

## **User Guide**

Version 4.6

January 2018

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 files in a format that is similar to the Electronic Remittance Advice (ERAs). You can use Medicare Remit Easy Print to:

- view MREP Remittance Advices (see page 53)
- search MREP Remittance Advices (see page 77)
- print MREP Remittance Advices (see page 200)
- print reports about MREP Remittance Advices (see page 105)

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 <u>https://www.cms.gov/Outreach-and-Education/Medicare-</u> Learning-Network-MLN/MLNProducts/Downloads/Remit-Advice-Overview-Fact-Sheet-ICN908325.pdf

## Informational

- MREP accepts remittances in the X12 835V5010A1 and X12 835V4010A1 formats. MREP no longer accepts remittances in the X12 835V5010 format. Since the X12 835V5010 format was only used during the transition period from X12 835V4010A1 and was never used in production, the user guide refers to the X12 835V5010A1 format as X12 835V5010.
- MREP Version 4.6 includes the CARC and RARC lists published by the WPC (Washington Publishing Company) as of 7/3/2017 and Code Combination Business Scenarios published by the CAQH/CORE in October 2017 (spreadsheet v.3.4.1). 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*.

## What's New

• As CMS moves from using HICNs for patient identification to using Medicare Beneficiary Identification (MBI) numbers, MREP screens and reports are being updated, changing headers and labels from HICN or HIC to MID (Medicare Identification number). The MID field could be populated with a HICN or an MBI. The primary MID will be populated with the Submitted ID (2100 NM109 value when 2100 NM101 = QC). If an alternate MID is transmitted in the 835 Corrected Patient ID Segment (2100 NM109 value when 2100 NM101 = 74), it appears on the remittance below the primary MID. A MID can be a HICN or a MBI. *Note: When viewing historical 4010A1 remittances, a Corrected Patient ID will continue to replace the Submitted Patient ID*.

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# Differences between MREP Remittance Advices and Shared System ERAs

It is important to understand that the Medicare Remit Easy Print Remittance Advice is a representation of the HIPAA 835v4010A1 or the HIPAA 835v5010 transaction data. Although CMS attempted to make the Medicare Remit Easy Print generated Remittance Advice very similar to the Shared System Maintainer generated SPR (received by 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 total. The CMS systems that create the file for the SPR received by 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			Share	d System	
Adjustments	You must calculate the net.		The net was calculated for you.		
	Claim Example #1 Original Claim Provider Paid Adjustment Claim Provider Paid Provider Paid Claim Example #2 Original Claim Provider Paid Adjustment Claim Provider Paid Provider Paid	000000000001000 \$100.00 00000000001001 \$80.00 \$20.00 (overpayment) 000000000002000 \$100.00 00000000002001 \$150.00 \$50.00 (underpayment)	Claim Example #1 Adjustment Claim Provider Paid Claim Example #2 Adjustment Claim Provider Paid	00000000001001 \$20.00 000000000002001 \$50.00	
PREV PD	Always blank		Calculated for you		
General Messages for Suppliers/ Providers (Provider Bulletin Board)	Not shown		Shown		

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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 gigahertz (GHz) or faster
RAM (Random Access Memory)	256 megabytes (Mb) or above
Hard Disk Space	1 gigabyte (GB)
Display	1024x768 High Color (16-bit)

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## **Operating System Requirements**

#### **Recommended:**

Windows 7

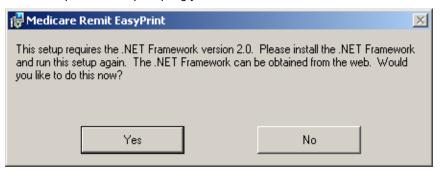
2.0 SP2

.NET Framework:

This application uses Visual Basic.Net, a Microsoft compatible language and, like many applications that require an MS Windows platform, MREP requires a .NET framework. More than likely one or more.NET frameworks were preinstalled on your Windows operating system or Windows Update downloaded a newer version on your PC. You must have .NET framework version 2.0 SP2 on each PC using the MREP Application.

**Note:** .NET frameworks 3.0, 3.5, and 4.0 include the 2.0 SP2 framework so if one of these frameworks is present, .NET 2.0 SP2 does not need to be installed separately. Windows 8 users may need to install or enable the .NET 3.5 framework 3.5 on each PC that uses MREP.

If you do not have the necessary 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 2.0 SP. Download NetFx20SP2\_x86.exe for 32-bit systems or NetFx20SP2\_64.exe for 64-bit systems. We do not recommend 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 <u>Microsoft .NET Framework Version 2.0 Service Pack 2</u> at the Microsoft website to transport directly to the location on the Microsoft web site to download the 2.0 SP2 .NET framework version.

If you want to learn more about the 2.0 SP2 .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.

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



## 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.

## 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 4000 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, 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	Find out where to save the Medicare Remit Easy Print installation software on your C:\ drive or Desktop. The file name is: Medicare Remit Easy Print.msi Write the location here:	
3	Find out where to save the Medicare Remit Easy Print Group Code .msi file on your C:\ drive or Desktop: The file name is: GroupCode.msi	
	Write the location here:	
	<b>Note:</b> 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.	
	To ensure each client PC can 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.	
4	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:	
5	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

#### Important!

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

#### **Download Instructions**

From the CMS website: <u>https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccesstoDataApplication/MedicareRemitEasyPrint.html</u>:

- 1. Select the Medicare Remit Easy Print link.
- 2. Click the Medicare Remit Easy Print zip file. Depending on your browser, the file saves to your Downloads folder or you can save the file to the location you noted on the Pre-Installation Checklist for Installation on a Network.



3. Double click the .zip file.

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MedicareRemitEasyPrint43.zip		<b>→</b> 4	Search MedicareRemitEasy	Print43.zip 🔎
File Edit View Tools Help				
Organize   Extract all files			80 -	• 🔲 🔞
🔆 Favorites	-	Name	Туре	Compressed s
Marktop		Codes.ini	Configuration settings	
Secent Places		🛃 GroupCode.msi	Windows Installer Package	
😹 Downloads	E	📳 Medicare Remit Easy Print.msi	Windows Installer Package	1
🛜 Libraries				
Documents				
J Music				
E Pictures				
😸 Videos				
📜 Computer				
SDisk (C:)	-	( III.		

#### **Installation Instructions**

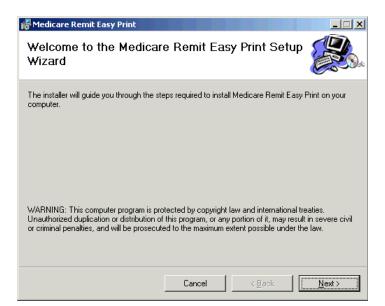
- 1. Make sure you know the location of the Medicare Remit Easy Print.msi file (Step 2 of the *Pre-Installation Checklist for Installation on a Network.*)
- 2. Open Microsoft Windows Explorer and find the Medicare Remit Easy Print.msi file.
- 3. Double-click the Medicare Remit Easy Print.msi file:



4. The Medicare Remit Easy Print Setup Wizard opens.

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5. Click Next.

The Select Installation Folder window opens.

🚰 Medicare Remit Easy Print	
Select Installation Folder	
The installer will install Medicare Remit Easy Print to the following folder. To install in this folder, click "Next". To install to a different folder, enter it be	low or click "Browse".
Eolder:	Browse Disk Cost
Install Medicare Remit Easy Print for yourself, or for anyone who uses this © Everyone © Just <u>m</u> e	computer:
Cancel < <u>B</u> ack	<u>N</u> ext >

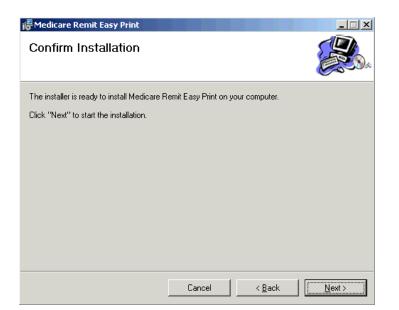
- 6. Click Browse to find the network location for the install. The applications and associated files will download to that location.
- 7. On the following line, write the location where you are saving the application and where all of the associated folders and files are to be saved:

Note: Do not install Easy Print in the C:\Program Files directory.

8. Select Everyone and click Next.

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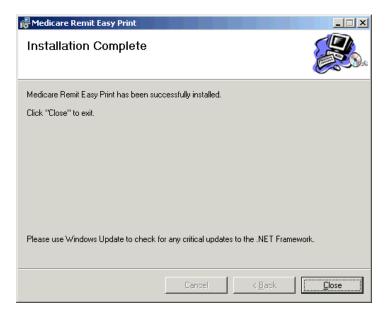




The Confirm Installation window opens.

