIPAA 835v4010A1 or 835v5010 file that did not cross over. The requirement for claims to print on the report is that the 2100.CLP02 data field does not contain one of the following values:

19 Processed as Primary, Forwarded to Additional Payer(s)

20 Processed as Secondary, Forwarded to Additional Payer(s)

22 Processed as Tertiary, Forward to Additional Payer(s)

NON COB Claims Report

Generated: 9/11/2009 12:08:31 PM

Carrier: AREA INSURANCE
Payee #: 0208980001
Payee Name: ACME PHYSICIANS INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq#	ACNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	7722337	Doe, Sally	SJD11111	119932404007801	38.20	35.92	20.29	3.13	12.50
00002	7722337	Doe, Sally	SJD11111	119932404007801	406.20	331.18	35.24	8.17	32.67
00003	7722337	Right, Samuel	SJD11111	119932404007801	40.00	0.00	0.00	0.00	0.00
					484.40	367.10	55.53	11.30	45.17

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Making Sense of the MSP Claims Report

This report contains those claims, within a remittance, on the HIPAA 835v4010A1 or 835v5010 file that were processed by Medicare as secondary. The claims have a value of 2 (Processed as Secondary) or 20 (Processed as Secondary, Forwarded to Additional Payer(s)) in the 2100 loop, CLP02 data field.

MSP Claims Report

Generated: 11/23/2010 9:37:07 AM

Carrier: PAYER INC.
Payee #: 9876543210
Payee Name: JOHNSON PHARMACY INC
Chk Date: 04/24/10
Chk/EFT #: 00050045678

Seq#	RCNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	Z45Y67	GARY, MATTHEW	555555555A	10123466789000	1082.13	676.29	0.00	135.26	541.03
					1082.13	**676.29**	**0.00**	**135.26**	**541.03**

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Making Sense of the Non-MSP Claims Report

This report contains those claims, within a remittance, on the HIPAA 835v4010A1 or 835v5010 file that were processed by Medicare as primary. The claims have a value of 1 (Processed as Primary) or 19 (Processed as Primary, Forwarded to Additional Payer(s)) in the 2100.CLP02 data field.

NON MSP Claims Report
Generated: 11/23/2010 9:17:19 AM

Carrier: PAYER INC.
Payee #: 9876543210
Payee Name: JOHNSON PHARMACY INC
Chk Date: 04/24/10
Chk/EFT #: 00050034567

Seq#	RCNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	1A2B3C	THOMAS, CHARLES	999999999A	10123456789000	1082.13	676.29	0.00	135.26	541.03
					1082.13	**676.29**	**0.00**	**135.26**	**541.03**

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Making Sense of the Other Adjustments Report

This report shows those claims on the HIPAA 835v4010A1 or 835v5010 file that had some type of adjustment. Claims that have Late Filing and Interest and remittances that have Withholding and a Forwarding Balance print on the report.

Other Adjustments Report

Generated: 7/15/2011 12:08:00 PM

Carrier: AREA INSURANCE

Payee #: 1234567890

Payee Name: ACME PHYSICIANS INC.

Chk Date: 04/23/05

Chk/EFT #: 12345

Seq#	Name	ACNT#	HICN	ICN	Adjustment	Description
00001	Doe, Sally	7722337	SJD11111	119932404007801	2.81	Interest
00002	Right, Samuel	7722337	SJD11111	119932404007801	1.23	Interest
00003	Doe, Sally	7722337	SJD11111	119932404007801	1.75	Interest
00004	Doe, Sally	7722337	SJD11111	119932404007801	2.22	Interest

Withholding/Capitation	(PLB=E3)	:	13.91
Withholding/Accel. Pmt	(PLB=AP)	:	24.77
Withholding/IRS	(PLB=IR)	:	15.30
Overpayment Recovery	(PLB=W0)	:	13.42
Forwarding Balance	(PLB=FB)	:	33.33

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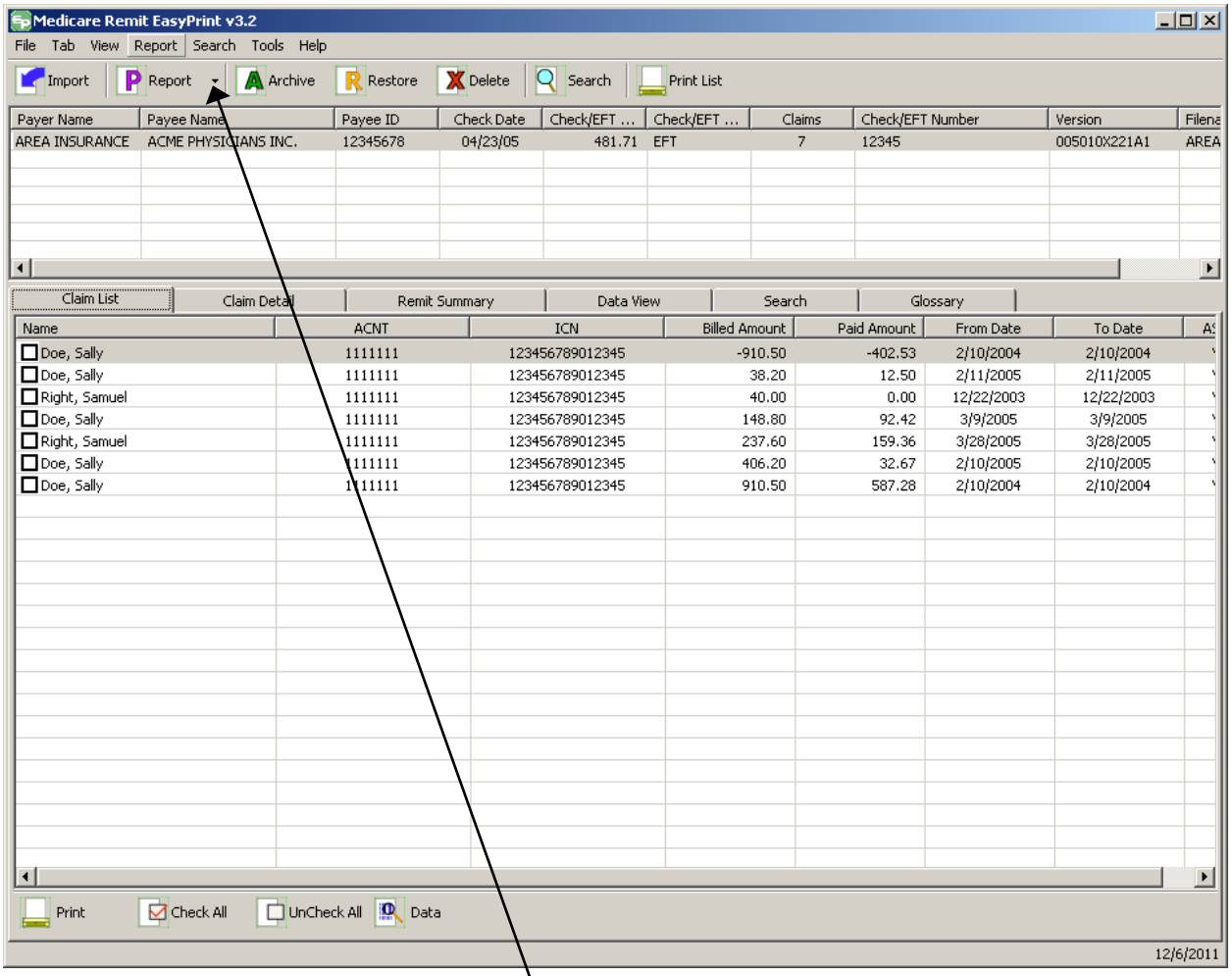
How to Print the Denied Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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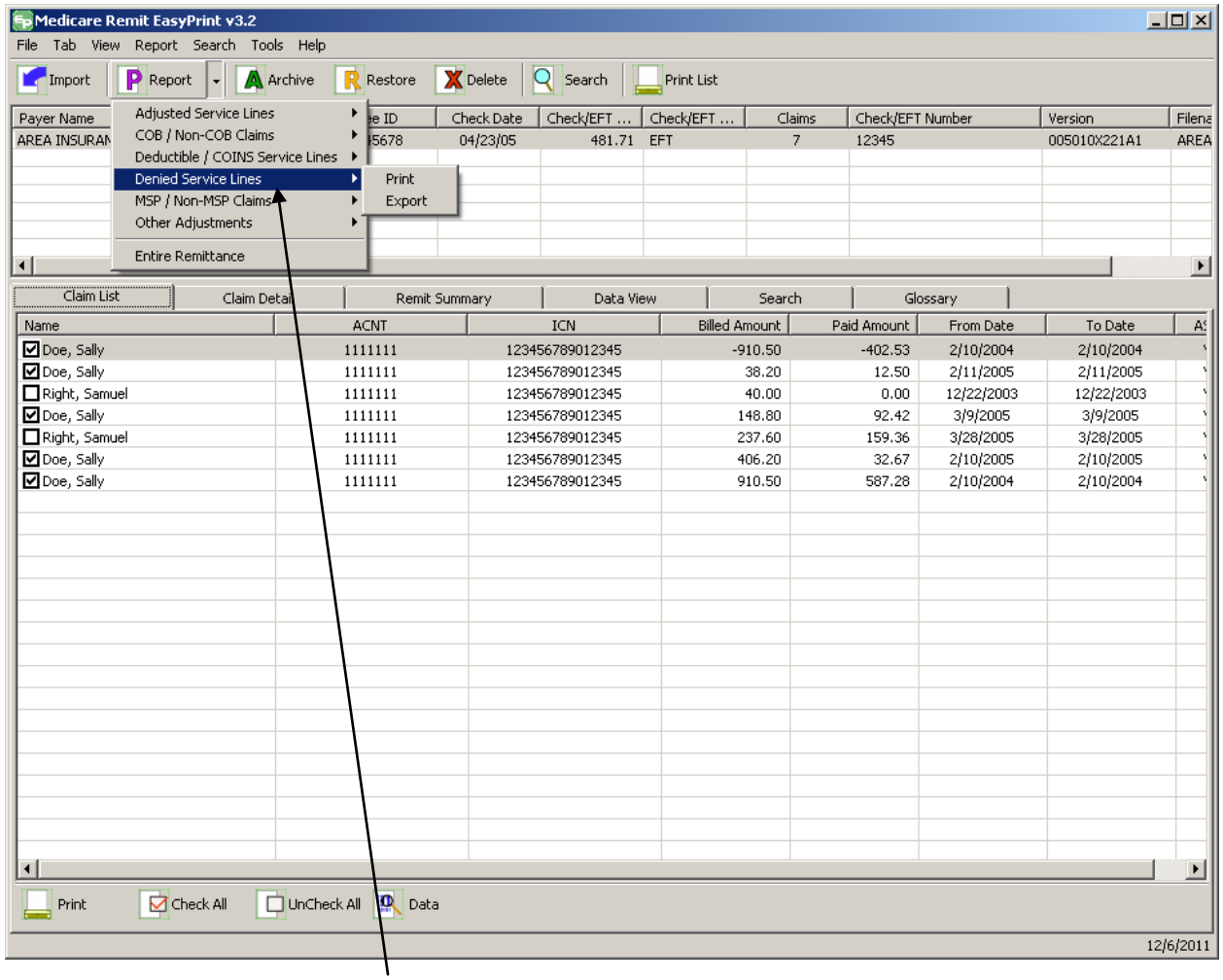
The Report List appears.



3. Select Denied Service Lines.

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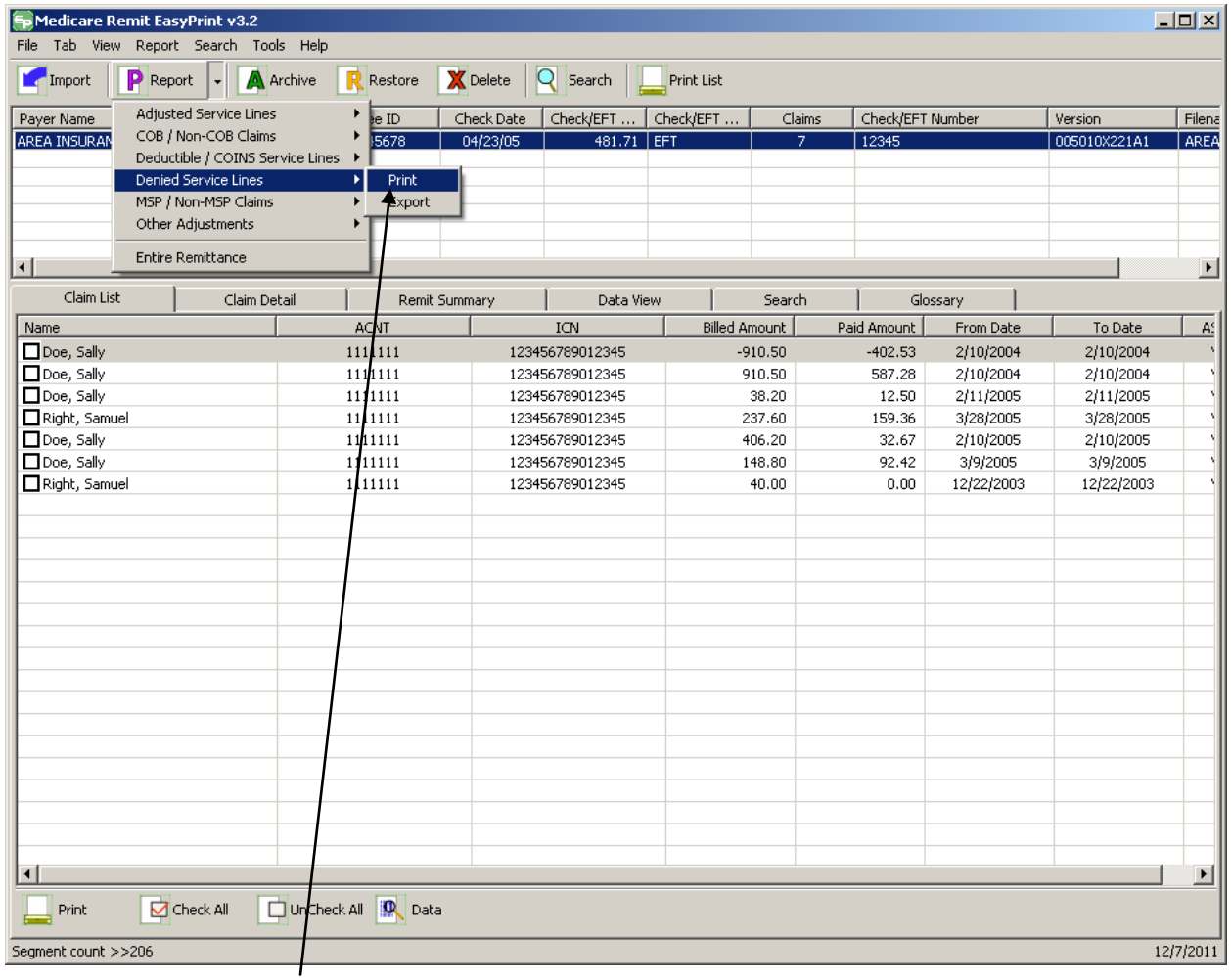
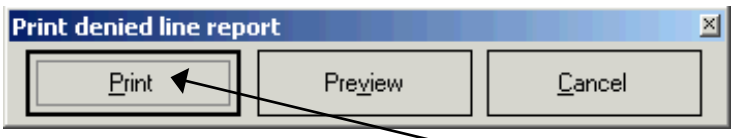
4. The Print and Export options appear:



5. Select Print.

   The Print denied line report window opens.



6. Print the detail listing in one of the following ways:

   A. From the Print denied line report window, click Print to print the detail without previewing it.

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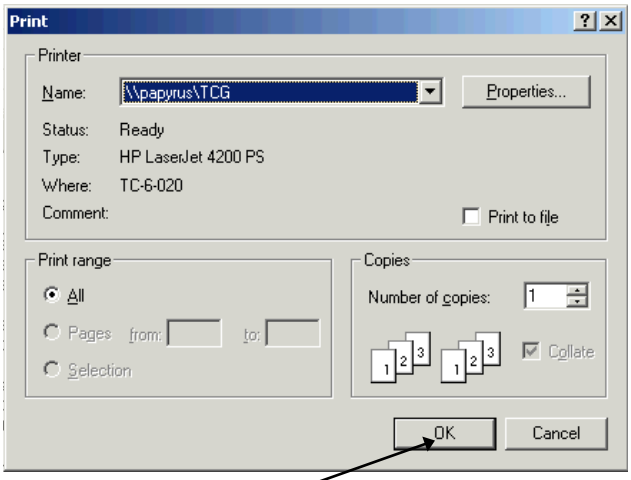
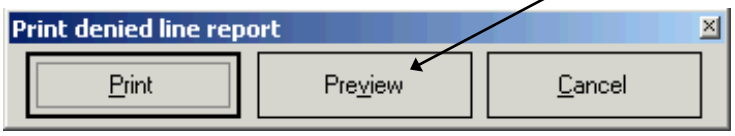
The Print dialog opens, for example:



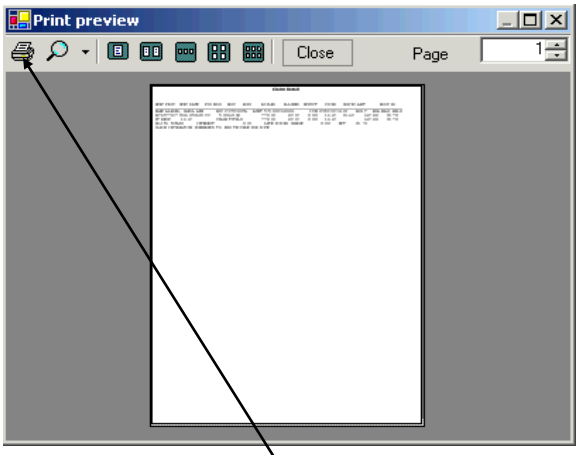
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print denied line report window, click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click the printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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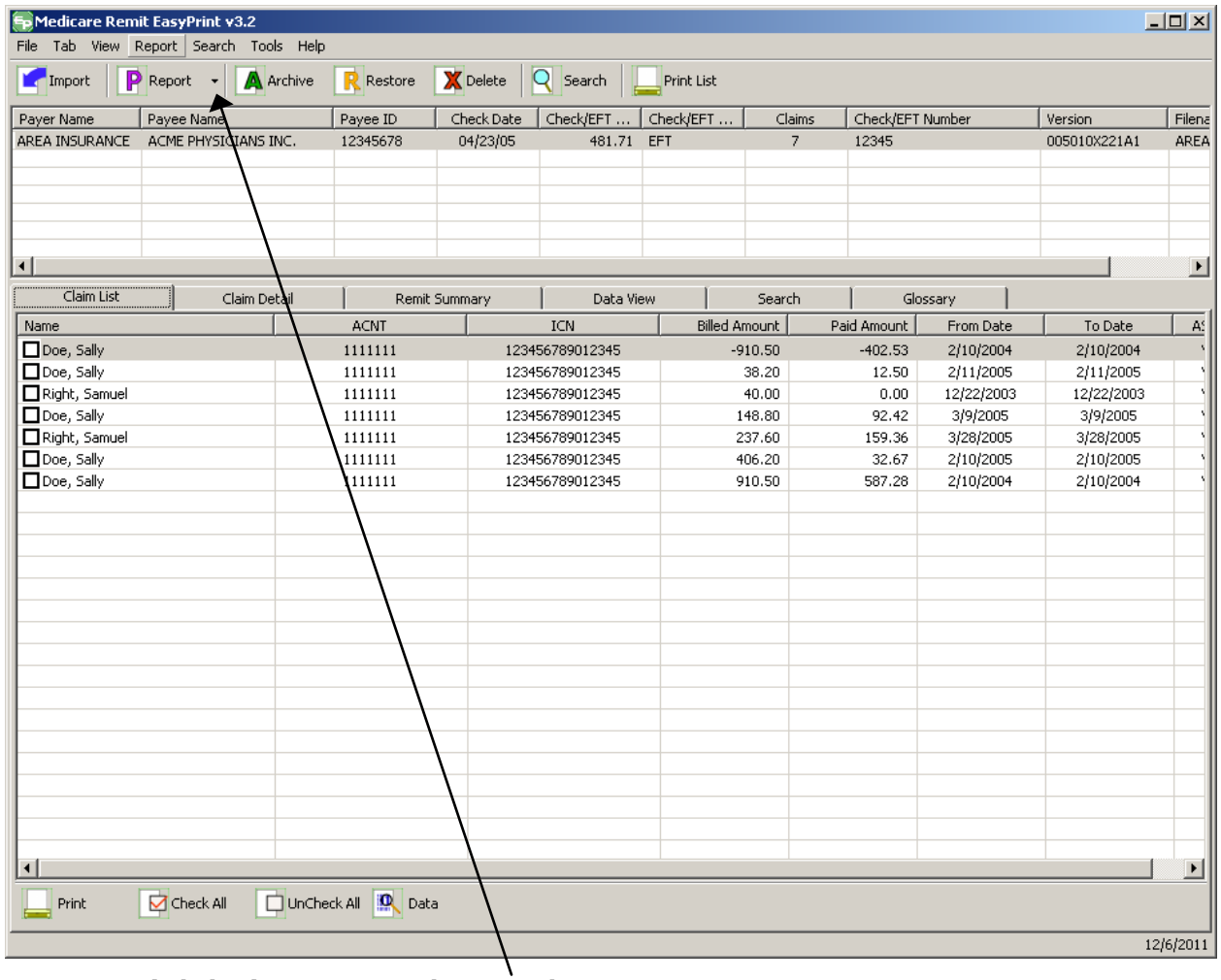
How to Export the Denied Service Lines Report

You export the report in .csv (comma separated values) format.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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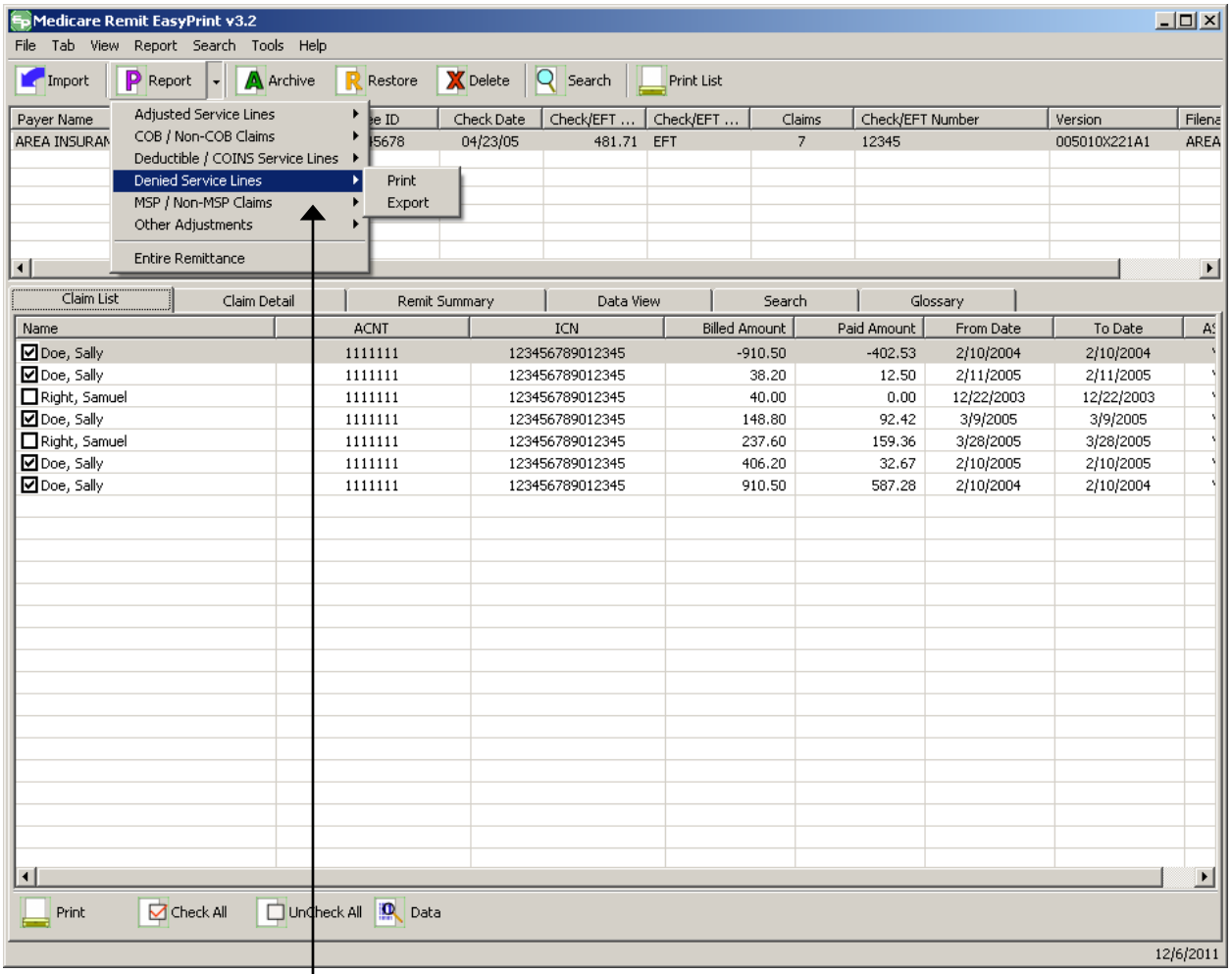
The Report List appears.



3. Select Denied Service Lines.

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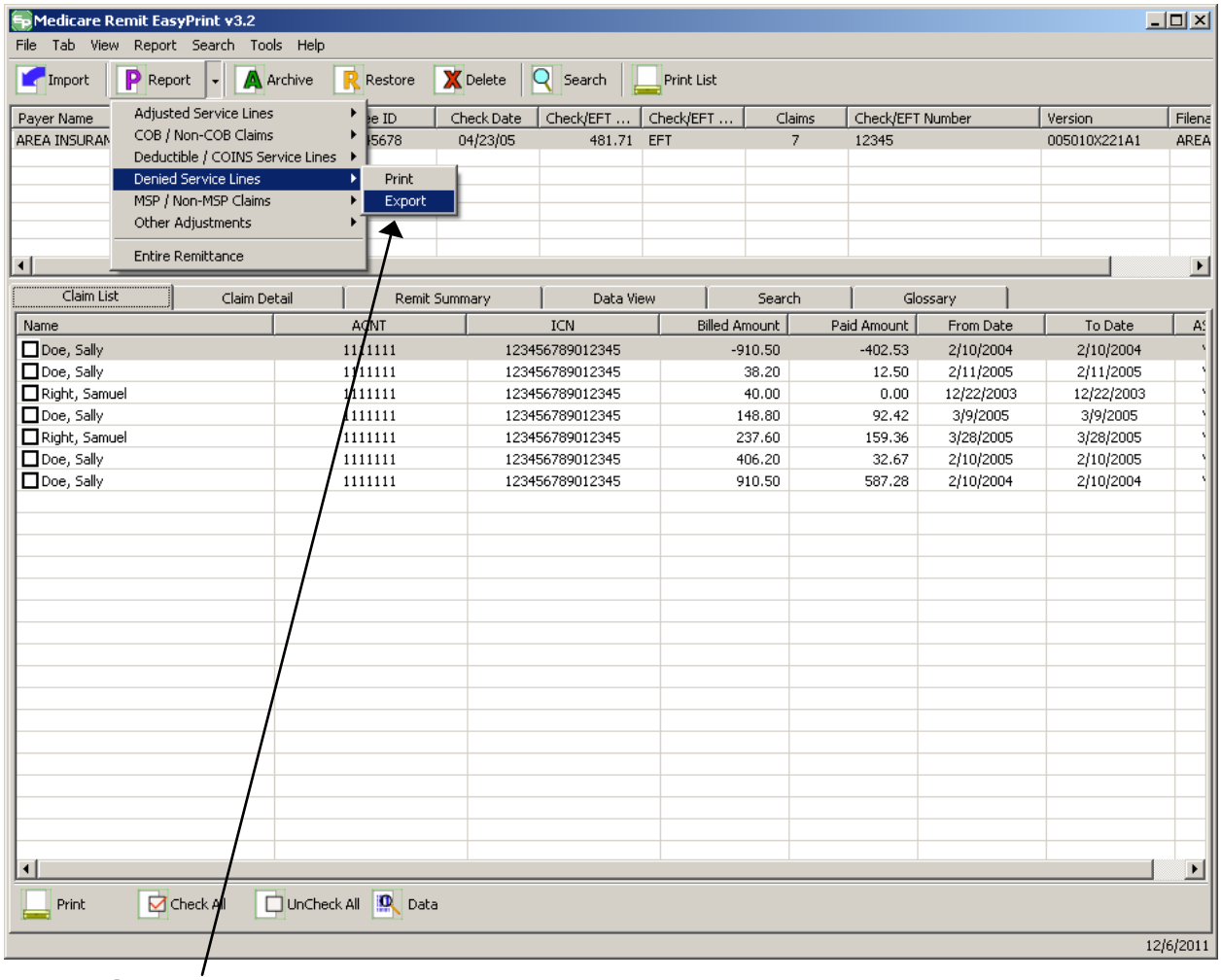
The Print and Export options appear.



4. Select Export.

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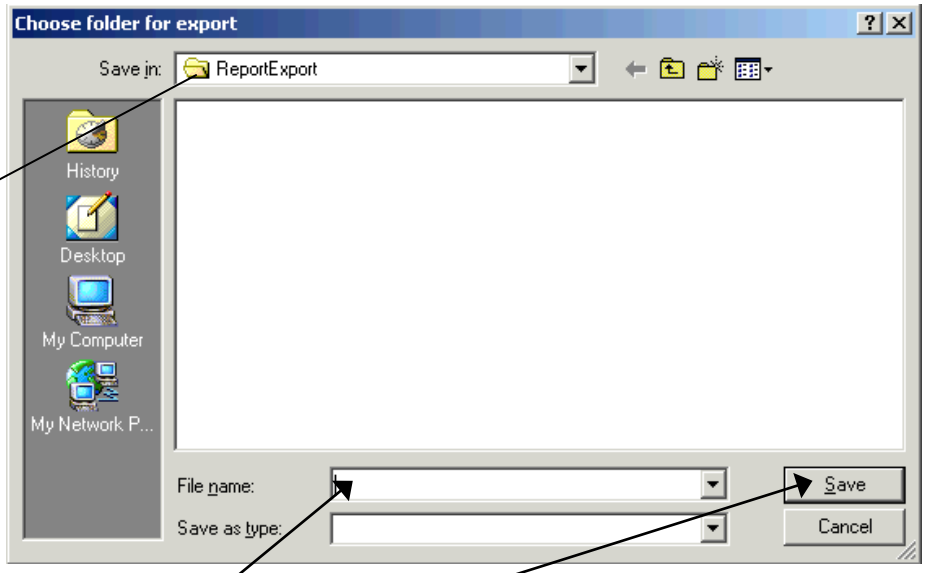
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory.

You can select another location using the Save in drop-down list. menu.



5. Enter the file name.
6. Click the Save button.

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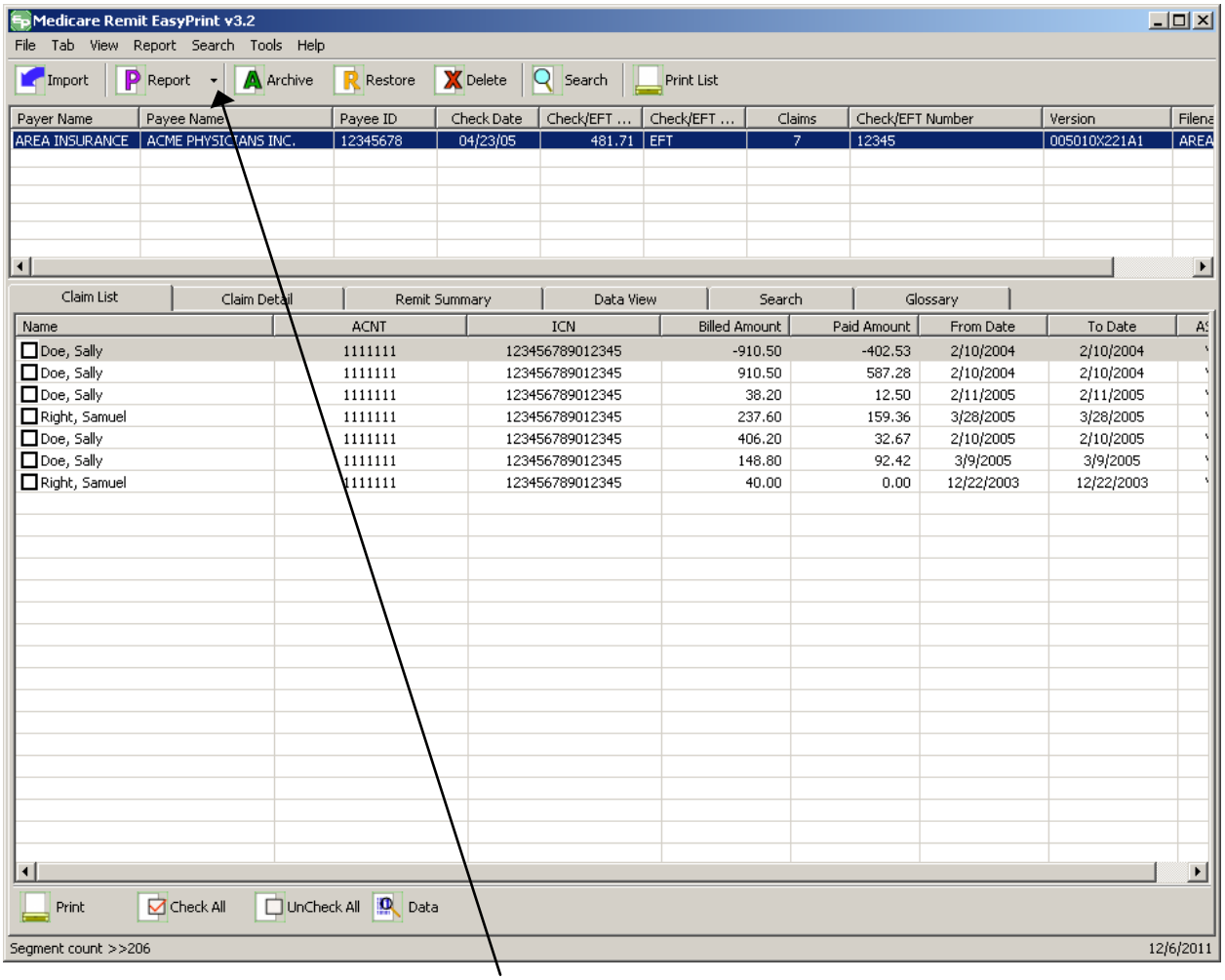
How to Print the Adjusted Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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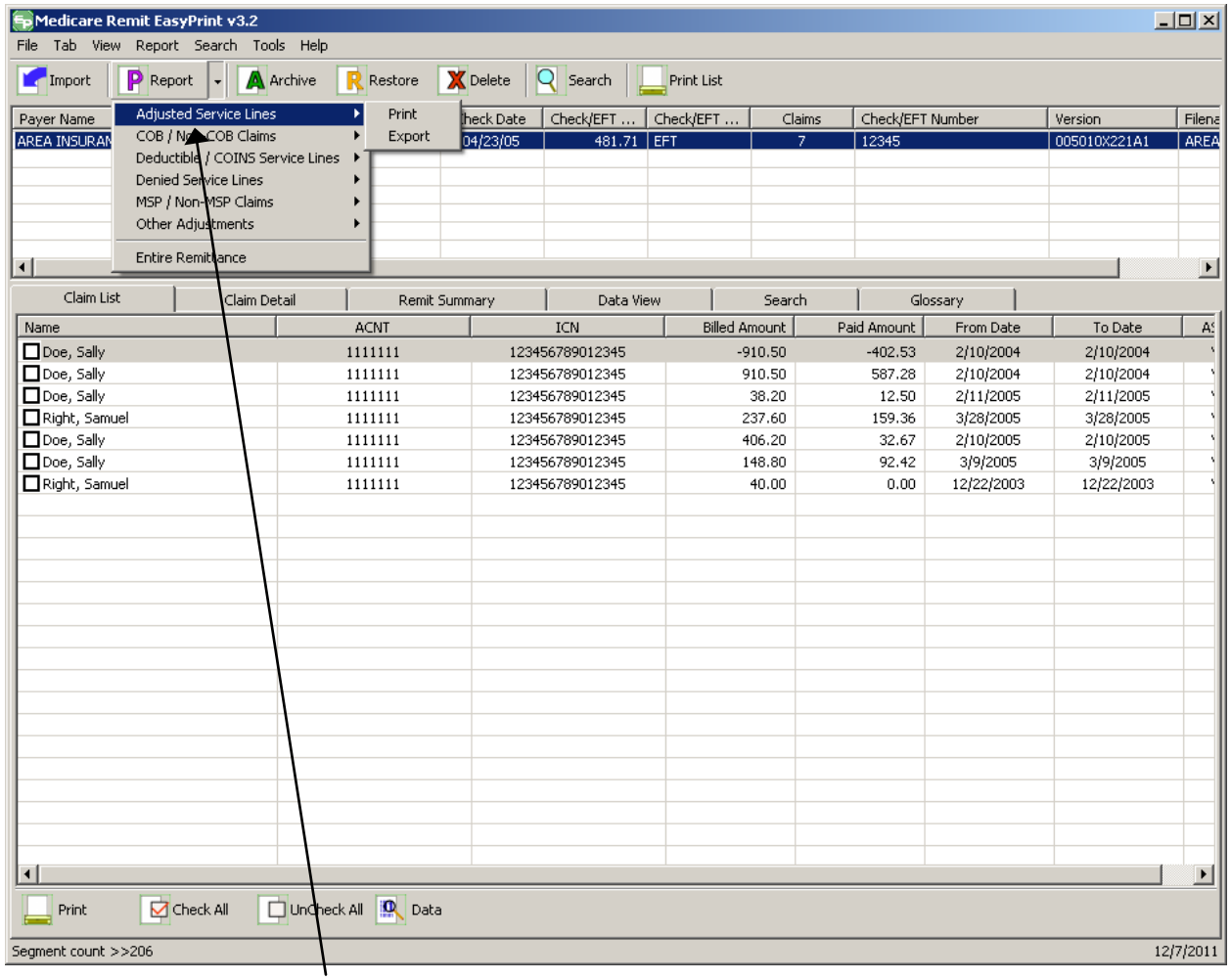
The Report List appears.



3. Select Adjusted Service Lines.

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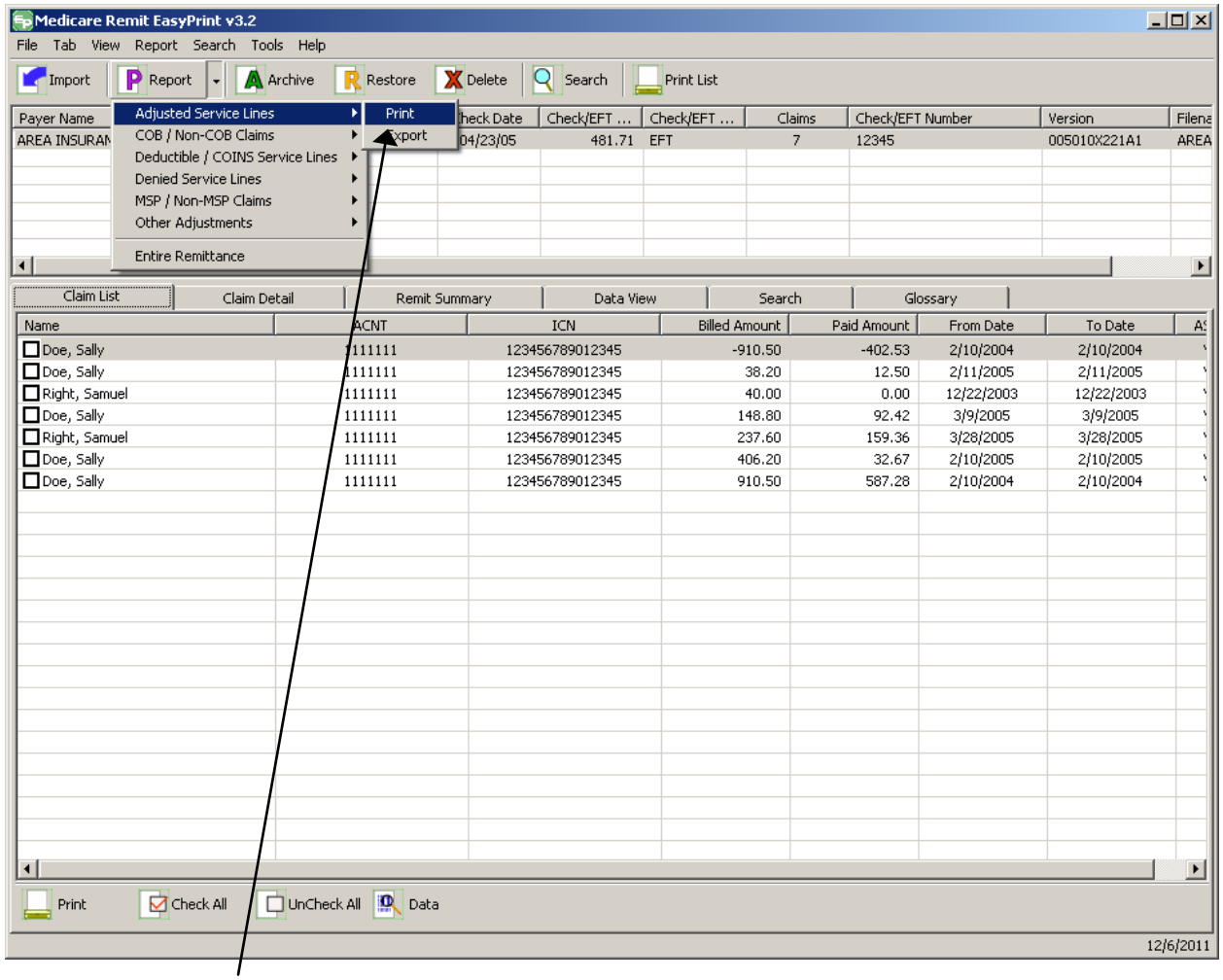
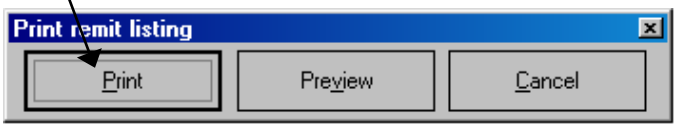
The Print and Export options appear.



4. Select Print. The Print remit listing window appears.
5. From the Print remit listing window, print the detail listing in one of the following ways:
   A. Click Print to print the detail without previewing it.



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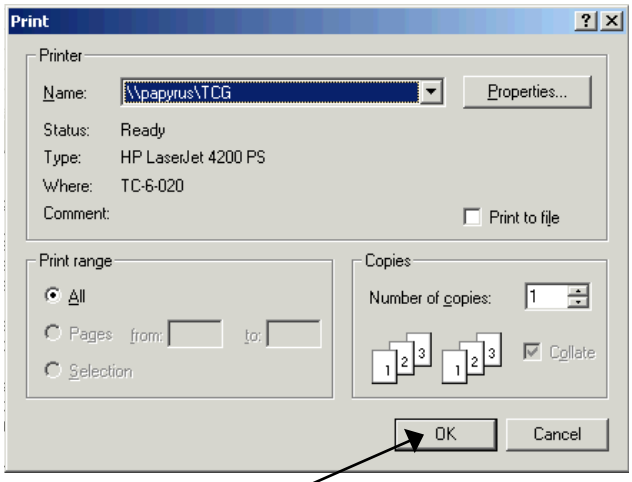
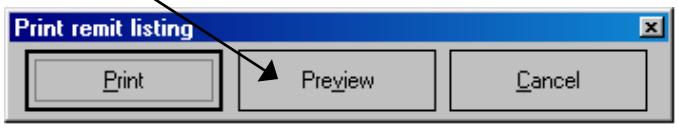
The Print dialog opens, for example:



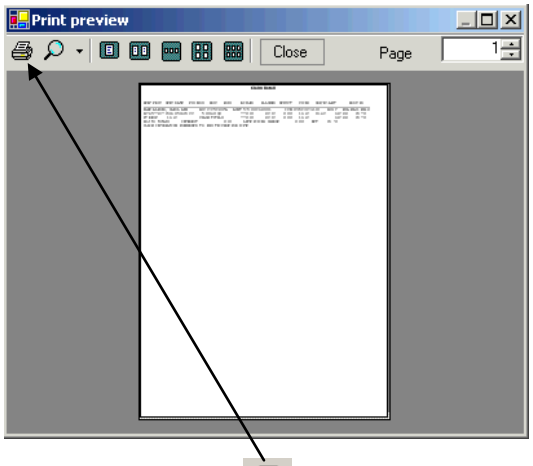
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. Click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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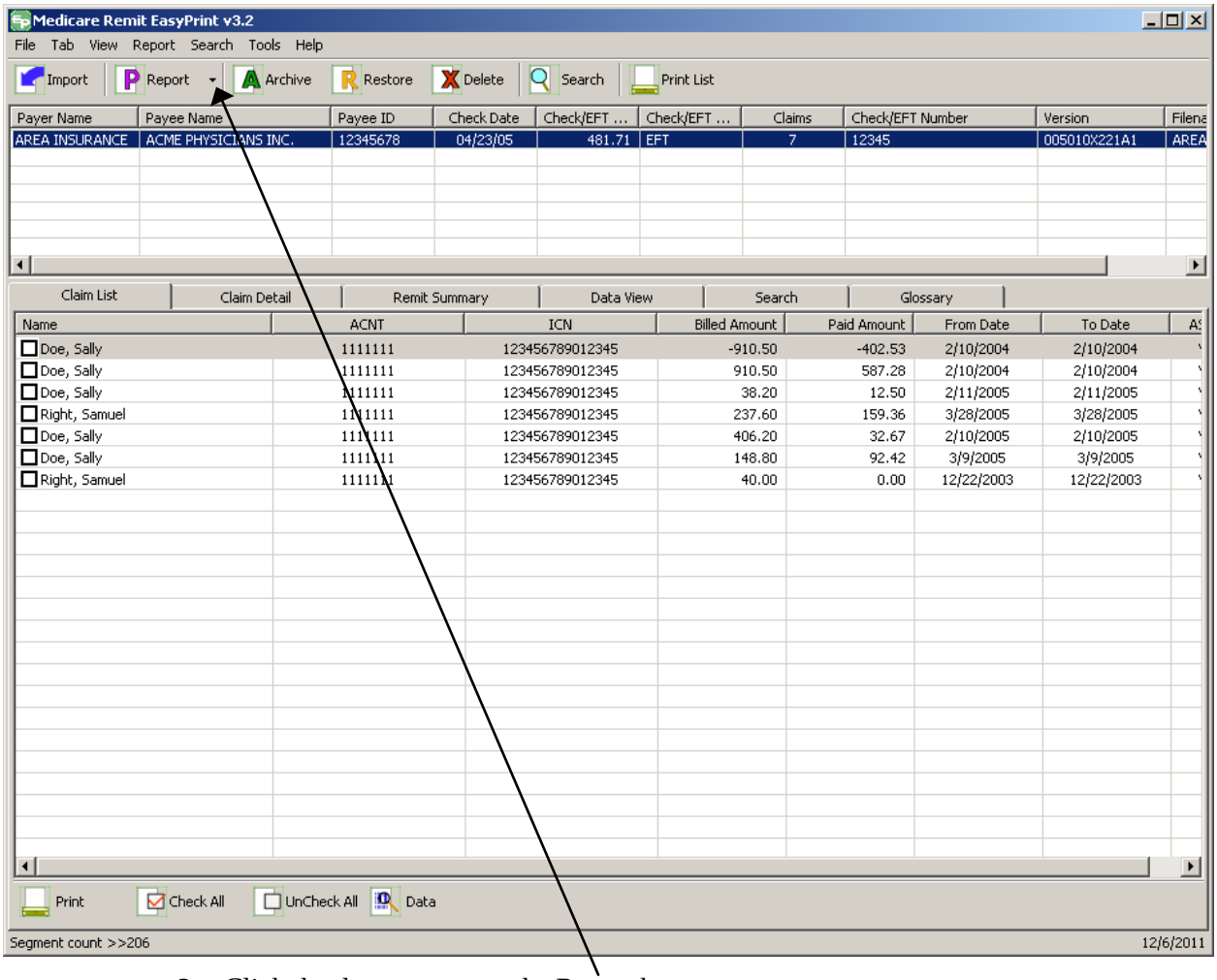
How to Export the Adjusted Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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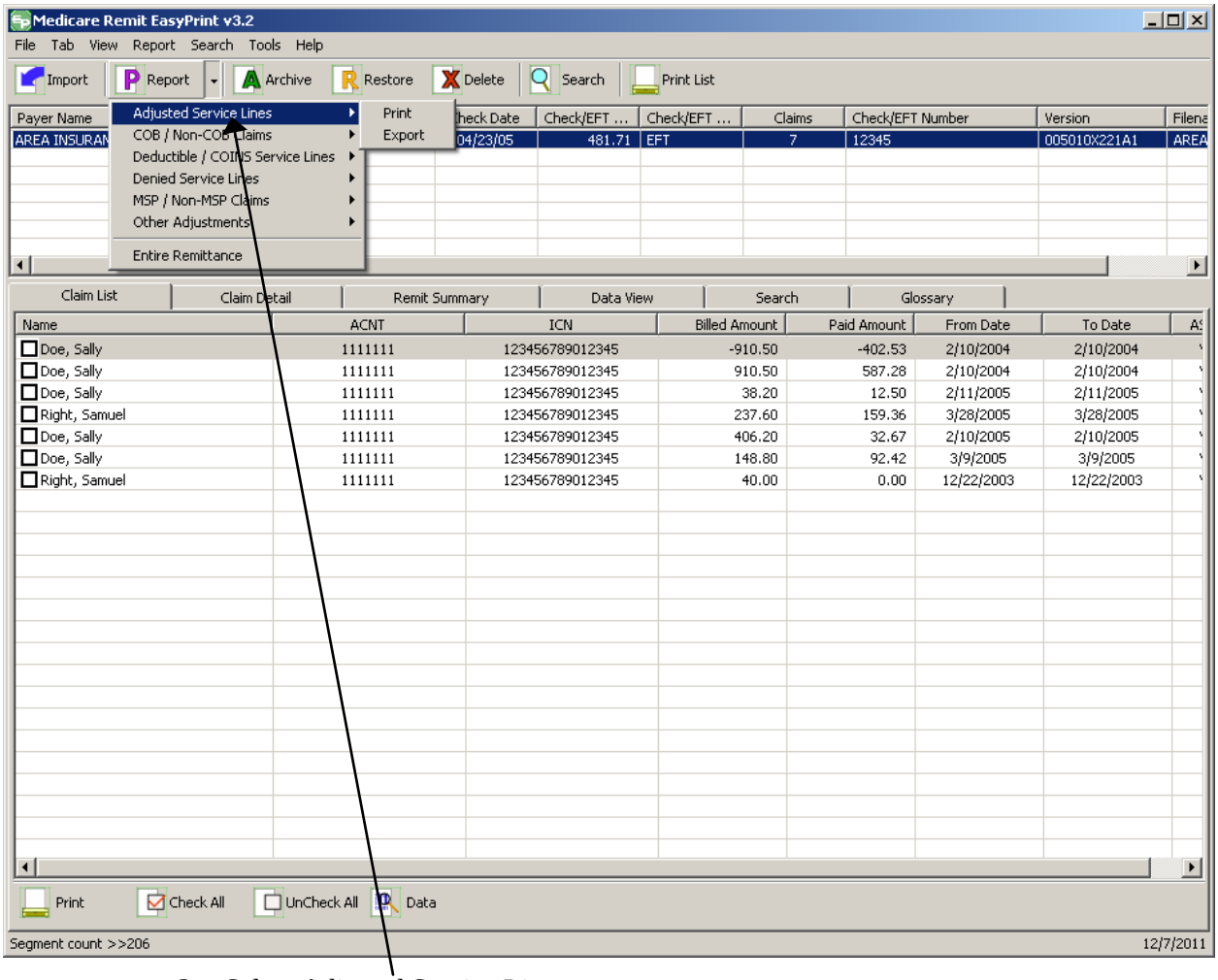
The Report List appears.



3. Select Adjusted Service Lines.

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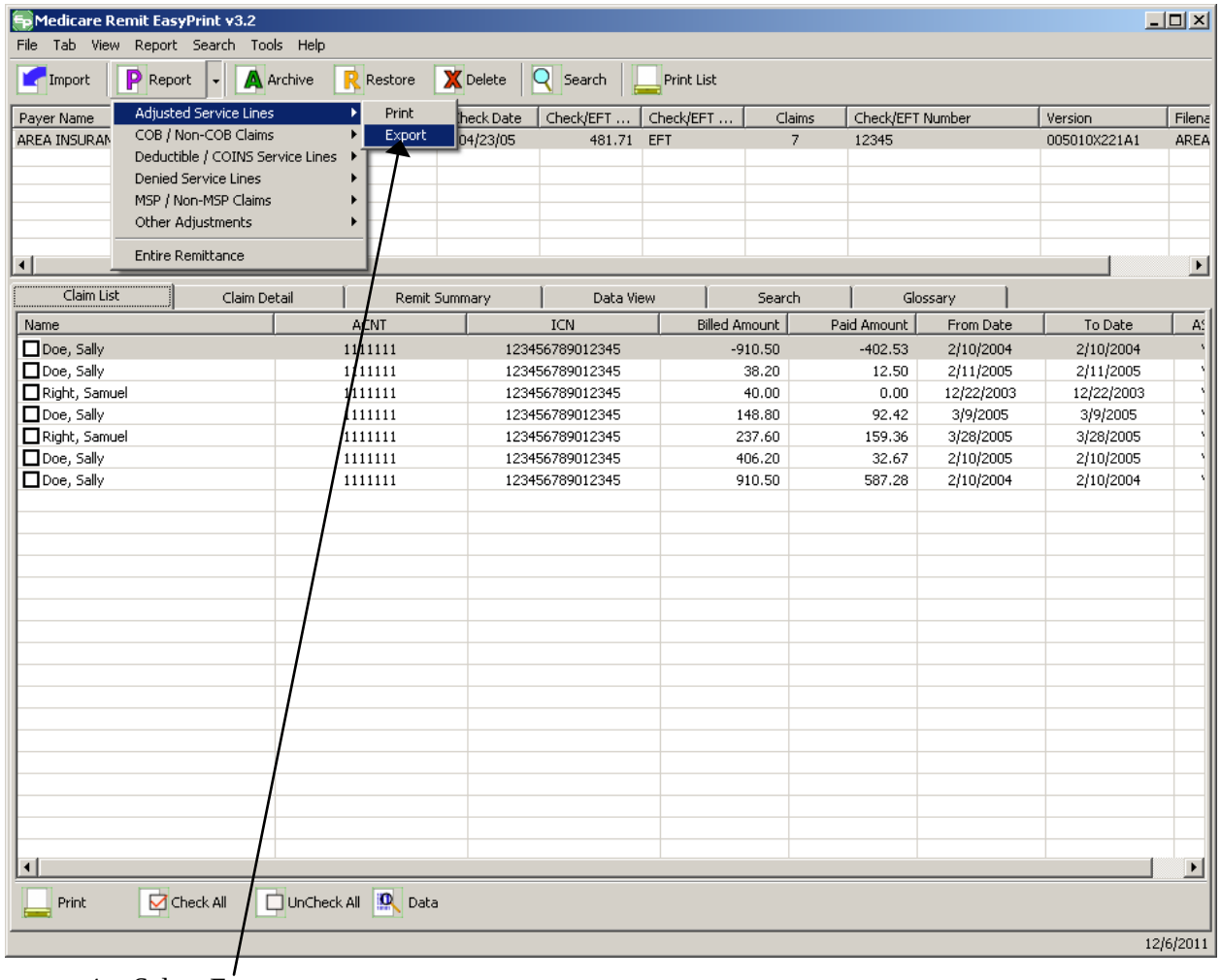
The Print and Export options appear.



4. Select Export.

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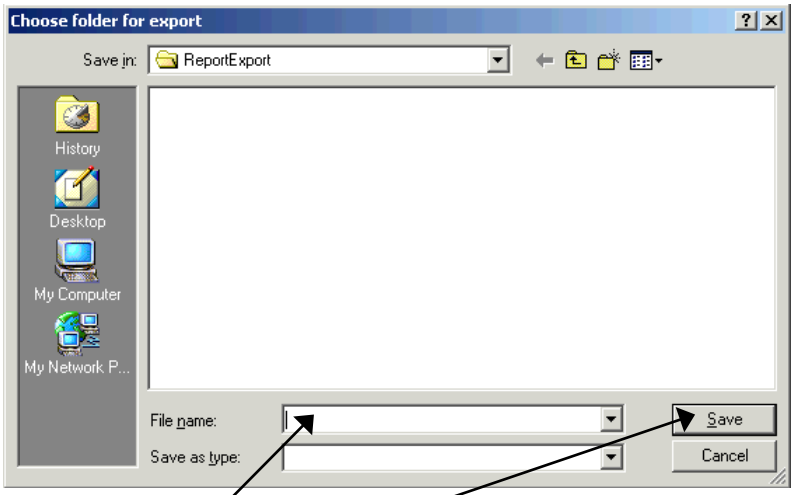
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.



5. Enter the file name.
6. Click the Save button.

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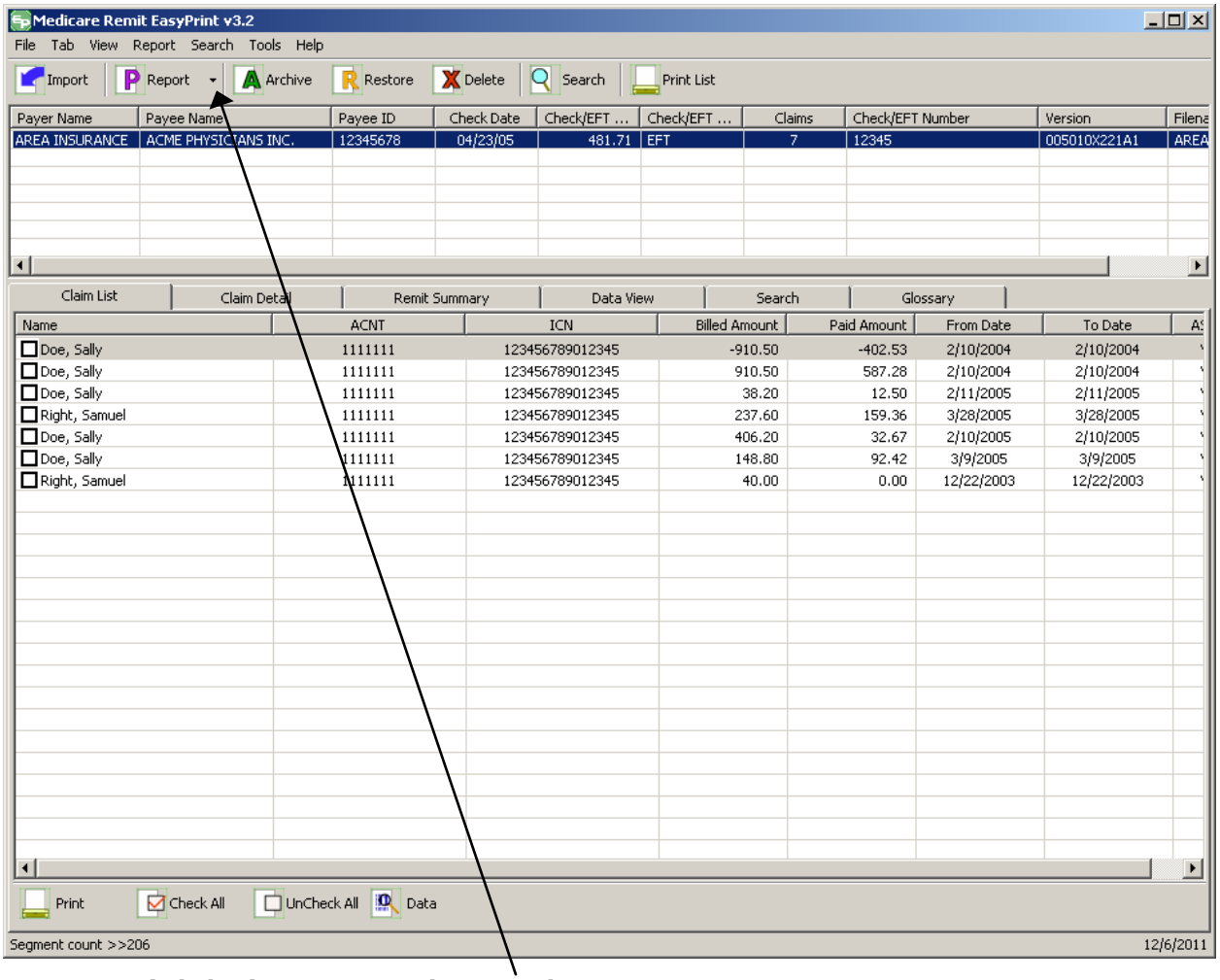
How to Print the Deductible Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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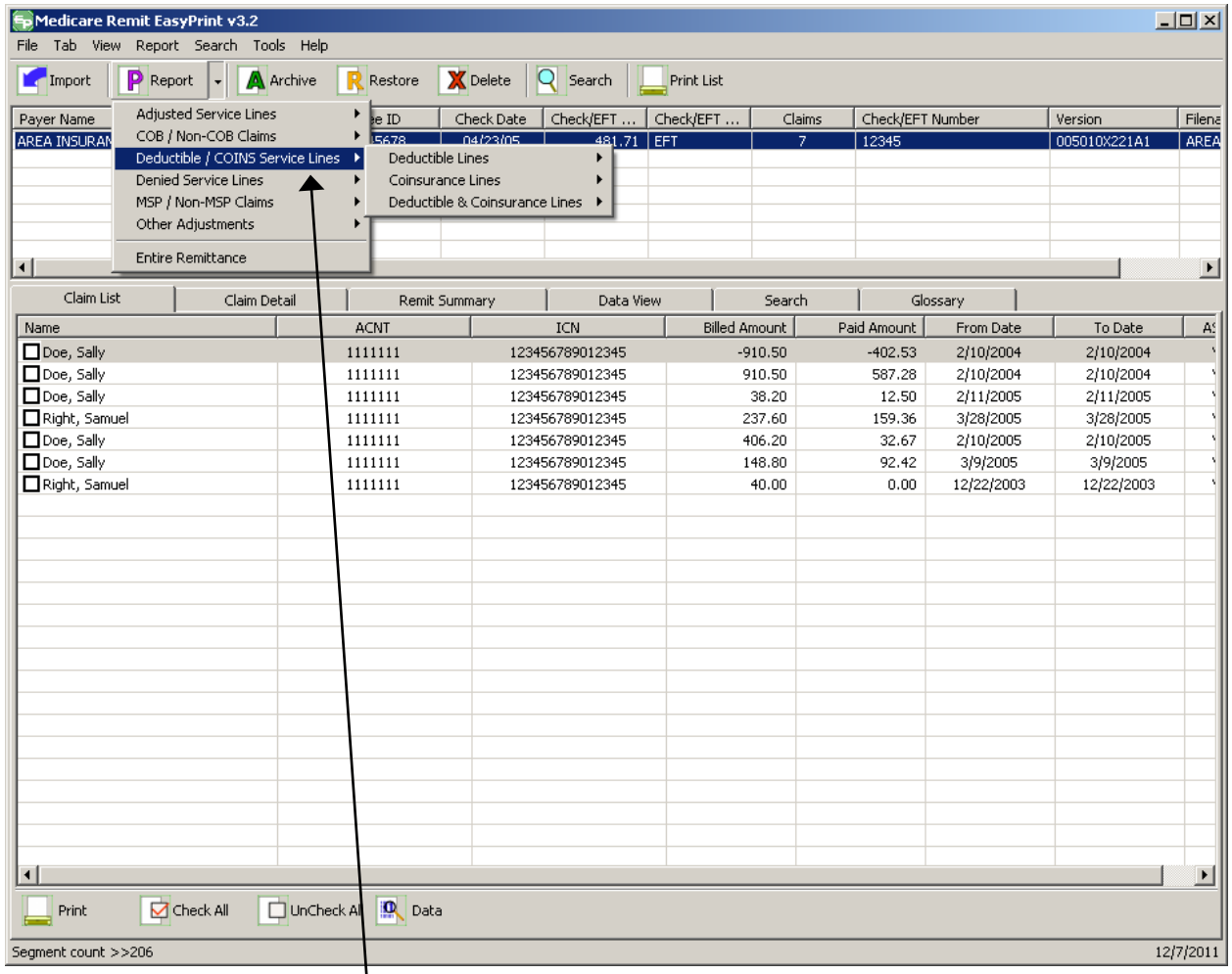
The Report List appears.



3. Select Deductible/COINS Service Lines.

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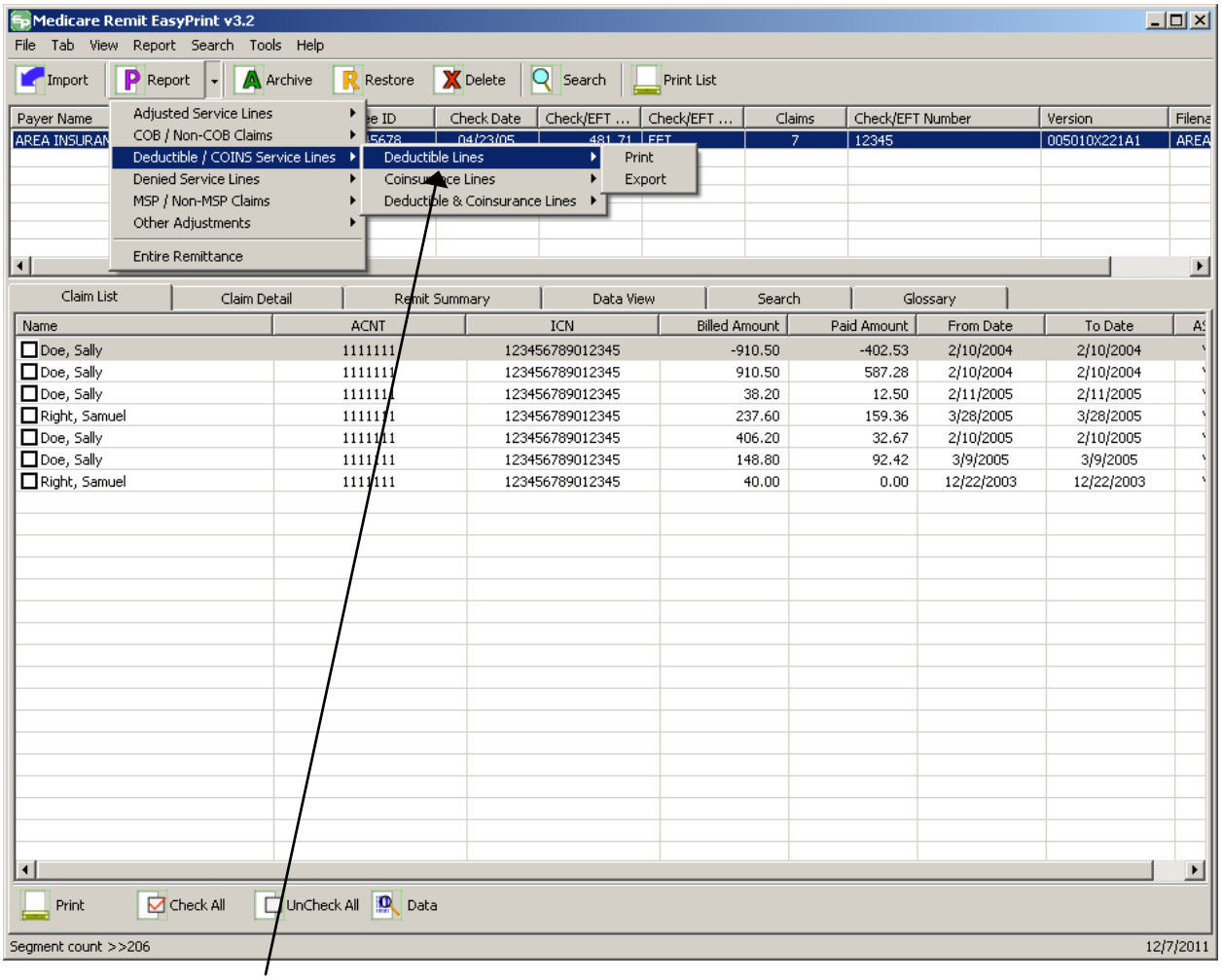
The Deductive/COINS Service Lines report options appear.



4. Select Deductible Lines:

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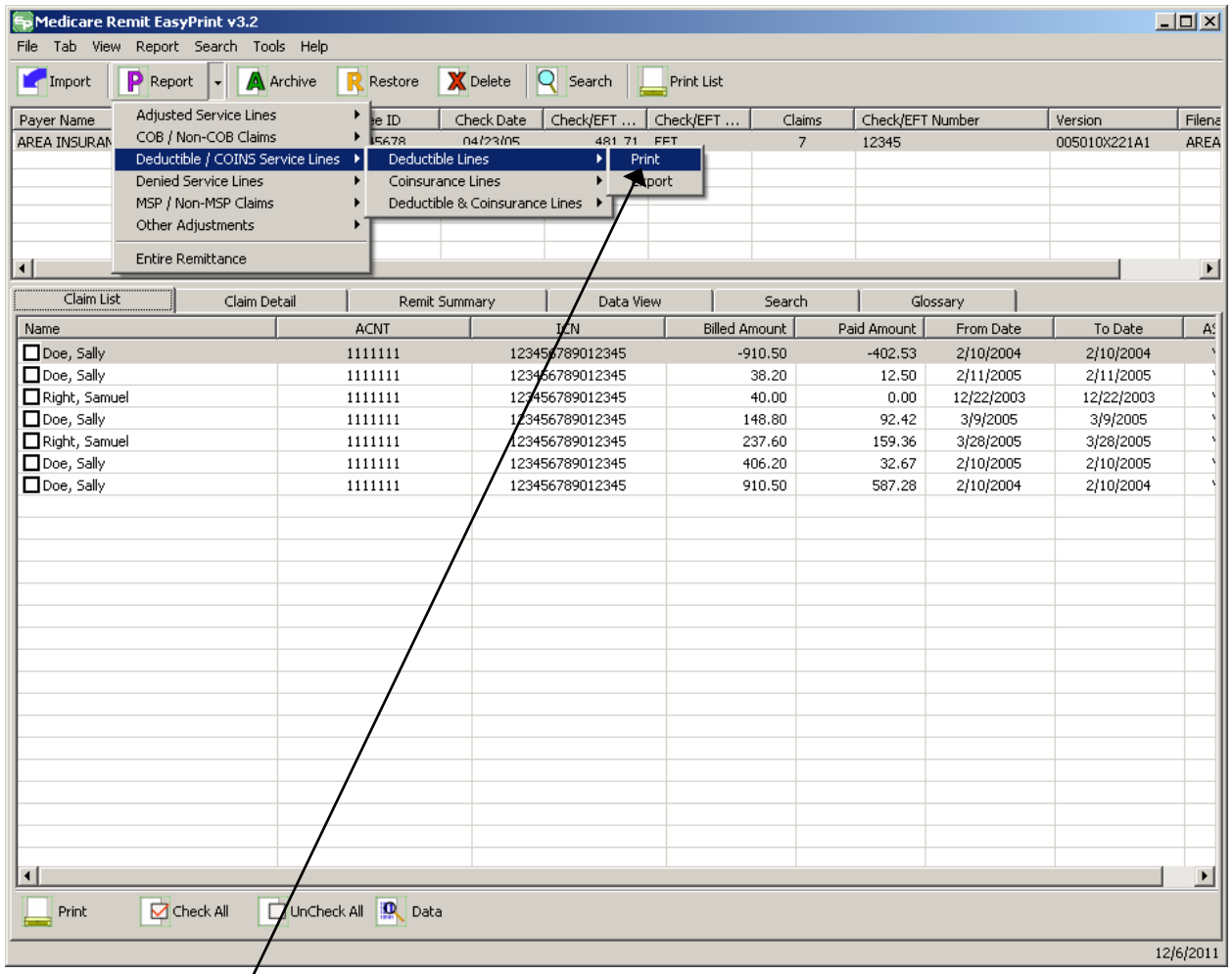
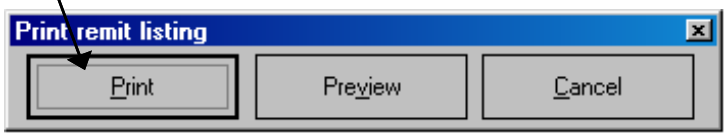


5. Select Print. The Print remit listing window appears.

6. Print the detail listing in one of the following ways:

   A. Click Print to print the detail without previewing it.



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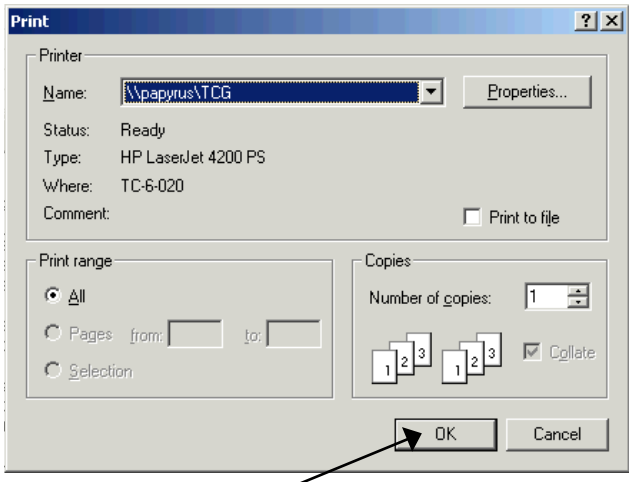
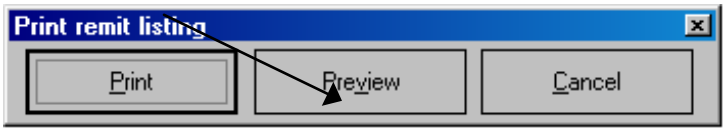
The Print dialog opens.



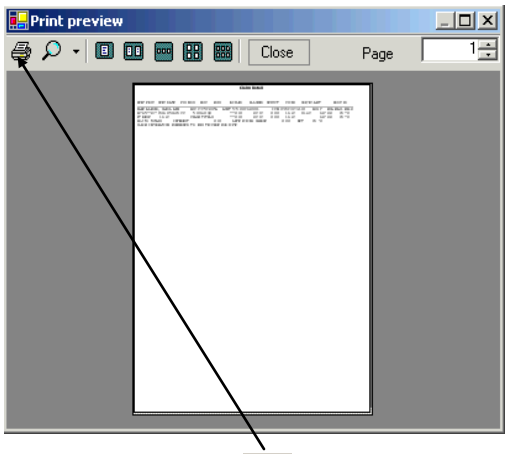
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. Click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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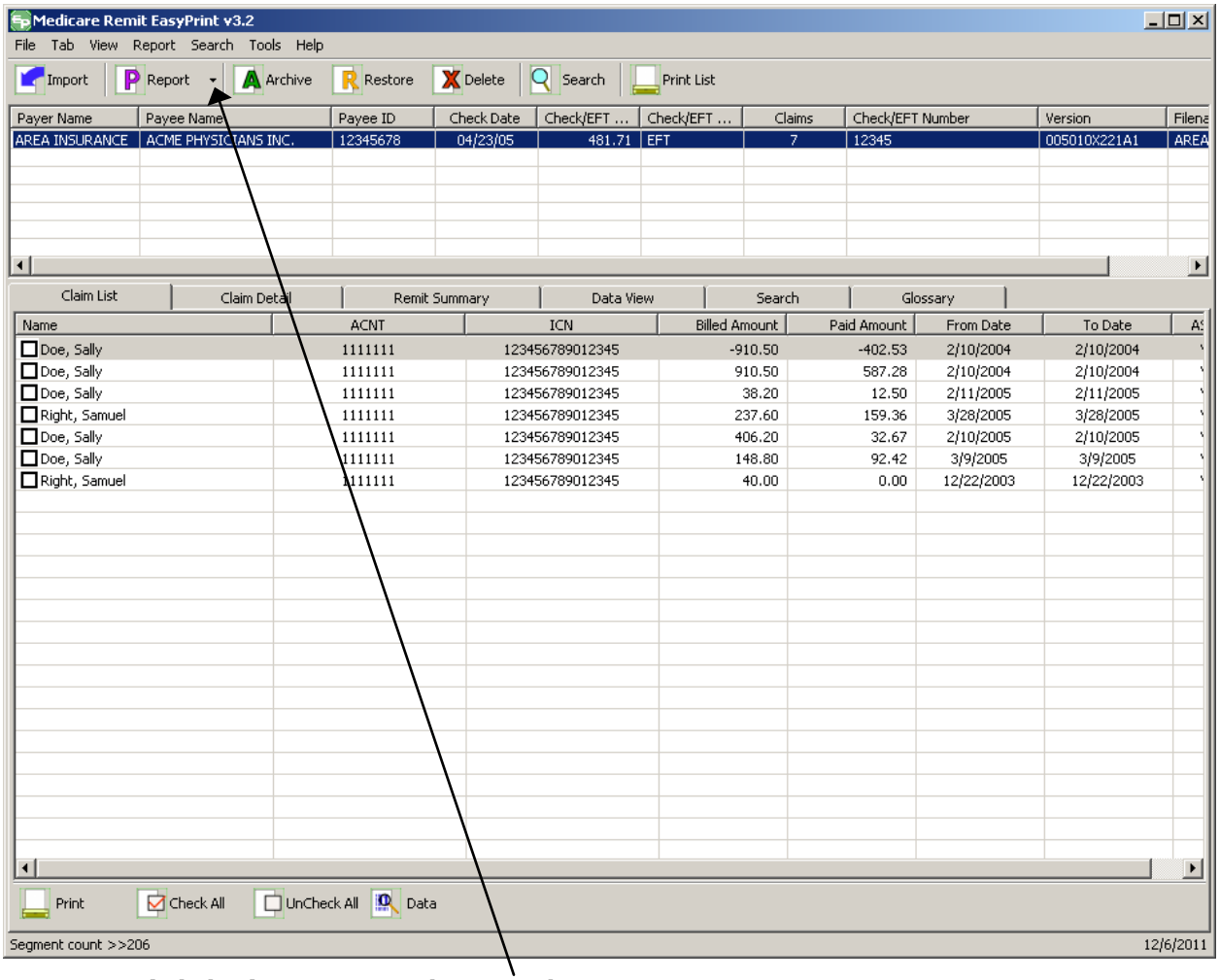
How to Export the Deductible Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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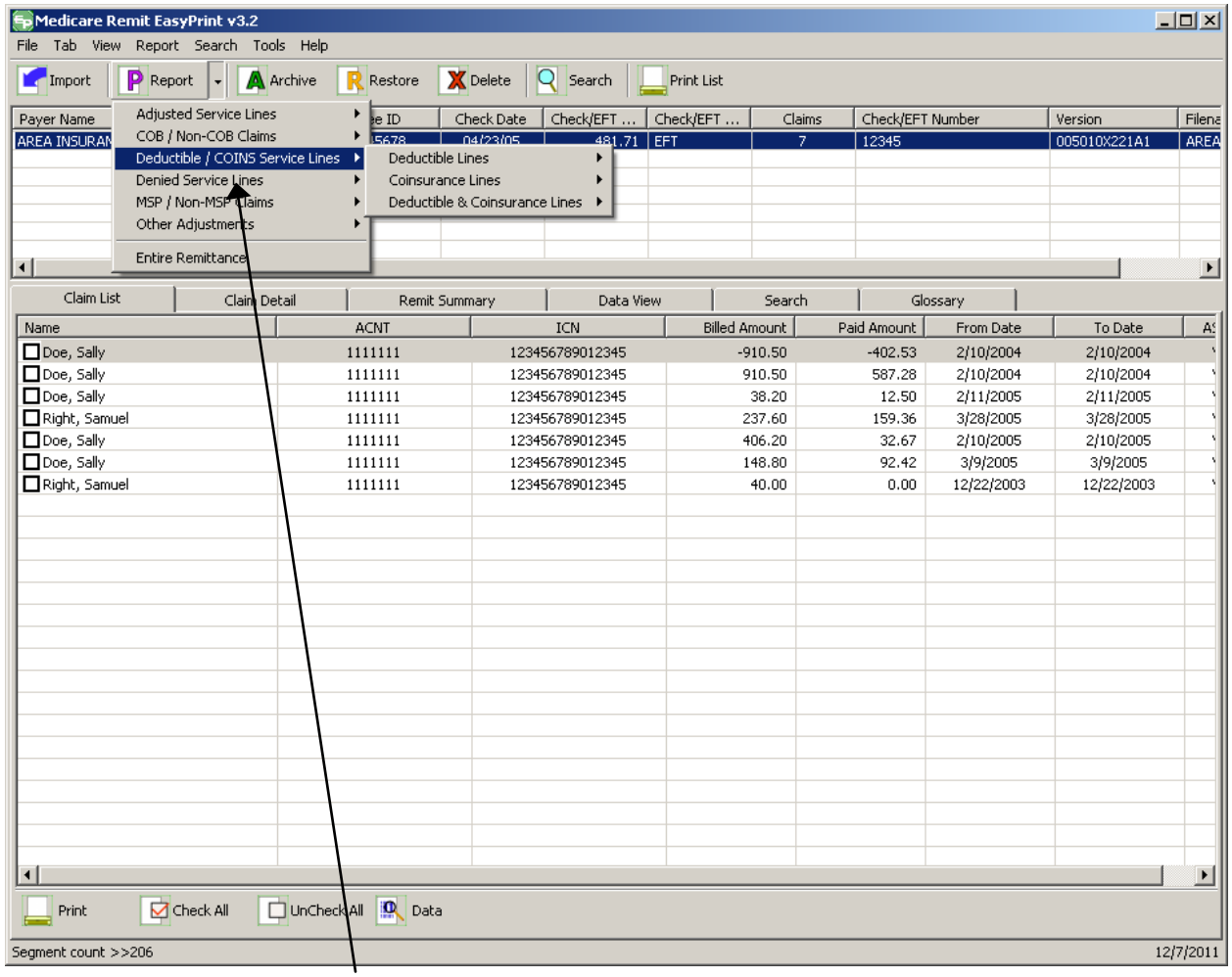
The Report List appears.



3. Select Deductible/COINS Service Lines.

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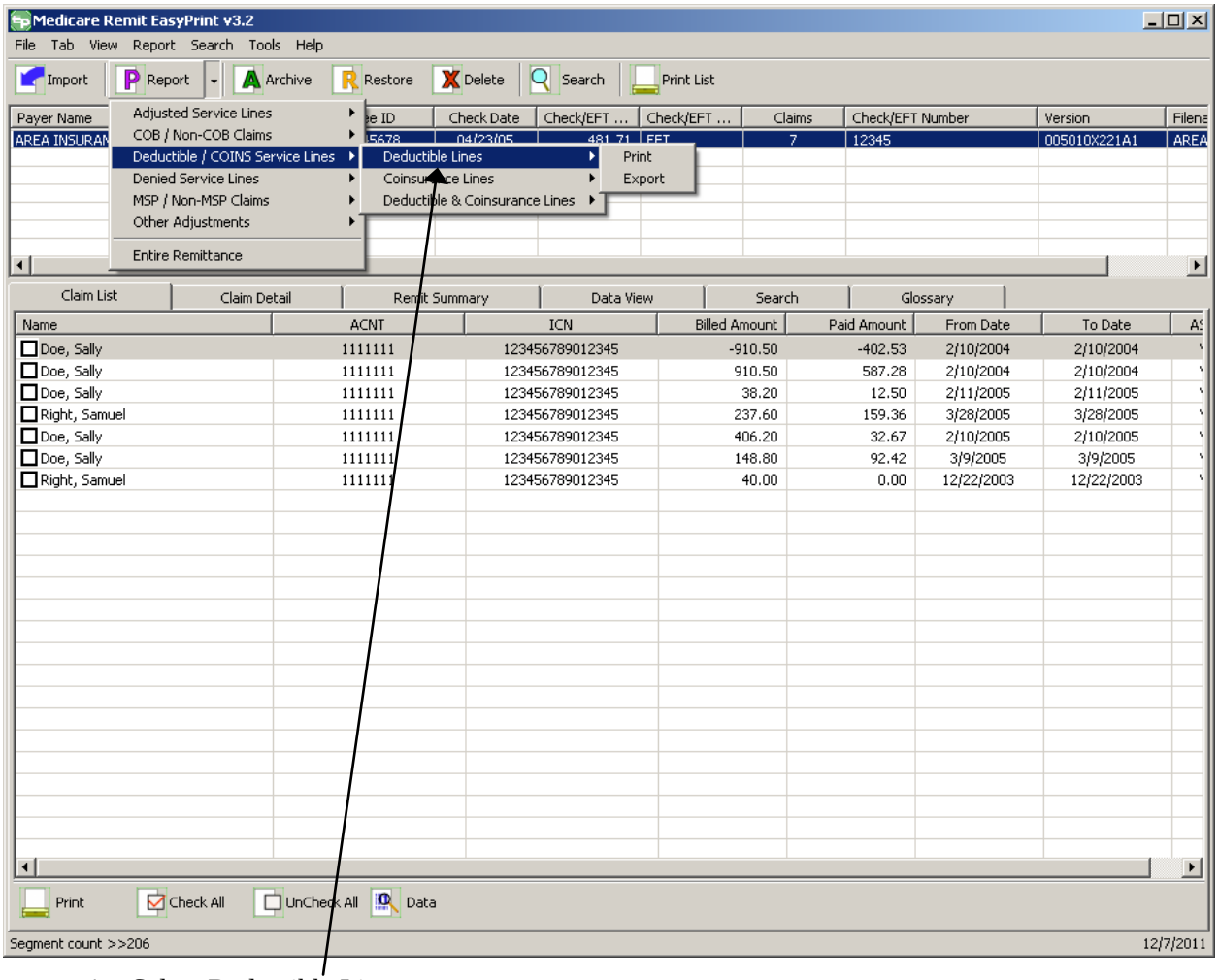
The Deductible/COIN Service Lines report options appear.



4. Select Deductible Lines.

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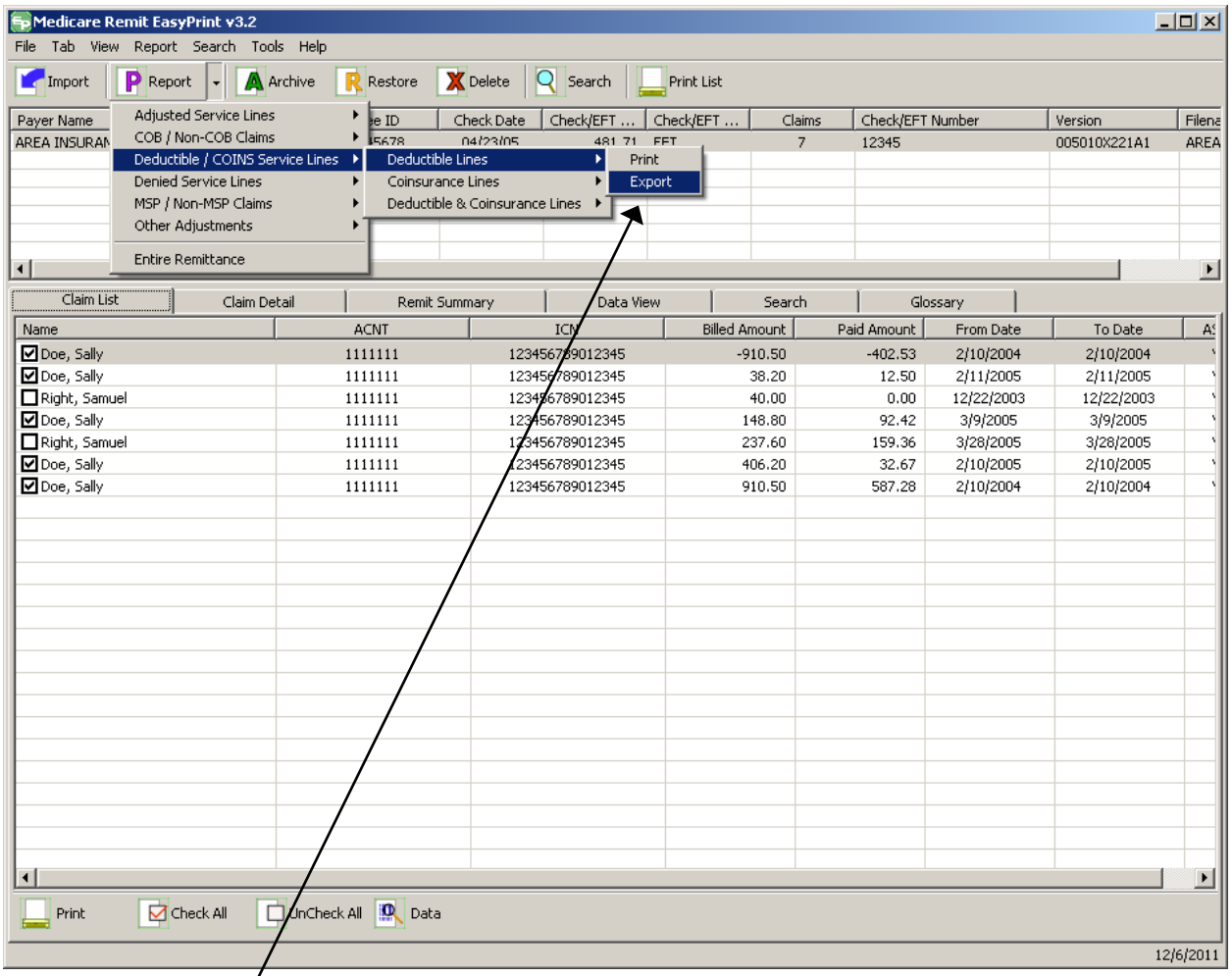

5. Select Export.

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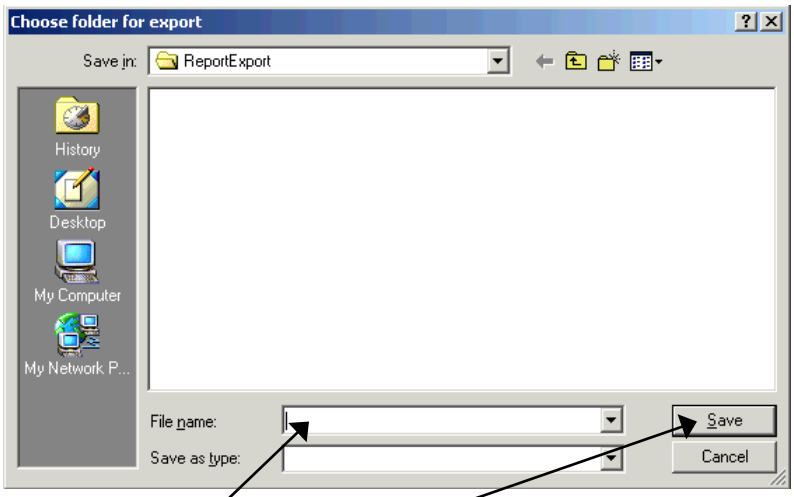
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.