9. Click Next.

When the installation finishes<sup>1</sup>, the Installation Complete window opens.<sup>2</sup>



10. Click Close.

#### <sup>1</sup> Important!

You must install the Medicare Remit Easy Print Group Codes on each PC.

#### <sup>2</sup> Best Practice:

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

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11. Complete the Medicare Easy Print Group Code installation on each PC. See Installing the Medicare Remit Easy Print Group Code on a PC for more information.

#### 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 6 of the Installation Instructions:

- EasyPrint.exe
- Easy Print icon shortcut
- Import folder location of active converted HIPAA 835 files
- Archive folder location of inactive converted HIPAA 835 files. Inactive files are files not currently viewed in the application.
- Native 835 folder default location from which to import 835 files
- Report Export folder where exported Report files are stored
- Resource folder internal folder to application

### Installing the Medicare Remit Easy Print Group Code on a 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 3 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 and sees this unhandled exception dialog box.<sup>3</sup>

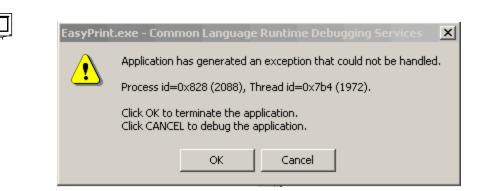
#### <sup>3</sup> Hint:

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.

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#### **Network Installations**

#### **Medicare Remit Easy Print**



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



### **PC** Installations

#### HIPAA 835 File Location<sup>4</sup>

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 4000 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).

<sup>&</sup>lt;sup>4</sup> Best Practice: Create a folder called HIPAA 835 files to store your 835 files, and make sure that all users know the location.

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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	Find out where to save the Medicare Remit Easy Print install file. The file name is: Medicare Remit Easy Print.msi Write the location here:		
3	Find out where to save the HIPAA 835 files. Write the location here:		
4	The default installation location is C:\Medicare Remit EasyPrint. If you want to install the application in another location, create a directory on the PC for the Medicare Remit EasyPrint installation.		
	This directory must have adequate security for PHI.		
	Note: Do not install Easy Print into the C:\Program Files directory.		

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## Installing Medicare Remit Easy Print

#### Before You Install Medicare Remit Easy Print

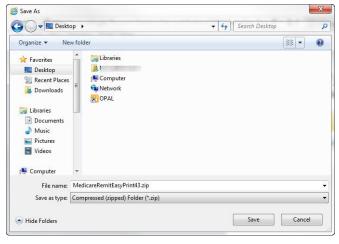
Before you install Medicare Remit Easy Print:

Complete the Pre-Installation Checklist for Installation on a PC

### How to Install Medicare Remit Easy Print on Your PC **Download Instructions**<sup>5</sup>

From the CMS website: <u>https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccesstoDataApplication/MedicareRemitEasyPrint.html</u>:

- 1. Select the Medicare Remit Easy Print link.
- 2. Click the Medicare Remit Easy Print zip file. Depending on your browser, the file saves to your Downloads folder or you can save the file to the location you noted on the Pre-Installation Checklist for Installation on a PC.



3. Double click the .zip file.

ile Edit View Tools Help				
Organize 👻 Extract all files			88 •	• 🛯 🔞
	E	Name D Godesini GroupCode.mai Medicare Remit Easy Print.mai	Type Configuration settings Windows Installer Package Windows Installer Package	Compressed s
n Computer	-	< [		

#### <sup>5</sup> Important!

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

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#### **Installation Instructions**

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



7. The Medicare Remit Easy Print Setup Wizard opens.

🖟 Medicare Remit Easy Print
Welcome to the Medicare Remit Easy Print Setup Wizard
The installer will guide you through the steps required to install Medicare Remit Easy Print on your computer.
WARNING: This computer program is protected by copyright law and international treaties. Unauthorized duplication or distribution of this program, or any portion of it, may result in severe civil or criminal penalties, and will be prosecuted to the maximum extent possible under the law.
Cancel < Back Next >

8. Click Next.

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Ľ.

The Select Installation Folder window opens.

F Medicare Remit Easy Print	_ 🗆 🗙
Select Installation Folder	
The installer will install Medicare Remit Easy Print to the following folder.	
To install in this folder, click "Next". To install to a different folder, enter it be	low or click "Browse".
Eolder:	B <u>r</u> owse Disk Cost
ⓒ Everyone ○ Just me	
Cancel < <u>B</u> ack	Next >

- 9. If you want to accept the default installation location, click Next. To install in another location, click Browse to find the location for the install. The applications are downloaded to the location you selected.
- 10. 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:

**Note: Do not** install Easy Print in the C:\Program Files directory.

11. Select Everyone and click Next.

🖟 Medicare Remit Easy Print			
Confirm Installation			
The installer is ready to install Medicare F	emit Easy Print on	your computer.	
Click "Next" to start the installation.			
	Cancel	< <u>B</u> ack	Next >

The Confirm Installation window opens.

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#### 12. Click Next.

When the installation finishes, the Installation Complete window opens.

🖟 Medicare Remit Easy Print	
Installation Complete	
Medicare Remit Easy Print has been successfully installed.	
Click "Close" to exit.	
Please use Windows Update to check for any critical updates to the .NET Framewo	rk.
Cancel < <u>B</u> ack	<u>C</u> lose

13. Click Close.

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

11111	Ľ,

#### 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 4 of the Installation Instructions:

- EasyPrint.exe
- Easy Print icon (shortcut)
- Import folder (location of active converted x835 files)
- Archive folder (location of active converted x835 files. Inactive files are files not currently viewed in the application.
- Native 835 folder (default location from which to import 835 files)
- Report Export folder (where all exported Report files are stored)
- Resource folder (internal folder to application)



## 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: Medicare Remit Easy Print

#### 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

1. To start Medicare Remit Easy Print, double-click the Medicare Remit Easy Print shortcut.<sup>6</sup>

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 OK to close the dialog.

NO REMIT	FILES FOUND	<u>&lt;</u>
<b>(i)</b>	NO REMITTANCE FILES FOUND	
Y	Click OK then select the IMPORT option to import an electronic remittance.	

2. Click OK.

<sup>6</sup> Hint:

You can find the Medicare Remit Easy Print shortcut 🖅 on your desktop and on the Start menu.

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Jiiiiiiii	

Medicare Remit Easy Print opens with Import ready:

🕵 Medicare Remit EasyPrint v2.40	_ 8 ×
Elle Tel Yew Report Search Iools Help	
Import Restore	
Segment count >>855	9/17/2008

3. Click Import.



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



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:





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

Import P Re	port 👻 🛕 Archiv	/e <u>R</u> Restore	XDelete	Search	Print List					
	/ee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims		Number	Version	File
LEA INSURANCE AC	ME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	AR
Claim List	Claim Detail	Remit	Summary	Data Vie	w Í	Search	Glo	ssary		
lame		ACNT		ICN	Billed A	Amount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	1234	56789012345		910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	123456789012345			237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	123456789012345			406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345		148.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
Print 🔽	Check All	nCheck All 🖳 Dat	.a							

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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 the icon on your desktop.



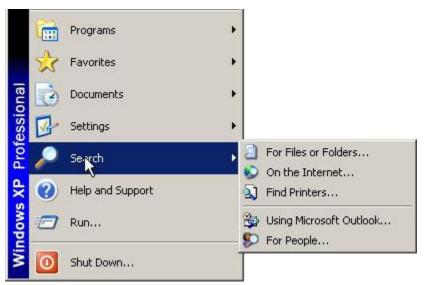
2. Go to Properties, Shortcut, Start in and you see the directory where the Medicare Remit Easy Print directory is located.