6. Enter the file name.
7. Click the Save button.

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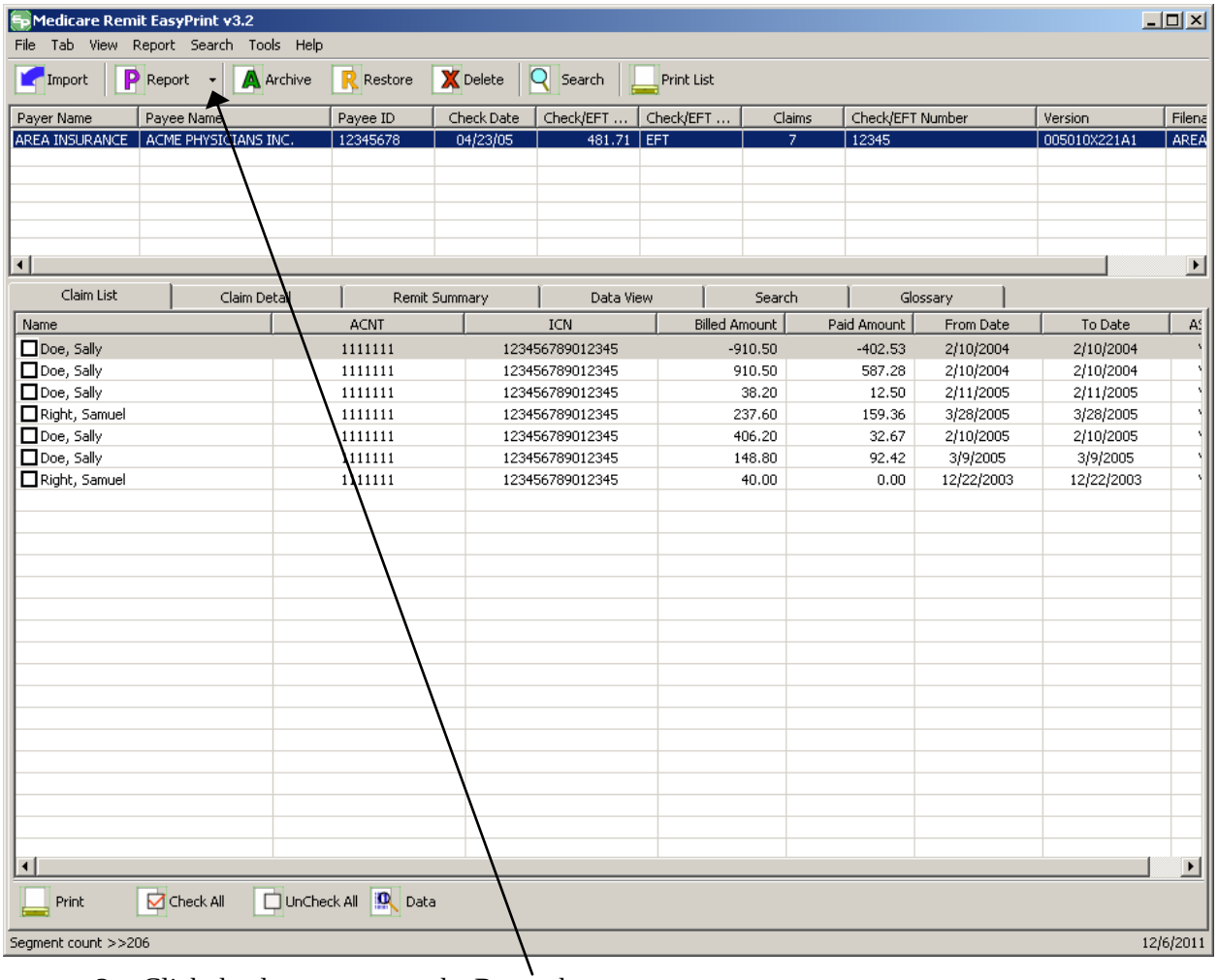
How to Print the Coinsurance Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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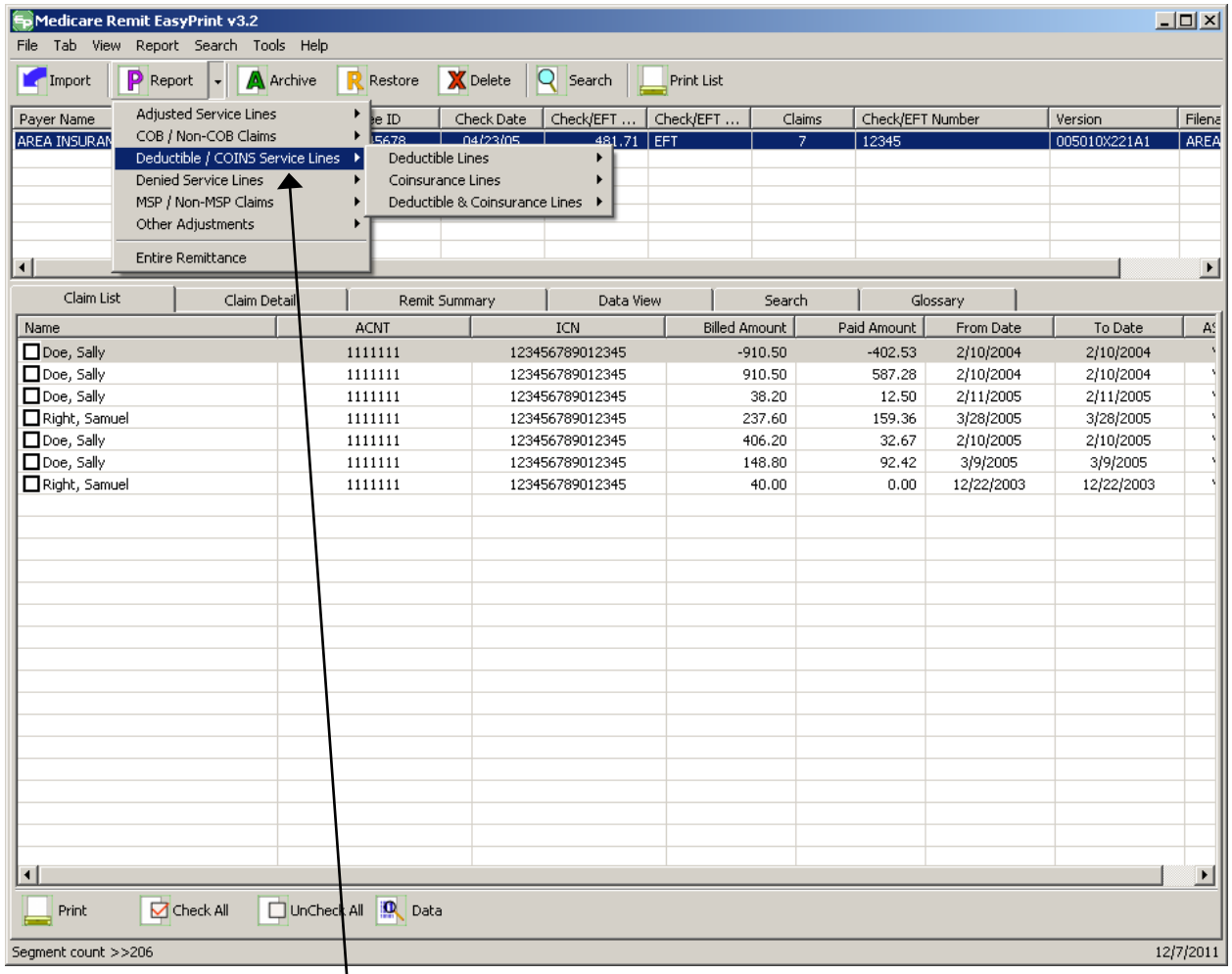
The Report List appears.



2. Select Deductible/COINS Service Lines.

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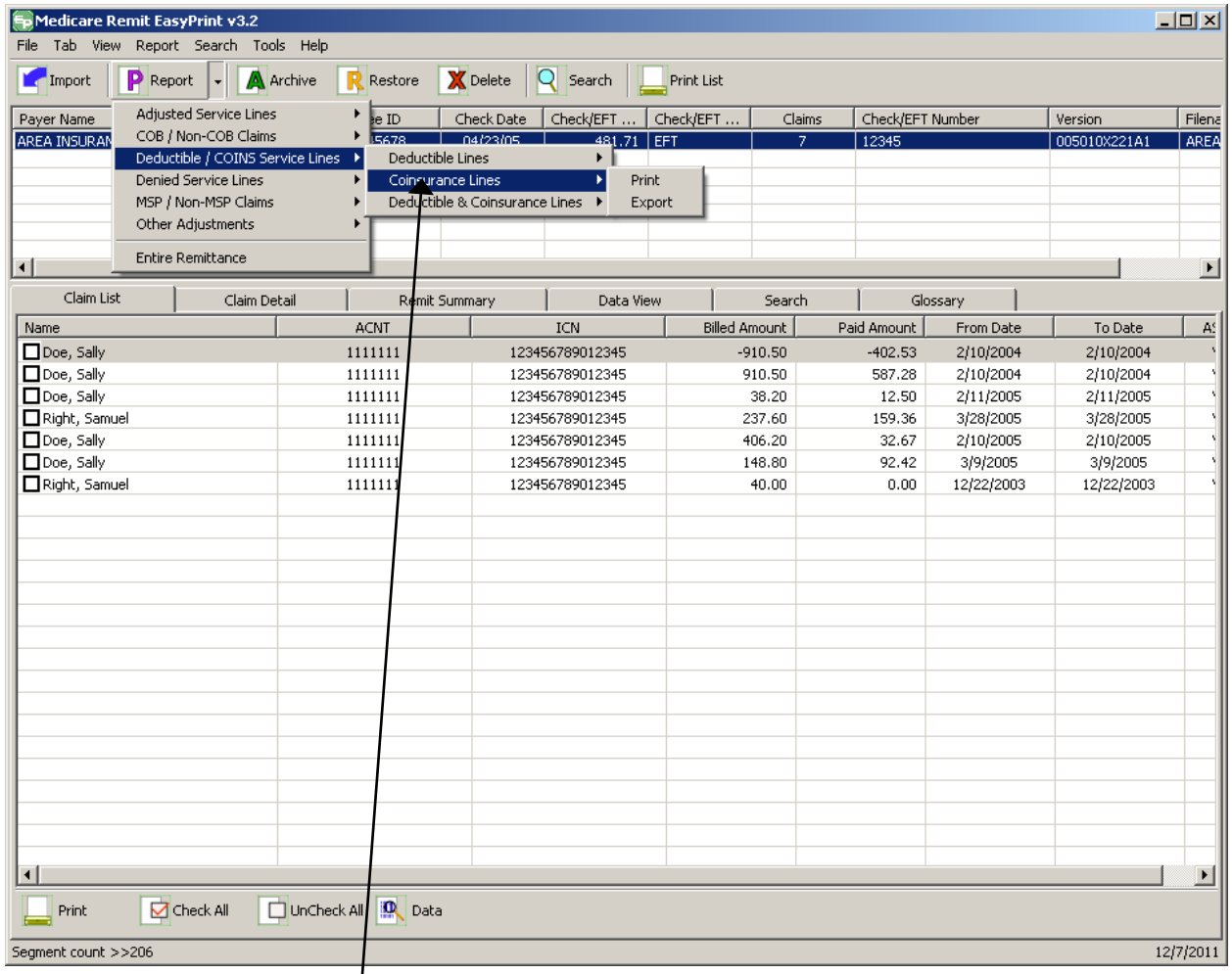
The Deductible/COINS Service Lines report options appear.



3. Select Coinsurance Lines.

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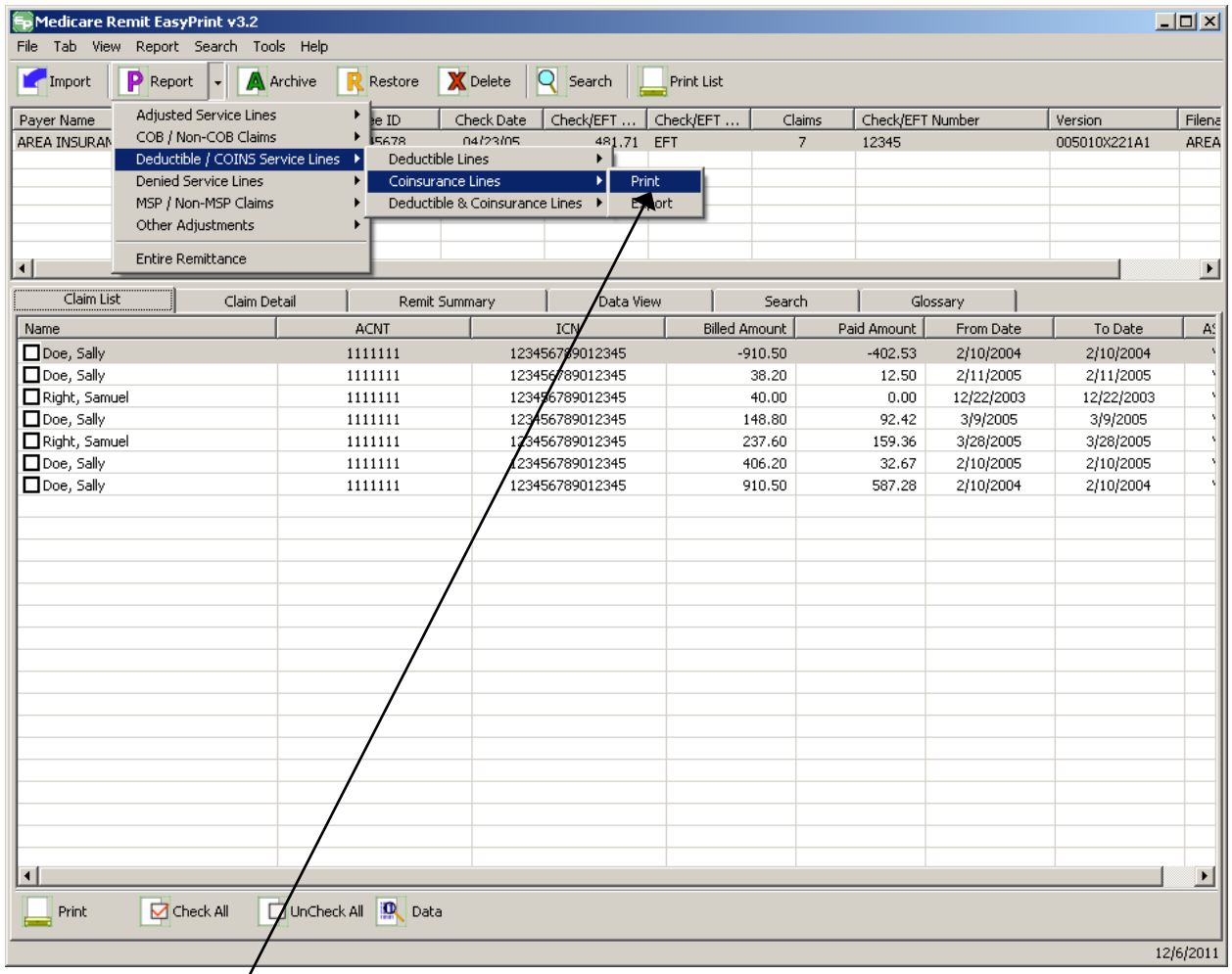
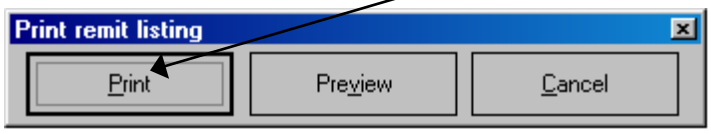


4. Select Print. The Print remit listing window appears.
5. Print the detail listing in one of the following ways:
   A. From the Print remit listing window, click Print to print the detail without previewing it.



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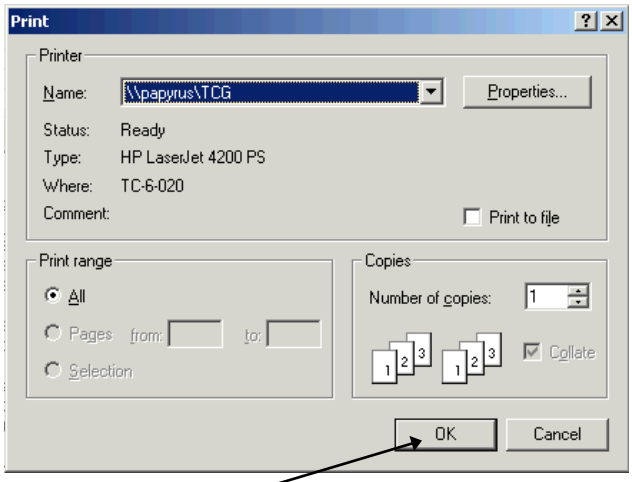
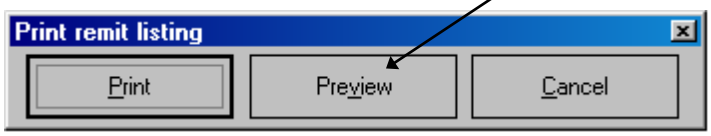
The Print dialog opens.



If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print remit listing window, click Preview to view a preview of the printed page before printing.



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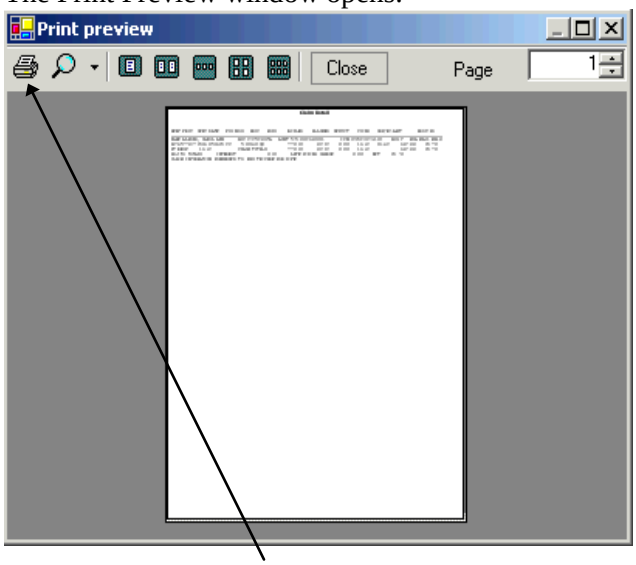
The Print Preview window opens.



B. Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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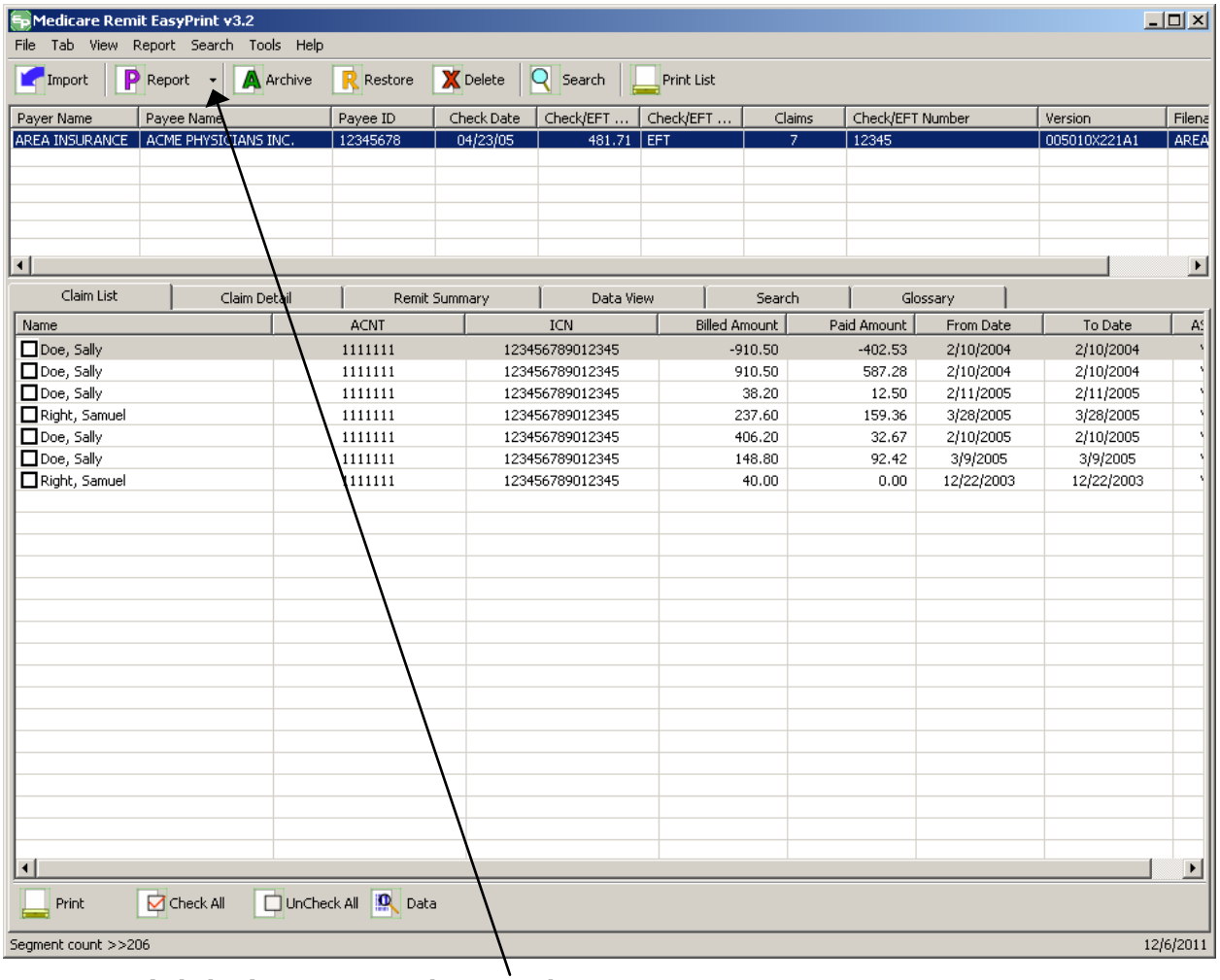
How to Export the Coinsurance Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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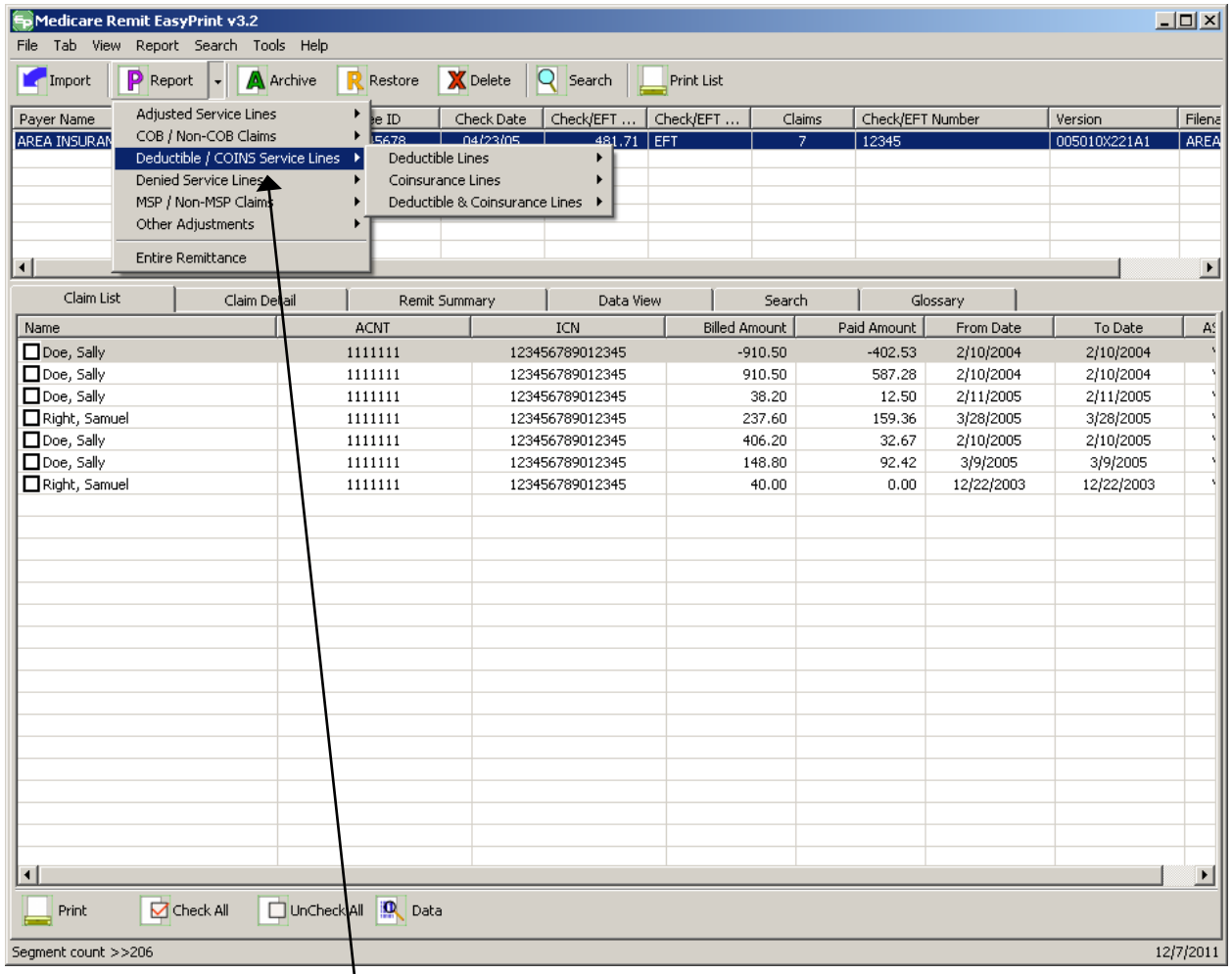
The Report List appears.



3. Select Deductible/COINS Service Lines.

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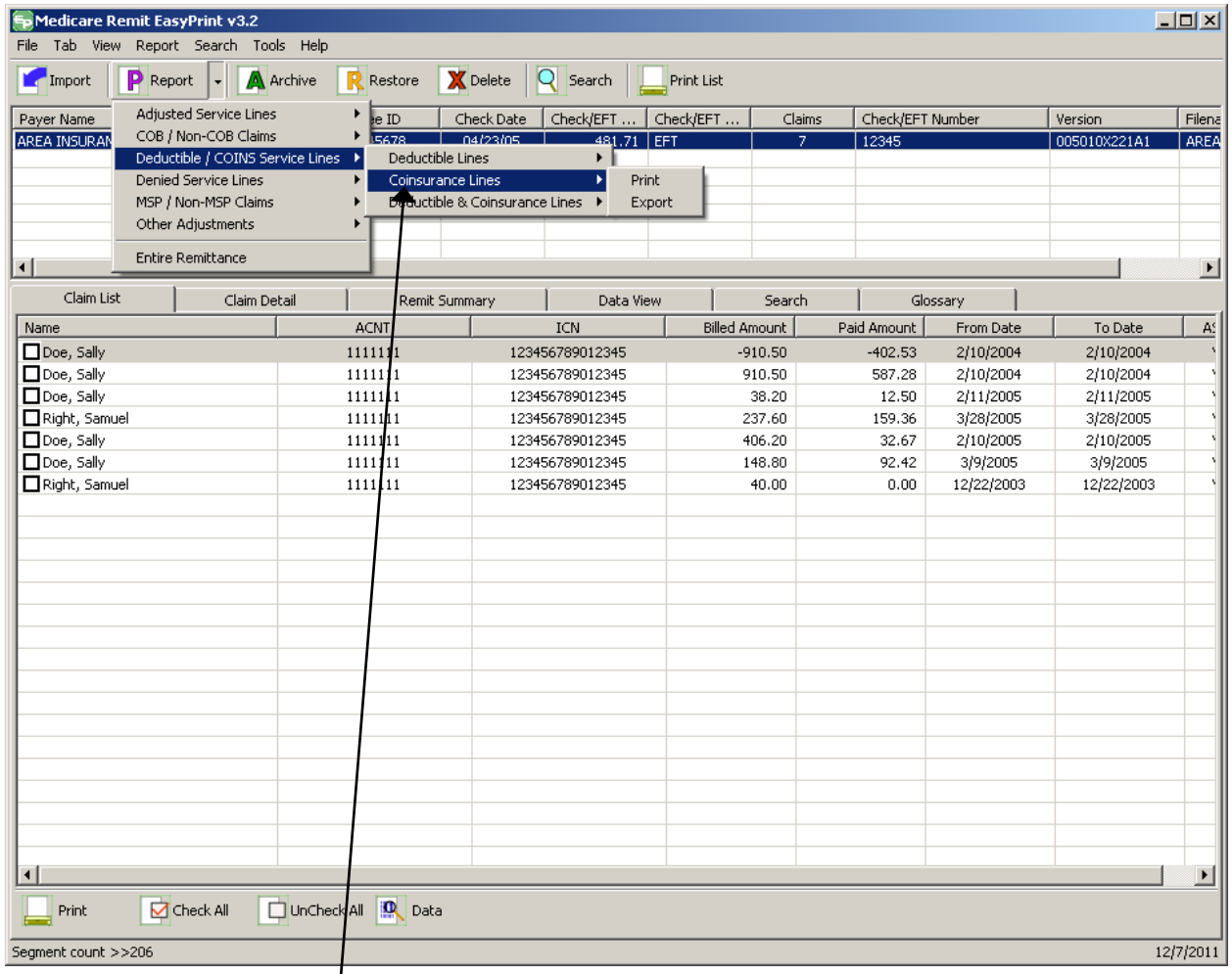
The Deductible/COIN report options appear.



4. Select Coinsurance Lines.

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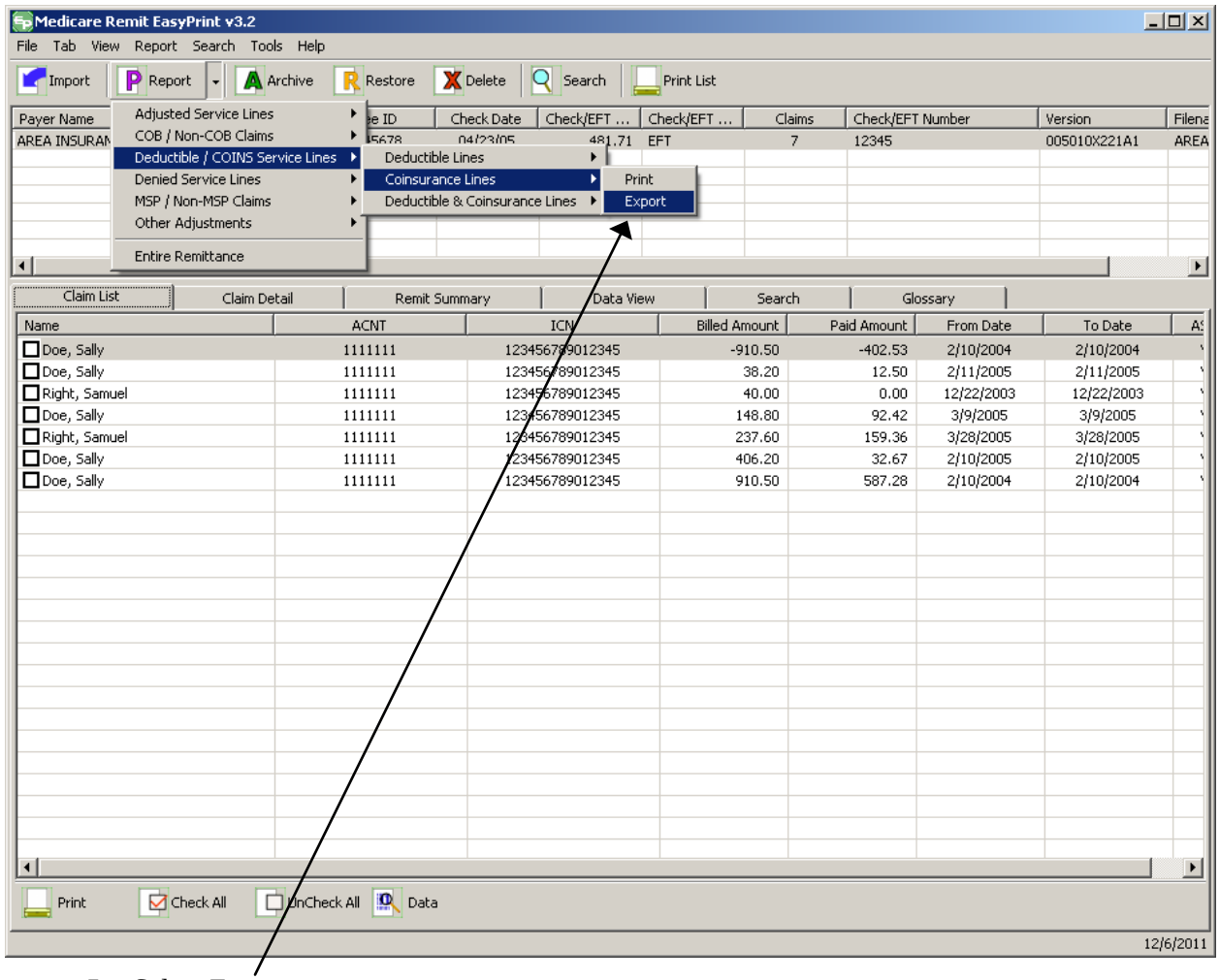

5. Select Export.

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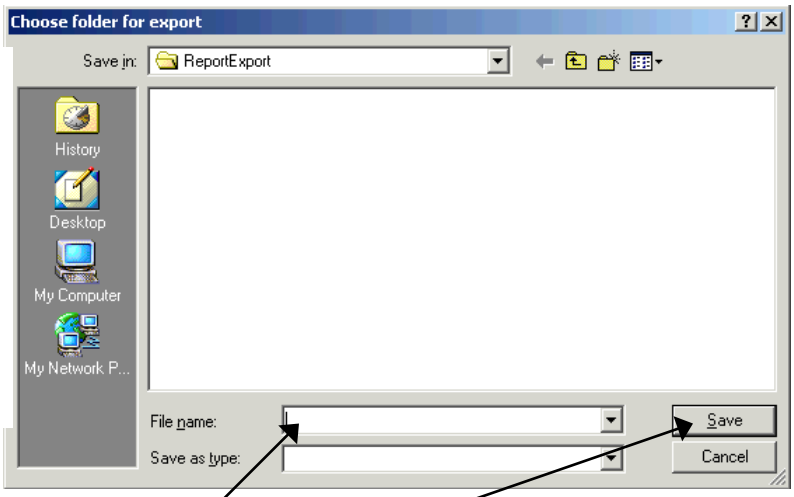
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory.

You can select another location using the Save in drop-down list.



6. Enter the file name.
7. Click the Save button.

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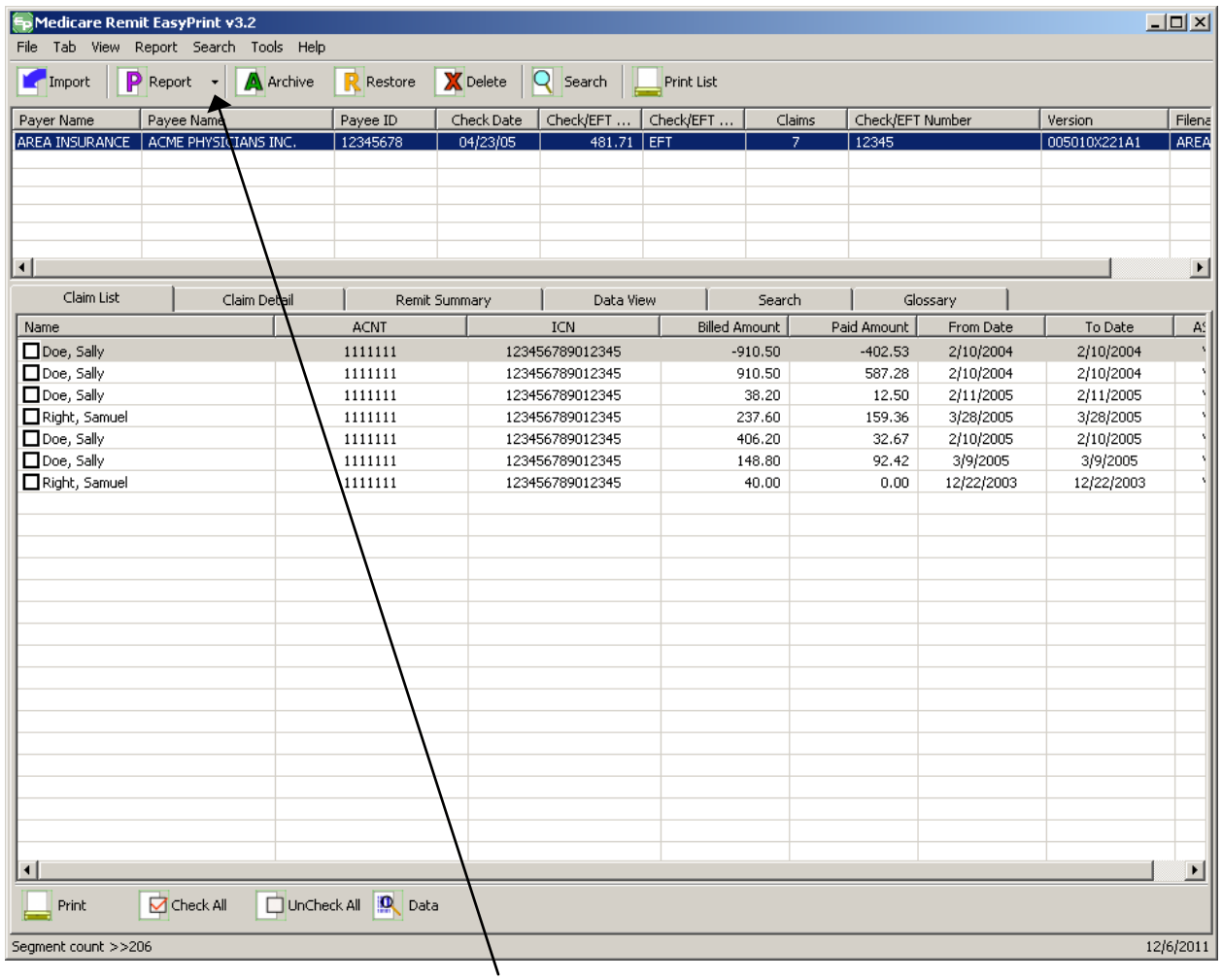
How to Print the Deductible/Coinsurance Service Lines Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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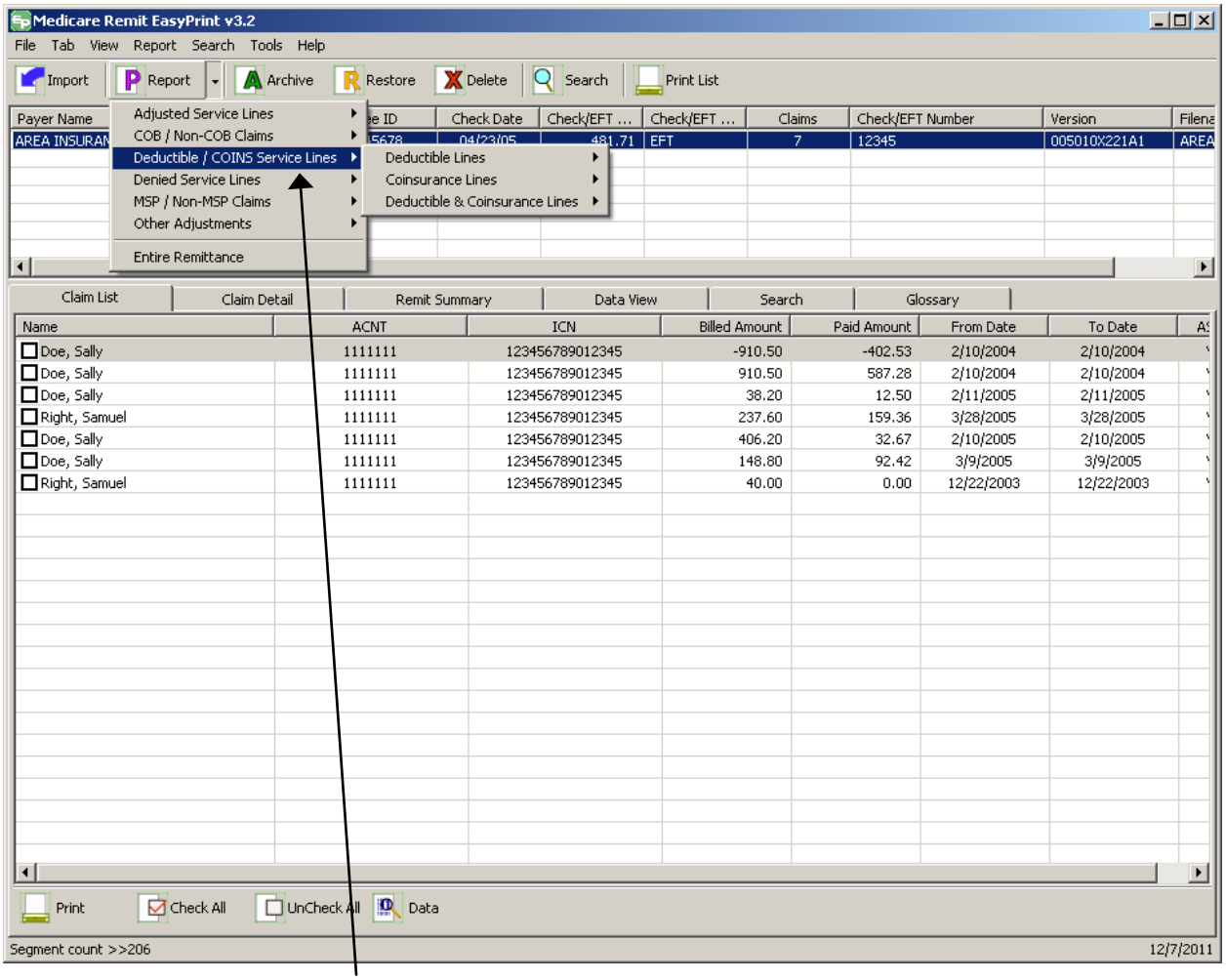
The Report List appears.



3. Select Deductible/COINS Service Lines.

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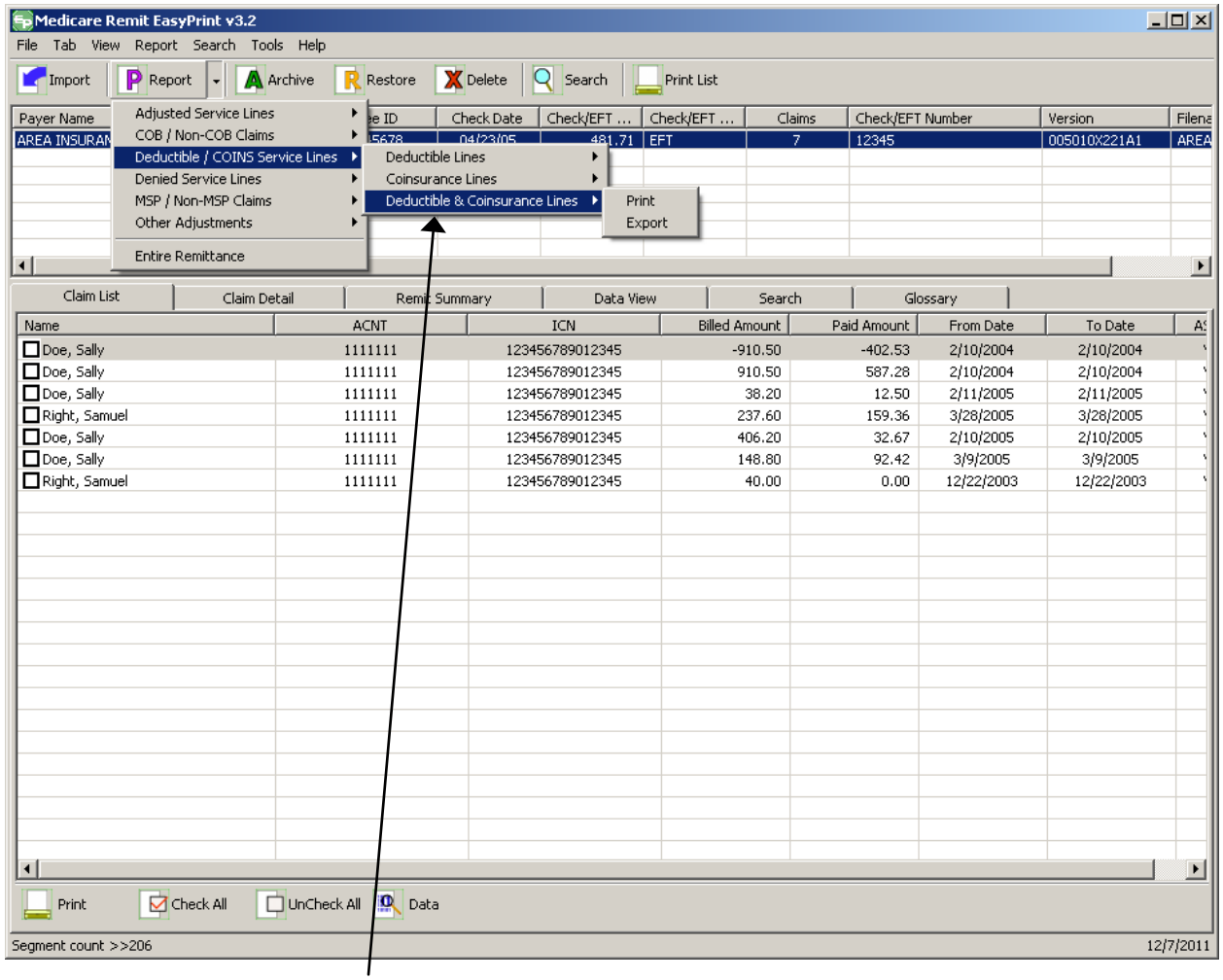
The Deductible/COIN report options appear.