Security		Details	Previous Versions			
General	Shortcut Compatibilit					
Ea	syPrint					
Target type:	Applicatio	n				
Target location:						
Target:	Medicare	Remit EasyPr	rint			
	L					
Start in:	"C:\Medi	care Remit Ea	asyPrint∖"			
Shortcut key:	None					
Run:	Normal w	vindow	•			
Comment:						
Open File Lo	ocation	Change Ico	on Advanced			

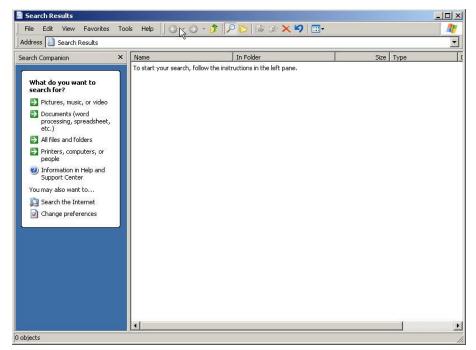
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## Locating the MREP Application on Your PC/Network – Icon not Available

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

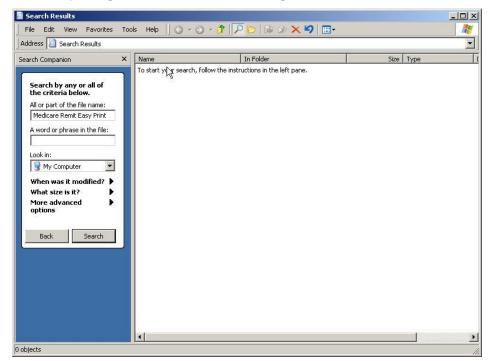


4. Select 'All files and folders'.



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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 Search.

## 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.

		Delete Restore					1			<u> </u>	1
	CO Numo	Restore Code Desc	riptions	Theck Date	Check/EFT	Check/EFT	Claim:		Number	Version	Filer
AREA INSURANCE AC			e Descriptions	04/23/05	481.71	EFT		12345		005010X221A1	ARE
(											•
Claim List	Claim D	etail	Remit Si	ummary	Data Vie	w	Search	Glos	sary		
Name			ACNT		ICN	Billed	Amount	Paid Amount	From Date	To Date	A
Doe, Sally			1111111	12345	56789012345		910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally			1111111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally			1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel			1111111	1234	123456789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally			1111111	123456789012345			406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel			1111111	12345	56789012345		148.80	92.42	3/9/2005	3/9/2005	
<	Check All	UnChec	k Ali 🤷 Data								2/6/201

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

Medicare Remit Easy Pri	nt Path Name Editor	
	he current paths to the folders Easy Print uses to locate the resources s here will never need updating. In certain situations, you may want t esefolders.	
Imported files :	C:\Medicare Remit EasyPrint\Import\	Browse
Archive files :	C:\Medicare Remit EasyPrint\Archive\	Browse
Exported reports :	C:\Medicare Remit EasyPrint\ReportExport\	Browse
X835 native files :	C:\Medicare Remit EasyPrint\Native835\	Browse
Resource files :	C:\Medicare Remit EasyPrint\Resource\	Browse
	Save Default Cancel	

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 GDIT MREP Team requests the file 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 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 GDIT 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 CARCs, RARCs, Group Codes, and Business Scenarios. If it is not present, you receive a generic default message.)

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#### Buttons

Save
Default
Cancel

Save changes made to the folders

Reset the values for the files back to what they were when the Medicare Remit Easy Print application was initially installed

Exit the Medicare Remit Easy Print Folder Locations display box without saving changes

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## Uninstalling Medicare Remit EasyPrint

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



Windows 7 Control Panel

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- Remove the Medicare Remit Easy Print Application.
  - Click Programs.
  - Click Programs and Features.
  - Select Medicare Remit Easy Print from the resulting list.

🍯 🔵 🗢 🥅 🔹 Control Panel 🔹 P	ograms - Progra	ams and Features		•	<ul> <li>Search Program</li> </ul>	is and Features	
Control Panel Home	Uninstal	or change a pro	gram				
View installed updates	To uninsta	ll a program, select	it from the list and t	hen dick Uninstall, Char	nge, or Repair.		
Turn Windows features on or off							
Install a program from the network	Organize 🔻	Uninstall Chan	ge Repair			8==	- 0
	Name 🔺		1	- Publisher	✓ Install	- Size - Ve	rsion
	Hitachi ID P	assword Manager L	ocal SKA	Hitachi ID Systems, I	Inc. 2/18/2015	5.84 MB 8.	.1
	HTML Help \	Norkshop			8/20/2015		
	🕌 Java 7 Upd	ate 85		Oracle	7/30/2015	120 MB 7.0	0.850
	🕌 Java 7 Upd	ate 91		Oracle	11/4/2015	120 MB 7.0	0.9100
	MDOP MBAI	и		Microsoft Corporatio	n 4/6/2015	4.51 MB 2.	6.0244.0
	Medicare Re	emit EasyPrint		GDIT	11/24/2015	5 3.86 MB 4.1	31
	Microsoft .N	IET Framework 4 Mu	Iti-Targeting Pack	Microsoft Corporatio	n 4/16/2015	83.4 MB 4.0	0.30319
	-Nicrosoft .N	IET Framework 4.5.	2	Microsoft Corporatio	n 2/18/2015	38.8 MB 4.1	5.51209
	🖟 Microsoft A	pplication Virtualizat	ion (App-V) Client 5.	0 Microsoft Corporatio	n 4/6/2015	39.9 MB 5.0	0.285.0
	Microsoft A	pplication Virtualizat	ion (App-V) Client	. Microsoft Corporatio	n 3/10/2015	23.5 MB 5.0	.1104.0
	<u>۱</u>						Þ
		DIT Product version	n: 4.31	Support link	: http://www.gdit.com		

• Click Remove, and then click Yes on the confirmation dialog.

Add or R	emove Programs 🛛 📓
?	Are you sure you want to remove Medicare Remit EasyPrint from your computer?
	Yes No

The Uninstall process is complete!

## **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

🜇 Medicare Remit EasyPrint v4.4 - 🗆 X Tools 🚰 Import 🛛 🗜 Report 🔹 👗 Archive 🛛 🤶 Restore 🗮 Delete 🔍 Search 📃 Print List 
 Check Date
 Check/EFT ...
 Check/EFT ...

 04/23/05
 1157.85
 EFT
 Payee ID Claims Check/EFT Numb Claim List Claim Detail Glossary Data Vew Search Name ACNT **ICN** Billed Amount Paid Amount From Date To Date ASG Doe, Saly 772233 119932404007801 184.77 397.50 4/7/2005 4/7/2005 Right, Samuel 7722337 119932404007801 83.36 40.50 4/7/2005 4/7/2005 7722337 4/7/2005 119932404007801 344.50 160.31 4/7/2005 Right, Sanuel Doe, Sally Right, Sanuel Doe, Sally Doe, Sally Doe, Sally 7722337 119932404007801 53.00 24.46 4/7/2005 4/7/2005 7722337 119932404007801 145.22 67.02 4/7/2005 4/7/2005 7722337 119932404007801 133.19 89.37 4/7/2005 4/7/2005 7722337 119932404007801 -55.36 2/1/2005 2/1/2005 0.00 7722333 119932404007801 55.36 0.00 2/1/2005 2/1/2005 Doe, Saly Right, Samu 119932404007801 119932404007801 56.42 27.86 7722337 118.80 4/7/2005 4/7/2005 55.36 7722337 4/7/2005 4/7/2005 Doe, Saly 397.50 26.50 184.77 9.66 7722337 119932404007801 4/7/2005 4/7/2005 119932404007801 7722333 4/7/2005 4/7/2005 145.22 0.00 Doe, Sally 7722337 119932404007801 67.02 4/7/2005 4/7/2005 Doe, Saly Right, Sanuel 7722337 4/7/2005 119932404007801 60.92 4/7/2005 7722337 119932404007801 397.50 184.77 4/7/2005 4/7/2005 Check All 📋 UnCheck All 🔍 Data Print nent count >>248 11/20/2015

The Medicare Remit Easy Print Claim List tab opens.

2. Click Help.

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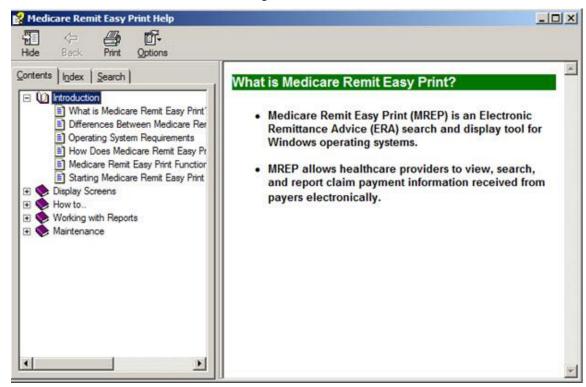
Medicare Remit Easy Print opens the Medicare Remit Easy Print Help window and displays the introduction.