4. Select Deductible & Coinsurance Lines:

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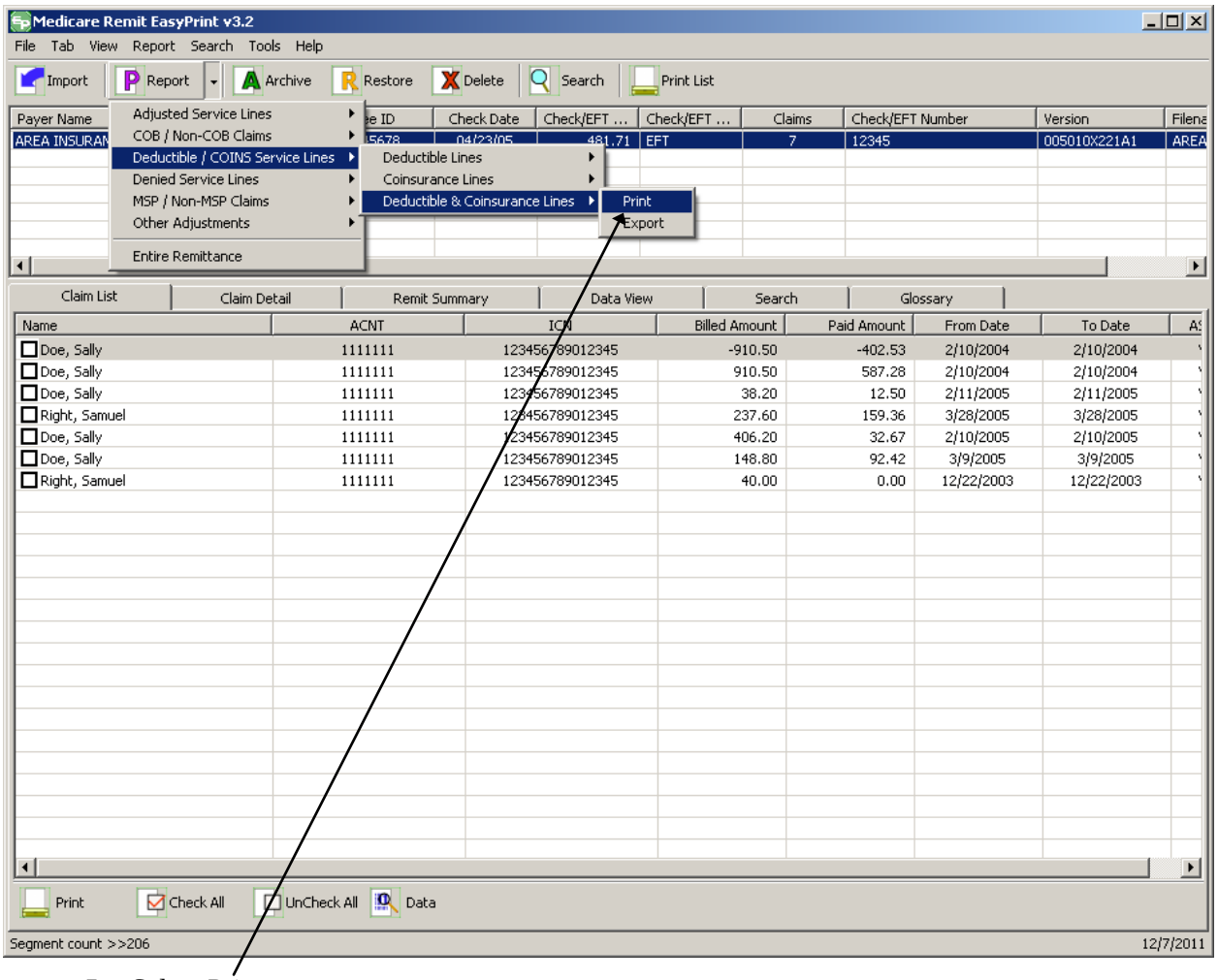
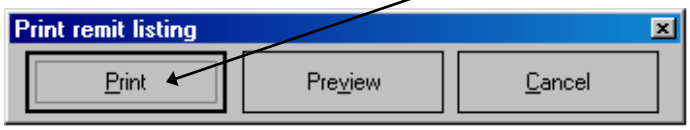


5. Select Print.

   The Print remit listing window appears.

1. Print the detail listing in one of the following ways:

   A. From the Print remit listing window, click Print to print the detail without previewing it.



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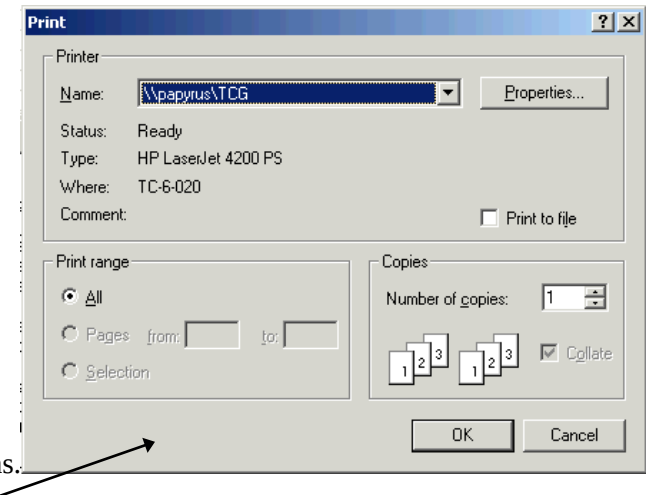
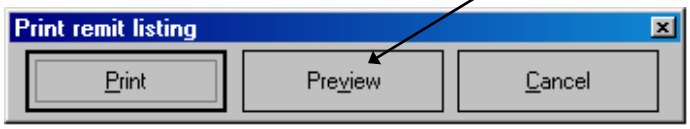


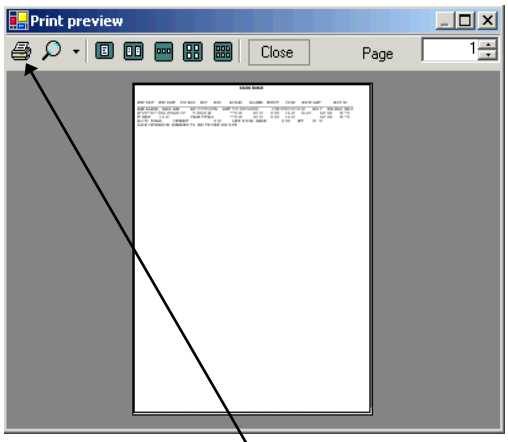
The Print dialog opens.

If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print remit listing window, click Preview to view a preview of the printed page before printing.





Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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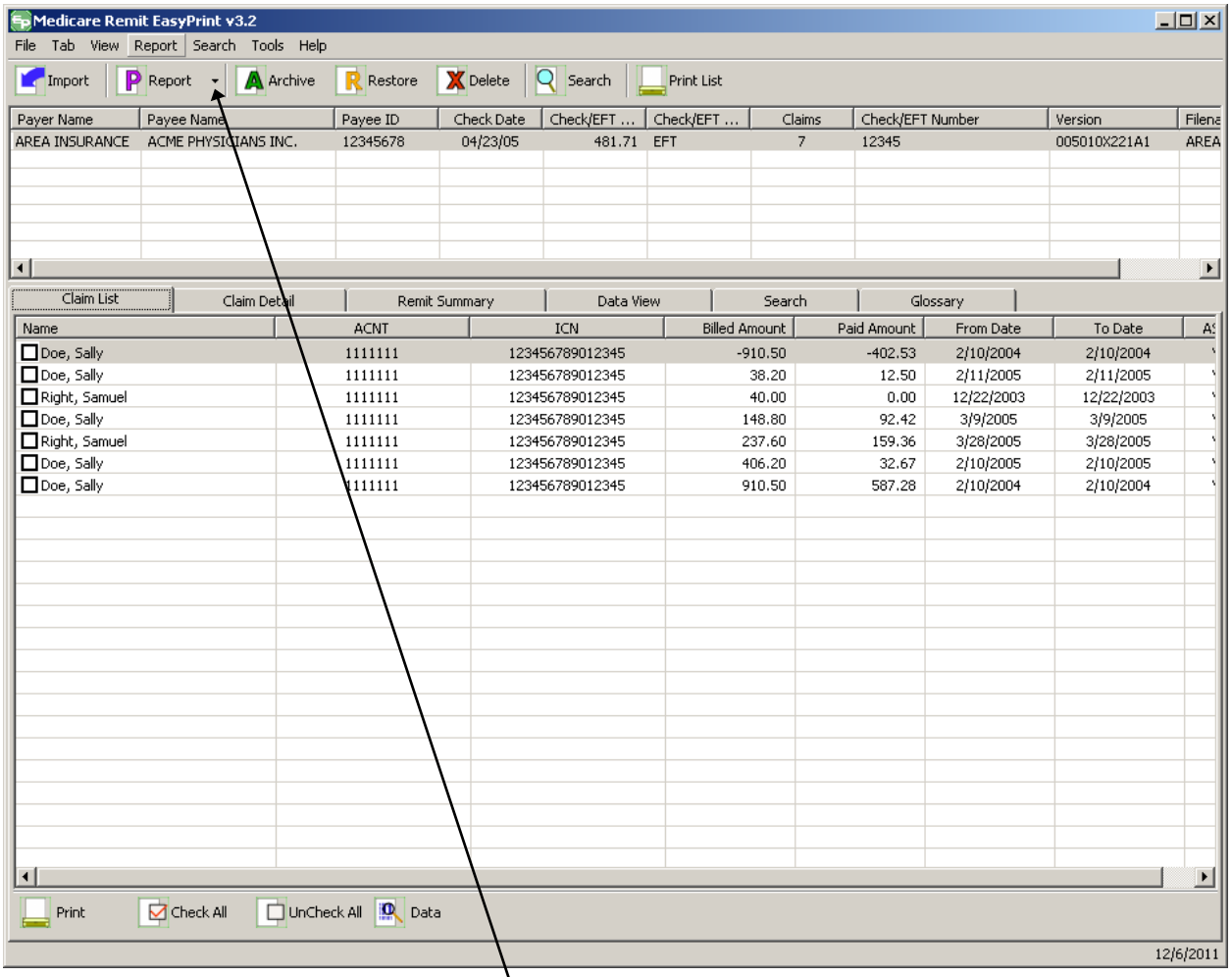
How to Export the Deductible/Coinsurance Service Lines Report

2. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



3. Click the down arrow on the Report button.

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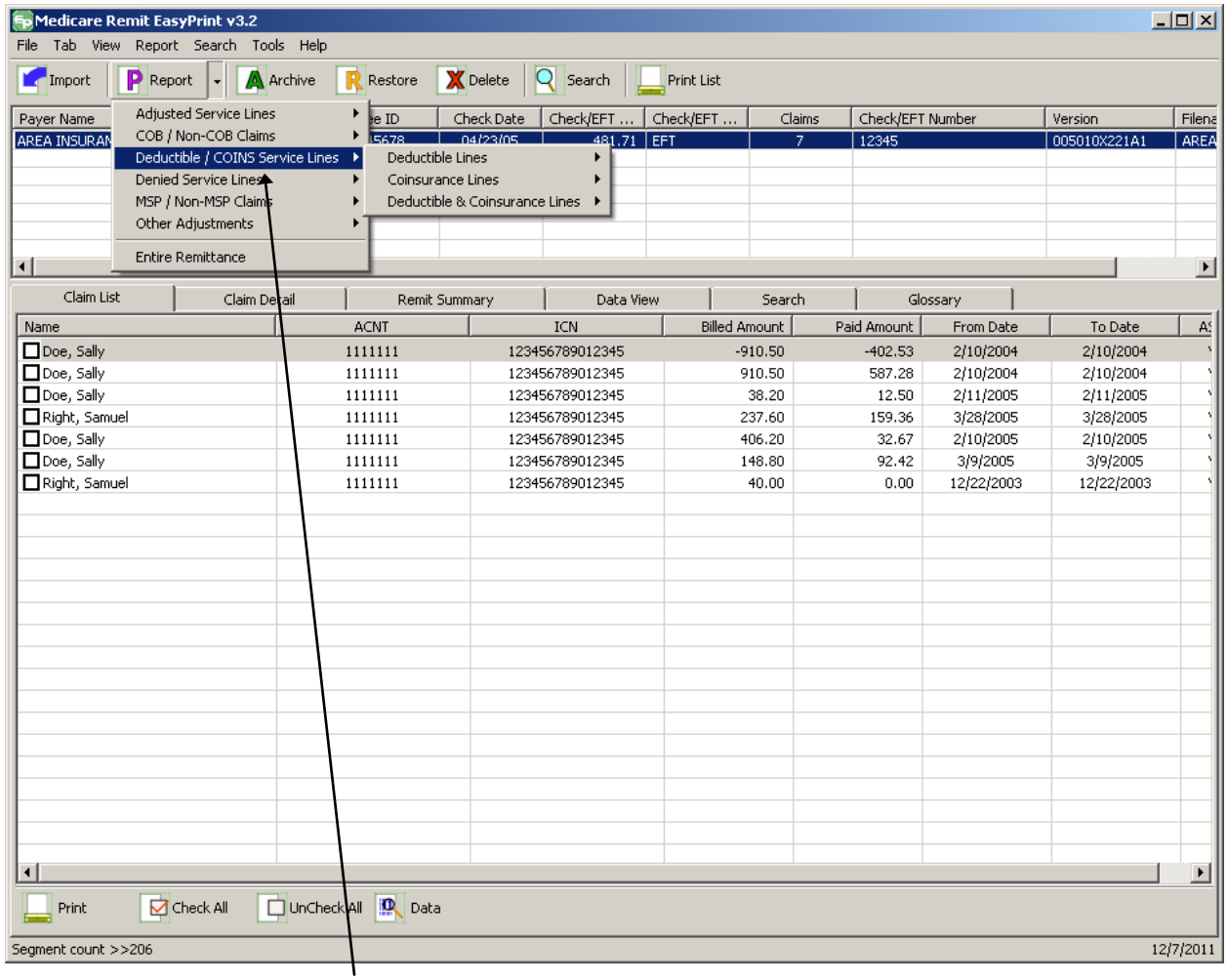
The Report List appears.



4. Select Deductible/COINS Service Lines.

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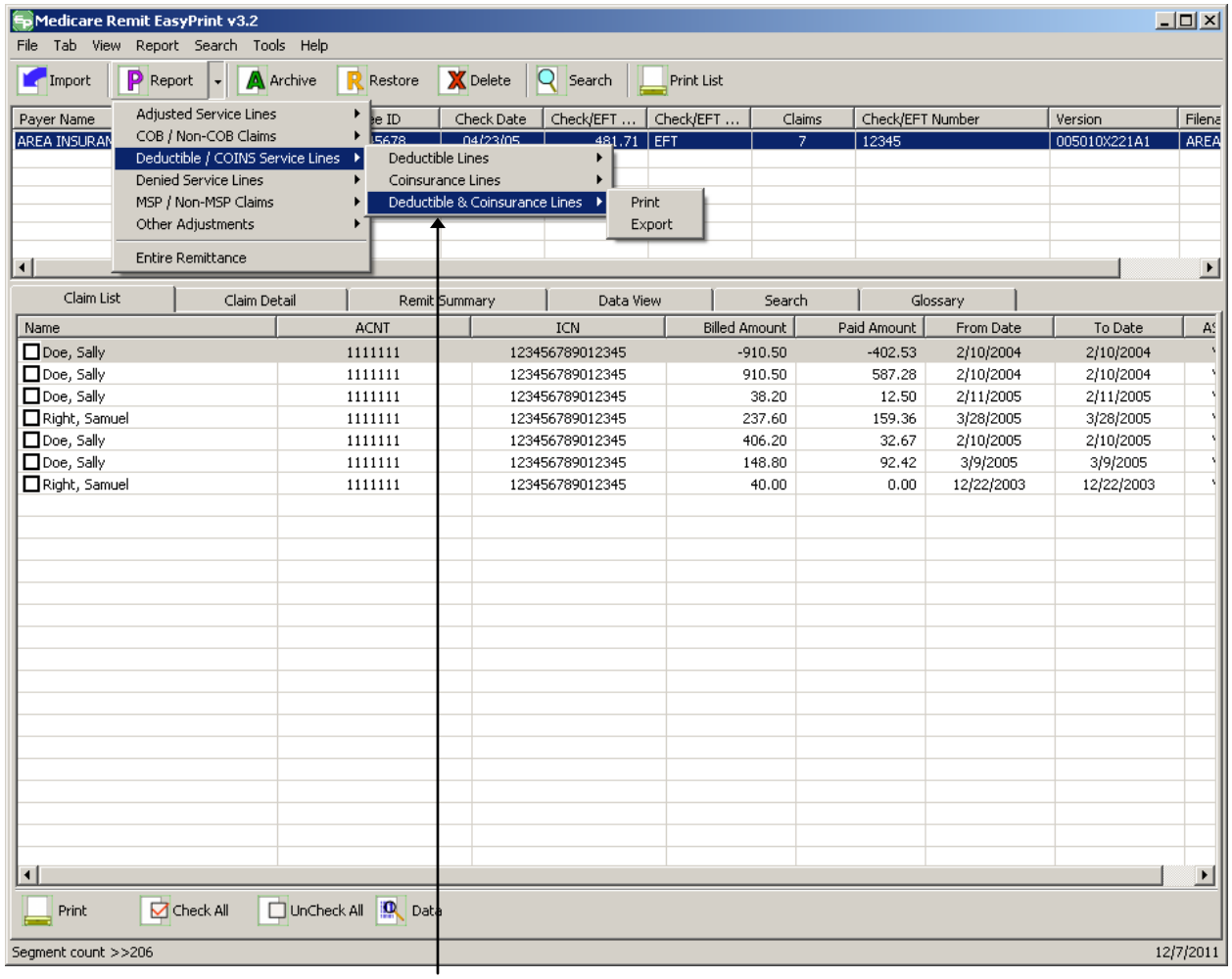
The Deductible/COINS report options appear.



5. Select the Deductible & Coinsurance Lines:

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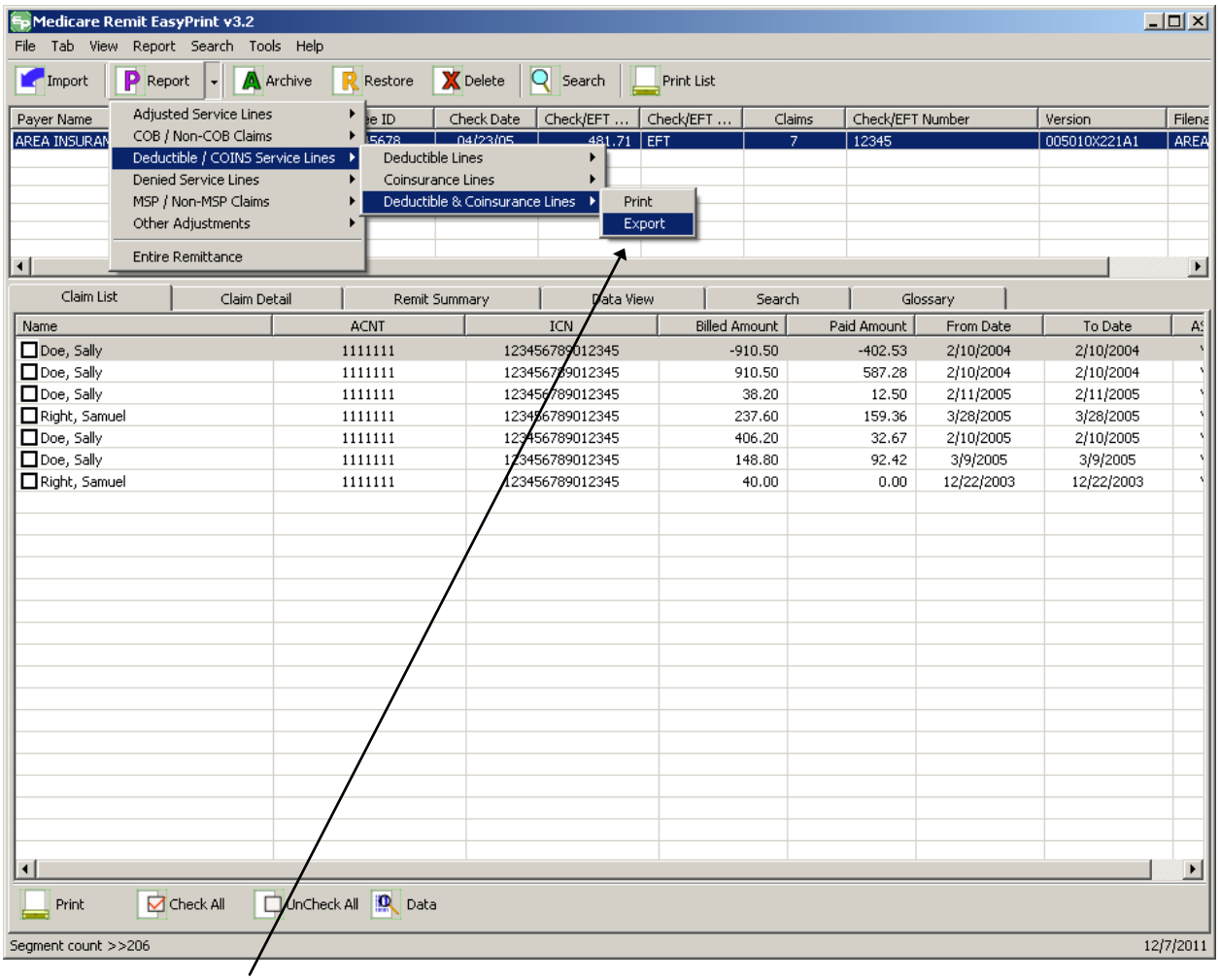

6. Select Export.

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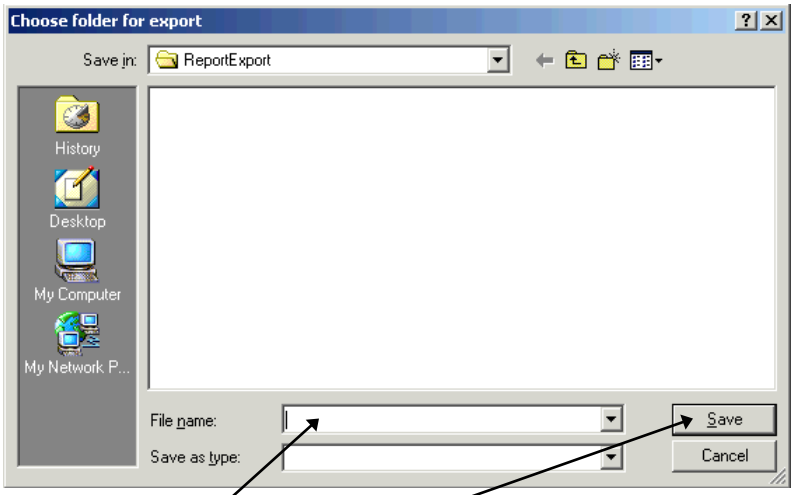
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.



6. Enter the file name.
7. Click the Save button.

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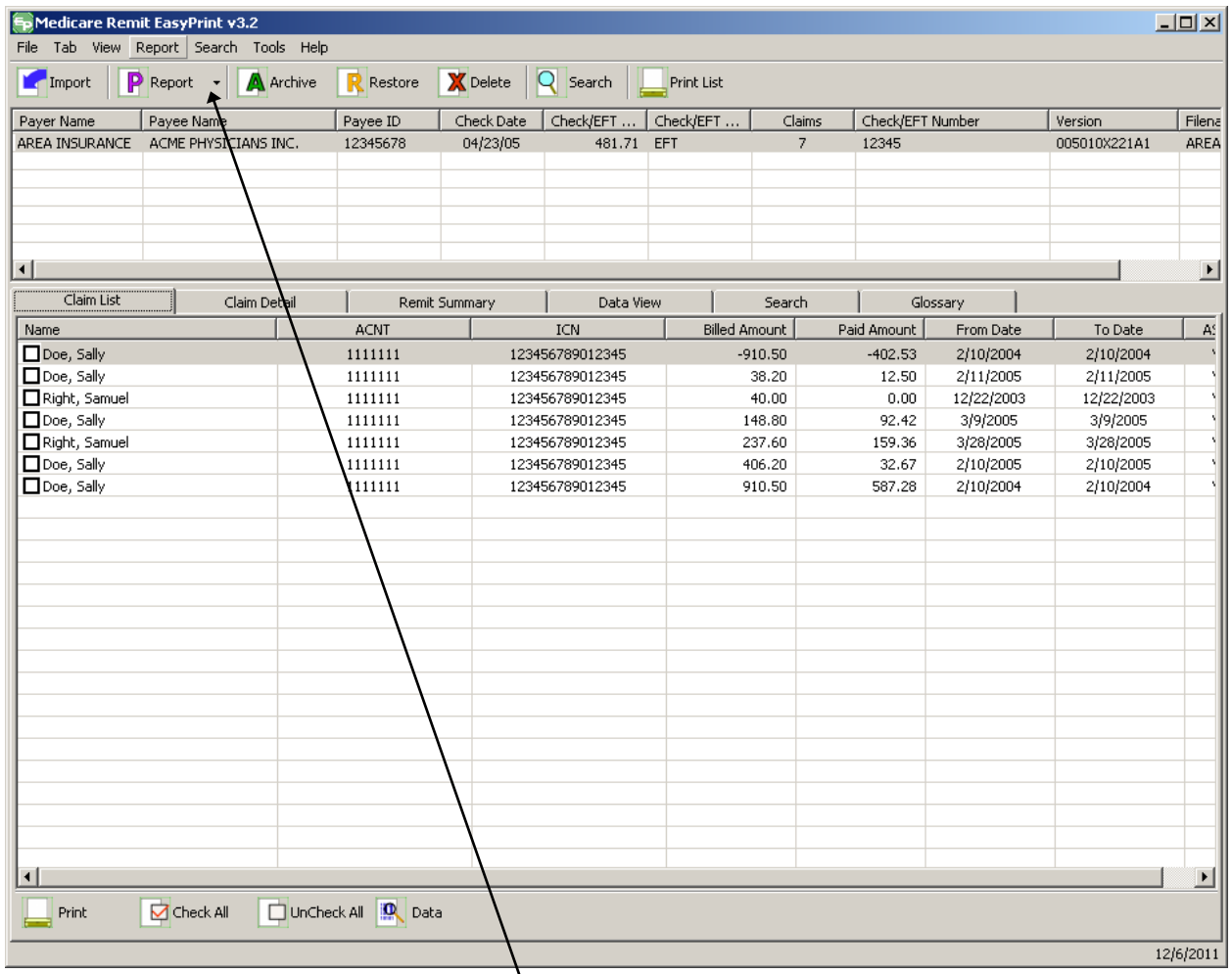
How to Print the COB Claims Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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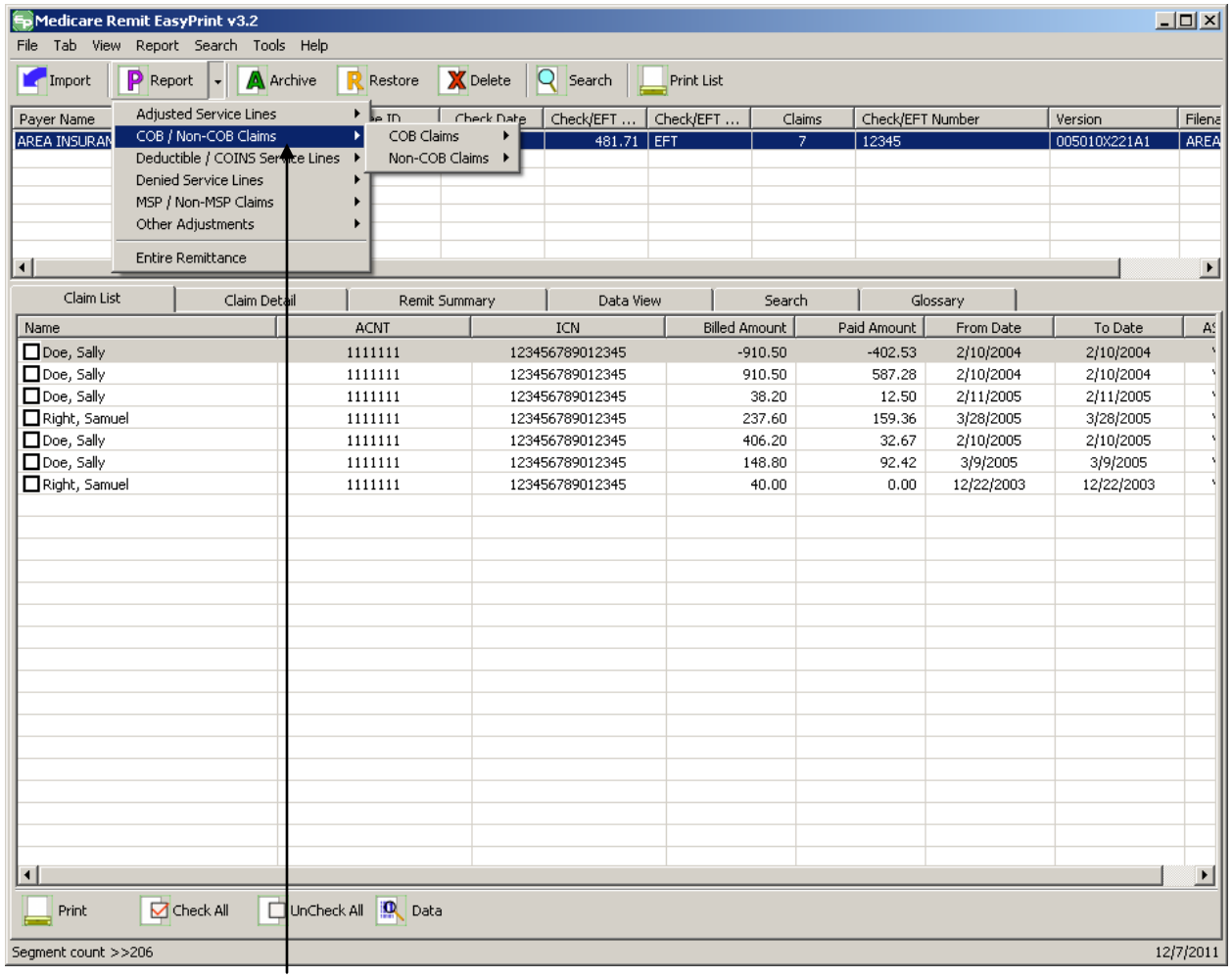
The Report List appears.



3. Select COB/Non-COB Claims.

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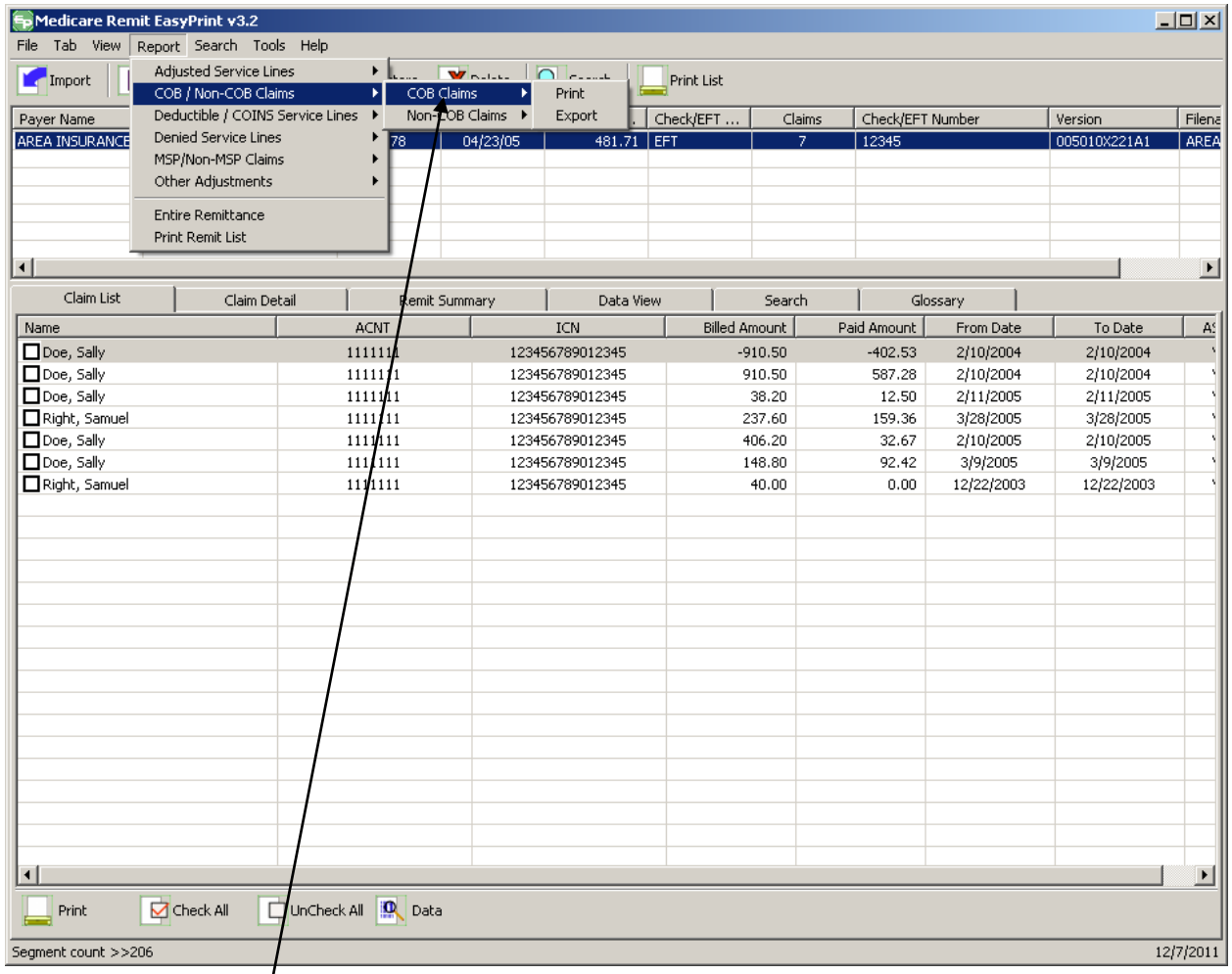
The Print and Export options appear.



4. Select COB Claims.

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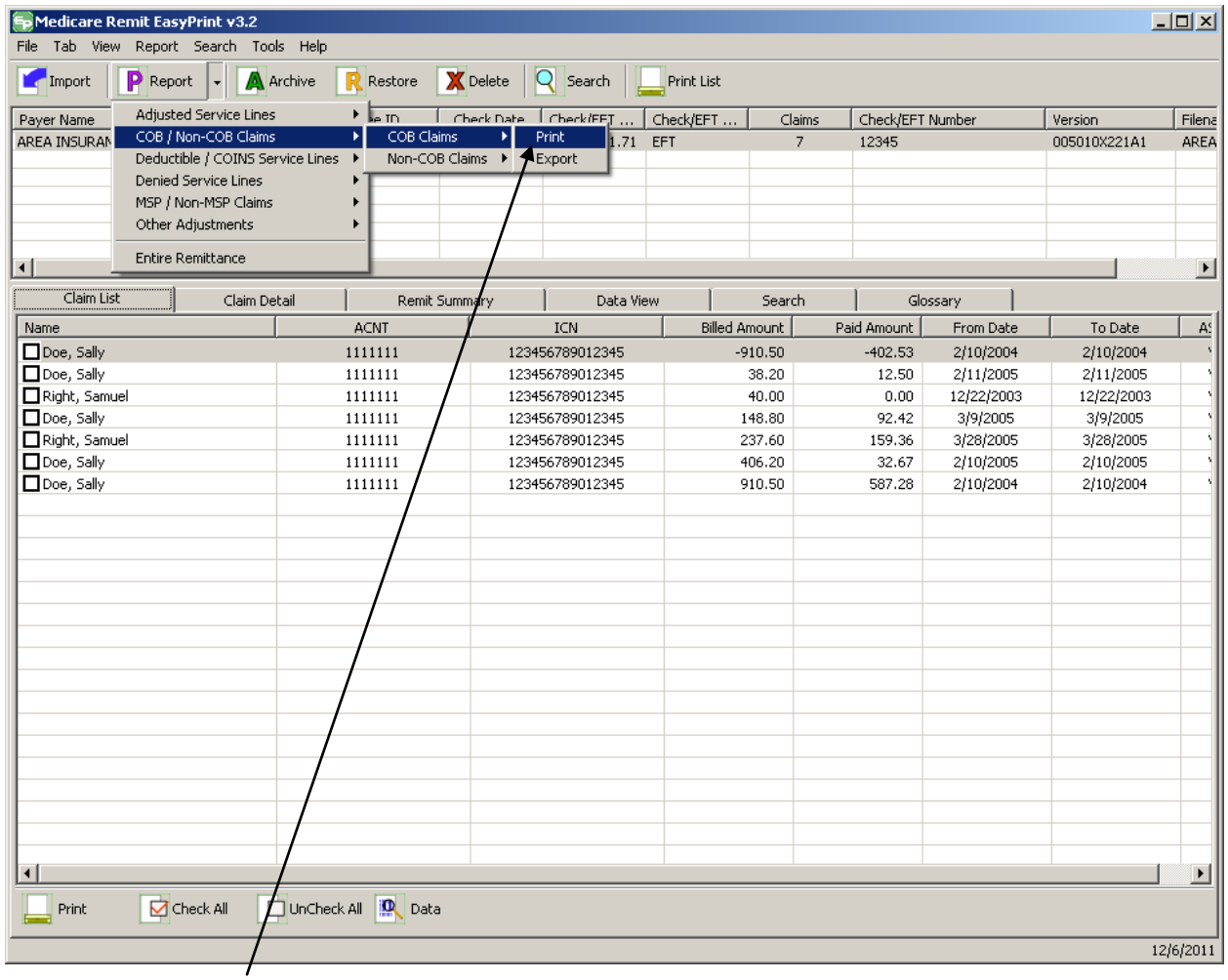
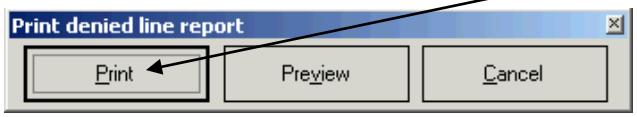


5. Select Print.

   The Print denied line report window opens.

6. Print the detail listing in one of the following ways:

   A. From the Print denied line report window, click Print to print the detail without previewing it.



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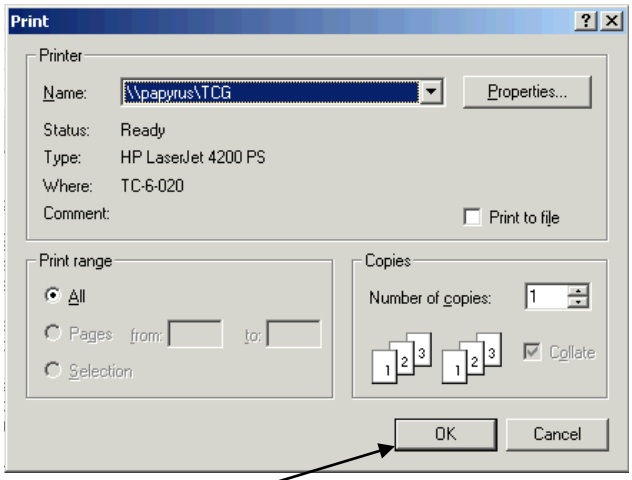
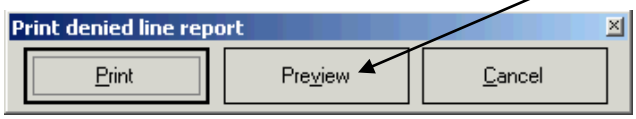
The Print dialog opens.



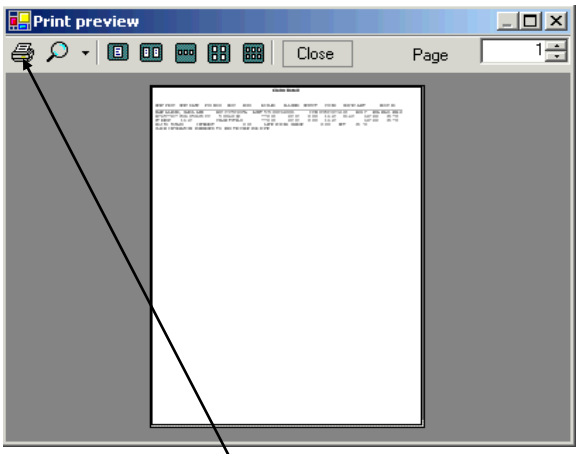
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print denied line report window, click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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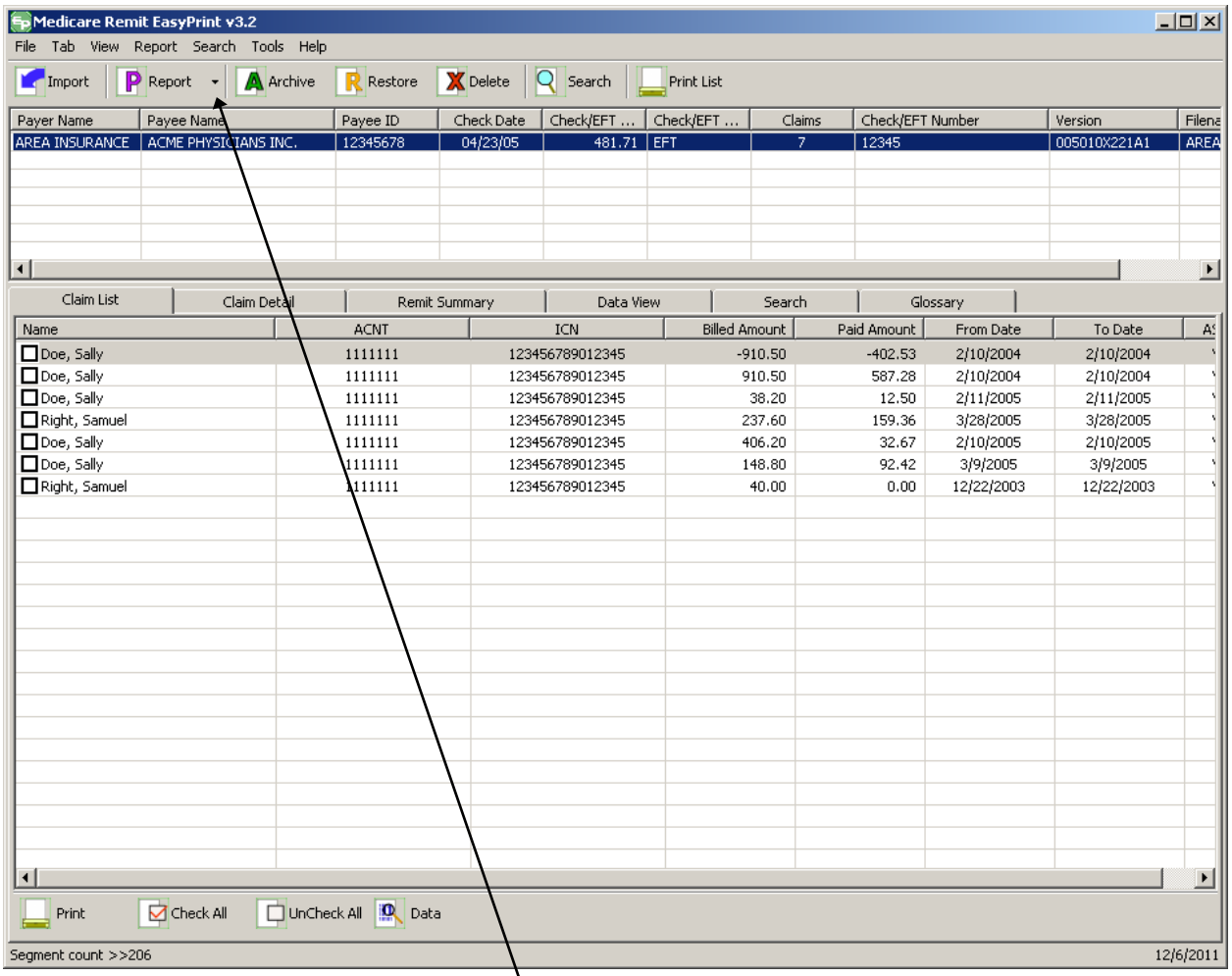
How to Export the COB Claims Report

You export the report in .csv (comma separated values) format.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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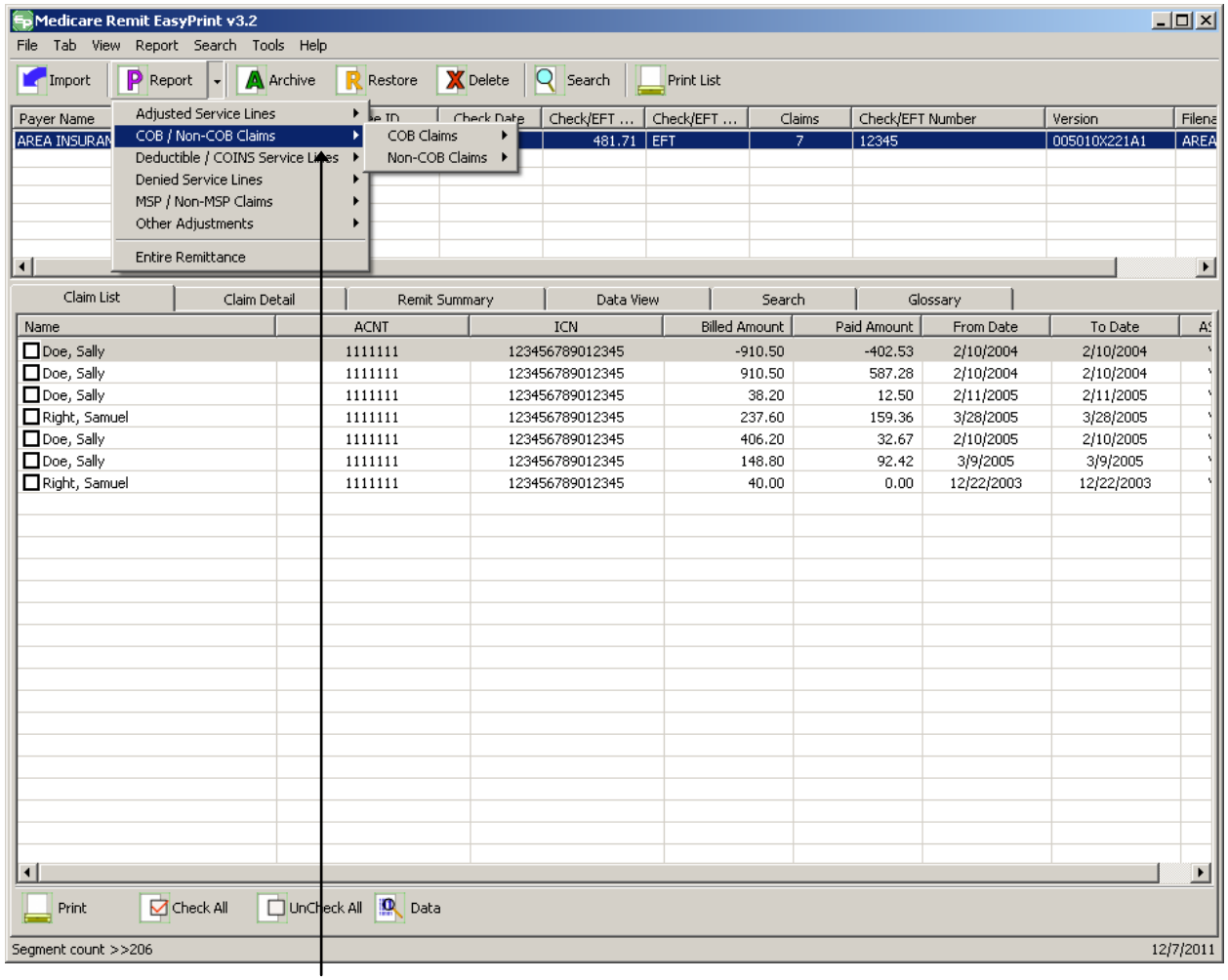
The Report List appears.



3. Select COB/Non-COB Claims.

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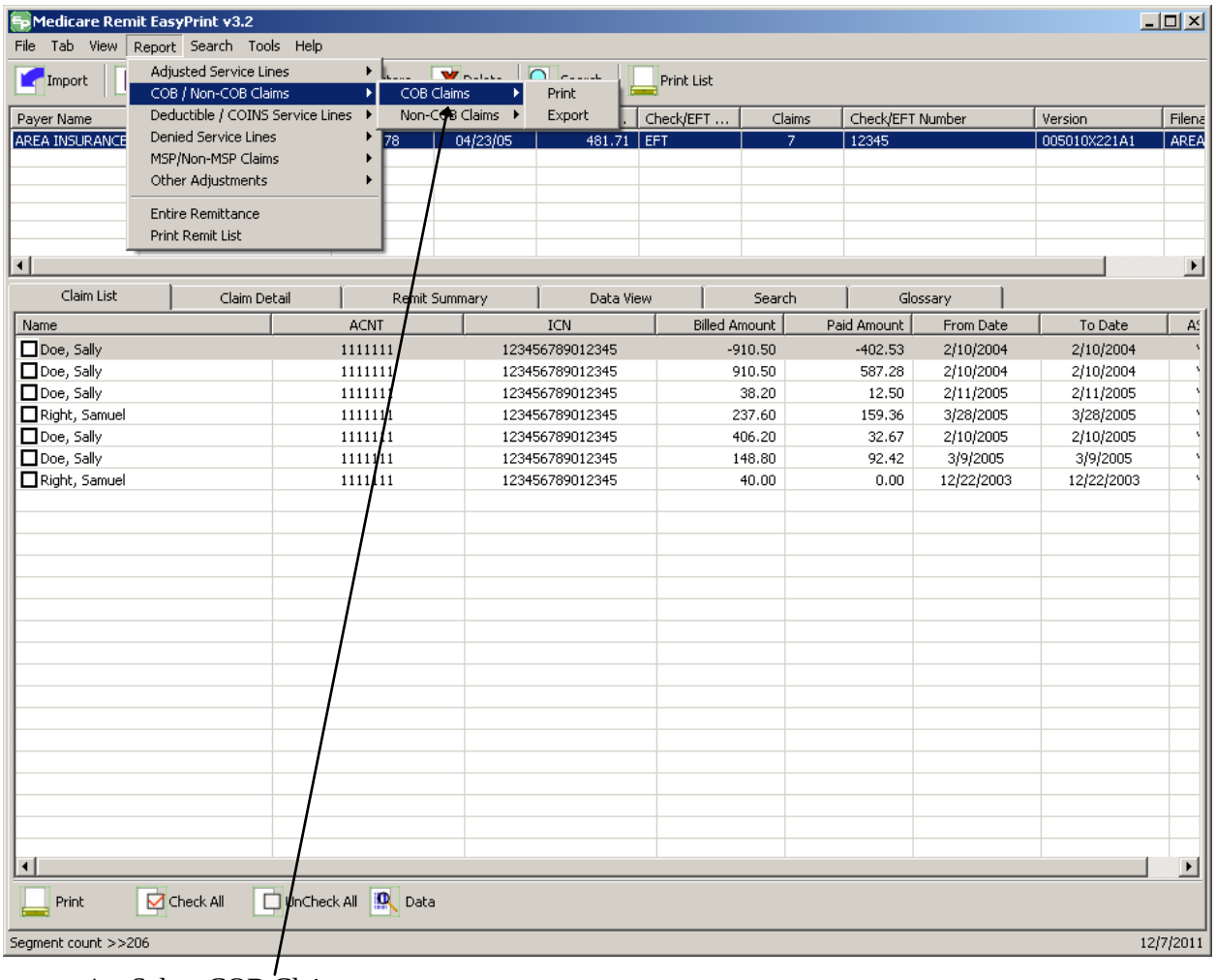

4. Select COB Claims.

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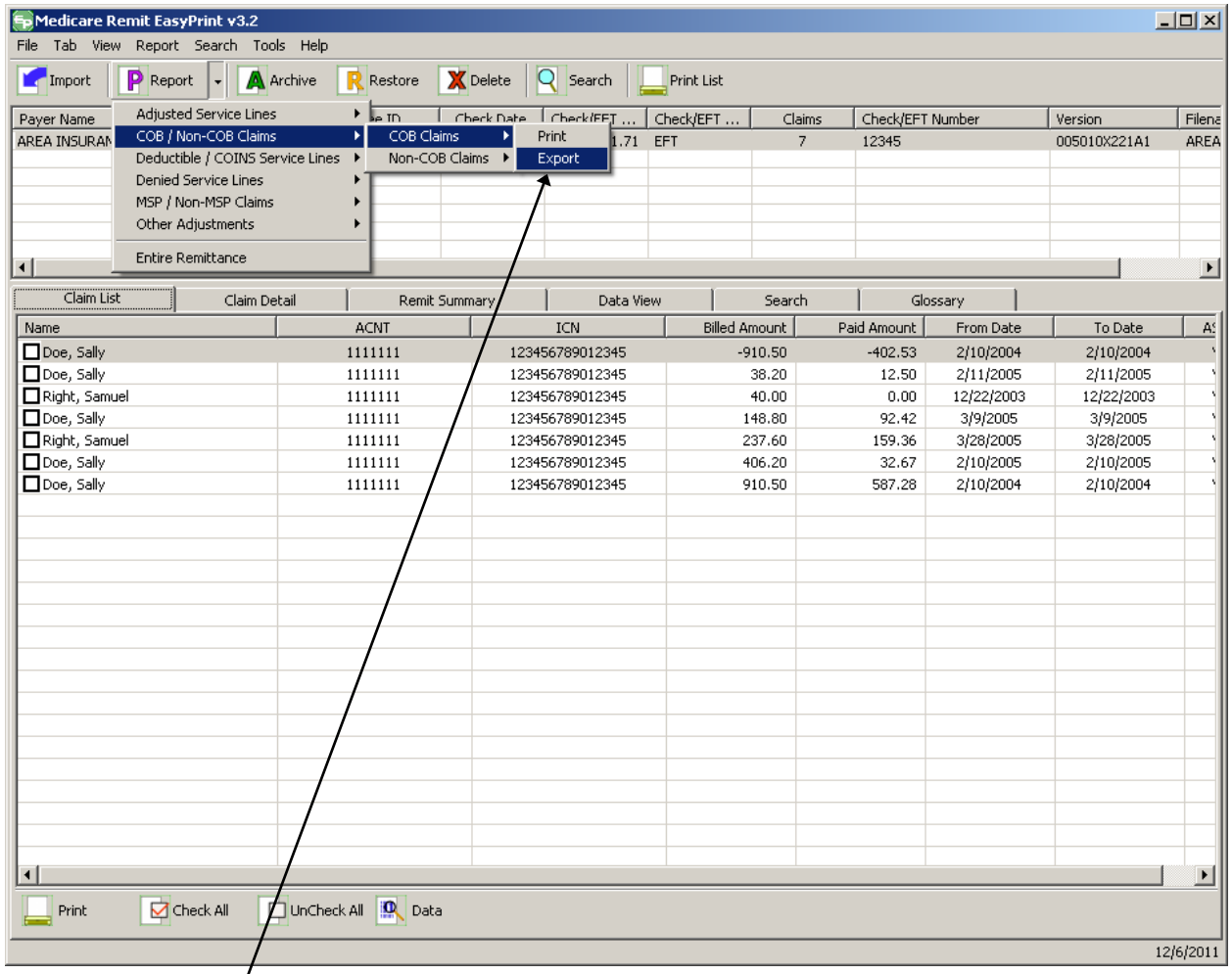
The Print and Export options appear.



5. Select Export.

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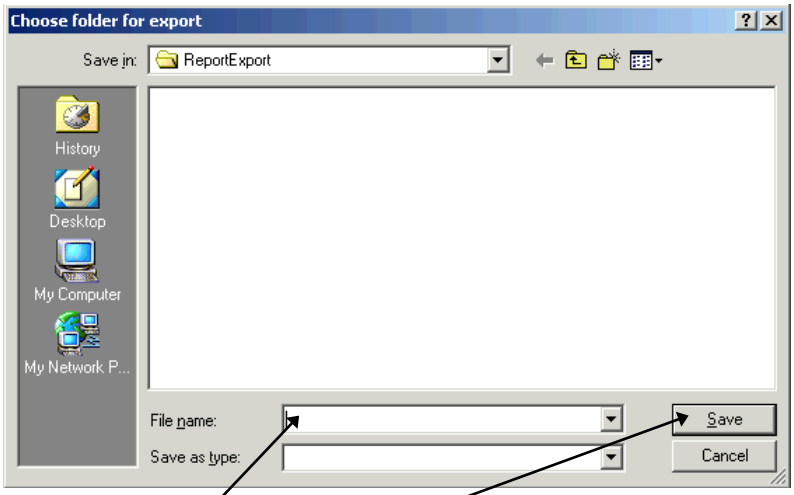
Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list. menu.

The Export folder window opens.



5. Enter the file name.
6. Click the Save button.

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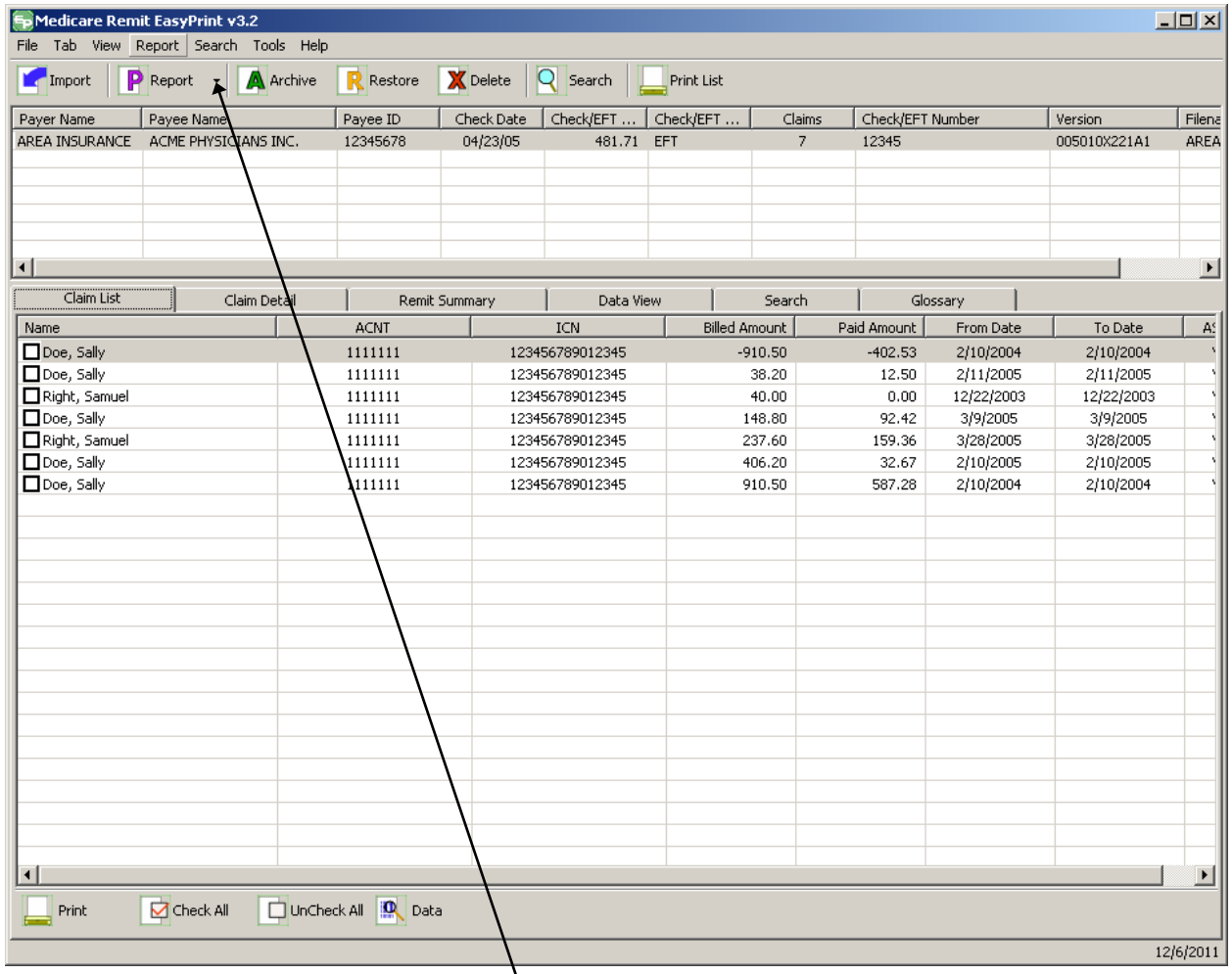
How to Print the Non-COB Claims Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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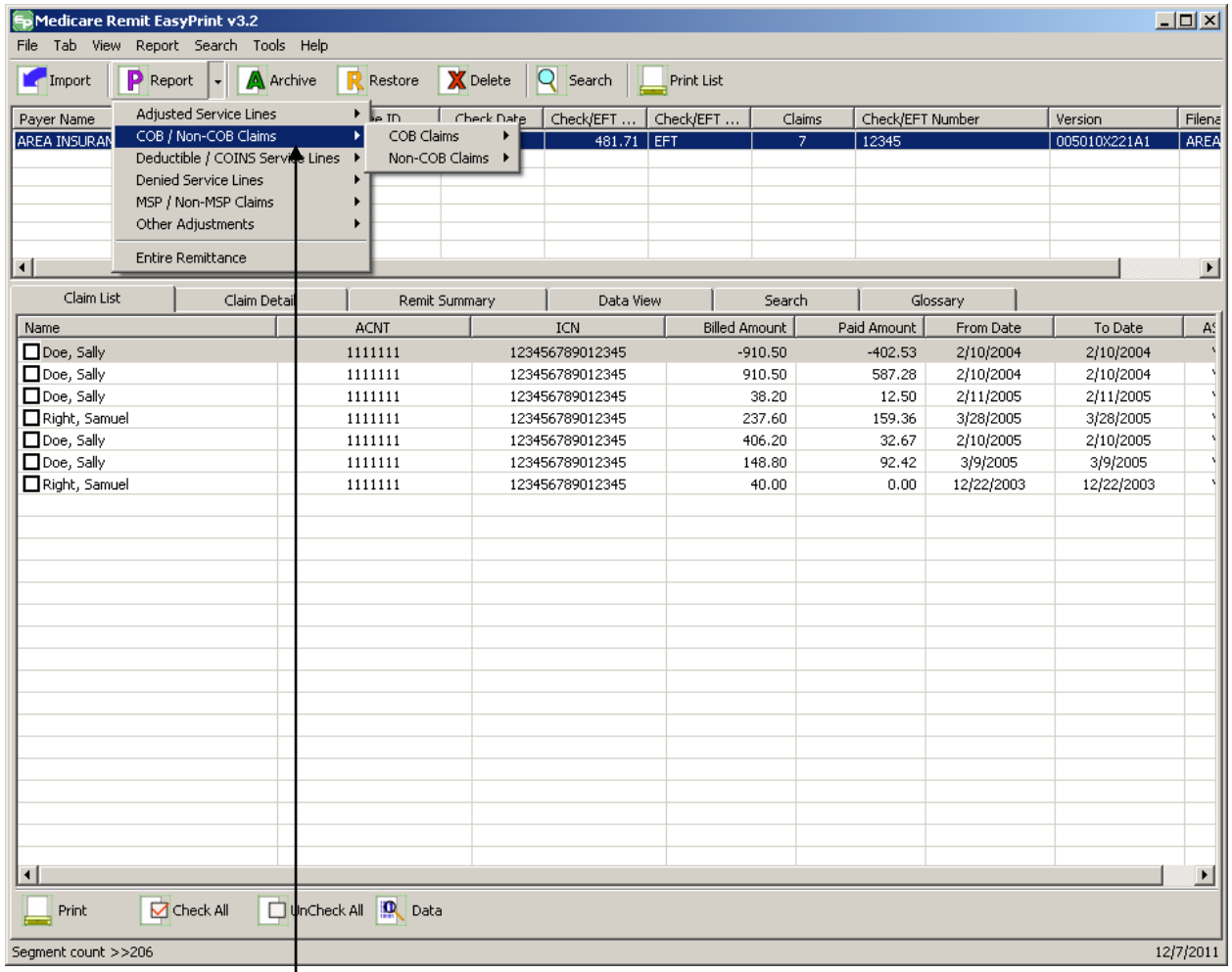
The Report List appears.



2. Select COB/Non-COB Claims.

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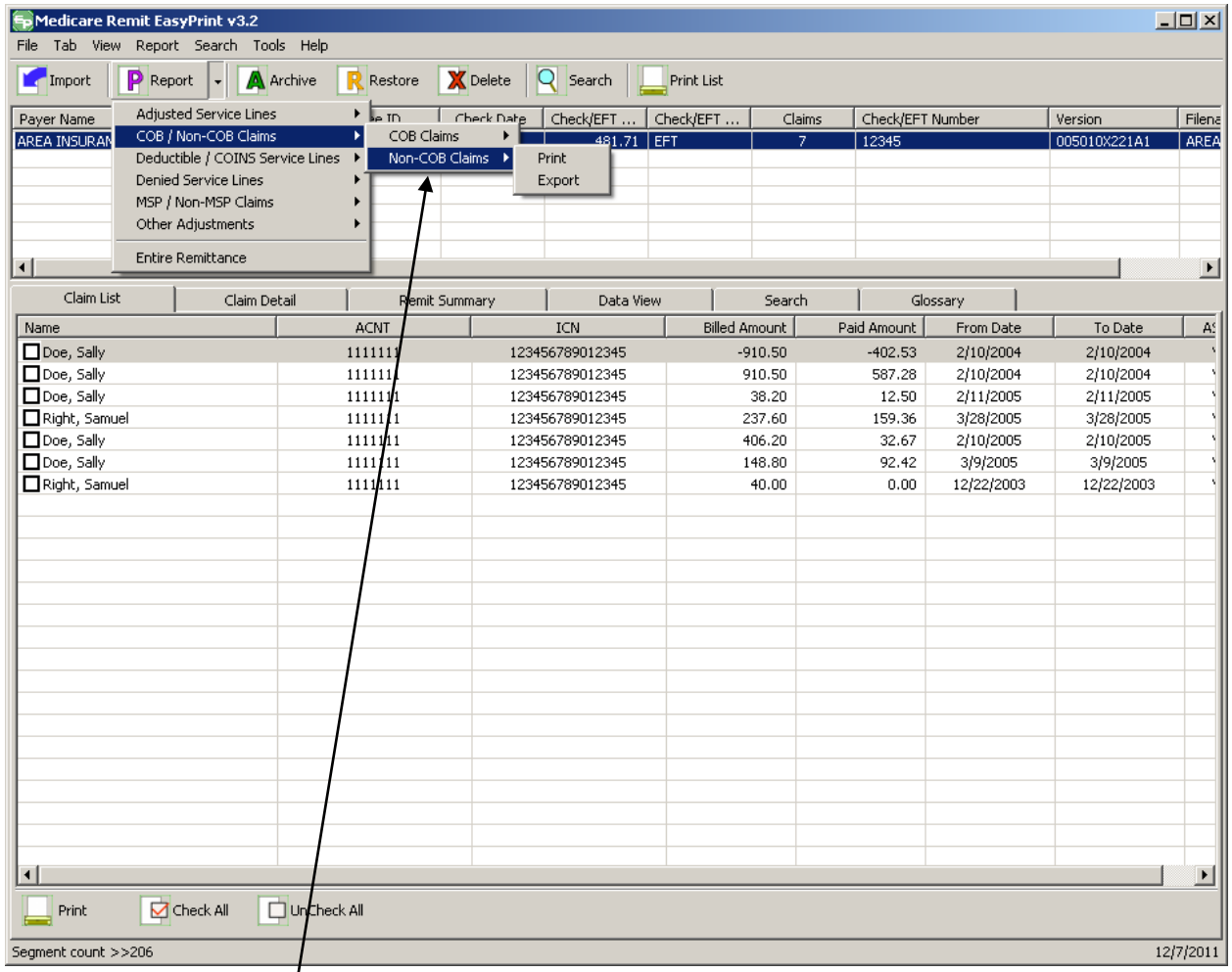

3. Select Non-COB Claims.

   The Print and Export options appear.

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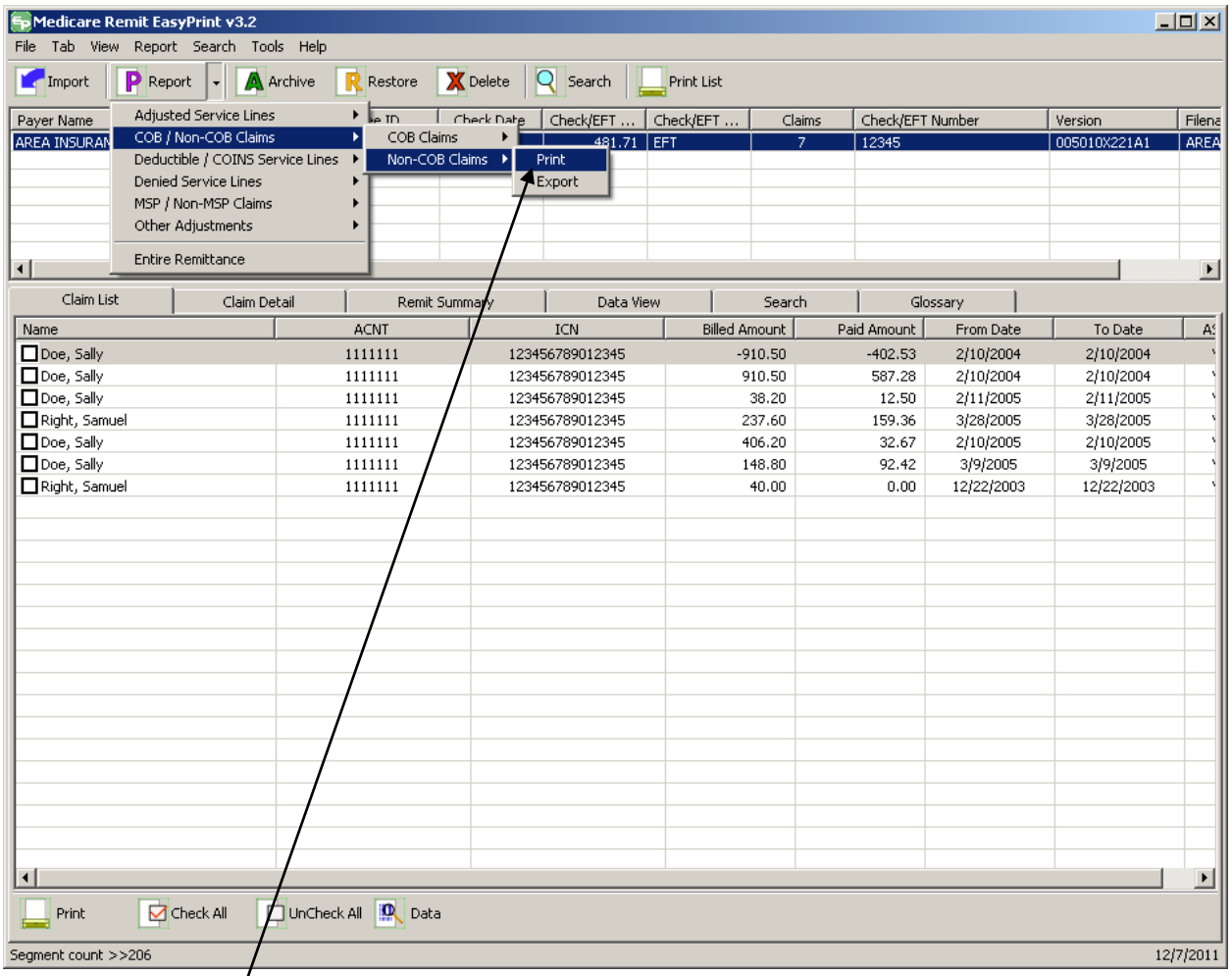
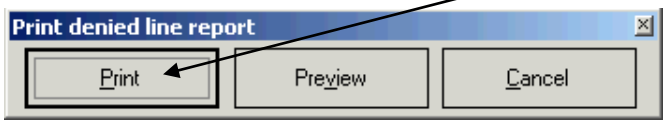


4. Select Print.

   The Print denied line report window opens.

5. Print the detail listing in one of the following ways:

   A. From the Print denied line report window, click Print to print the detail without previewing it.



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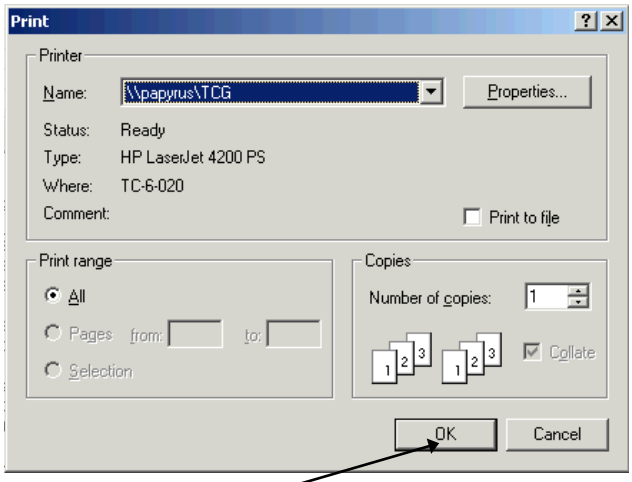
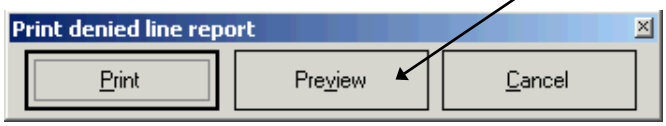
The Print dialog opens, for example:



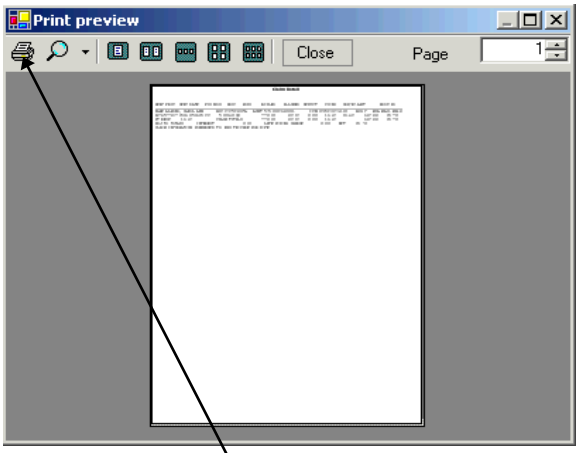
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print denied line report window, click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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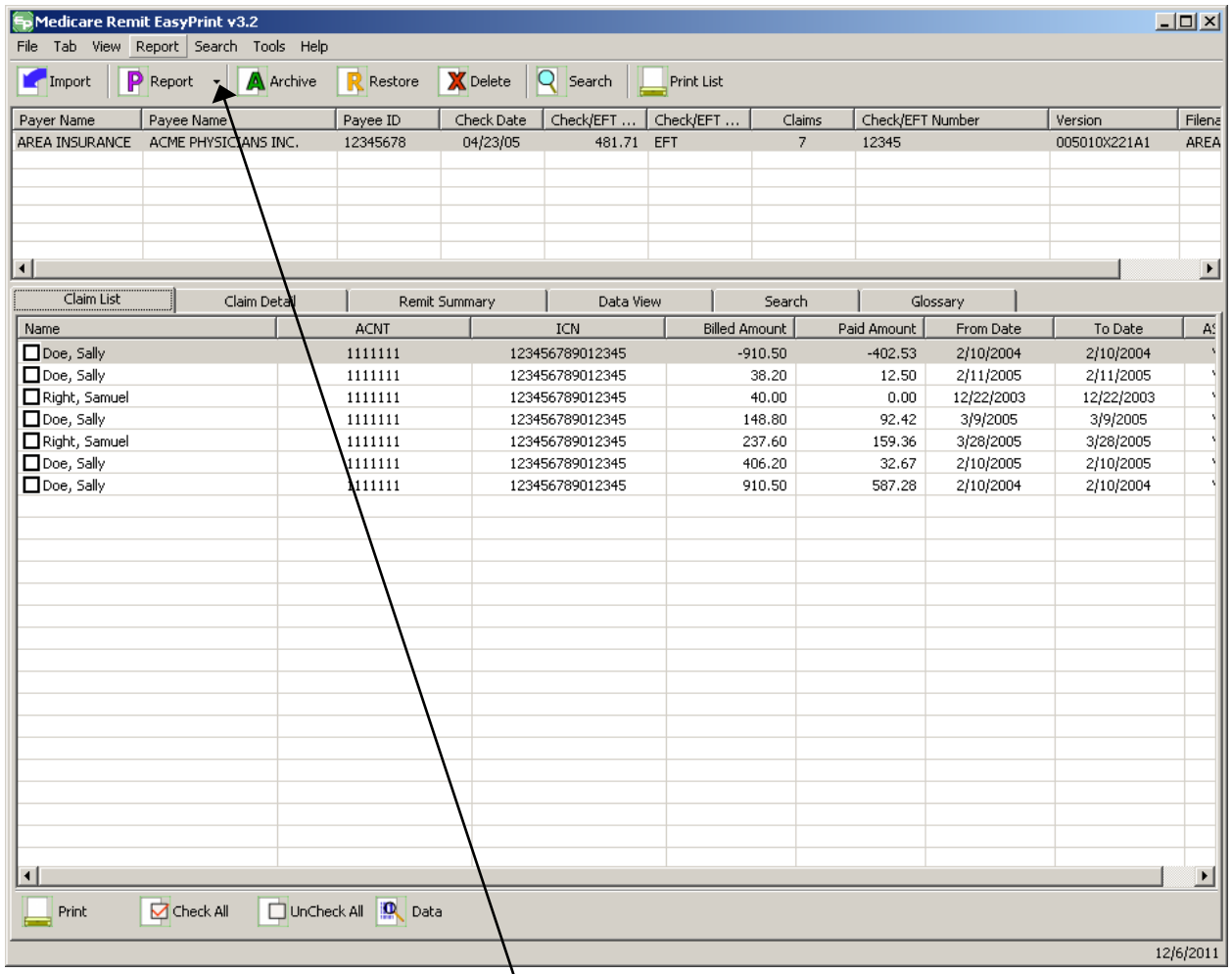
How to Export the Non-COB Claims Report

You export the report in .csv (comma separated values) format.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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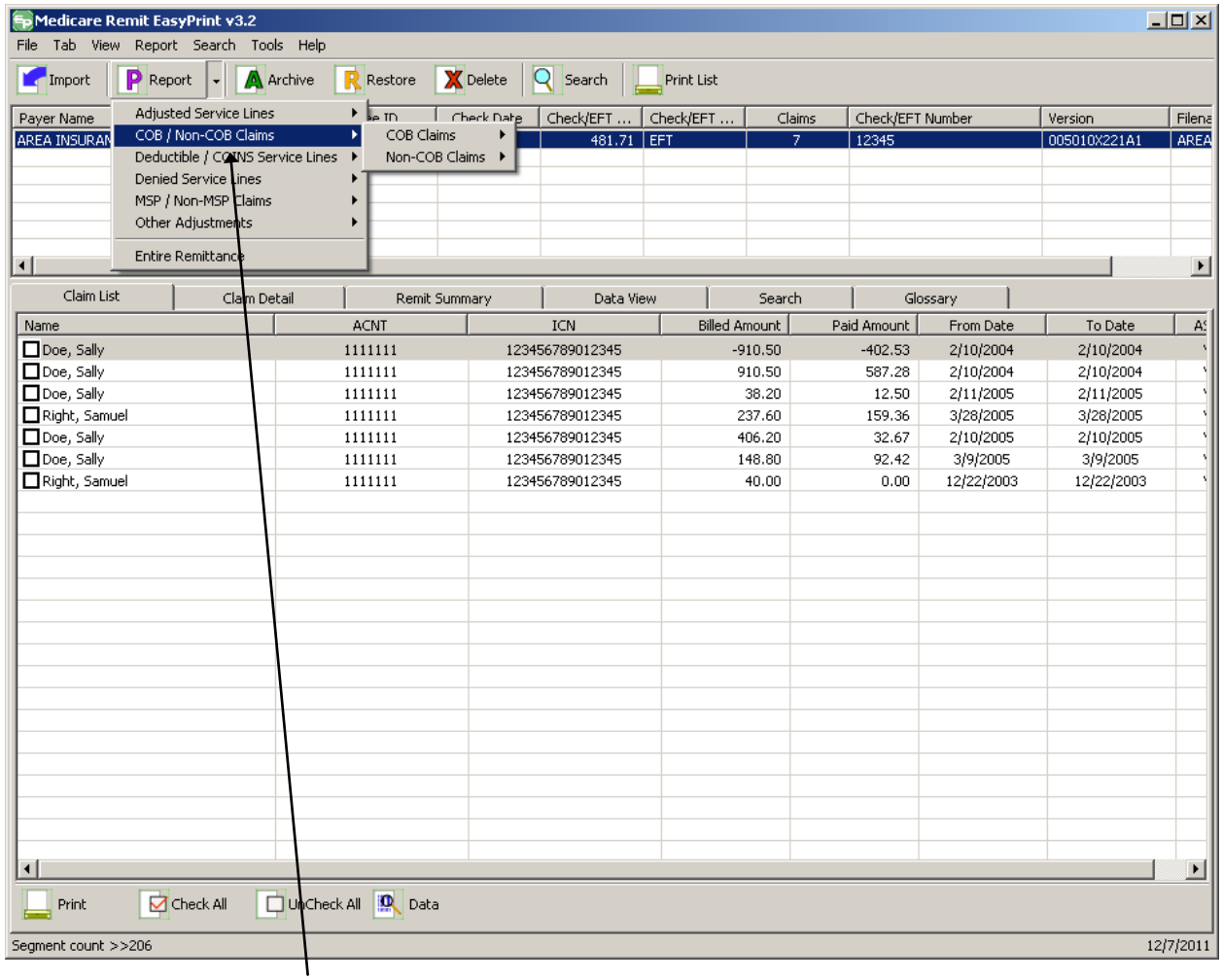
The Report List appears.



3. Select COB/Non-COB Claims.

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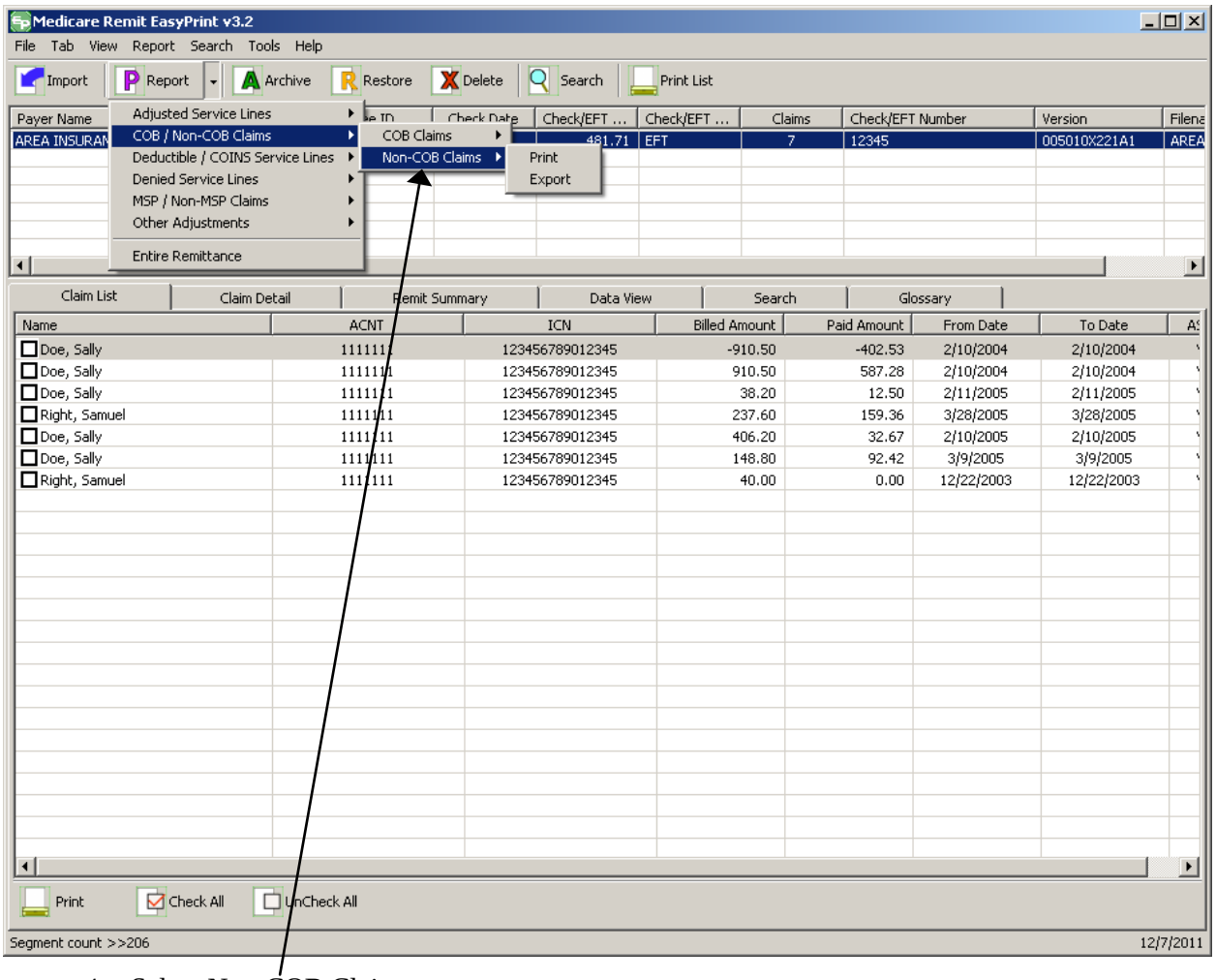

4. Select Non-COB Claims.

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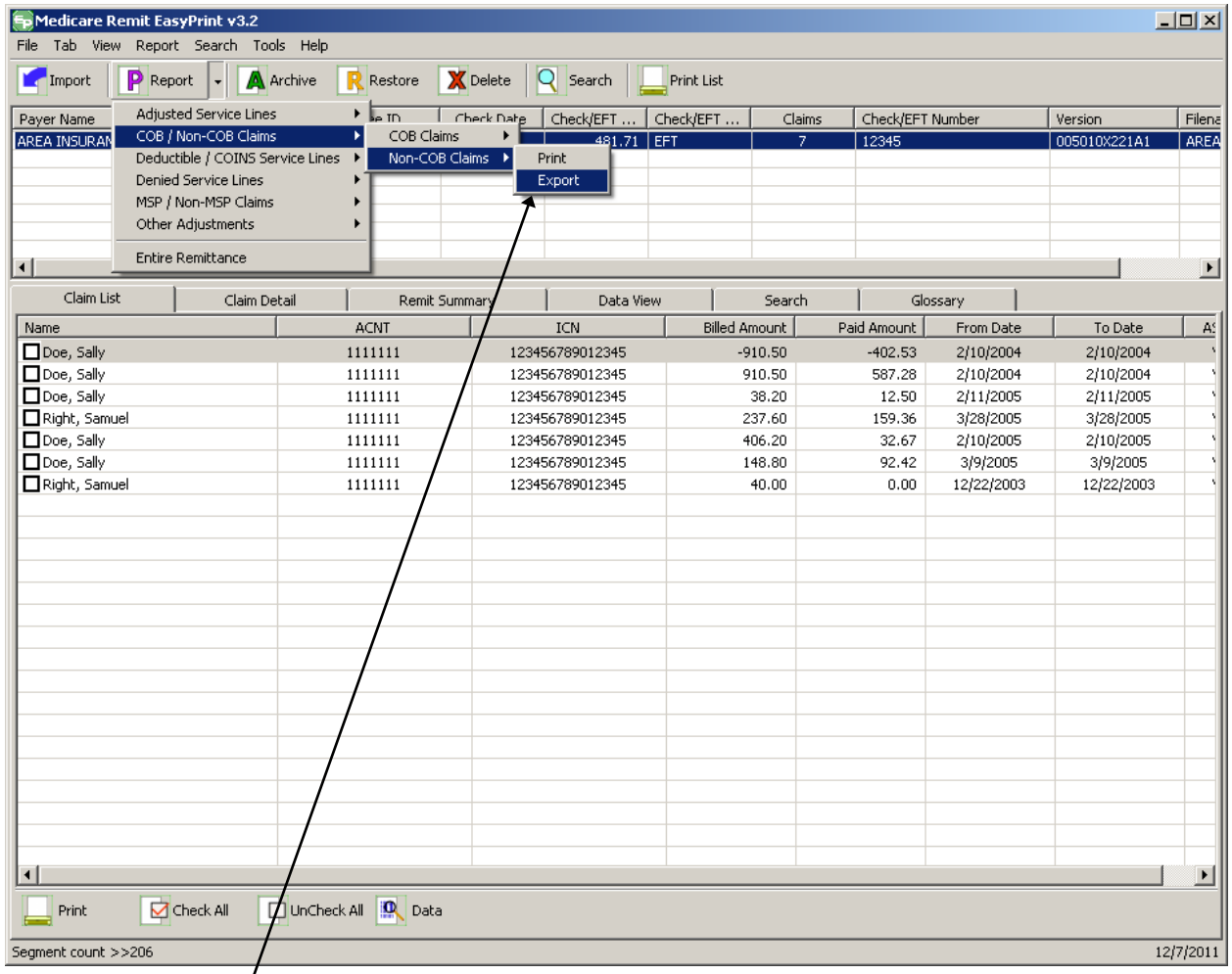
The Print and Export options appear.



5. Select Export.

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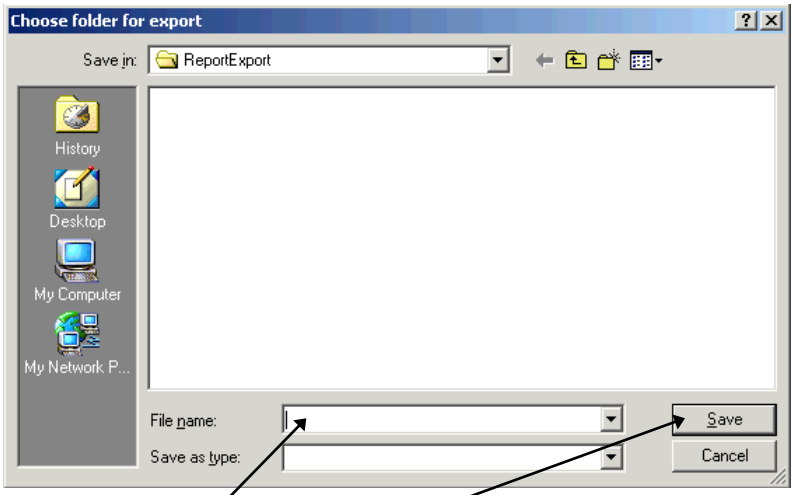
The Export folder window opens.



Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.