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

Medicare Remit Easy Print Help	
Contents       Index       Search         Image: Search       Image: Search         Image: Display Screens       Image: S	<ul> <li>What is Medicare Remit Easy Print (MREP) is an Electronic Remittance Advice (ERA) search and display tool for Windows operating systems.</li> <li>MREP allows healthcare providers to view, search, and report claim payment information received from payers electronically.</li> </ul>

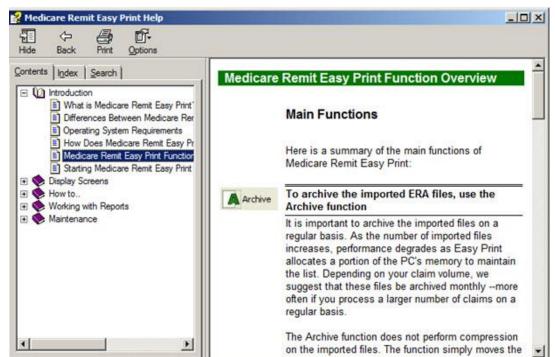
#### How to Use the Contents Tab

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



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2. Click a topic to display the topic.



E.

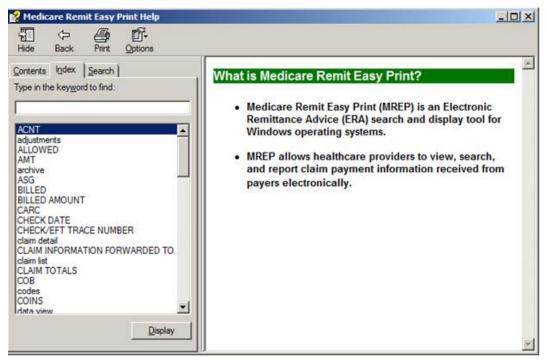
At this point, you can:

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

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#### How to Use the Index Tab

1. Click the Index tab.

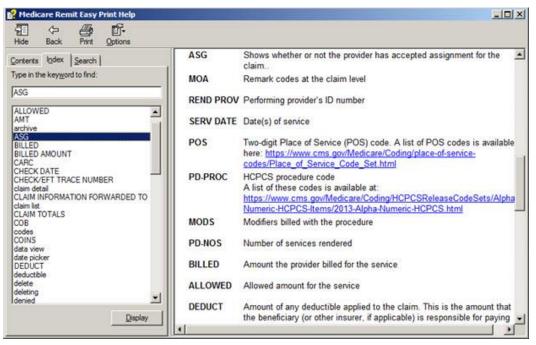


2. Type a keyword to find.

Hide Back Print Options		
Contents Index Search	ALLOWED	Allowed amount for the service
Type in the keyword to find: allo	DEDUCT	Amount of any deductible applied to the claim. This is the beneficiary (or other insurer, if applicable) is response the provider.
ALLOWED AMT	COINS	Amount that the beneficiary (or other insurer, if applic responsible for paying the provider.
archive ASG	PROV-PD	Amount the provider was paid for the service
BILLED BILLED AMOUNT CARC	01012524280125208862	Second Line of the Claim Line
CHECK DATE CHECK/EFT TRACE NUMBER claim detail	RARC	Remittance Advice Remark Codes at the line level
CLAIM INFORMATION FORWARDED TO claim list	SUB-NOS	Submitted number of services
CLAIM TOTALS COB	SUB-PROC	HCPCS procedure code
codes COINS data view	GRP/CARC	Group codes and Claim Adjustment Reason Codes fr
date picker DEDUCT	CARC-AMT	Amount of any adjustment made based on the Group Adjustment Reason Code
Display	ADJ-QTY	Quantity of units of service being adjusted

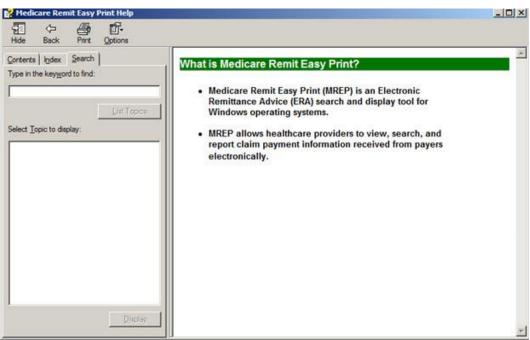
© 2018 Sponsored by the Centers for Medicare & Medicaid Services (CMS)

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



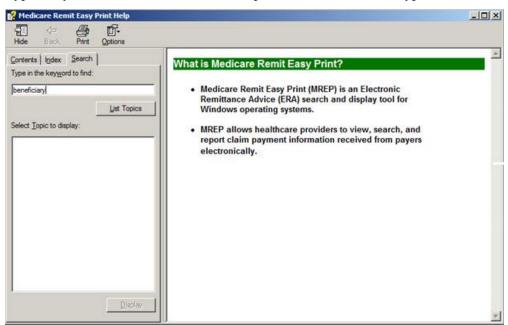
#### How to Use the Search Tab

1. Click the Search tab.



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2. Type a keyword to find, then click List Topics or type Alt + L.



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

Contents   Index Search	Claim Detail Tab
ype in the keyword to find:	
beneficiary	Making Sense of the Claim Detail Tab
List Topics	
	File bie based based based base Preset Praget - Andrea Rhades Rhade Chart Contract
elect Topic to display:	Faur lane   Faur B   Ded.BFT   Ded.BFT   Ded.BFT   Lane   Ded.BFT lane
	Clercit Clerchol Auditoray Dayles   Seat   Seary
	Charine CharDood   Anoldemary   Sala fam   Sala ( Sala   Sala )   Sala
	And services content content of the service of the
	AND RESIDENT CHECK DESIDENT CHECK DE
Claim List Tab Medicare Remit Easy Print Main Application	AND RELATE CONNECT DAMAGE DAMA

#### How to Close the Medicare Remit Easy Print Help Window

Click Close Window  $\bowtie$  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 OK 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:

 Payer Name – 30 bytes maximum 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<sup>7</sup>

 Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. The Medicare Remit Easy Print Claim List tab opens.

Import P	Report 👻 🛕 Archi	ve <u>R</u> Restore	X Delete	Search	Print List					
ayer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	File
	ACME PHYSICIANS INC.	12345678	04/23/05	481.71		7	12345		005010X221A1	AR
										_
										_
										-
Claim List	Claim Detail	Remit	: Summary	Data Vie	w	Search	Glo	ossary		
ame		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	_
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	_
Doe, Sally		1111111		56789012345 56789012345		48.80	92.42	3/9/2005	3/9/2005	_
Right, Samuel		1111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	_
										-
										-
										_
										_
										_
										-
										-
										-

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

<sup>7</sup> Hint:

For information about the very first time you import, see Step 1 on page 25.

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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:

Importing electronic remittance(s)...

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

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

EasyPrint.exe Properties
General Shortcut Security
EasyPrint.exe
Target type: Application
Target location: Easy Print
Target: xe" -i "C:\MREP\Files to be imported\no_phi.txt"
Run in separate memory space     Run as different user
Shortcut <u>k</u> ey: None
Bun: Normal window
Comment:
<u>Find Target</u> <u>Change Icon</u>
OK Cancel <u>Apply</u>

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

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

EasyPrint.exe Properties		
General Shortcut Security		
EasyPrint.exe		
Target type: Application		
Target location: Easy Print		
Target: xe" -i "C:\MREP\Files to be imported\no_phi.txt"		
Run in separate memory space     Run as different user		
Shortcut <u>k</u> ey: None		
Bun: Normal window		
C <u>o</u> mment:		
<u>F</u> ind Target <u>Change Icon</u>		
OK Cancel Apply		

• Once you click Apply, then you must click OK. The Properties window disappears.

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• 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 OK, the MREP software continues to run with the files that have already been imported.

EasyPrint X
Auto import function has been aborted. File :C:\MREP\Files to\no_phi.txt does not exist.
ОК

- 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.

#### Import Exception Summary Window/Report

The Import Exception Summary window/report helps to identify duplicate files, file formats other than HIPAA 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.

The following remits were not imported for the reason(s) in File: C:\Documents and Settings\Jen-K\D		r	
Payee	L61113480-e61/PTF 676400051112580 676400051112580 876400051112580 876400051112580 876400051112580 876400051112580 876400051112590	Version Invalid : 004010X091A2 Version Invalid : 004010X091A2 Not an 835 transaction : 837 Version Invalid : 004010X091A2 Version Invalid : 004010X091A2 Ve	

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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 Close 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: 2/15/2018. 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 v4.6).