6. Enter the file name.
7. Click the Save button.

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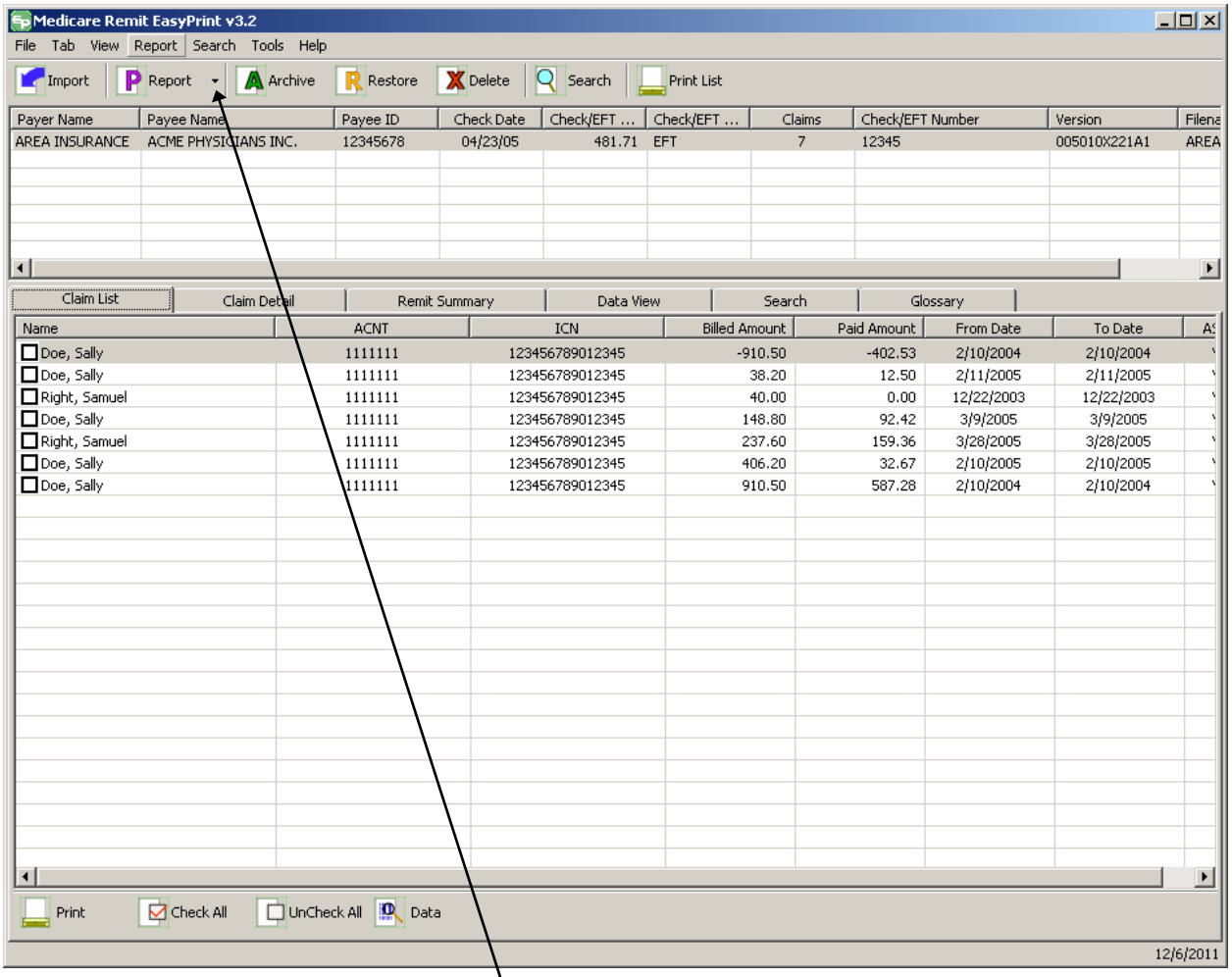
How to Print the MSP Claims Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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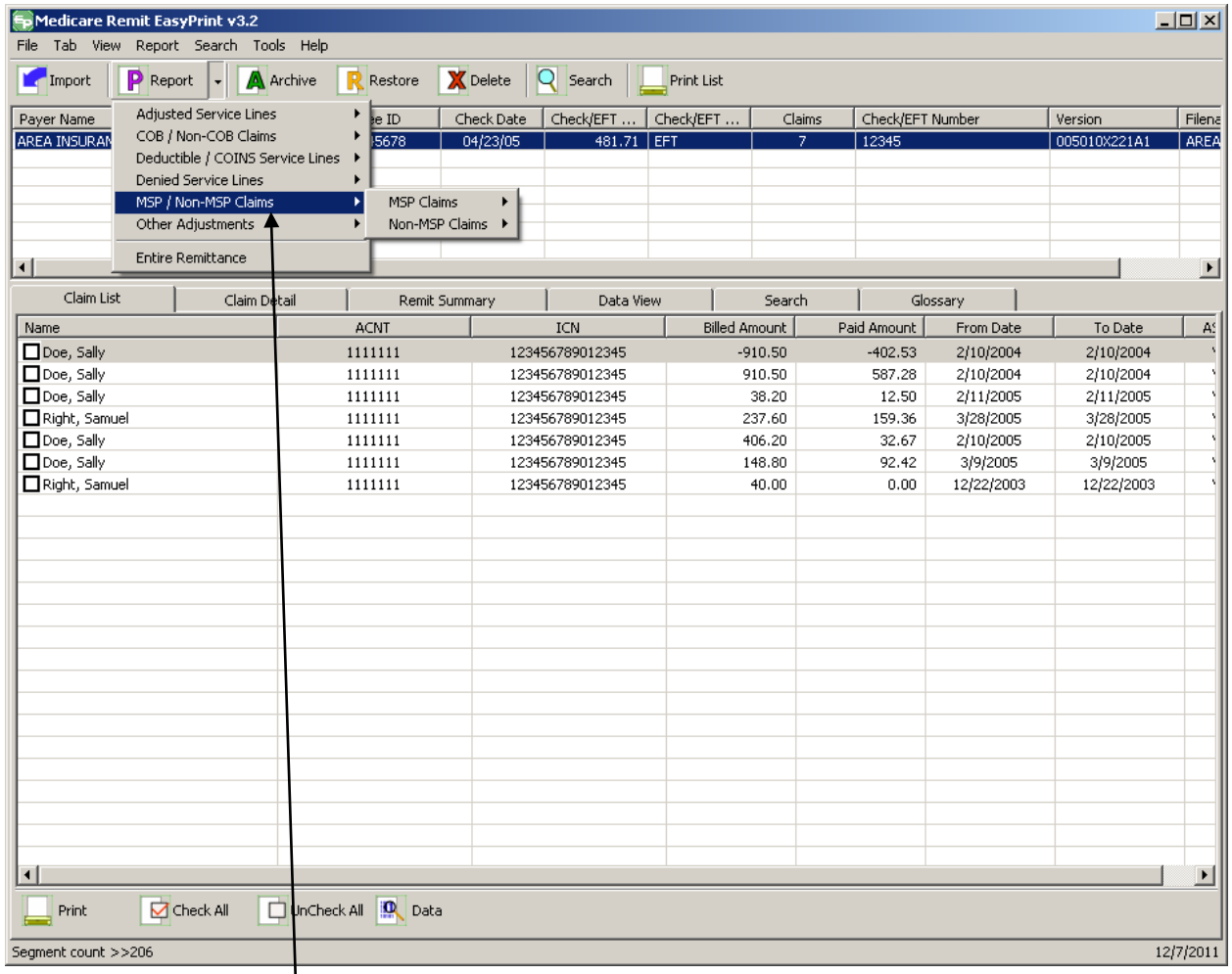
The Report List appears.



3. Select MSP/Non-MSP Claims.

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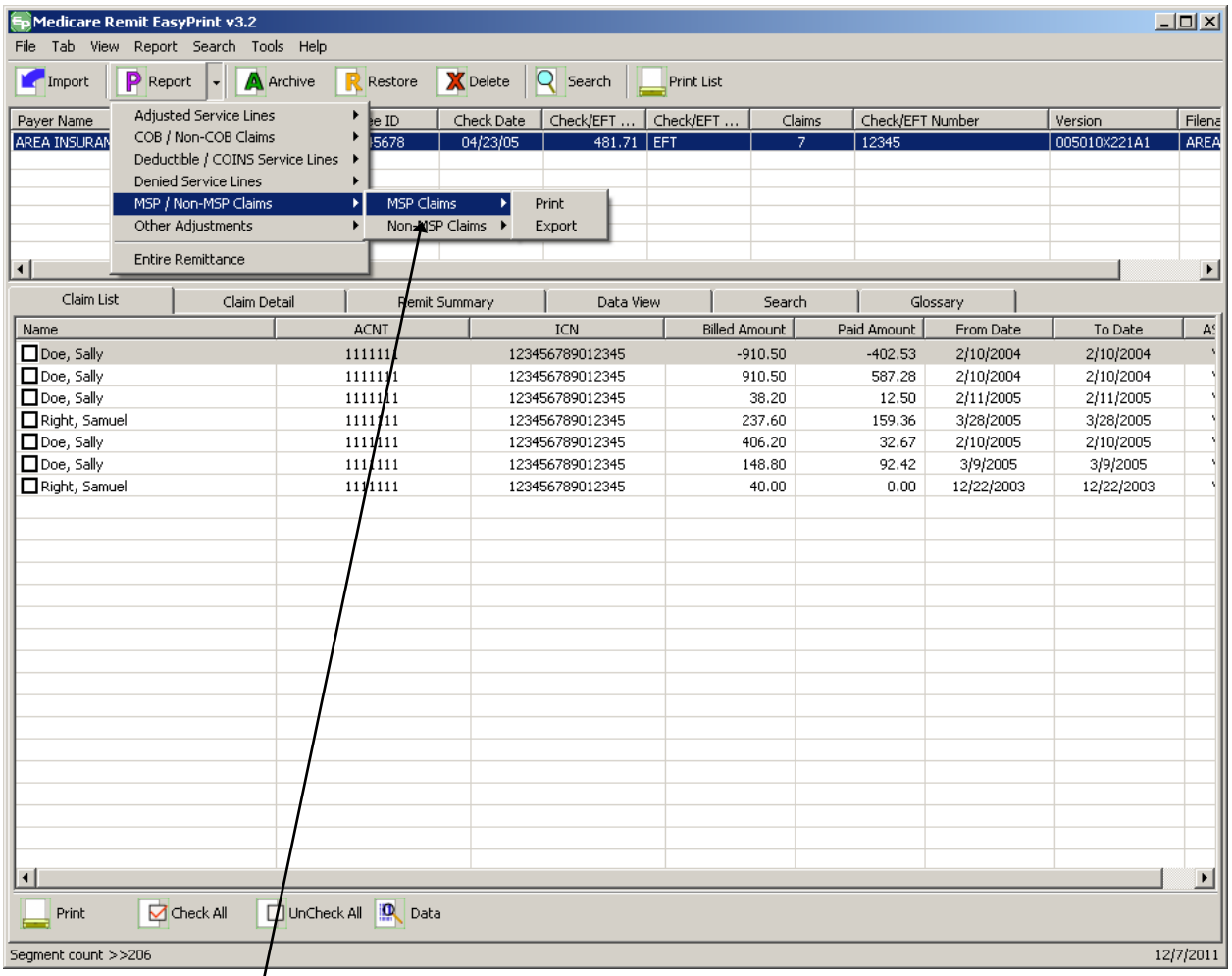

4. Select MSP Claims.

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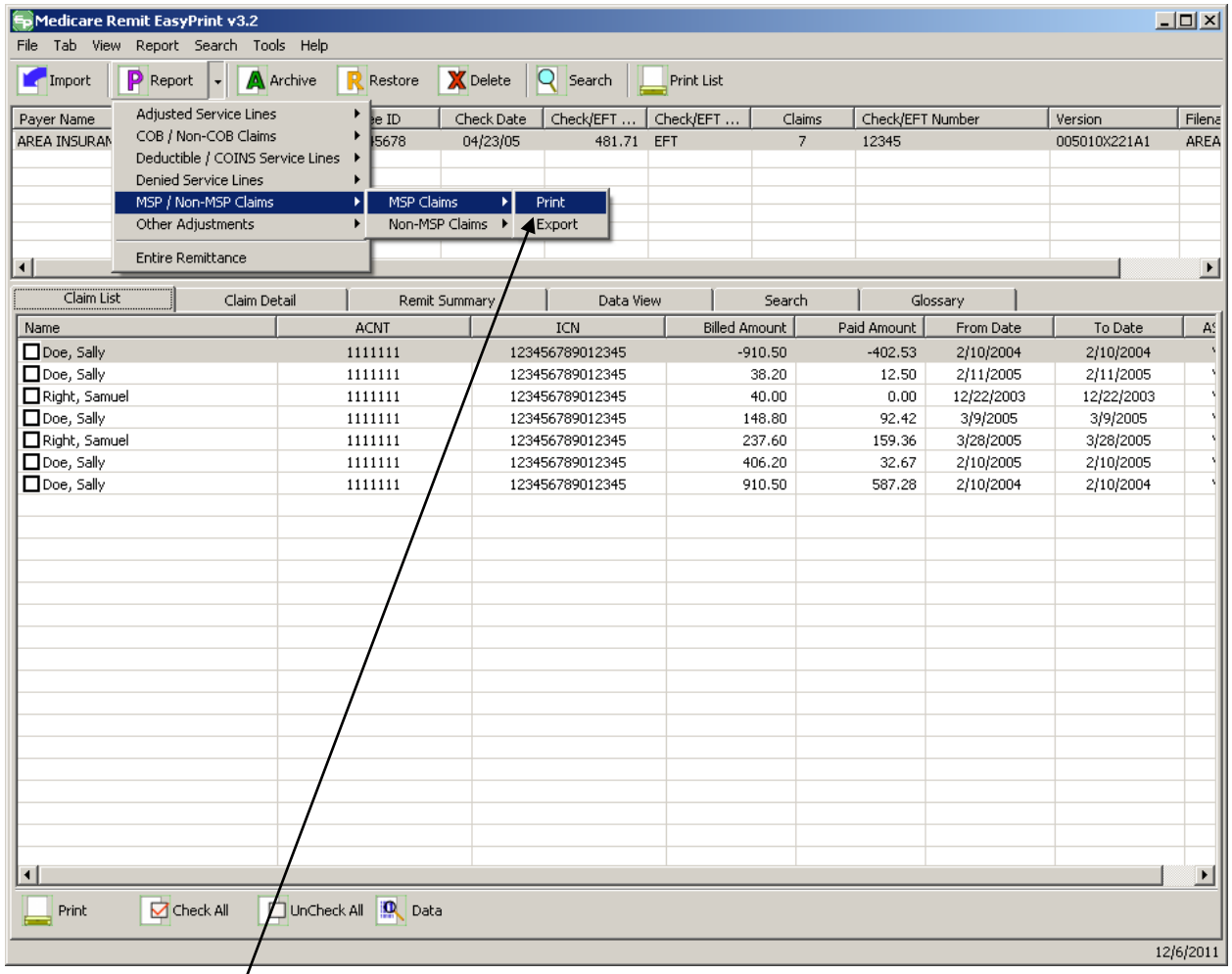
The Print and Export options appear.



5. Select Print.

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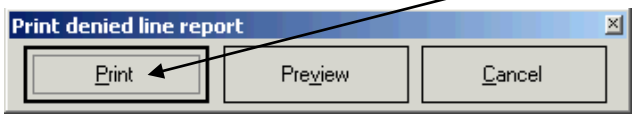
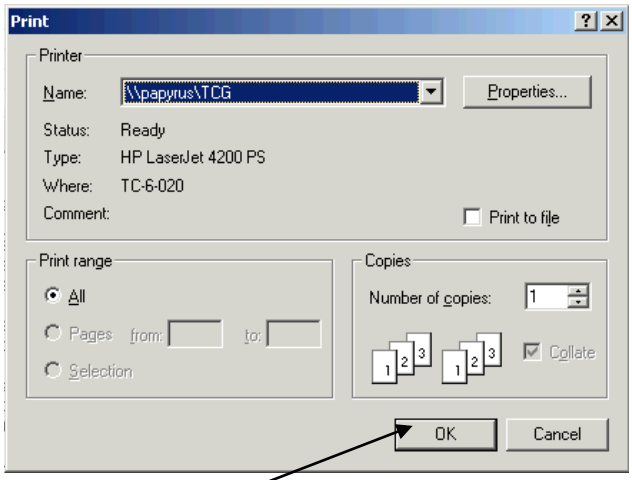
The Print denied line report window opens.

6. Print the detail listing in one of the following ways:

   A. From the Print denied line report window, click Print to print the detail without previewing it.



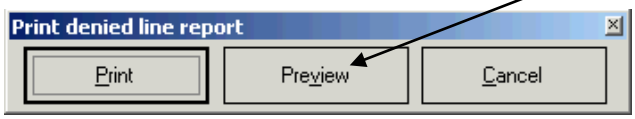
   The Print dialog opens.



   If you need to change the properties, click Properties and make changes as necessary.

   Click OK. Medicare Remit Easy Print prints the detail at your default printer.

   B. From the Print denied line report window, click Preview to view a preview of the printed page before printing.



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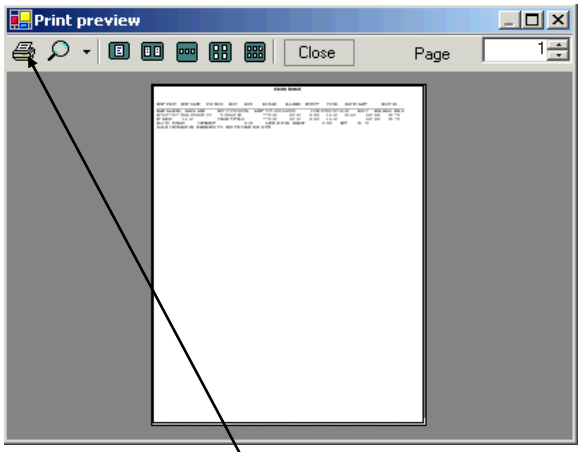
The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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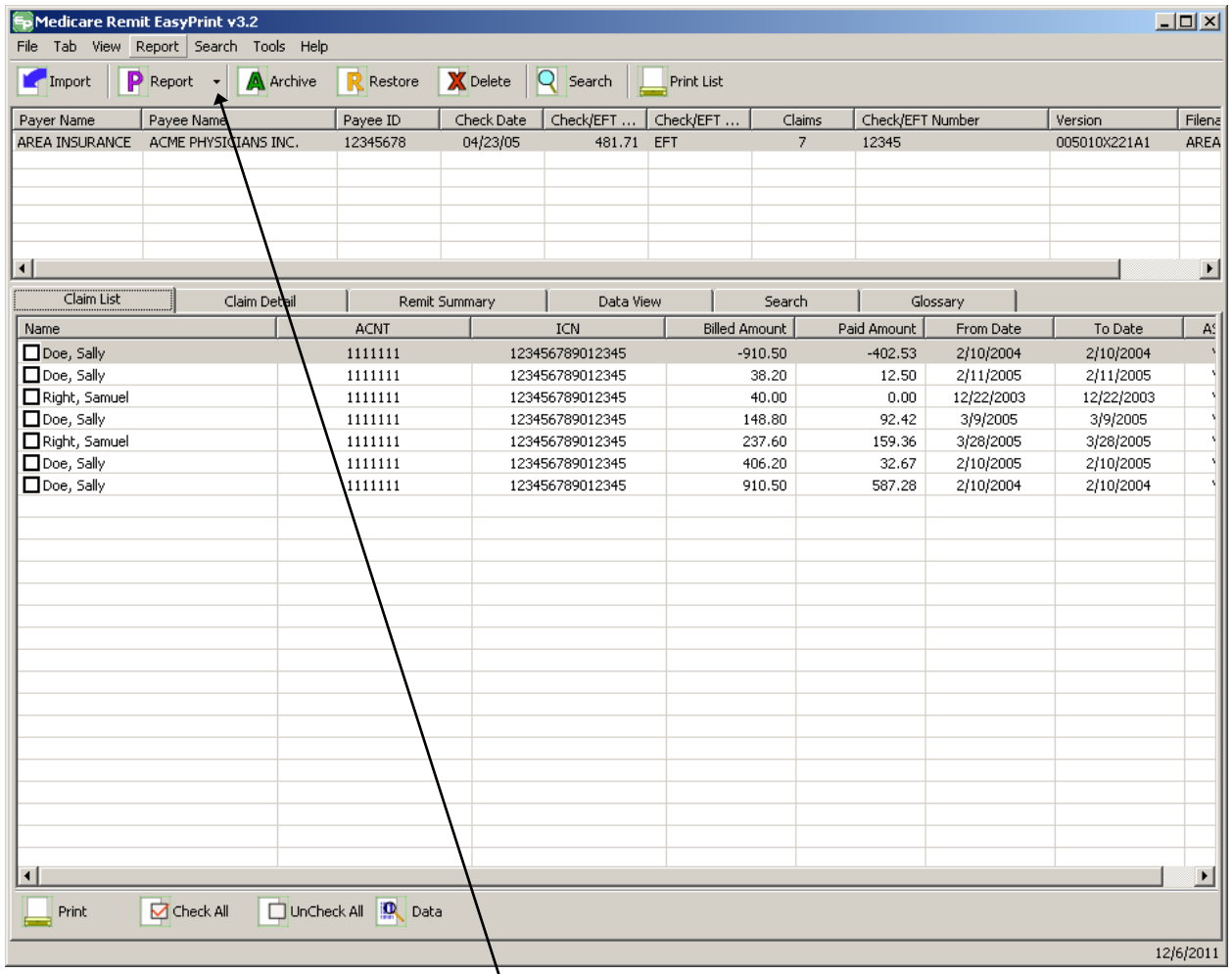
How to Export the MSP Claims Report

You export the report in .csv (comma separated values) format.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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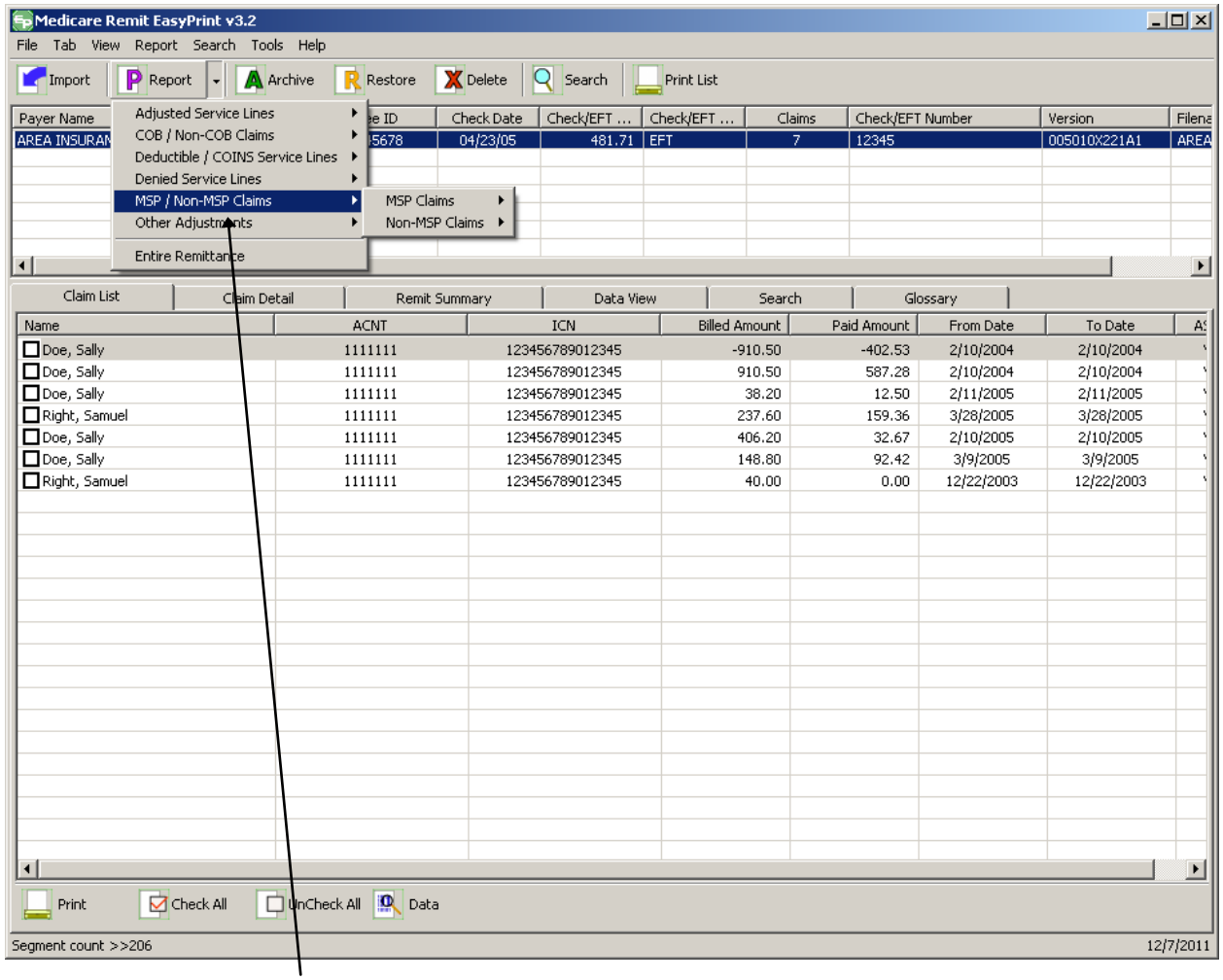
The Report List appears.



3. Select MSP/Non-MSP Claims.

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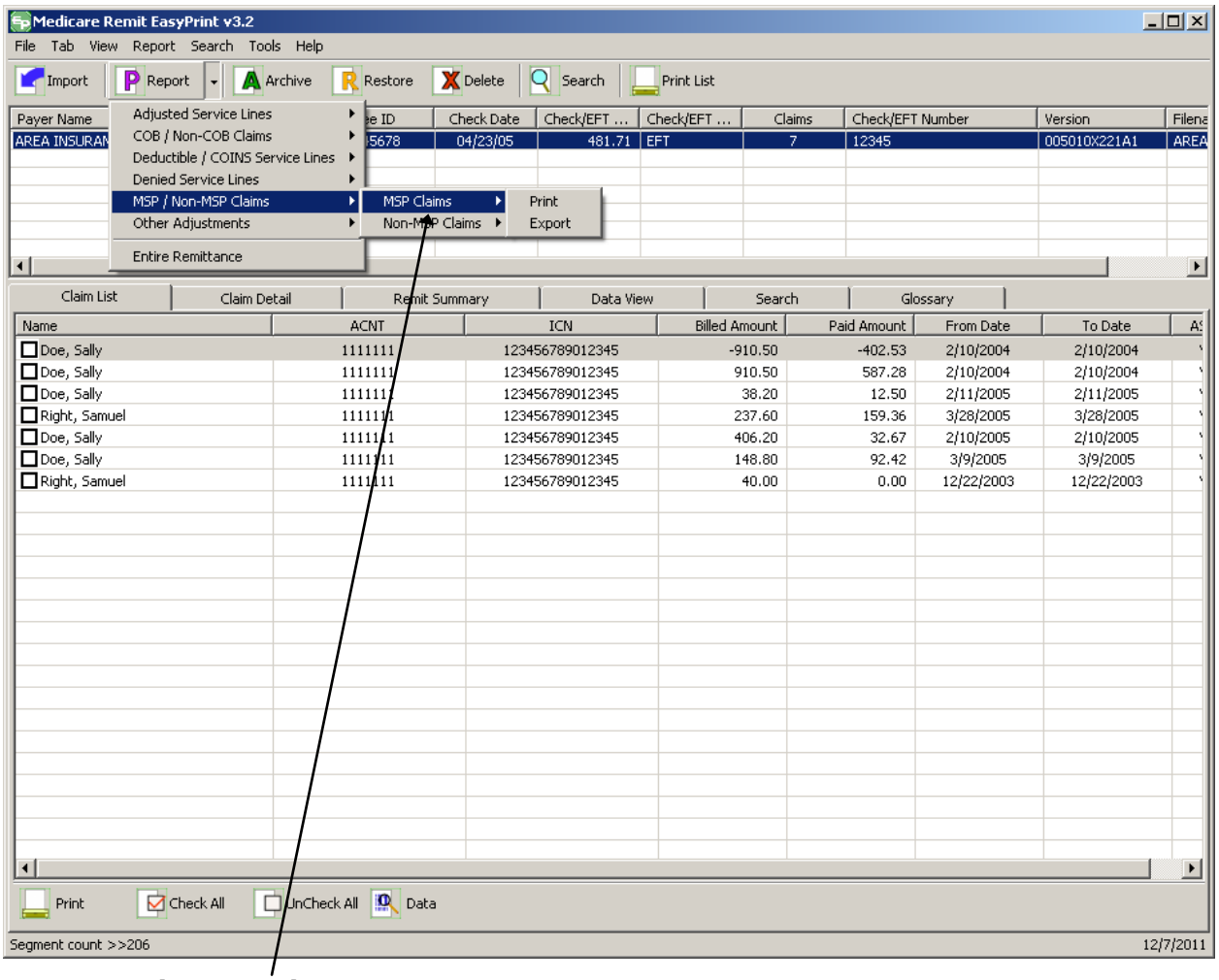

4. Select MSP Claims.

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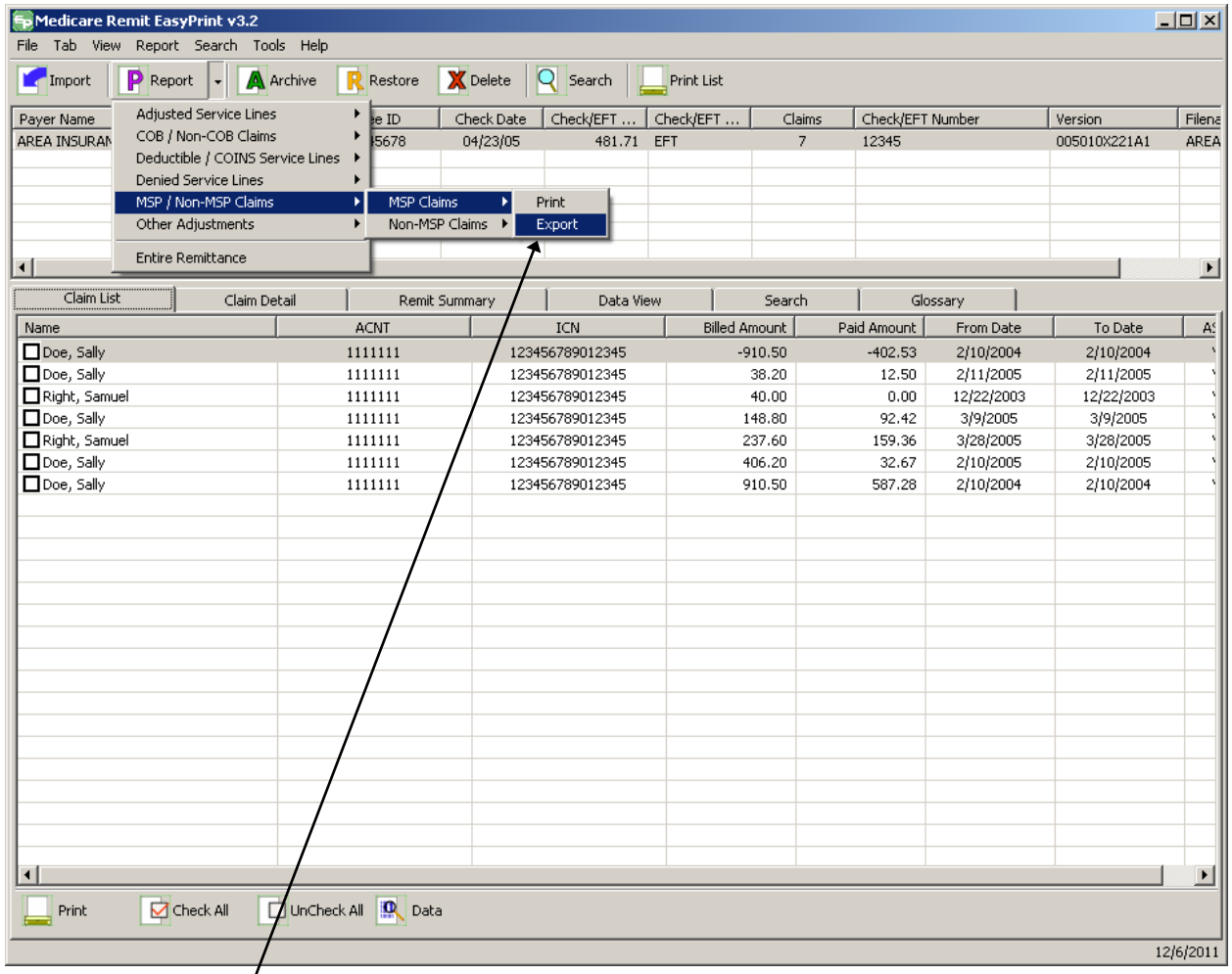
The Print and Export options appear.



5. Select Export.

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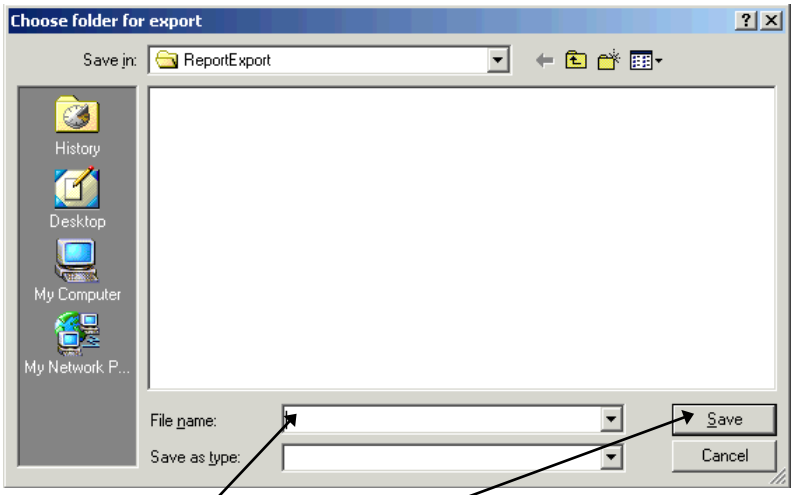
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list. menu.



5. Enter the file name.
6. Click the Save button.

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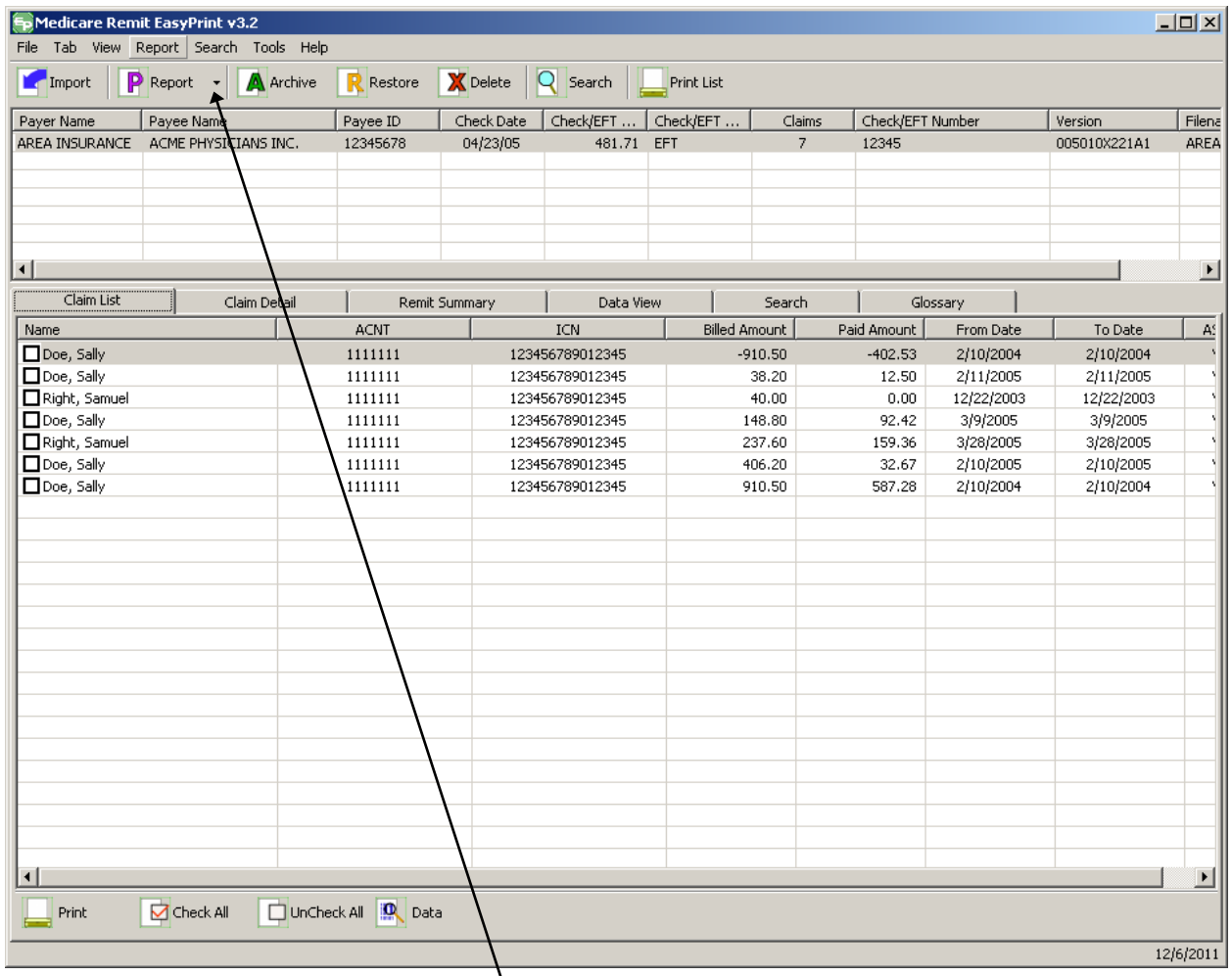
How to Print the Non-MSP Claims Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



1. Click the down arrow on the Report button.

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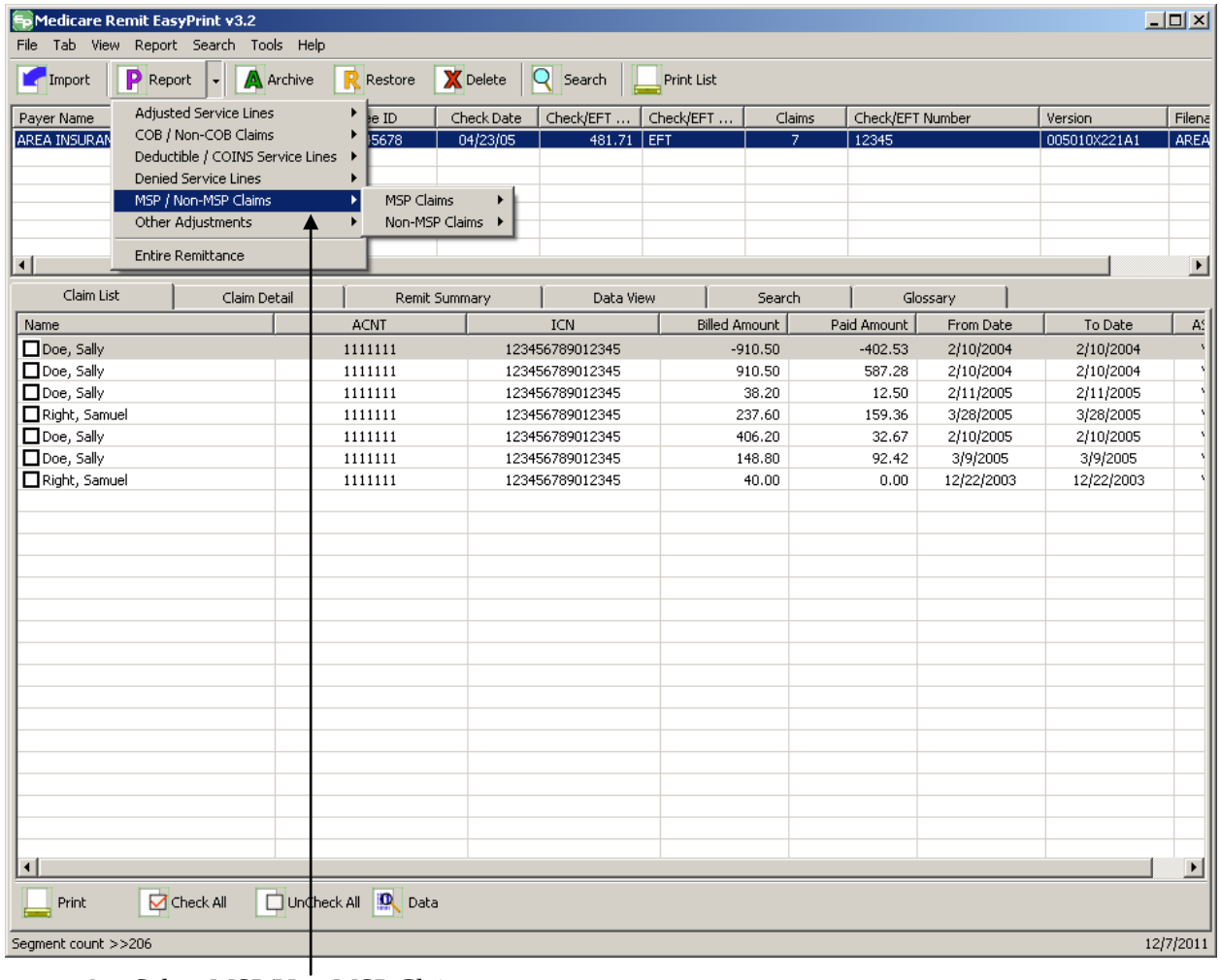
The Report List appears.



2. Select MSP/Non-MSP Claims.

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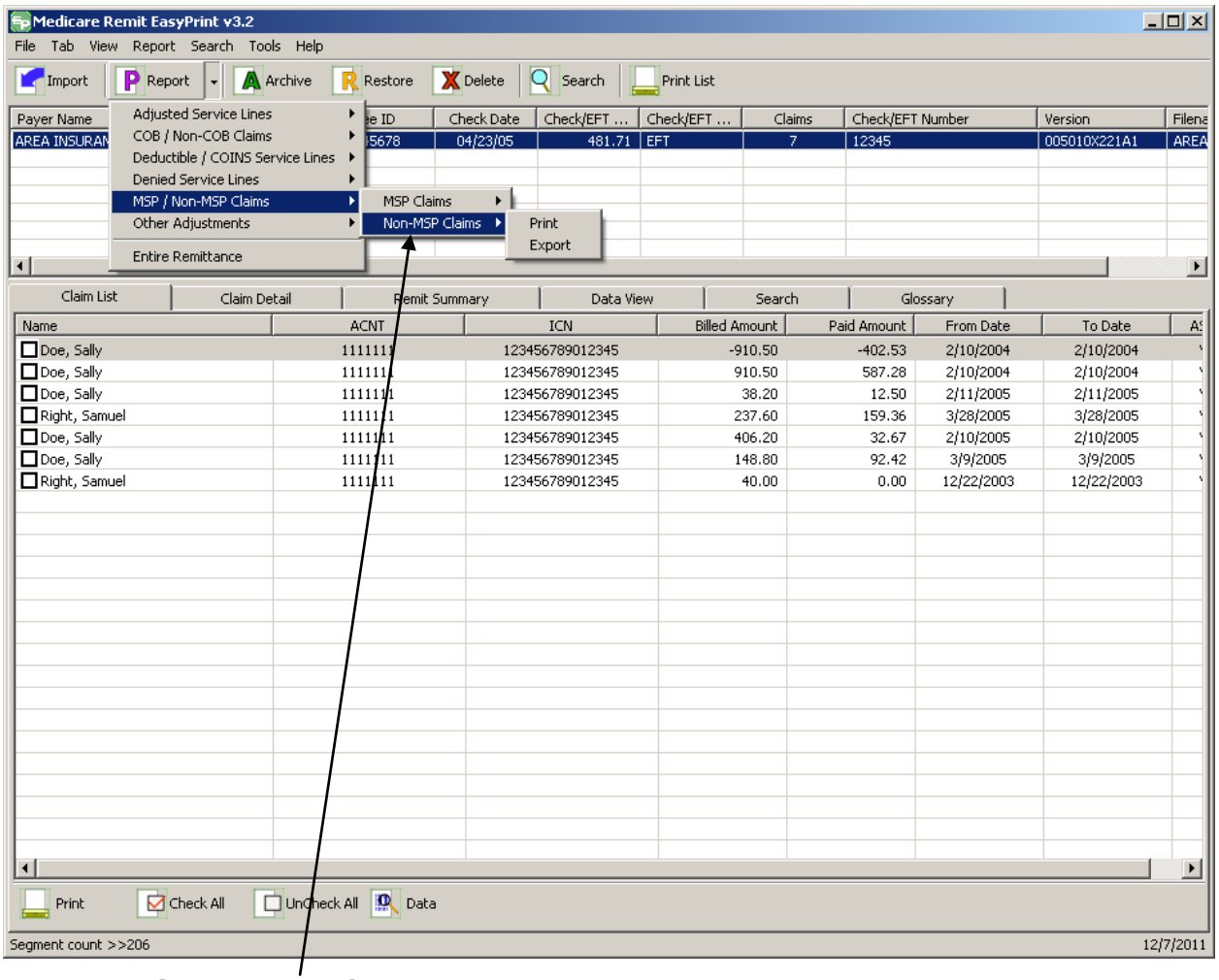

3. Select Non-MSP Claims.

   The Print and Export options appear.

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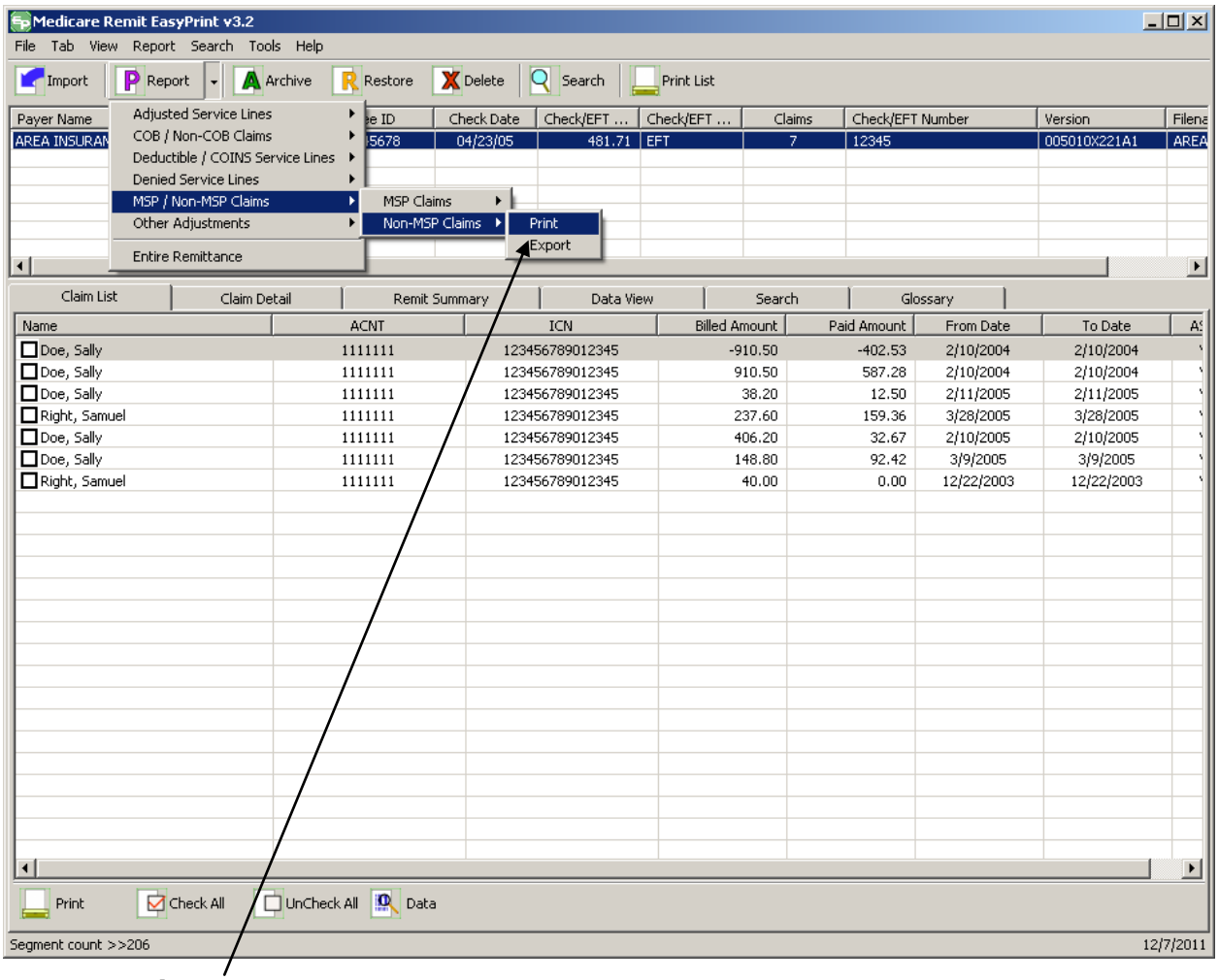
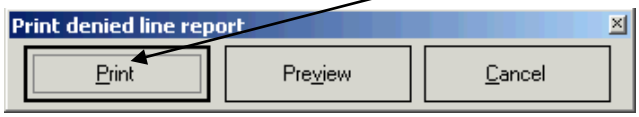


4. Select Print.

   The Print denied line report window opens.