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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 it.

Medicare Remit Easy Print highlights the Remittance Advice and lists the associated claims as show in the following image.

	port 🔻 🛕 Arc				1	Print Lis					_
	ee Name E PHYSICIANS I	Payee ID . 12345678	Check D 09/01/17	Check/E 481.71	Check/E		ims Check/E	FT Number	Version 004010X09	Filenam	_
								122007			
Claim List	Claim Det	ail Í I	Remit Summa	arv İ	Data View	<u> </u>	Search	Gloss	arv Í		
lame	,	ACNT		ICN	Billed Am	ount	Paid Amount	From Date	To Date	ASG	Г
Doe, Sally		7722337	1715	0700001000		0.50	-402.53	2/10/2017	2/10/2017	Y	_
Doe, Sally		7722337	1715	0700001000	91	0.50	587.28	2/10/2017	2/10/2017	Y	Т
Miller, Mary		5432109	1721	7700001000	3	8.20	12.50	8/12/2017	8/12/2017	Y	
Right, Samuel		6655443	1722	0700001000	23	7.60	159.36	7/28/2017	7/28/2017	Y	
Jones, Joe		9123456	1723	0700001000	40	6.20	32.67	8/10/2017	8/10/2017	Y	
Jones, Joe		9123456	1723	0700001010	14	8.80	92.42	8/9/2017	8/9/2017	Y	
Smith, Robert		2151983	1723	0700002000	4	0.00	0.00	8/12/2017	8/12/2017	Y	

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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 Or go to the Tab menu option and select Print Claim List, or type Alt + B + P.
View claim details	For more info, see <i>How to Print a List of Claims</i> . Click Claim Detail or go to the View menu option and select Claim Detail For more info, see <i>How to View the Detail for a</i> <i>Claim</i>
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 <i>How to View the Total Amounts for a Remittance Advice</i> .
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 <i>Making Sense of the Data View Tab</i> .
Search	Click Search or go to the View menu option and select Search For more info, see <i>How to Search Payment</i> Information.
View the CARCs, RARCs, Group Codes, and	momauon.
Business Scenarios 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 it.

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

Payer Name Pay	ee Name	Payee ID	Check D	Check/E	Check/E	Clain	ns Check/EF	T Number	Version	Filename
REA INSUR   ACM	1e physicians I.	12345678	09/01/17	481.71	EFT	7	0514010	122654	004010X09	AREA IN
Claim List	1			1		ſ		1	1	
	Claim De		Remit Summa		Data View		Search	Gloss	1	
Name		ACNT 7722337	17150	ICN 0700001000	Billed Am	0.50	Paid Amount -402.53	From Date	To Date	ASG Y
Doe, Sally Doe, Sally		7722337		0700001000		0.50	-402.53 587.28	2/10/2017 2/10/2017	2/10/2017 2/10/2017	Y
Miler, Mary		5432109		700001000		0.50 8.20	12.50	8/12/2017	8/12/2017	Y
Right, Samuel		6655443		700001000		7.60	159.36	7/28/2017	7/28/2017	Y
Jones, Joe		9123456		700001000		6.20	32.67	8/10/2017	8/10/2017	Y
Jones, Joe		9123456		0700001010		8.80	92.42	8/9/2017	8/9/2017	Y
Smith, Robert		2151983		0700002000		0.00	0.00	8/12/2017	8/12/2017	Y

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3. Check the checkbox next to the claim(s) that you want to see detail<sup>8</sup>. Detailed information only appears for claims that are checked.

Import P Re	port 🔻 🛕	Archive	Resto	re 💢 De	elete	Searc	ch   🔤	Print Li	st						
Payer Name Paye	ee Name	Paye	ee ID 🛛 🕻	Check D	Check/E	. Cł	neck/E	Cla	ims	Check/Ef	FT Number	Version		Filenam	e
REA INSUR ACM	e physician	S I 123	45678	09/01/17	481.7	1 EF	Т	5	7	0514010	122654	004010	X09	AREA IN	ISU
Claim List	) Claim	Detail	l Re	mit Summa			Data View	1		earch	) Gloss	any	1		
Name		ACI			ICN		Billed Am			Amount	From Date	1	Date	ASG	Г
✓ Doe, Sally		7722		1715(	070000100	0		0.50		-402.53	2/10/2017		2017	Y	F
Doe, Sally		7722			70000100			0.50		587.28	2/10/2017		2017	Y	
Miller, Mary		5432			70000100			8.20		12.50	8/12/2017		2017	Y	-
Right, Samuel		6655	443	17220	70000100	0	23	7.60		159.36	7/28/2017	7/28/	2017	Y	
Jones, Joe			17230	17230700001000		406.20			32.67	8/10/2017	8/10/2017	Y			
Jones, Joe		9123	456	17230	70000101	0	14	8.80		92.42	8/9/2017	8/9/	2017	Y	
Smith, Robert		2151	983	17230	070000200	0	4	0.00		0.00	8/12/2017	8/12/	2017	Y	
															-

4. Click the Claim Detail tab.

<sup>8</sup> Hint:

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

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File Tab View Repor	Te bearen n										
Import P Report	t 🔻 🔺 Archi	ive <u>R</u> Re	store 🔀 Del	lete 🔍 S	earch	Print List					
Payer Name Payee N	lame	Payee ID	Check D	Check/E	Check/E	Claims	Check/EFT Nun	۱ber ۱	Version	File	ename
AREA INSUR ACME PI	HYSICIANS I	12345678	09/01/17	481.71	EFT	7	051401012265	i4 (	004010X0	9 AR	EA INSU
•						1					
Claim List	Claim Detail		Remit Summar	v I	Data View	(	Search	Glossar	v İ		
225 Main Street Centerville, PA 171	111						PROVIDER #: DATE: PAGE #:		8980001 01/2017		
ACME PHYSICIANS INC 225 Main Street Centerville, FA 171 CHECK/EFT #: 05 REND-FROV SERV-DAT RARC	111 514010122654	ROC/MODS	PD-NO SUB-NO				DATE: PAGE #: DEDUCT	09/0 1 COINS	01/2017	PROV-PD BS	
225 Main Street Centerville, FA 171 CHECK/EFT #: 05 REND-PROV SERV-DAT RARC VAME:Doe, Sally 0208980001 0210 021	111 514010122654 RE POS PD-PH MII	D:11111111		S SUB-1	ROC	LLOWED GRP/CARC	DATE: PAGE #: DEDUCT	09/0 1 COINS AI :Y MOA: -2.64	01/2017 P DJ-QTY :MA18 M	BS	_
225 Main Street Centerville, FA 171 CHECK/EFT #: 05 REND-PROV SERV-DAT RARC VIAME:Doe, Sally 0208980001 0210 021 0208980001 0210 021 0208980001 0210 021 025 N102	MII MII MII 1017 12 A445(	D:1111111 DAW	SUB-NO	S SUB-F 722337 0 -18 0 -238	ROC	LLOWED GRP/CARC ICN:17150 -13.20	DATE: PAGE #: DEDUCT CARC-AMT 700001000 ASG 0.00	09/0 1 COINS AI :Y MOA -2.64 0.00	01/2017 P DJ-QTY :MA18 M	BS IA01	_
225 Main Street Penterville, FA 171 CHECK/EFT #: 05 VEND-PROV SERV-DAT VARC TAME:Doe, Sally 1208980001 0210 021 125 N102 NTL #: 54321 1208980001 0210 021 125 N102 NTL #: 54321 1208980001 0210 021	111 514010122654 RE POS PD-PH 1017 12 A4450 1017 12 A6194	D:11111111 Daw 6A1	SUB-NO 1A ACNT:7 120.00 0.00	S SUB-E 722337 0 -18 0 -238 0	2.00 2.50	LLOWED GRP/CARC ICN:17150 -13.20 CR-42 0.00	DATE: PAGE #: DEDUCT CARC-AMT 700001000 ASG 0.00 -4.80 0.00	09/0 1 COINS AI -2.64 0.00	01/2017 DJ-QTY :MA18 M	BS IA01 -10.56 0.00	-
225 Main Street Centerville, PA 171 CHECK/EFT #: 05 REND-PROV SERV-DAT	111 514010122654 TE POS PD-PH 1017 12 A4450 1017 12 A6194 1017 12 A6253	0:1111111 Daw 6a1 3a2	SUB-NO 1A ACNT:7 120.00 0.00 30.00	S SUB-F 722337 0 -18 0 -238 0 -411 0 -13	2.00 2.50	LLOWED GRP/CARC ICN:17150 -13.20 CR-42 0.00 CR-50 380.40	DATE: PAGE #: DEDUCT CARC-AMT 700001000 ASG 0.00 -4.80 0.00 -238.50 0.00	09/0 1 COINS AI -2.64 0.00 -76.08 0.00	01/2017 DJ-QTY MA18 M	BS 1A01 -10.56 0.00 03	-

The detail appears for the claim you selected:

Find out more about this tab	See page Making Sense of the Claim Detail.
Print the detail	Click Print, Print or go to the Tab menu option and select Print Claim Detail, or type Alt + B + P.
	For more info, see <i>How to Print the Detail for a Claim</i> .
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 <i>How to View a List of Claims</i> 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 <i>to View the Total Amounts</i> <i>for a Remittance Advice</i> .