5. Print the detail listing in one of the following ways:

   A. From the Print denied line report window, click Print to print the detail without previewing it.



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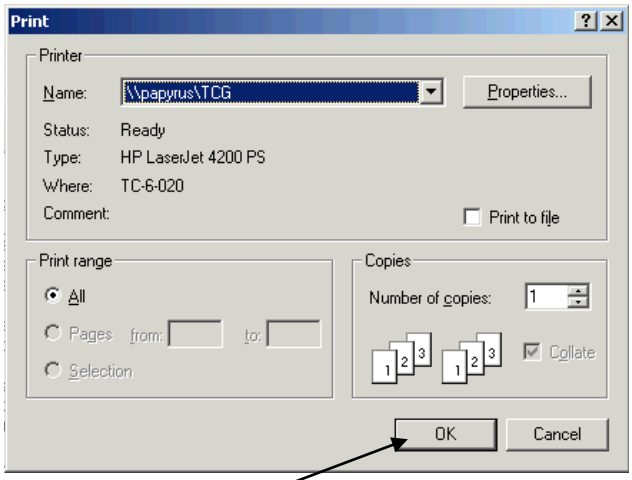
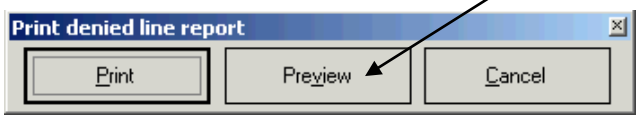
The Print dialog opens.



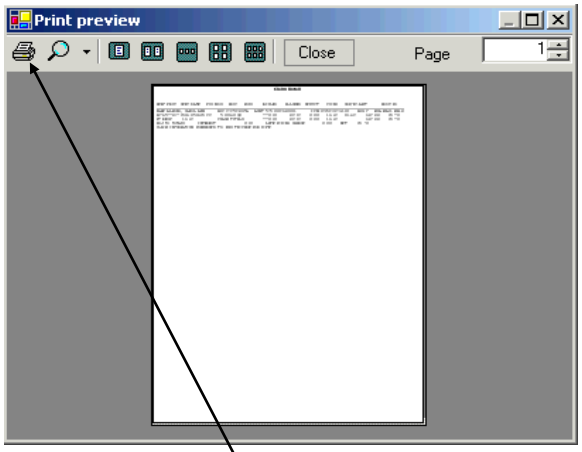
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print remit listing window, click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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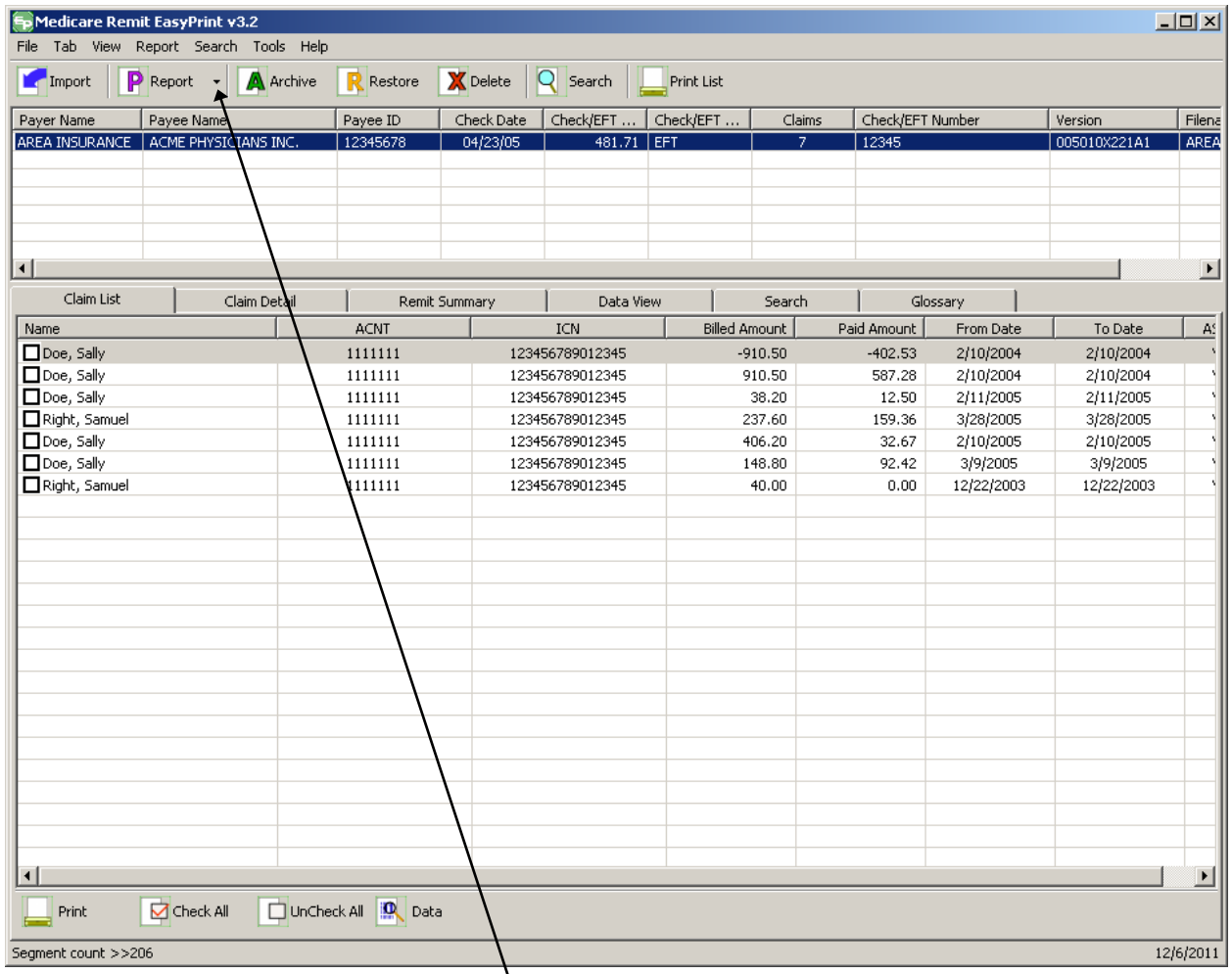
How to Export the Non-MSP Claims Report

You export the report in .csv (comma separated values) format.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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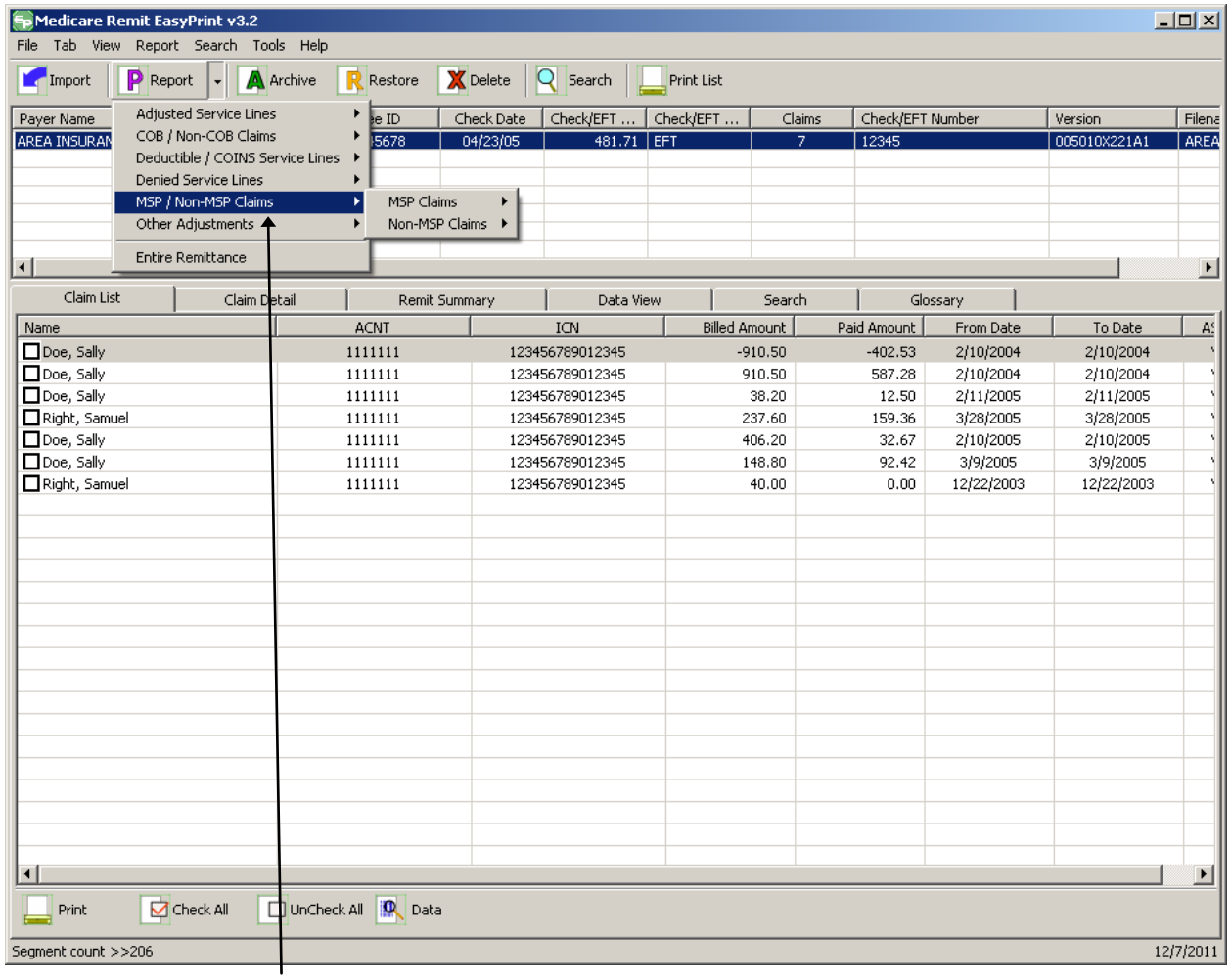
The Report List appears.



3. Select MSP/Non-MSP Claims.

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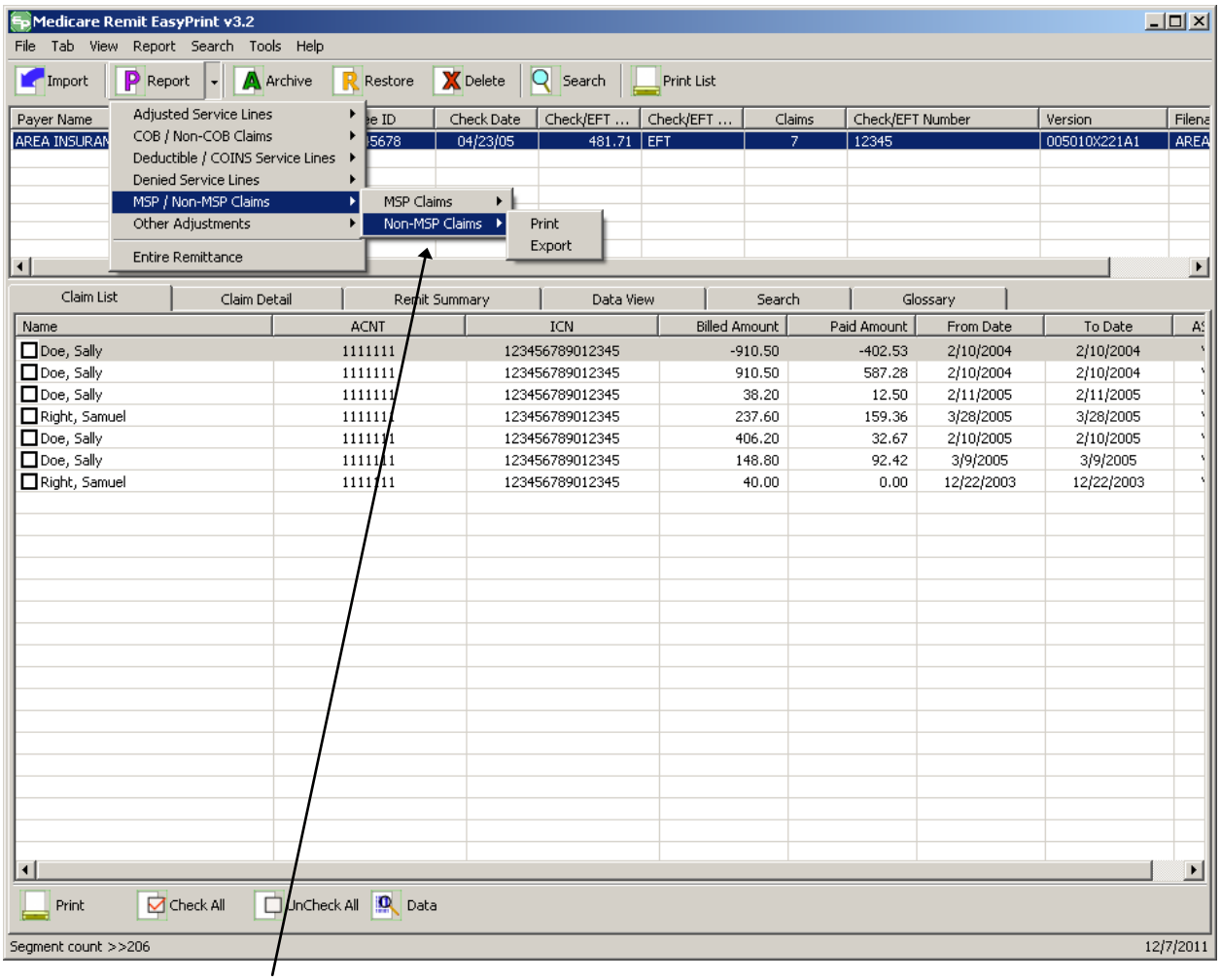

4. Select Non-MSP Claims.

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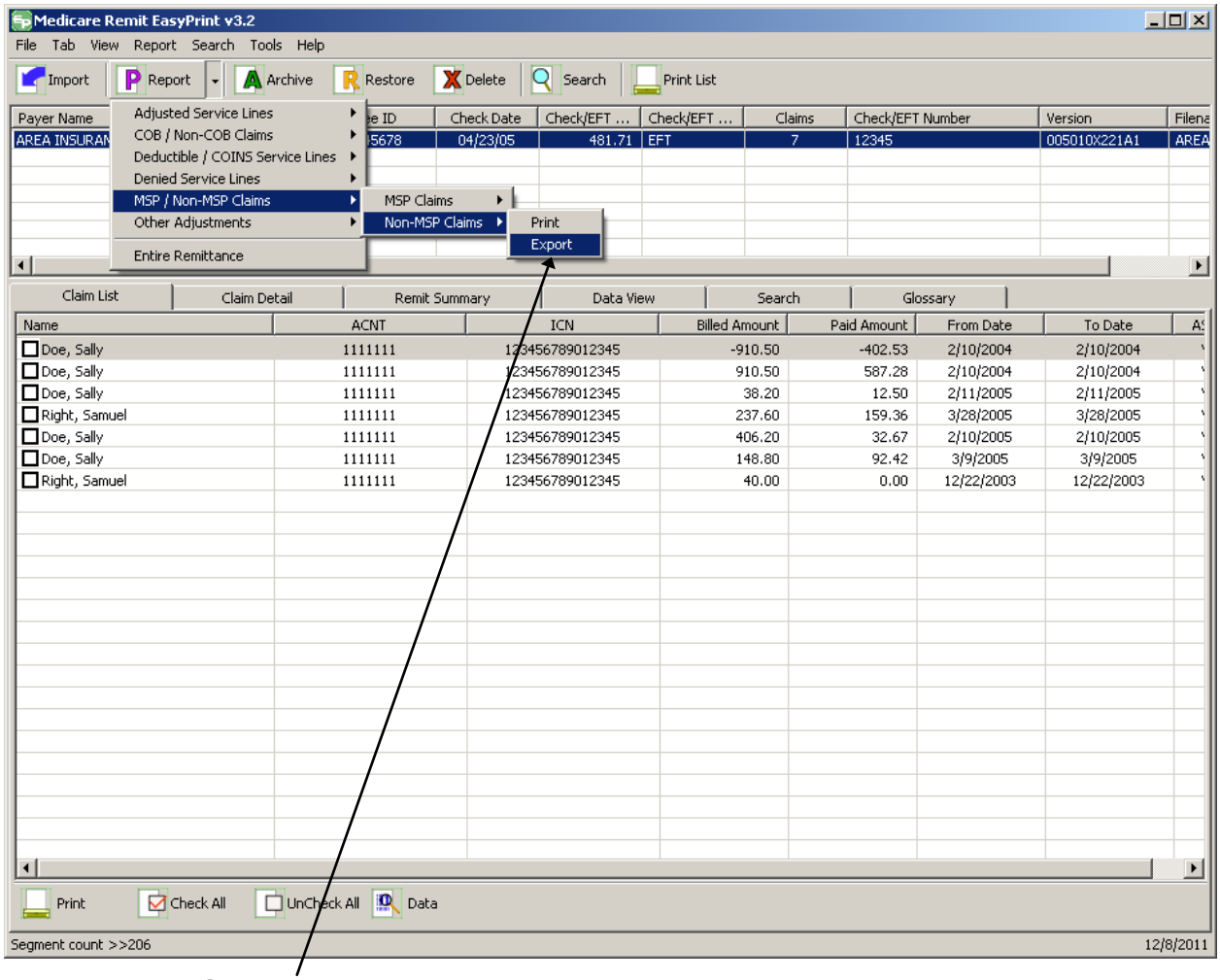
The Print and Export options appear.



5. Select Export.

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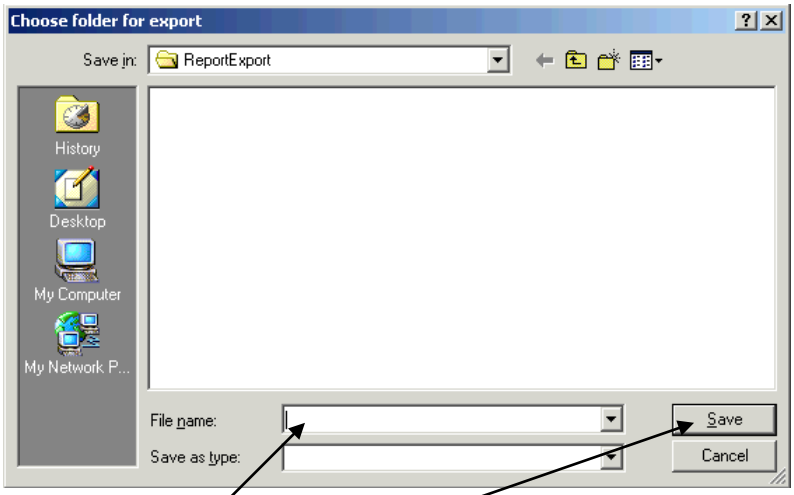
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory. You can select another location using the Save in drop-down list.



6. Enter the file name.
7. Click the Save button.

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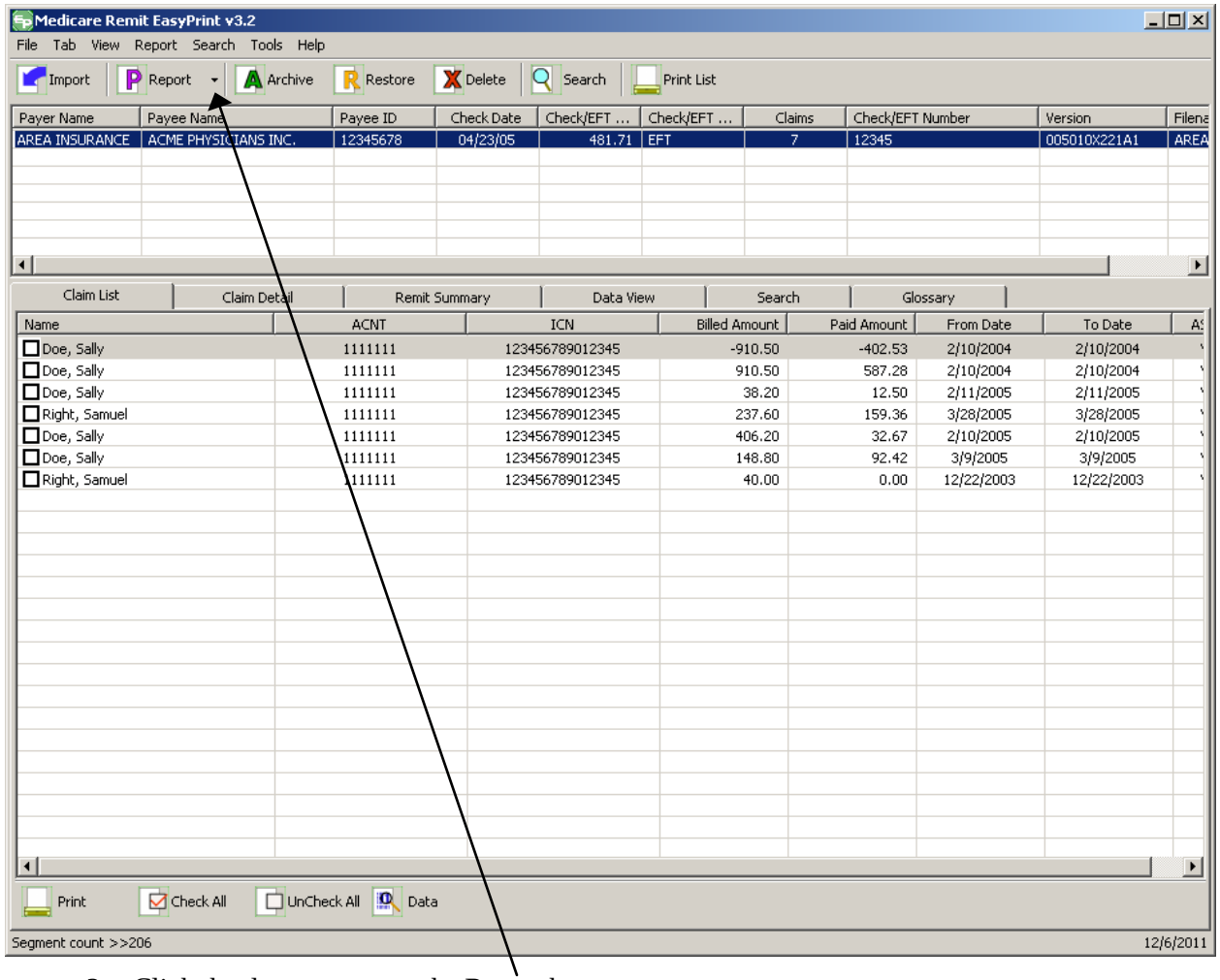
How to Print the Other Adjustments Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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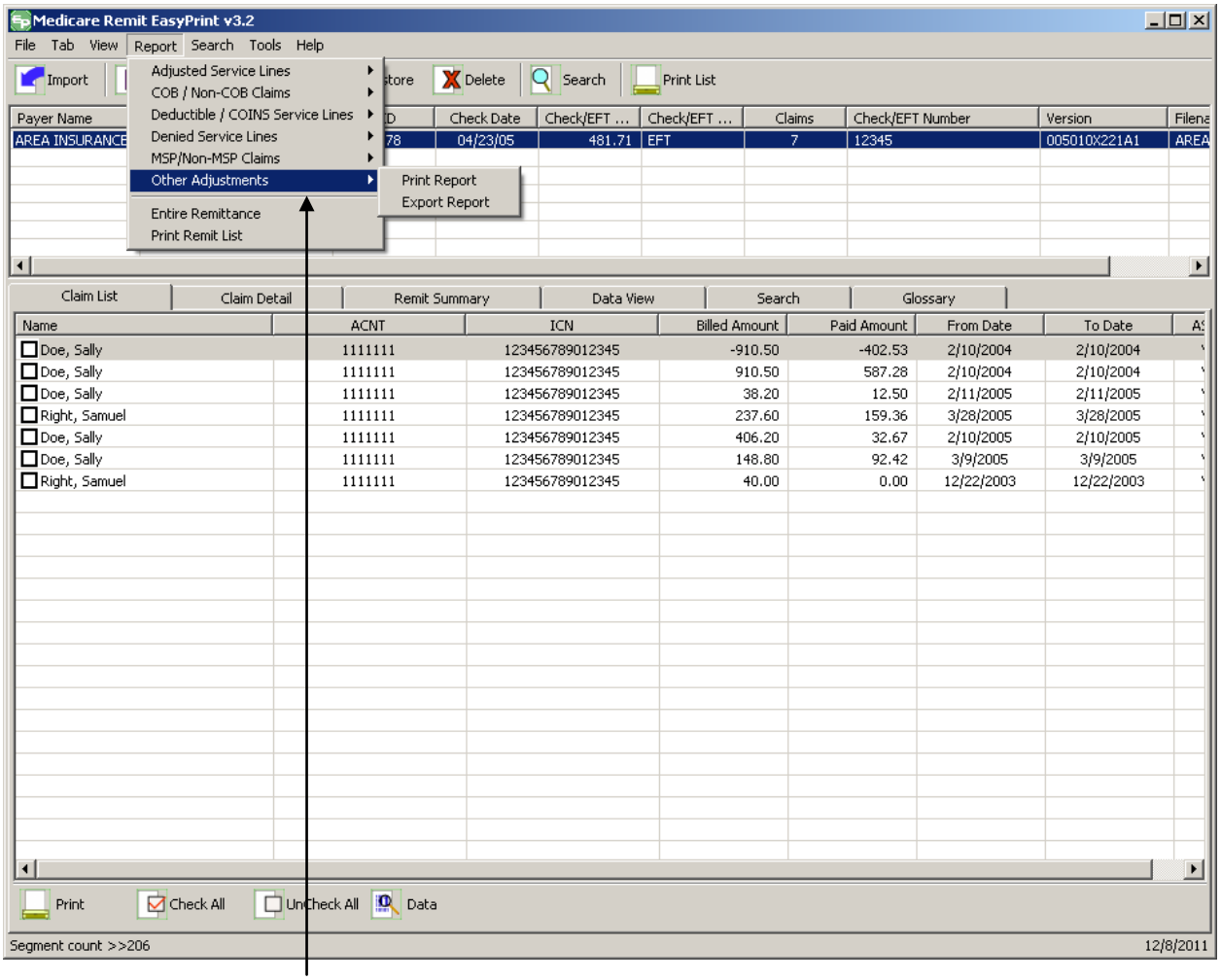
The Report List appears.



3. Select Other Adjustments.

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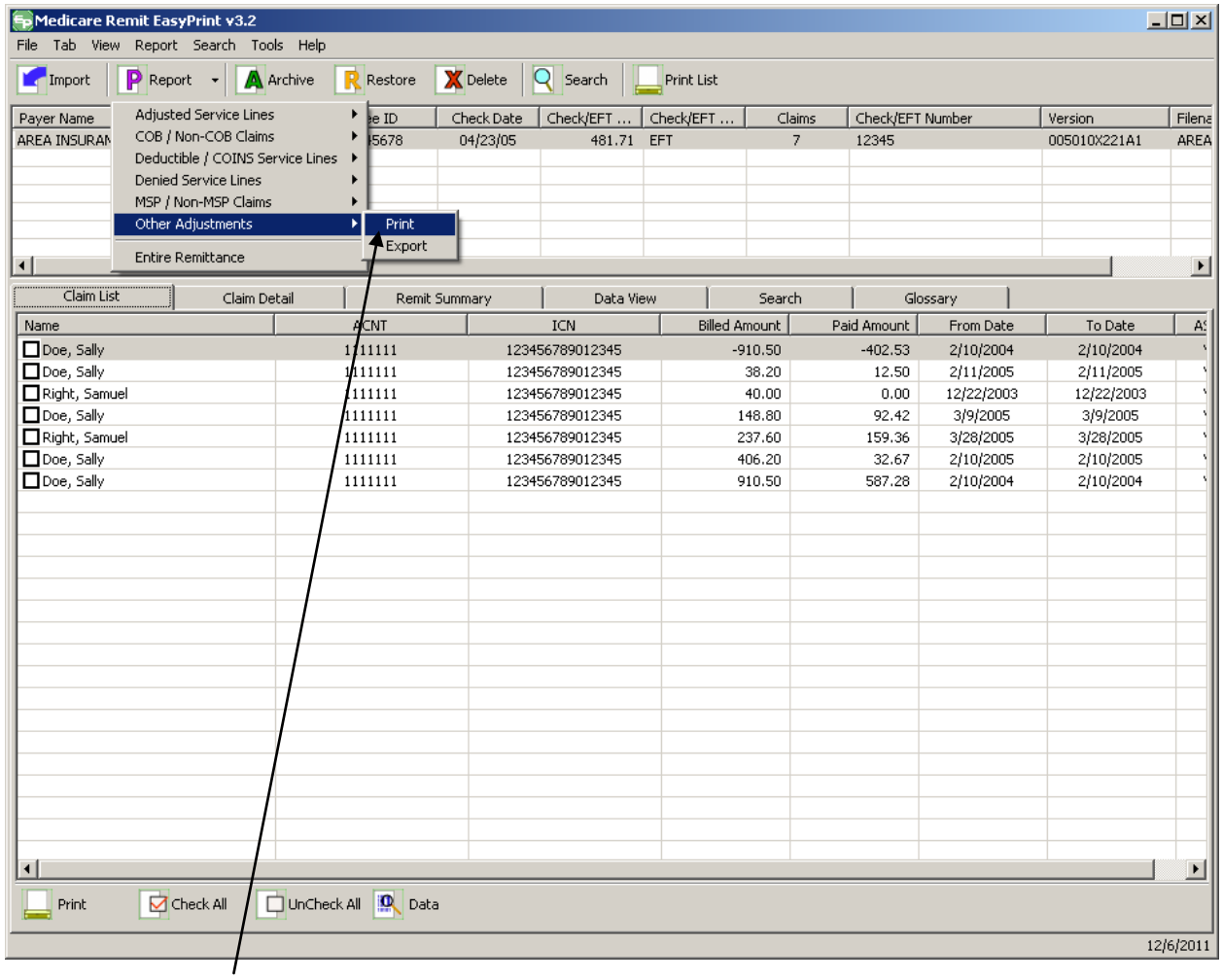
The Print and Export options appear.

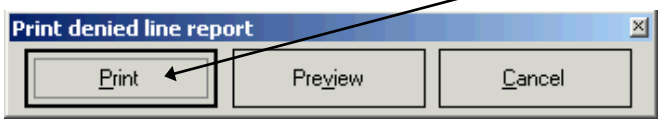


4. Select Print.

   The Print denied line report window opens.

5. Print the detail listing in one of the following ways:

   A. From the Print denied line report window, click Print to print the detail without previewing it.



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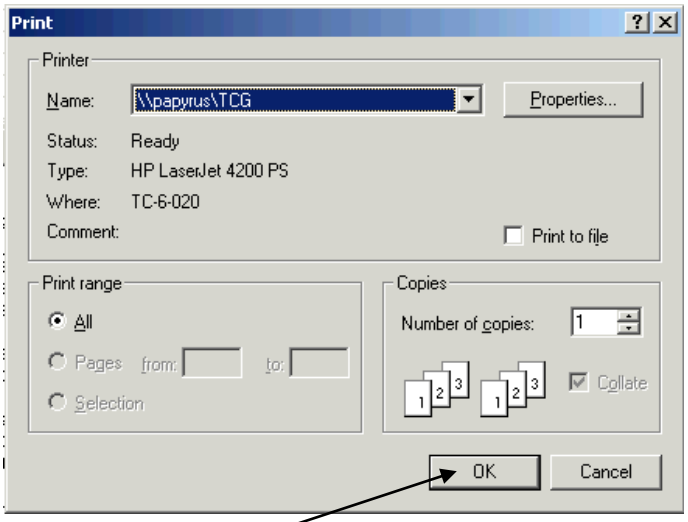
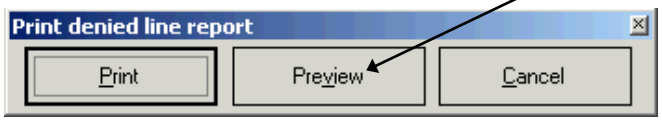
The Print dialog opens.



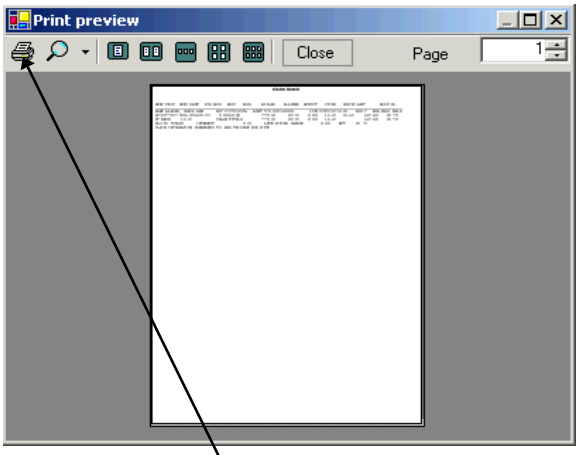
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print denied line report window, click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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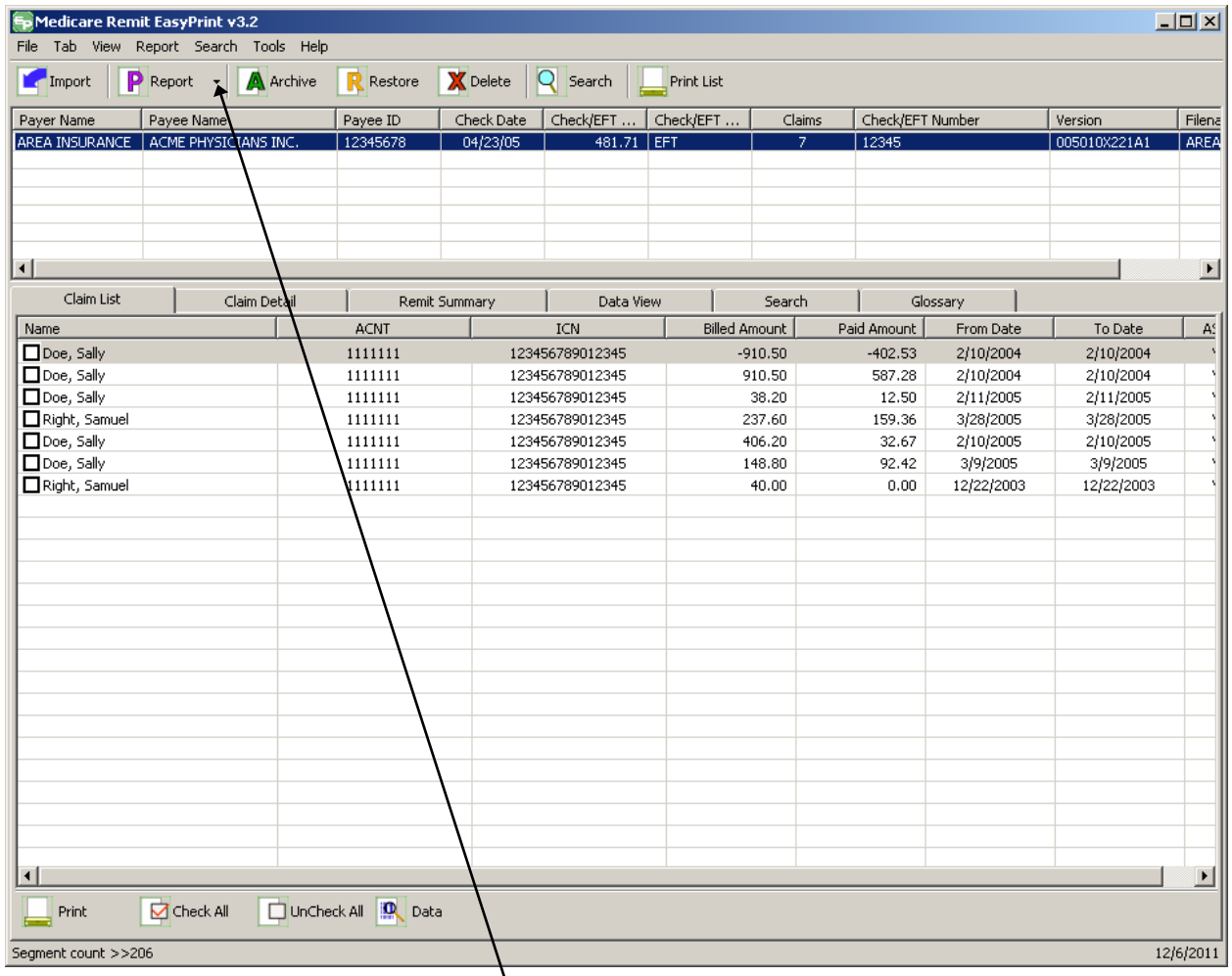
How to Export the Other Adjustments Report

You export the report in .csv (comma separated values) format.

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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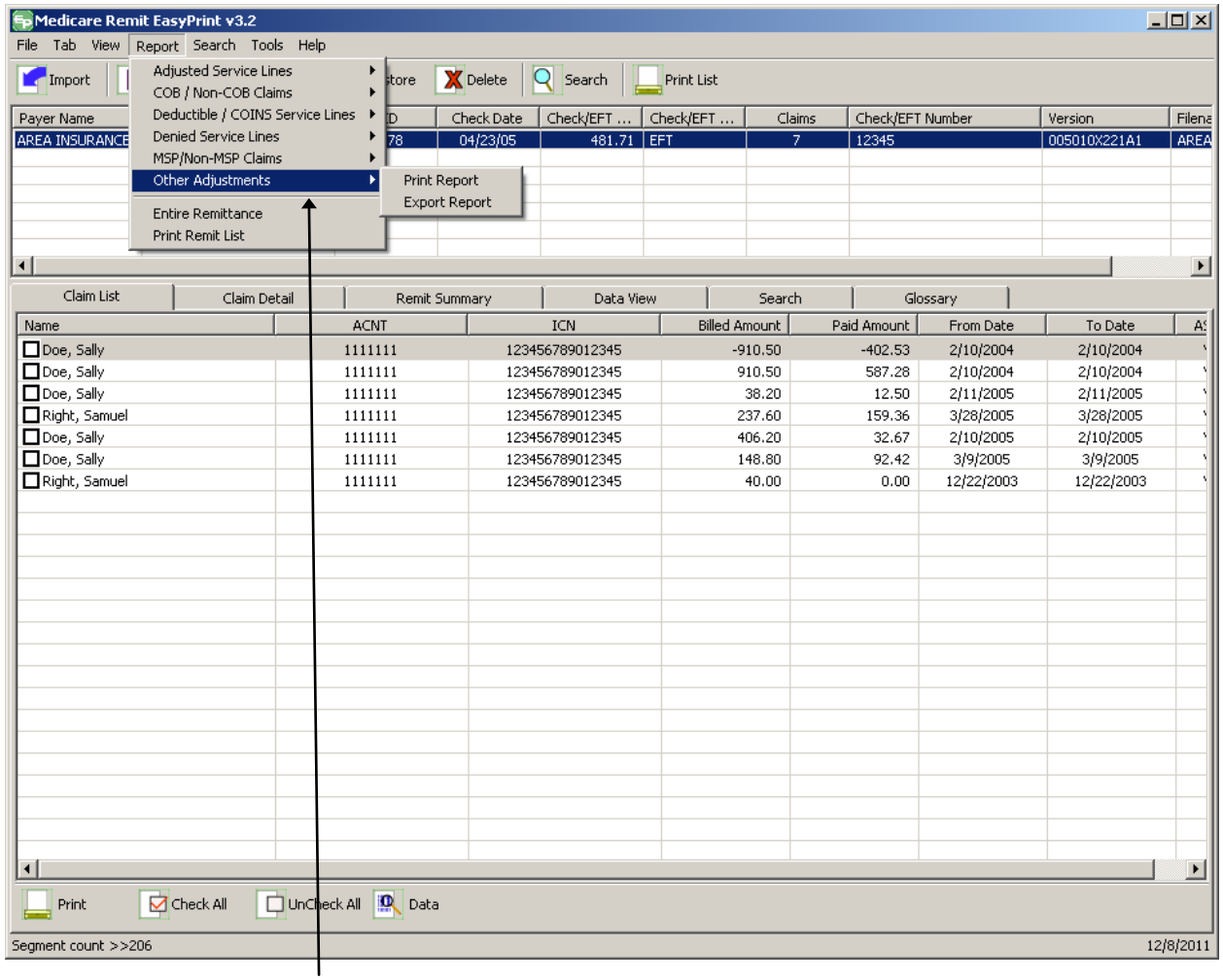
The Report List appears.



3. Select Other Adjustments.

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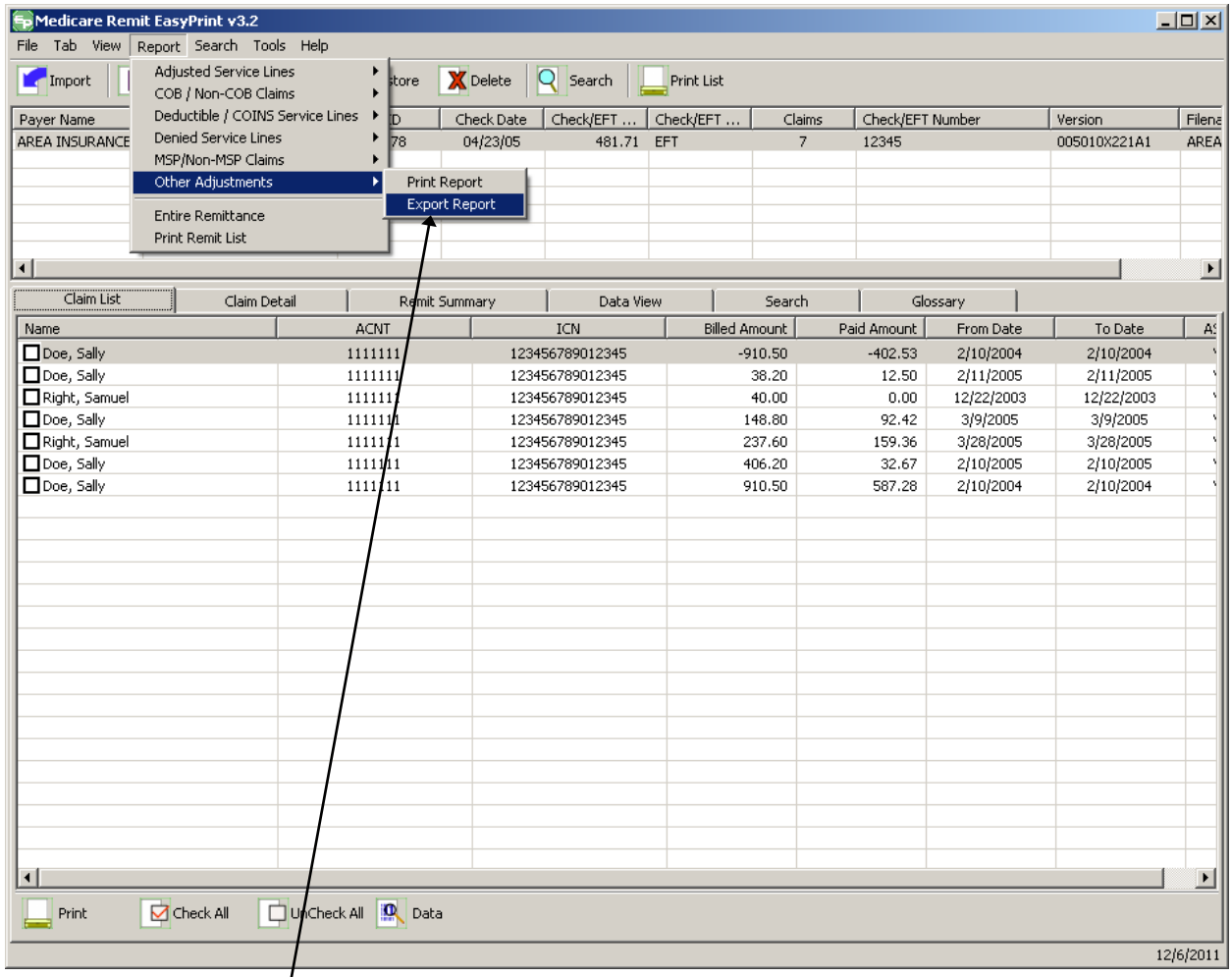
The Print and Export options appear.



4. Select Export Report.

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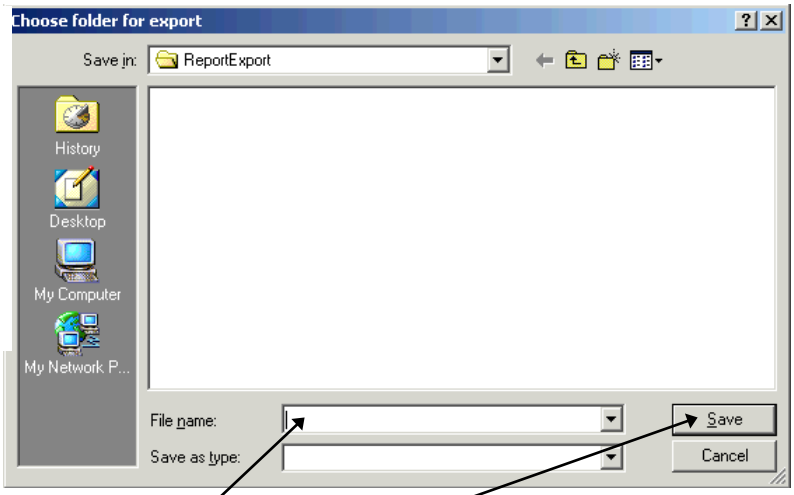
The Export folder window opens.

Hint:
When you export, the default folder is the ReportExport folder in the Medicare Remit Easy Print directory.

You can select another location using the Save in drop-down list menu.



5. Enter the file name.
6. Click the Save button.

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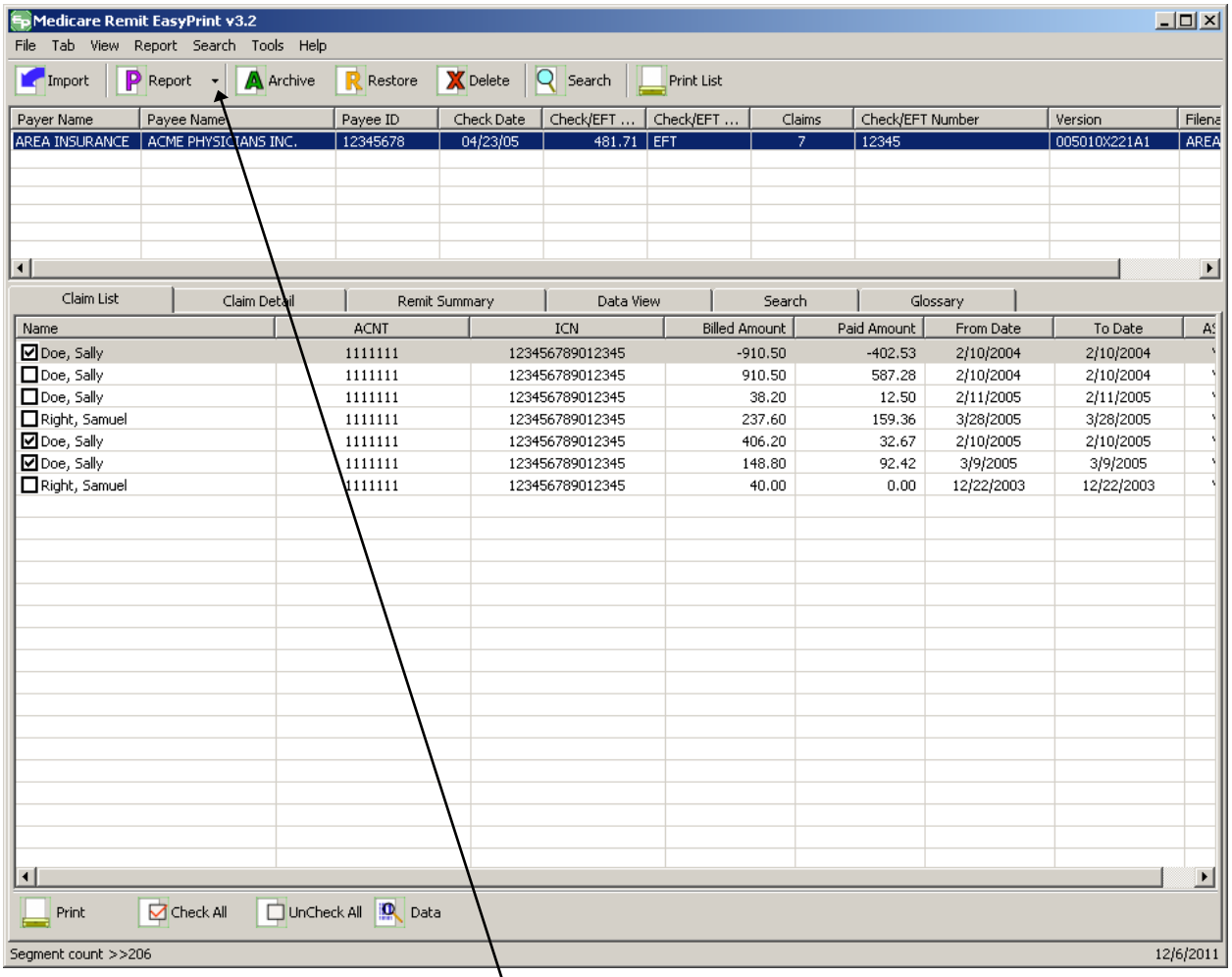
How to Print the Entire Remittance Report

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.



2. Click the down arrow on the Report button.

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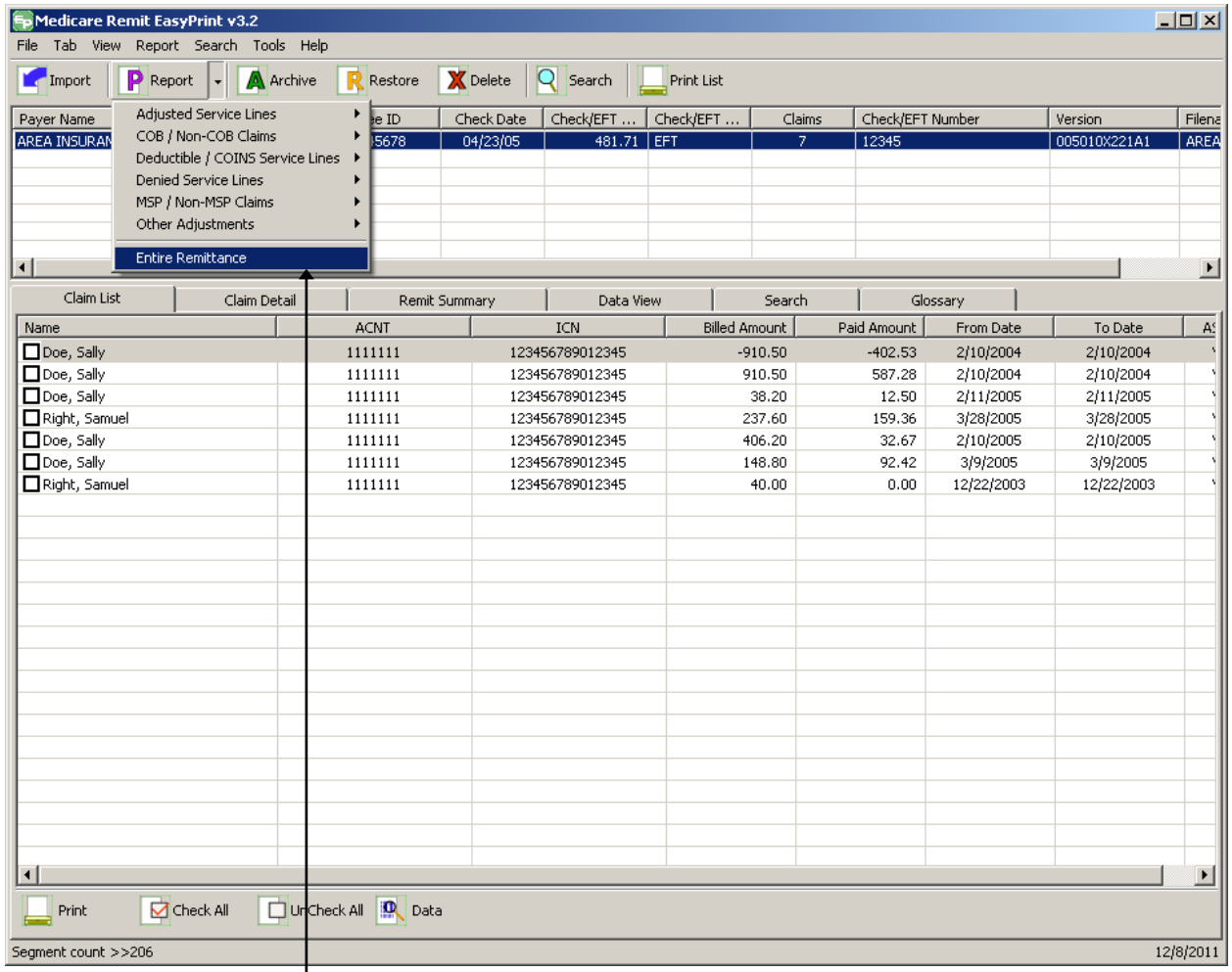
The Report List appears.

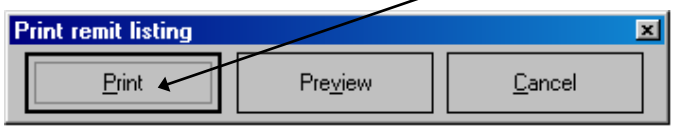


3. Select Entire Remittance.

   The Print remit listing window appears.

4. Print the detail listing in one of the following ways:

   A. From the Print remit listing window, click Print to print the detail without previewing it.



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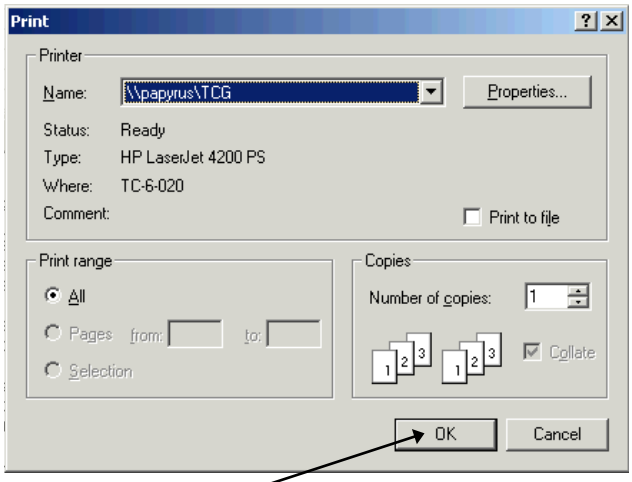
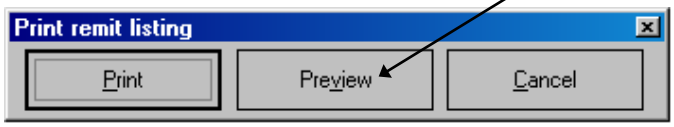
The Print dialog opens.



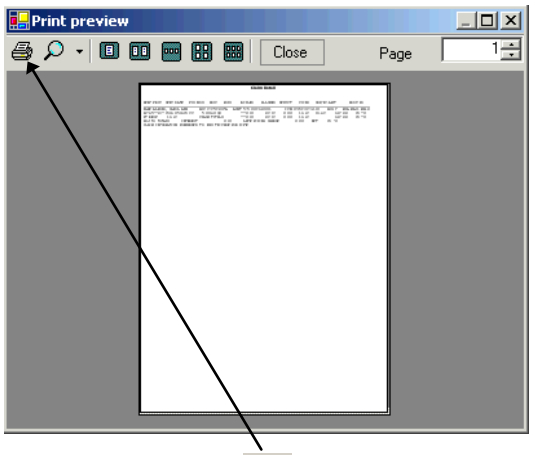
If you need to change the properties, click Properties and make changes as necessary.

Click OK. Medicare Remit Easy Print prints the detail at your default printer.

B. From the Print Remit listing window, click Preview to view a preview of the printed page before printing.



The Print Preview window opens.



Click printer button at the top of the window.

Medicare Remit Easy Print prints the detail at your default printer.

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Housekeeping for the Import Files

Housekeeping includes:

- Archiving files
- Restoring files
- Deleting files

Archiving Import Files

Medicare Remit Easy Print does NOT automatically archive any Import file, and Import files can slow down the processing time of the PC.

Therefore, Medicare Remit Easy Print lets you archive Import files. The location you choose for the archive must have adequate security to protect PHI.

How to Archive Import files

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

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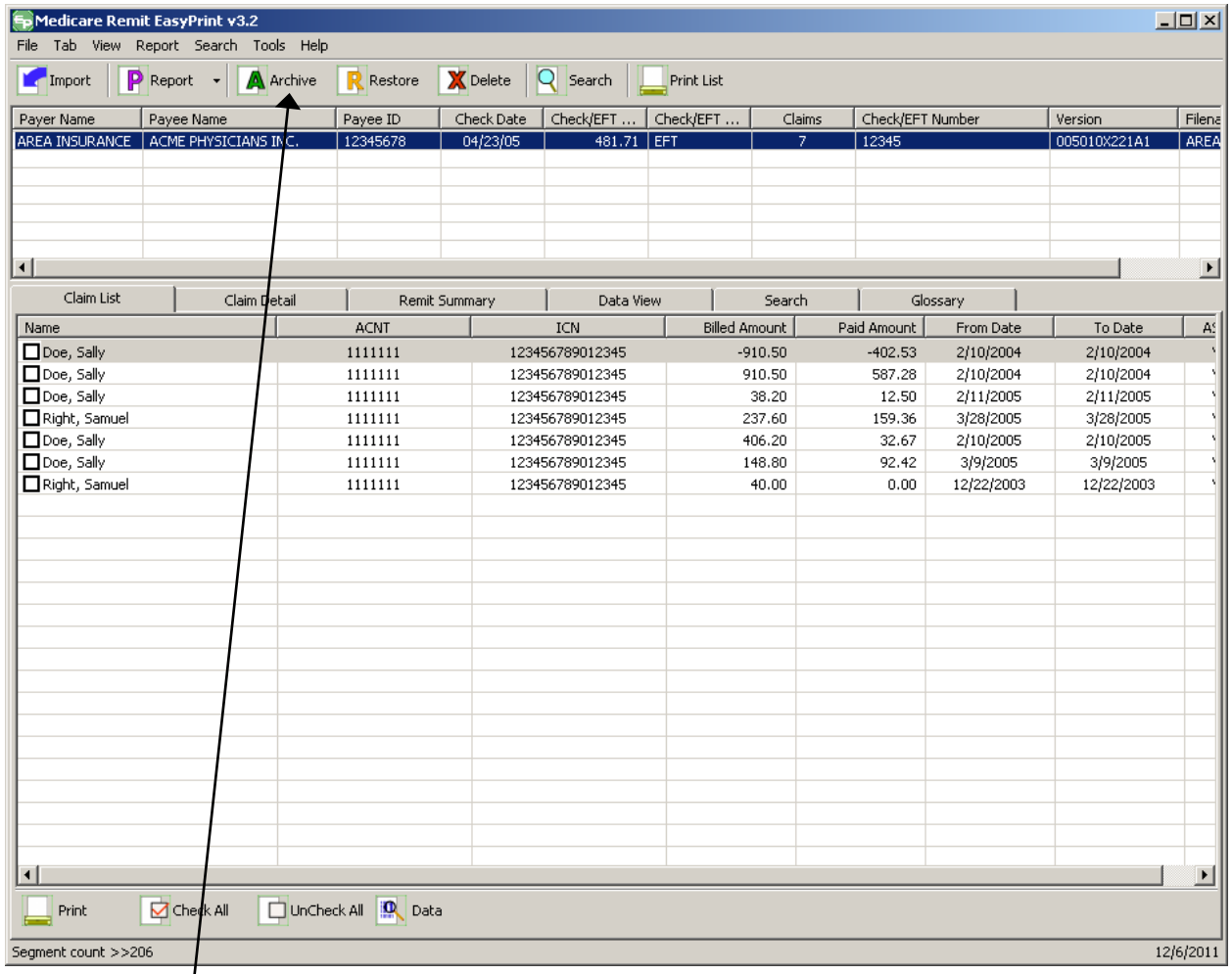
The Medicare Remit Easy Print Claim List tab opens.



2. On the top of the window, select the file that you want to archive and click the Archive button.

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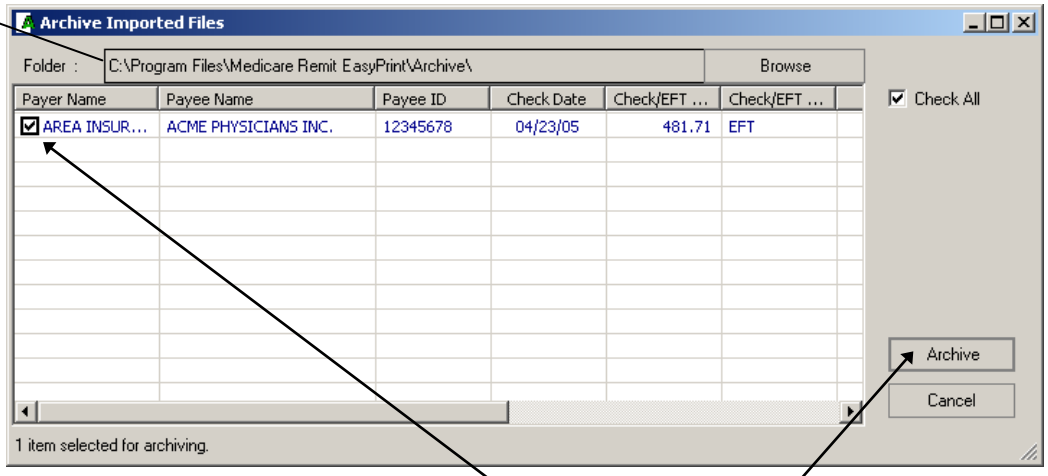
The Archive Imported Files window opens.

Pathname for the Archive folder



Hint:
You can use the Browse button to specify another location for the archived file.

3. Select the file(s) you want to archive by checking the box(es).

   This activates the Archive button.

4. Click the Archive button.

   Medicare Remit Easy Print moves the file to the Archive folder.

Hint:
When you need to archive all the payers in the list, you can place a checkmark in the Check All box to archive all the claim files.

When you check that option a checkmark is placed in front of all claims in the list.

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Restoring Import files

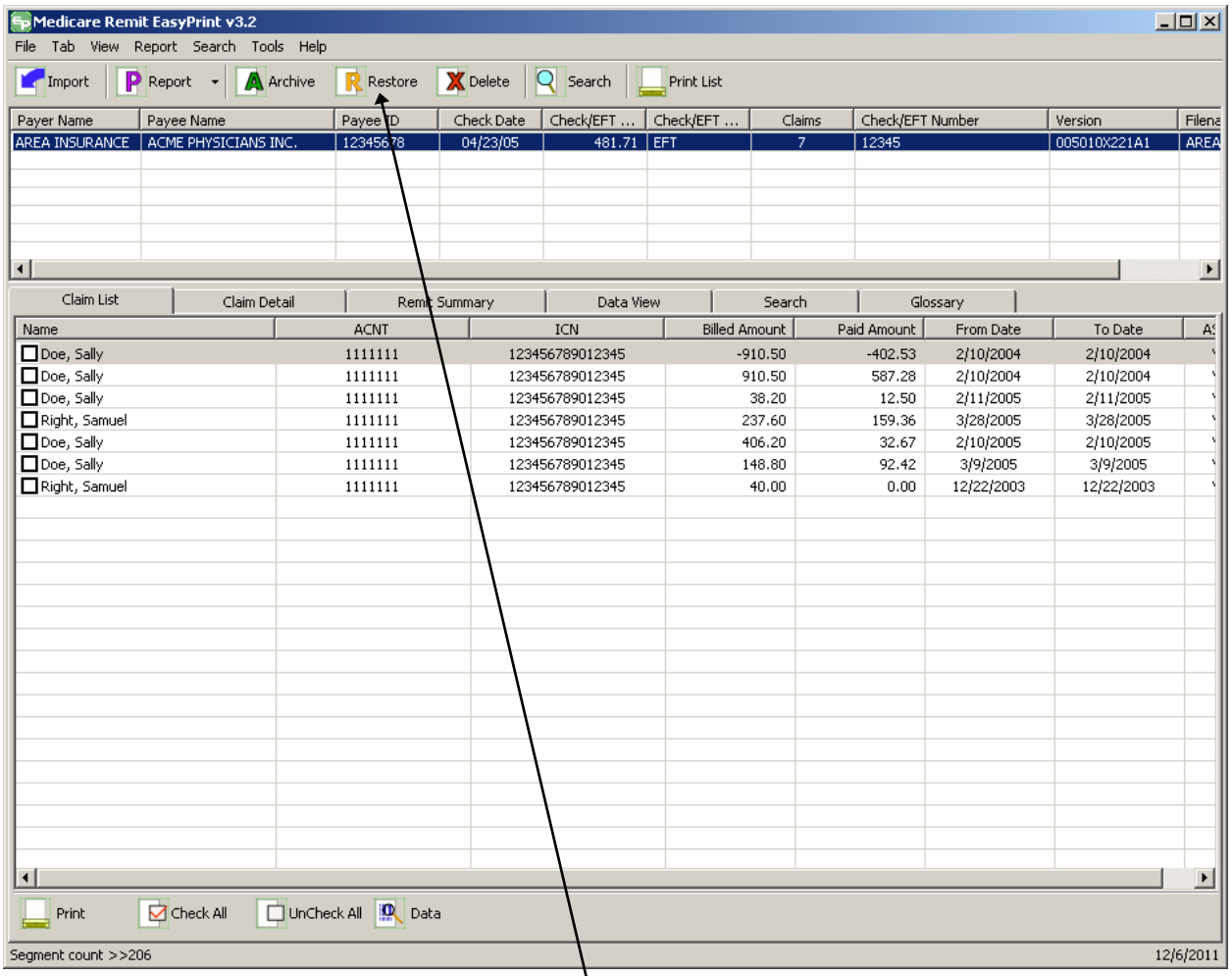
You can restore an Import file after you have archived it.

For information about archiving Import files, see *Archiving Import Files.*

How to Restore Import files

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon .

   The Medicare Remit Easy Print Claim List tab opens.



2. On the top of the window, click the Restore button.

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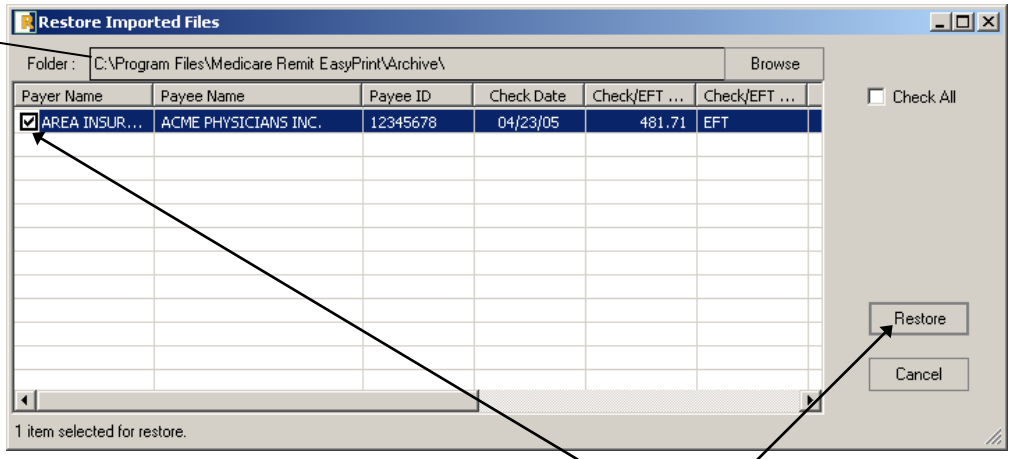
The Restore Imported Files window opens.

Pathname for the Archive folder

Hint:
To archive all the claim files on the list, place a checkmark in the Check All box When you check that box places a checkmark in front of all the claims in the list.



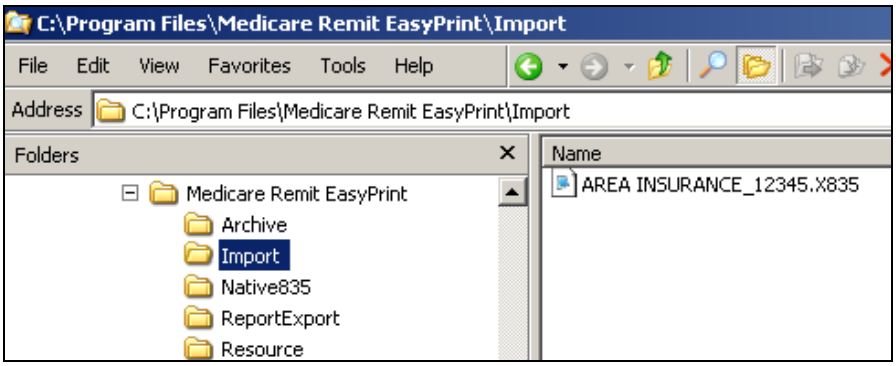
3. Select the file(s) you want to restore by checking the box(es).

   This activates the Restore button.

4. Click the Restore button.

   Medicare Remit Easy Print moves the file from the Archive folder to the Import folder.

   The file is now available for viewing on your C drive at C:\Program Files\Medicare Remit EasyPrint\Import.



Deleting Import files

If you delete an Import file by mistake, you must re-import the HIPAA 835 file. You cannot restore the Import file.

How to Delete an Import file

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon.

   The Medicare Remit Easy Print Claim List tab opens.

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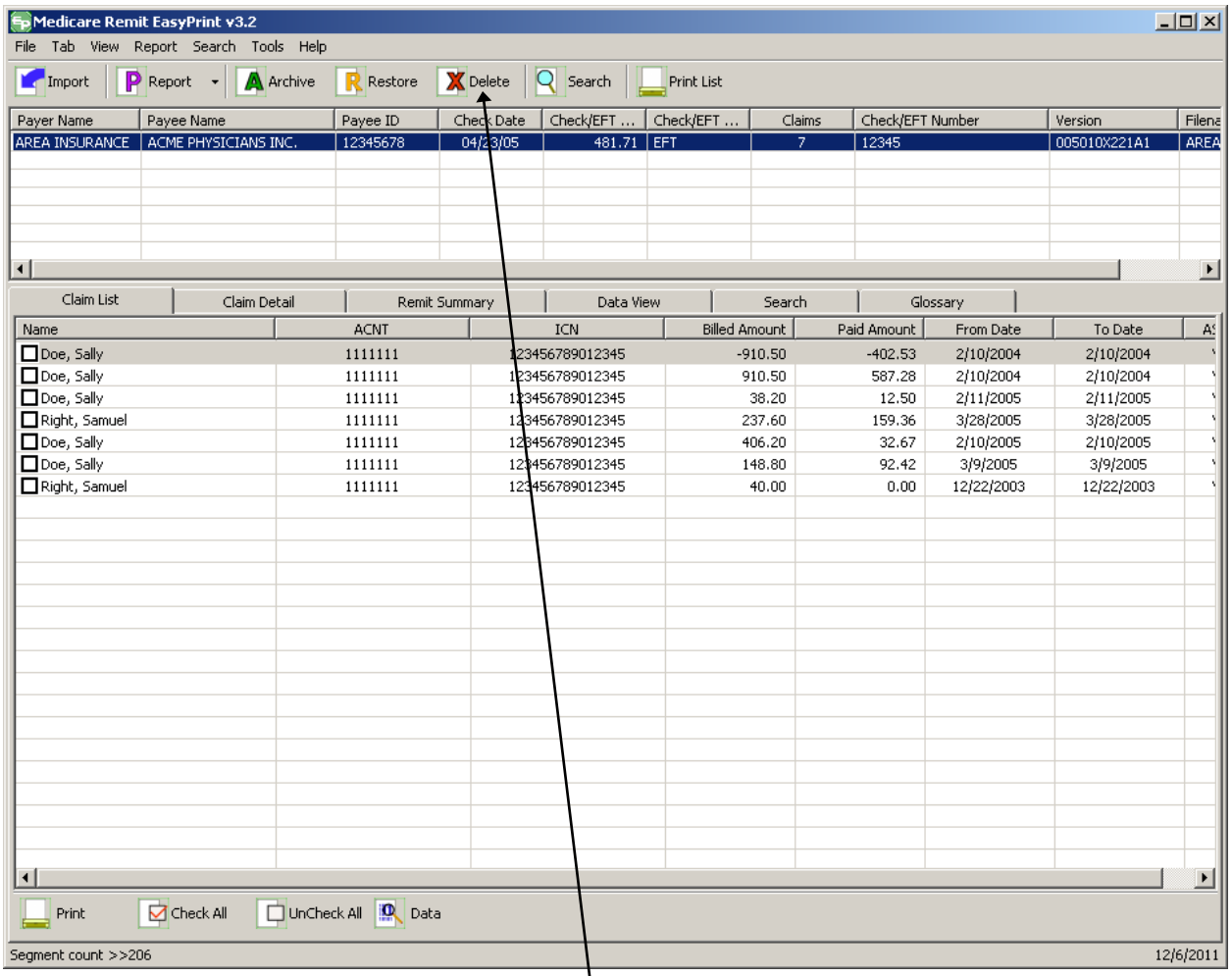

2. On the top of the window, click the Delete button.

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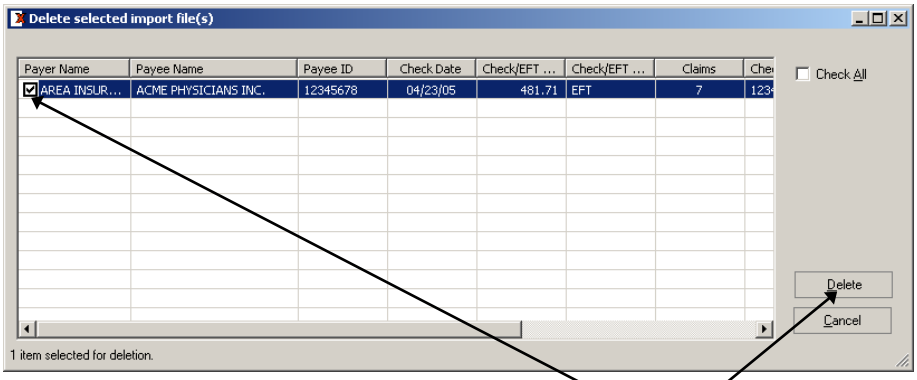
Hint:
To delete all the claim files on the list, place a checkmark in the Check All box. When you check that box checkmark is placed in front of all the claims in the list.

The Delete selected import file(s) window opens.



3. Select the file(s) you want to delete by checking the box(es).

   This activates the Delete button.

4. Click the Delete button.

   Medicare Remit Easy Print deletes the file(s).

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Using Keystroke Shortcuts

You can use a series of keystrokes to complete a number of tasks.

To Do This…	Use This Combination…
Import a HIPAA 835 file	Alt + F + I
View a list of claims	Alt + V + L
View claim detail	Alt + V + D
View totals	Alt + V + S
View the way the data is stored in the file	Alt + V + V
Search the Remittance Advice	Alt + V + E Or Alt + S + S
View the CARC and RARC codes for the Remittance Advice	Alt + V + G
Look up the meaning of a CARC/RARC code	Alt + T + C
Print the Denied Service Lines Report	Alt + R + D + P
Export the Denied Service Lines Report	Alt + R + D + E
Print the Adjusted Service Lines Report	Alt +R + A + P
Export Adjusted Service Lines Report	Alt +R + A + E
Print the Deductible Service Lines Report	Alt +R + E + P
Export the Deductible Service Lines Report	Alt +R + E + E
Print the Entire Remittance Report	Alt +R + R + P
Archive Import files	Alt + T + A
Restore archived Import files	Alt + T + R
Delete Import files	Alt + T + D
With the Claim List Tab Selected:	
Print Claim List	Alt + B + P
Check all claims in the list	Alt + B + C
Uncheck all claims in the list	Alt + B + U
Claim display (single line format) * Claim must be highlighted	Alt + B + D
With the Claim Detail Tab Selected:	
Print Claim Detail	Alt + B + P
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
Show Glossary (check box)	Alt + B + S

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To Do This…	Use This Combination…
With the Remit Summary Tab Selected:	
Print Summary	Alt + B + P
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
With the Search Tab Selected:	
Print Results	Alt + B + P
Results Claim Detail	Alt + B + C
With the Glossary Tab Selected:	
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
Codes	Alt + B + C

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Appendix A: MREP RA/HIPAA 835v5010 Segment Field Crosswalk

This information can help you if you need to troubleshoot the Import file.

Note: This appendix represents the fields of an 835v5010 electronic remittance advice. However, MREP can also print or display remittances in the 4010A1format. Fields marked with an asterisk (*) below are not found on the 4010A1 format and do not appear when printed or displayed.

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
Payer (Contractor) Name	1000A	N102	N101 = ‘PR’
Payer (Contractor) Address	1000A	N301	N101 = ‘PR’, ADDR1
		N302	N101 = ‘PR’, ADDR2
Payer (Contractor) City	1000A	N401	N101 = ‘PR’
Payer (Contractor) State	1000A	N402	N101 = ‘PR’
Payer (Contractor) Zip	1000A	N403	N101 = ‘PR’
* PAYER’S WEB SITE:	1000A	PER04	PER01 = ‘IC’
* PAYER BUSINESS CONTACT INFORMATION:	1000A		PER01= ‘CX’
* Name		PER02	
* Email Address (up to 50 positions)		PER04 or PER06	PER03 or PER05 = ‘EM’ (respectively)
* Telephone Number		PER04 and PER06 PER06 and PER08	PER03 = ‘TE’ and PER05 = ‘EX’ PER05 = ‘TE’ and PER07 = ‘EX’
* PAYER TECHNICAL CONTACT INFORMATION:	1000A		PER01= ‘BL’
Payee (Provider) Name	1000B	N102	N101 = ‘PE’
Payee (Provider) Address	1000B	N301 N302	N101 = ‘PE’, ADDR1 N101 = ‘PE’, ADDR2
Payee (Provider) City	1000B	N401	N101 = ‘PE’
Payee (Provider) State	1000B	N402	N101 = ‘PE’
Payee (Provider) Zip	1000B	N403	N101 = ‘PE’
PROVIDER # or NPI #	1000B	N104 or REF02	N101 = ‘PE’ & N103 = ‘XX’ Payee level REF01 = ‘1C’
Date		BPR16	
CHECK/EFT #		TRN02	BPR04 = ‘CHK’ or ‘EFT’ or ‘NON’
Assigned claims			LX01 = ‘1’, pertains only to Medicare
NAME (Patient Last Name)	2100	NM103	NM101 = ‘QC’
NAME (Patient First Name)	2100	NM104	NM101 = ‘QC’ / NM102 = ‘1’
NAME (Patient Middle Name)	2100	NM105	NM101 = ‘QC’ / NM102 = ‘1’

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
HIC (Patient ID)	2100	NM109	NM108 = 'HN'
ACNT (Patient Account Number)	2100	CLP01	
ICN (Claim Control Number)		CLP07	
ASG (Claim Assignment)	2000		Hard-coded 'Y' for Medicare when LX01 = '1'
MOA (Claim Level Remark Codes)	2100	MOA03, MOA04, MOA05, MOA06, MOA07	
REND PROV (Rendering Provider)	2110	REF02	REF01 = HPI or REF01 = '1C'
	2100	NM109 or REF02	NM108 = 'XX' or REF01 = '1C'
	1000B	N104 or REF02 or spaces	N103 = 'XX' or REF01 = 'XX'
SERV-DATE (From Service Date)	2110	DTM02	Line level DTM01 = '150' or '472' else Claim level DTM01 = '232'
SERV-DATE (To Service Date)	2110	DTM02	Line level DTM01 = '151' or '472' else Claim level DTM01 = '233'
POS (Place of Service)	2110	REF02	REF01 = 'LU'
PD-NOS (Paid Number of Services)	2110	SVC05	
PD-PROC (Procedure code – paid and if down-coded then the original procedure appears under SUB-PROC.)	2110	SVC01-2	SVC01-1 = 'HC' or 'N4'
MODS (Procedure Code Modifiers)	2110	SVC01-3, SVC01-4, SVC01-5, SVC01-6	SVC01-1 = 'HC' or 'N4'
BILLED (Billed Amount)	2110	SVC02	
ALLOWED (Allowed Amount)	2110	AMT02	AMT01 = 'B6'
DEDUCT (Deductible Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '1' or CAS05 = '1' or CAS08 = '1' or CAS11 = '1' or CAS14 = '1' or CAS17 = '1')
COINS (Coinsurance Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '2' or CAS05 = '2' or CAS08 = '2' or CAS11 = '2' or CAS14 = '2' or CAS17 = '2')
GRP/CARC (Group/Claim Adjustment Reason Code)	2110	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')); hard-code dash between group code and reason code

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
CARC-AMT (Claim Adjustment Reason Code Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
ADJ-QTY (Adjustment Quantity)	2110	CAS04 or CAS07 or CAS10 or CAS13 or CAS16 or CAS19	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
PROV-PD (Provider Paid Amount)	2110	SVC03	
SUB-NOS : (Submitted Number of Services)	2110	SVC07	If paid units of service (SVC05) do not equal submitted units of service
SUB-PROC (Submitted Procedure Code)	2110	SVC06-2, SVC06-3, SVC06-4, SVC06-5, SVC06-6	
RARC (Line Level Remark Codes)	2110	LQ02	LQ01 = 'HE'
* CNTL #: (Line Item Control Number)	2110	REF02	REF01 = '6R'
* HCPI: (HealthCare Policy Information)	2110	REF02	REF01 = '0K' (zero K)
PT RESP (Patient Responsibility)	2100	CLP05	
CLAIM TOTALS (Billed Amount)	2100	CLP03	
CLAIM TOTALS (Allowed Amount)			Sum of all lines AMT02, when AMT01 = 'B6'
CLAIM TOTALS (Deductible Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
CLAIM TOTALS (Coinsurance Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
CLAIM TOTALS (Reason Code Amounts)			Sum of all lines CAS monetary amounts, except those associated with adjustment reason codes '1' and '2' (Group code PR)
CLAIM TOTALS (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals: Previous Paid Amount)			Not available

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = 'I'
ADJ TO TOTALS: LATE FILING CHARGE (Adjustment to Totals: Late Filing Charge)	2110		Sum of all line level AMT02, when AMT01 = 'KH'
NET			Sum of all the line level provider paid amts plus adj to totals: interest minus adj to totals: late filing charge
CLAIM INFORMATION FORWARDED TO:	2100		NM101 = 'TT'
(Crossover Carrier Name)		NM103	NM102 = '2'
* (Crossover Carrier Identifier)		NM109	NM108 = 'PI' or 'XV'
* CORRECTED PRIORITY PAYER INFO:	2100		NM101 = 'PR'
* (Corrected Priority Payer Name)		NM103	NM102 = '2'
* (Corrected Priority Payer Identification Number)		NM109	NM108 = 'PI' or 'XV'
TOTALS: # OF CLAIMS			Number of CLP segments within a LX
TOTALS: BILLED AMT (Total – Billed Amount)			Sum of CLP03
TOTALS: ALLOWED AMT (Total – Allowed Amount)			Sum of AMT02 when AMT01 = 'B6'
TOTALS: DEDUCT AMT (Total – Deductible Amount)			Sum of CAS monetary amts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
TOTALS: COINS AMT (Total – Coinsurance Amount)			Sum of CAS monetary amts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'
TOTAL: CARC-AMT (Total – Claim Adjustment Reason Code Amount)			Sum of CAS monetary amounts, excepting those associated with adjustment reason codes '1' and '2'
TOTALS: PROV-PD AMT (Total – Provider Paid Amount)			Sum of CLP04
TOTALS: PROV ADJ AMT (Total – Provider Adjustment Amount)			Sum of AMT02 when AMT01 = 'B6' and 'KH' (The sum of the details (amount) in the PROVIDER ADJ DETAILS section.)
CHECK AMT (Check Amount)		BPR02	
Provider Adjustment Details			

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
PLB REASON CODE		PLB03-1, PLB05-1, PLB07-1, PLB09-1, PLB11-1, PLB13-1	
FCN/OTHER IDENTIFIER		Positions 1–50 of PLB03-2, PLB05-2, PLB07-2, PLB09-2, PLB11-2, PLB13-2	
AMOUNT		PLB04, PLB06, PLB08, PLB10, PLB12, PLB14	
Summary of non-assigned claims			LX01 = '0', pertains only to Medicare
NAME (Patient Last Name)	2100	NM103	NM101 = 'QC'
NAME (Patient First Name)	2100	NM104	NM101 = 'QC' / NM102 = '1'
NAME (Patient Middle Name)	2100	NM105	NM101 = 'QC' / NM102 = '1'
HIC (Patient ID)	2100	NM109	NM108 = 'HN'
ACNT (Patient Account Number)	2100	CLP01	
ICN (Claim Control Number)		CLP07	
ASG (Claim Assignment)	2000		Hard-coded 'N' for Medicare when LX01 = '0'
MOA (Claim Level Remark Codes)	2100	MOA03, MOA04, MOA05, MOA06, MOA07	
REND PROV (Rendering Provider)	2110	REF02	REF01 = HPI or REF01 = '1C'
	2100	NM109 or REF02	NM108 = 'XX' or REF01 = '1C'
	1000B	N104 or REF02 or spaces	N103 = 'XX' or REF01 = 'XX'
SERV-DATE (From Service Date)	2110	DTM02	Line level DTM01 = '150' or '472' else Claim level DTM01 = '232'
SERV-DATE (To Service Date)	2110	DTM02	Line level DTM01 = '151' or '472' else Claim level DTM01 = '233'
POS (Place of Service)	2110	REF02	REF01 = 'LU'
PD-NOS (Paid Number of Services)	2110	SVC05	
PD-PROC (Procedure code – paid and if down-coded then the original procedure appears.)	2110	SVC01-2	SVC01-1 = 'HC' or 'N4'
MODS (Procedure code modifiers)	2110	SVC01-3, SVC01-4, SVC01-5, SVC01-6	SVC01-1 = 'HC' or 'N4'
BILLED (Billed Amount)	2110	SVC02	

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
ALLOWED (Allowed Amount)	2110	AMT02	AMT01 = 'B6'
DEDUCT (Deductible Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '1' or CAS05 = '1' or CAS08 = '1' or CAS11 = '1' or CAS14 = '1' or CAS17 = '1')
COINS (Coinsurance Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	CAS01 = 'PR' & (CAS02 = '2' or CAS05 = '2' or CAS08 = '2' or CAS11 = '2' or CAS14 = '2' or CAS17 = '2')
GRP/CARC (Group/ Claim Adjustment Reason Code)	2110	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')); hard-code dash between group code and reason code
CARC-AMT (Claim Adjustment Reason Code Amount)	2110	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2'))
ADJ-QTY (Adjusted Quantity)	2110	CAS04 or CAS07 or CAS10 or CAS13 or CAS16 or CAS19	Do not print CAS01 = 'PR' and ((CAS02 = '1' or '2') or (CAS05 = '1' or '2') or (CAS08 '1' or '2') or (CAS11 = '1' or '2') or (CAS14 = '1' or '2') or (CAS17 '1' or '2')
PROV-PD (Provider Paid Amount)	2110	SVC03	
SUB-NOS (Submitted Number of Services)	2110	SVC07	If paid units of service (SVC05) do not equal submitted units of service
SUB-PROC (Submitted procedure code)	2110	SVC06-2, SVC06-3, SVC06-4, SVC06-5, SVC06-6	
RARC (Line Level Remark Codes)	2110	LQ02	LQ01 = 'HE'
PT RESP (Patient Responsibility)	2100	CLP05	
CLAIM TOTAL (Billed Amount)	2100	CLP03	
CLAIM TOTAL (Allowed Amount)			Sum of all lines AMT02, when AMT01 = B6.
CLAIM TOTAL (Deductible Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '1'
CLAIM TOTAL (Coinsurance Amount)			Sum of all lines CAS monetary amounts, when CAS01 = 'PR' and the corresponding adjustment reason code equals '2'

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
CLAIM TOTAL (Reason Code Amounts)			Sum of all lines CAS monetary amounts, excepting those associated with adjustment reason codes ‘1’ and ‘2’
CLAIM TOTAL (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals: Previous Paid Amount)			Not available
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = ‘I’
ADJ TO TOTALS: LATE FILING CHARGE (Adjustment to Totals: Late Filing Charge)	2110		Sum of all line level AMT02, when AMT01 = ‘KH’
NET			Sum of all the line level provider paid amts plus adj to totals: interest minus adj to totals: late filing charge
CLAIM INFORMATION FORWARDED TO:	2100		NM101 = ‘TT’
* (Crossover Carrier Name)		NM103	NM102 = ‘2’
* (Crossover Carrier Identifier)		NM109	NM108 = ‘PI’ or ‘XV’
* CORRECTED PRIORITY PAYER INFO :	2100		NM101 = ‘PR’
* (Corrected Priority Payer Name)		NM103	NM102 = ‘2’
* (Corrected Priority Payer Identification Number)		NM109	NM108 = ‘PI’ or ‘XV’
* OTHER CLAIM REL IDENTIFICATION	2100	REF02 when REF01=’1L’, ‘1W’, ’28’, ‘6P’, ‘9A’, ‘9C’, ‘BB’, ‘CE’, ‘EA’, ‘F8’, ‘G1’, ‘G3’, ‘IG’ OR ‘SY’	
GLOSSARY		MOA03, MOA04, MOA05, MOA06, MOA07, CAS01, CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	If there are duplicates, only print once

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Appendix B: Abbreviation and Acronym Glossary

The following two column table provides the abbreviations or acronym values in the first column, and the second column contains the descriptions.

Abbreviation or Acronym Value	Description
ACNT	Account
ADJ	Adjustment
ADJ-QTY	Adjustment Quantity
Adjst	Adjustment
AMT	Amount
ASG	Assignment of claim
Bene	Beneficiary
CARC	Claim Adjustment Reason Code
CARC-AMT	Claim Adjustment Reason Code Amount
CNTL#	Control Number
COB	Coordination of Benefits
COIN	Coinsurance
Coins	Coinsurance
Deduct	Deductible
DMERC	Durable Medical Equipment Resource Center
ERA	Electronic Remittance Advice
EFT	Electronic Funds Transfer
GRP/CARC	Group and Claim Adjustment Reason Codes
HCPCS	Health Care Procedure Codes
HCPI	Health Care Policy Information
HIC	Health Insurance Claim Number
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act
ID	Identifier
ICN	Internal Control Number

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Abbreviation or Acronym Value	Description
MOA	Medicare Outpatient Adjudication
MODS	Modifiers
MREP	Medicare Remit Easy Print
MSP	Medicare Secondary Payer
NDC	National Drug Code
NPI	National Provider Identifier
NOS	Number of Services
Orig	Original
PD-NOS	Number of Services – Paid
PD-PROC	Procedure Code – Paid
PHI	Personal Health Information
PLB	Provider Level Balancing
POS	Place of Service
PREV PD	Previous Paid
PROC	Procedure Code
PROV	Provider
PROV-PD	Provider Paid
PT RESP	Patient Responsibility
RARC	Remittance Advice Remark Code
Remit	Remittance Advice
REND-PROV	Rendering Provider
SERV-DATE	Service Dates
SPR	Standard Paper Remittance advice
SUB-NOS	Submitted Number of Services
SUB-PROC	Submitted HCPCS Procedure Code
Zip	ZIP Code

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