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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 <i>Making Sense of the Data View Tab.</i>
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, RARCs, Group Codes, and	
Business Scenarios for the Remittance Advice	Click the Glossary Tab Glossary or go to the View menu option and select Glossary.
	For more info, see <i>Making Sense of the Glossary Tab</i> .
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.
	You also have 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

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. The Medicare Remit Easy Print Claim List tab opens.
- Select the Remittance Advice by clicking 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

	EA INSURANCE       ACME PHYSICIANS INC.       12345678       10/10/12       481.71       EFT       7       12344       005010X221A1       NOFH_2012X         Claim List       Claim Detail       Remit Summary       Data View       Search       Glossary		port 👻 🛕 Archive	Restore		Search 5	Print List	-1.			[ =:
Claim List       Claim Detail       Remt Summary       Data View       Search       Glossary         asyPrint       v3.3       PROVIDER PAYMENT SUMMARY REPORT       VER: 005010X221A1         ROVIDER NAME       : ACME PHYSICIANS INC.       :: 1234567930         RECK DATE       : 1234567930         RECK DATE       : 1234567930         RECK DATE       : 123454         OTAL CLAIMS       : 7         BILLED AMOUNT       : 870.80         TOTAL ALLOWED AMOUNT       : 912.76         TOTAL ALLOWED AMOUNT       : 912.76         TOTAL ALLOWED AMOUNT       : 912.76         TOTAL DEDUCTIBLE AMOUNT       : 912.76         TOTAL DEDUCTIBLE AMOUNT       : 0.01         TOTAL DEDUCTIBLE AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL LINERST AMOUNT       : 0.01         TOTAL LINERST AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01         TOTAL CHECK/FET AMOUNT       : 0.01	Claim List       Claim Detail       Remit Summary       Data View       Search       Glossary         isyPrint       v3.3       PROVIDER PAYMENT SUBMARY REPORT       VER: 005010X221A1         NOVIDER NAME       : ACME PHYSICIANS INC.       ::       ::       ::         If #       ::       1244567390       ::       ::         DECK DATE       ::       1244567390       ::       ::         DECK DATE       ::       ::       1244567390       ::         DECK DATE       ::       ::       ::       ::         UTAL CLAIMS       ::       ::       ::       ::         DILLED AMOUNT       ::       ::       ::       ::         TOTAL REASON CODE ADJUSTMENT AMOUNT       :       ::       ::       ::         TOTAL ALLONED AMOUNT       ::       ::       ::       ::       ::         TOTAL DEDUCTIBLE AMOUNT       :       ::       ::       ::       ::         TOTAL ALLONED AMOUNT       ::       ::       ::       ::       ::         DEALINE       ::       ::       ::       ::       ::       ::       ::       ::       ::       ::       ::       ::       ::       :: </th <th></th> <th></th> <th>Payee ID</th> <th>Check Date</th> <th></th> <th></th> <th>Claims</th> <th>Check/EFT Number</th> <th>Version</th> <th>Filename</th>			Payee ID	Check Date			Claims	Check/EFT Number	Version	Filename
ASYPEIRL V3.3 DROVIDER PAYMENT SUBMARY REPORT VER: 005010X221A1 ROVIDER NAME : ACME PHYSICIANS INC. PI # : 1234567990 HECK DATE : 10/10/12 HECK DATE : 10/10/12 HECK ET TRACE # : 12344 DTAL CLAIMS : 7 BILLED AMOUNT : 870.80 TOTAL REASON CODE ADJUSTMENT AMOUNT : 213.14 TOTAL ALLOWED AMOUNT : 1120.43 TOTAL DEDUCTIBLE AMOUNT : 55.53 TOTAL DEDUCTIBLE AMOUNT : 481.70 TOTAL INTEREST AMOUNT : 0.01 TOTAL INTEREST AMOUNT : 481.71 LE ADJ DETAILS: REASON FOX/OFFER IDENTIFIER	wyPrint     v3.3     PROVIDER PAYMENT SUMMARY REPORT     VER: 005010X221A1       NOVIDER NAME     : ACME PHYSICIANS INC.	REA INSURANCE ACT	ME PHYSICIANS INC.	12345678	10/10/12	481.71	EF1	/	12344	005010X221A1	NOPHI_2012.X
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NEYPTINE V3.3 DROVIDER PAYMENT SUMMARY REPORT VER: 005010X221A1 NOVIDER NAME : ACME PHYSICIANS INC. PI # : 1234567980 NECK DATE : 10/10/12 NECK DATE : 10/10/12 NECK DATE : 10/10/12 NECK DATE : 12344 DTAL CLAIMS : 7 BILLED AMOUNT : 870.80 TOTAL ALLOWED AMOUNT : 213.14 TOTAL ALLOWED AMOUNT : 912.76 TOTAL DEDUCTIBLE AMOUNT : 912.76 TOTAL DEDUCTIBLE AMOUNT : 55.53 TOTAL DEDUCTIBLE AMOUNT : 0.01 TOTAL CHECK/EFT AMOUNT : 0.01 TOTAL CHECK/EFT AMOUNT : 481.70 TOTAL CHECK/EFT AMOUNT : 481.71 AMOUNT LE ADJ DETAILS: REASON FC0/OTHER IDENTIFIER AMOUNT LE ADJ DETAILS: REASON FC0/OTHER IDENTIFIER LE ADJ DETAILS: REASON FC0/OTHER IDENTIFIER AMOUNT LE ADJ DETAILS: REASON FC0/OTHER IDENTIFIER AMOUNT LE ADJ DETAILS: REASON FC0/OTHER IDENTIFIER AMOUNT LE ADJ DETAILS: REASON FC0/OTHER	wyPrint     v3.3     PROVIDER PAYMENT SUMMARY REPORT     VER: 005010X221A1       NOVIDER NAME     : ACME PHYSICIANS INC.										
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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 Print 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 go to the View menu option and select Claim Detail
	For more info, see <i>How to View the Detail for a Claim.</i>
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 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 <i>Making Sense of the Data View Tab</i> .
Search	Click 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, RARCs, Group Codes, and	Click the Glossary tab
Business Scenarios for the Remittance Advice	to the View menu option and select Glossary For more info, see <i>Making Sense of the Glossary</i> <i>Tab</i> .

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#### How to View the Data in the Import File

- Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. The Medicare Remit Easy Print Claim List tab opens.
- Select the Remittance Advice by clicking it.
   Madison Participation Print highlights the Participation Advice

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

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

Medicare Remit Easy Print displays the file format:

🕞 Medicare Remit E	asyPrint v3.2											- 🗆 ×
File Tab View Rep	ort Search Tools	Help										
Import PR	eport 👻 🛕 Ar	chive	Restore	X Dele	te 🛛	Search	Print L	st				
Payer Name Pa	ayee Name		Payee ID	Check	Date	Check/EFT	Check/EF	T Clai	ms	Check/EFT Number	Version	Filena
	CME PHYSICIANS IN	IC.	12345678	04/23		481.71		7		12345	005010X221A1	AREA
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•			1			1						Þ
Claim List	Claim Det	_		Summary		Data V	iew	Search		Glossary	1	
Loop & Segment		Field	ID		Descrip	tion			Valu	e		
HDRB : ST		01				ction Set Identif			835			
HDRB : BPR		02			Transa	ction Set Contro	l Number		0001	l		
HDRB : TRN												
HDRB : REF HDRB : REF												
HDRB : DTM												
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1000A : N3												
1000A : N4												
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1000B : N1												
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2000 : LX												
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Segment count >> 206											:	12/6/2011

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At this point, you can:							
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 <i>How to View the Detail for a Claim.</i>						
Return to the Claim List	Click the Claim List tab						
	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 <i>How to View the Total Amounts</i> for a Remittance Advice.						
Search	Select the Search tab Search or, go						
	to the View menu option and select Search.						
	For more info, see <i>How to Search Payment</i> Information.						
View the CARCs and RARCs for the	Select the Glossary tab Glossary						
Remittance Advice	or, go to the View menu option and select Glossary.						
	For more info, see <i>Making Sense of the Glossary</i> <i>Tab</i> .						

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#### How to View the CARC and RARC Codes

- 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 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:

SMedicare Remit EasyPrint v3.2									
File Tab View Report Search Tools Help									
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims 7	Check/EFT Number	Version	Filena
AREA INSURANCE	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFI	/	12345	005010X221A1	AREA
									_
•						1			F
Claim List	Claim Detail	Remit	: Summary	Data Vi	ew	Search	Glossary		
{ M25 } - The inform	ation furnished does not subs	antiate the need	d for this level of	service. If you be	lieve the service	should have be	een fully covered as billed,	or if you did not know an	d
	y have been expected to know agreed in writing to pay, ask u								of
patient, reimburse h	im/her for the amount you hav								
overpayment.									
(145.01.) Almah. 15					desisten To and			a an aith an ta dtraidh ail eile ait	LL
	you do not agree with what we tial claim to conduct the appea								
have a good reasor	for being late.								
						,			.
	not agree with the approved \$100, you may combine amou								
time.									
{ MAU7 } - Alert: Th	e claim information has also be	en forwarded to	Medicaid for rev	new.					
(MA13) - Alerty Vo	u may be subject to penalties i	f you bill the nat	ient for amounts	not reported with	the PD (nation)	responsibility) r	roup code		
(INPLO) HIGH TO	{MA13} - Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.								
{M18} - Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.									
{ MA67 } - Correction to a prior claim.									
{N102 } - This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.									
<u> </u>	i 🔄								
🔍 Zoom In 🧧	Zoom In Q Zoom Out + Reset View Codes								

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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 <i>How to View the Detail for a Claim</i> .					
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 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, Group Code, or CORE Business Scenario

- Open Medicare Remit Easy Print by double-clicking .
   The Medicare Remit Easy Print Claim List tab opens.
- 2. On the menu Select Tools > Code Descriptions.

The Code Descriptions window opens.

	Description :		
1 1 (CORE BUS. SCENARIO) 10 100 101 102 103 104 105	Procedure postpor	ned, canceled, or delayed.	
106 107 108 109 11 110 111 111 113 113 114 114 115	Note : Effective Date Deactivated Date Date Last Modifie Notes : CORE Business So	ed :9/30/2007	Close
Code count >> 1372			10

## How to Update (Import) the CARC/RARC Codes, Group Codes, and CORE Business Scenarios

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, GDIT provides an updated file on the VMS ETS 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 VMS ETS or CMS website.
- 2. Save the list of latest codes so they are easily accessible.

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

3. Select Import Code Descriptions from the Tools menu.

for this level of service, or if you notified the patient in wring in advance that we would not pay for this level of service and helphe agreed in writing to gay, six us to review your dain writin 120 days of the date of this notion. If you do not request a appeal, we will, you agglication from the patient, reinburse him/her for the amount you have collected from him/her in excess of any deductible and consurance amounts. We will recover the reinbursement from you as an overpayment. (MAD1) - kiert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial dain to conduct the appeal. However, in to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.	File Tab View Report Search Tools Help										
Page Name         Page Name <t< th=""><th>Import PReport</th><th>-</th><th></th><th>Search</th><th>Print List</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Import PReport	-		Search	Print List						
ABEA POURANCE       ACCHE PHYSICIANS       Relative       451.71       BT       7       12344       0059120211A1       NOHE (2012X         Code Descriptions       Impart Code Descriptions       Impart Code Descriptions       Impart Code Descriptions       Impart Code Descriptions         2       Claim Let       Claim Detail       Remt Summary       Data Vee       Search       Genesary         2       Claim Let       Claim Detail       Remt Summary       Data Vee       Search       Genesary         2       13       -Exact duplicate dam/lewice (bite only with Group Code CA except where state worker's compensation regulated or regulated Code       Code Descriptions       Impart Code Descriptions         2       3       -The impact of pror payer(i) adjudcation induding payments and/or adjustments. (like only with Group Code CA)       Code Descriptions       Impart Code Descriptions         2       50(5)       -Additional Information Regulated - Hearing/hmakli/brounplete Details from Submitted Claim       Impart Code Descriptions       Impart Code Descriptions         3       05(5)       -Descreed by reaching Row       Exact Adjustment Encloid because the payer deems the information submitted does not augort this level of sensitive state and the sensitive state and the sensitive state and the sensitive state and the sensitive state and the sensitive state and the sensitive state and the sensitive state and the sensere state and the sensitive state and the sens	Pauer Name Daves N		te .	ALC: NOT	Charlent	China	Chards BET to other	Version	Elecano		
Code Discriptions       Impact Code Discriptions         Path Name Eddor       Path Name Eddor         Claim Lat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Lat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Lat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary         Claim Cat       Claim Octal       Remt Summary       Out Vet       Search       Glessary			one			7					
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for this level of service, or if you notified the patient in writing in advance that we would not pay for this level of service, and helphangeed in writing to pay, while us be review your daim writin 102 days of the date of this notice. If you do not request a appeal, we will, youn application from the patient, reinburse him/her in the callected from him/her in excess of any doubtible and consurance amounts. We will recover the reinbursement from you as an overpayment. (MAD3) - Allerts If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are first to you, we require another individual that did not process your initial daim to conduct the appeal. However, is to be digible from appeal, you must write to unitim 122 days of the daity you records with notice, unlists you have a good reason for being list.											
to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being liste. (MAD3) - if you do not agree with the approved amounts and \$200 or more is in depute (less deductible and computed), you may ask for a hearing within six months of the date of this notice. To meet the \$200, you may combine amounts on other	(M23) - The information furnished does not substantiate the need for this level of service. If you believe the service should have been fully covered as blied, or if you do not know and could not reasonably have been expected to know that we would not pay for this level of service. If you believe the service and helpha agreed in writing to pay, sak us to review your dam writing to pays of the date of the notes. If you do not request an apped, we will, door application for the pays the service and helpha and could not pay for the level of service. If you do not request an apped, we will, door application for the patent in entry to pay and not receive and any door. Use and counsarias and and counsarias an anti-the patent interview. If you do not request an apped, we will, door and counsarias and and co										
(MAD3) - If you do not agree with the approved amounts and \$100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing within six months of the date of this notice. To meet the \$100, you may combine amounts on other of the have been dened, including recovered appeals a you received a reviewed decision. Tou must appeal each dam on time.	(MAD1) - Alert [1] you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.										
	(MAG3) - if you do not agree with the approved amounts and \$100 or more is in dispute (less deductible and consurance), you may ask for a hearing within six months of the date of this notice. To meet the \$100, you may combine amounts on other claims that have been denied, including respend appeals if you received a revised decision. You must appeal each claim on time.										
(MAD7) - Alert: The dam information has also been forwarded to Medicaid for review.											
לי האלה 1. האלה ווישר לאשר אינו איז איז איז איז איז איז איז איז איז איז	from the most rule damant	a managements alou peen	IN THE YEAR IN PROCESS TO THE								
(MA13) - Alert: You may be subject to penalises if you bit the patient for amounts not reported with the PR (patient responsibility) group code.											
(MA38) - Alert: The dain information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.											
Q Zoon D.t Reset Vew Codes											

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A dialog window appears asking to confirm the code import.



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

Import New Code	e Information			<u>? ×</u>
Look jn:	C Desktop	•	수 💼 📩 📰 -	
History History Desktop My Computer My Network P	My Computer	:		
	File <u>n</u> ame:		•	<u>O</u> pen
	Files of <u>type</u> :	Code File (Codes.ini)	•	Cancel

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

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Import New Code	e Information			<u>? ×</u>
Look jn:	🔄 MREP Data fi	iles 💌	+ 🗈 💣 🎟 -	
History Desktop My Computer My Network P	Codes.ini			
	File <u>n</u> ame:		•	<u>O</u> pen
	Files of <u>type</u> :	Code File (Codes.ini)	•	Cancel

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

EasyPrint	×
Code import Success	sful
OK	

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.

"" Easy Print Code Descriptions (CAGC/CARC/RARC 11/01/2013) (CORE version 3.0.3)							
	Description :						
1 (CORE BUS. SCENARIO) 10 100 101 102 103 104 105 106 107 108	Procedure postponed, canceled, or delayed.						
109 11 110 111 112 113 114 115 Code count >> 1372	Effective Date :1/1/1995 Deactivated Date : Date Last Modified :9/30/2007 Notes : CORE Business Scenario :3	Close					

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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 Print \_\_\_\_\_ 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.

Print remit listing		×
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel

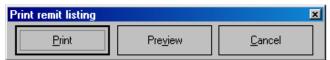
The Print dialog opens.

Prin	t		<u>? ×</u>
F	Printer		
	<u>N</u> ame:	\\papyrus\TCG	▼ Properties
	Status:	Ready	
	Туре:	HP LaserJet 4200 PS	
	Where:	TC-6-020	
	Comment:		Print to file
F	<sup>o</sup> rint range		Copies
	• <u>A</u> II		Number of <u>c</u> opies: 1
	C Pages	from: to:	
	C <u>S</u> elect	on	123 123 🗹 Collate
			OK Cancel

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

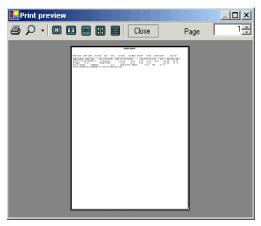
Click OK. Medicare Remit Easy Print prints the detail at your default printer.

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 the Printer  $\textcircled{ \Rightarrow}$  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							
	go to the View menu option and select Claim Detail							
	For more info, see <i>How to View the Detail for a Claim.</i>							
Search	Click the Search tab Search 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 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 <i>Making Sense of the Data View Tab</i> .							
View the CARCs, RARCs, Group Codes, and	Click the Glossary tab							
Business Scenarios for the Remittance Advice	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 print 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 box opens.

'n	int		<u>? ×</u>
I	Printer		
	<u>N</u> ame:	\\papyrus\TCG	▼ Properties
	Status:	Ready	
	Type:	HP LaserJet 4200 PS	
	Where:	TC-6-020	
	Comment:		Print to file
l	Print range		Copies
	• <u>A</u> I		Number of <u>c</u> opies: 1
	C Pages	from: to:	Collate
	C Select	ion	123 123 Collate
			OK Cancel

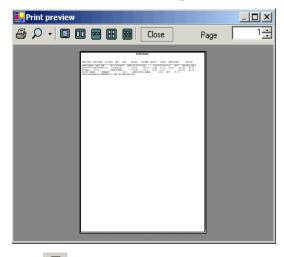
If you need to change the properties, click Properties and make changes as necessary. Click OK. Medicare Remit Easy Print prints the detail at your default printer.

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

Print remit listing		x
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel

The Print Preview window opens.



Click Printer rightarrow 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 Print 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.

Print remit listing		×
Print	Pre <u>v</u> iew	<u>C</u> ancel

The Print dialog box opens.

Print		<u>? ×</u>
Printer —		
<u>N</u> ame:	\\papyrus\TCG	Properties
Status:	Ready	
Type:	HP LaserJet 4200 PS	
Where:	TC-6-020	
Commen	t	Print to file
Print rang	e	Copies
• <u>A</u> I		Number of <u>c</u> opies: 1
C Page	s from: to:	
C Selec	stion	123 123 Collate
		OK Cancel

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.

🛃 Print preview		
🎒 🔎 • 🛛 💷 🔤	Close	Page 1 🛨
		<del>27</del>

Click Printer rightarrow at the top of the window.

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

# Searching Payment Information

You can search by:

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

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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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ayer Name Paye	e Name	Payee ID	Check D	Check/E	Check/E	Clain	ns Check/El	FT Number	Version	Filenam
	PHYSICIANS I.		09/01/17	481.71	EFT	7	0514010	)122654	004010X09	AREA IN
Claim List	Claim Det	tail	Remit Summa	irv	Data View	1	Search	Gloss	arv	
ame		ACNT		ICN	Billed Am	ount	Paid Amount	From Date	To Date	ASG
Doe, Sally		7722337	17150	0700001000	-91	0.50	-402.53	2/10/2017	2/10/2017	Y
Doe, Sally		7722337	17150	0700001000	91	0.50	587.28	2/10/2017	2/10/2017	Y
Miller, Mary		5432109		7700001000		8.20	12.50	8/12/2017	8/12/2017	Y
Right, Samuel		6655443		0700001000		7.60	159.36	7/28/2017	7/28/2017	Y
Jones, Joe	9123456			17230700001000 17230700001010		406.20 32. 148.80 92.		8/10/2017	8/10/2017	Y
Jones, Joe Smith, Robert		9123456 2151983		0700001010		8.80 0.00	92.42 0.00	8/9/2017 8/12/2017	8/9/2017 8/12/2017	Y
Smith, Robert		2151983	17230	1700002000	4	0.00	0.00	8/12/2017	8/12/2017	T
										-

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2. Click Search or use the Search tab.

The Search tab opens.

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File Tab Vie	w Report Search To	ools Help							
Import	P Report 🔻 🛕 Archi		tore 🗙 De	elete 🔍 S	Search	Print List			
Payer Name		Payee ID			Check/E	Claims	Check/EFT Number	Version	Filename
AREA INSUR	ACME PHYSICIANS I	12345678	09/01/17	481.71	EFT	7	0514010122654	004010X09	AREA INSUR.
•									
Claim List	Claim Detail	1	Remit Summa	irv İ	Data View		Search Glo	ssarv	
Search :	Val	lue to find:							
	▼ 04	/11/06			(	Exact Mate	ch C Begins With	C Contains	
-									
L									
L									
Print Resu	lts 🔣 Claim Detail								

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3. Use the drop-down list to select a search field.<sup>9</sup>

If applicable, enter the value to find. The Search tab includes three options for how to search the field (Exact Match, Begins With, or Contains).

To display the "searched" data, you must select one of the options before clicking Search. The Exact Match Begins With, and Contains options are only available for the MID, 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 options 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<sup>10</sup>
- 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 the date you want.

🕞 Medicare Remit EasyPrint v4.6						_ 🗆 ×
File Tab View Report Search Tools Help						
Import PReport - Archive Restore	X Delete Q Sea	arch	Print List			
	ck D Check/E	Check/E		Check/EFT Number	Version	Filename
AREA INSUR ACME PHYSICIANS I 12345678 09/	01/17 481.71	EFT	7	0514010122654	004010X09	AREA INSUR
▲ [				1	-	•
Claim List Claim Detail Remit	Summarv	Data View		Search Glos	sarv	
Search : Value to find:			arch Type—			
Service Date (MM/DD/YY)		<b>-</b> (	Exact Mate	ch C Begins With	C Contains	
		🚺 De	cember, 20	17 🕨		
			Tue Wed Thu			
		26 27 3 4	28 29 30 5 6 7			
			12 13 14			
			19 20 21			
			26 27 28 2 3 4			
			y: 1/8/201			
Print Results Claim Detail						

#### <sup>9</sup> Hint:

You cannot use a wild card character in the search.

#### <sup>10</sup> Hint:

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

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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 list view is updated with those claim lines matching the criteria.

		Derver TD.	Charlen	Charly/E	Charab/C	China	Charle (FF	T. Marsachara			The second	-	
	/ee Name	Payee ID	Check D	<u> </u>	Check/E	Claims 7	Check/EF		Versi		Filenam		
AREA INSUR ACI	ME PHYSICIANS I	12345678	09/01/17	481.71	EFI	/	05140101	122654	0040	10X09	AREA IN	ISUR	
Claim List	Claim Detail		Remit Summa	arv Í	Data View		Search	Glos	sarv	Ì			
Search : Bene Last Name		ue to find: DE				arch Type Exact Ma	atch O E	Begins With	С	Contains		Searc	h
Name	ACNT	MID		ICN	Product/9	Service	Service D	ate(s)	POS	E	Billed	Allowed	Ded
Doe, Sally	7722337	11111111	1A 17150	0700001000	A44	50	20170210 - 2	201702	12	-18	3.00	-13.20	
Doe, Sally	7722337	11111111		0700001000	A61		20170210 - 2		12	-238		0.00	
Doe, Sally	7722337	11111111		0700001000	A62		20170210 - 2		12	-411		-380.40	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 - 2		12		3.05	0.00	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 - 2		12	-216		-98.40	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 - 2		12		3.95	-11.16	
Doe, Sally	7722337	11111111		0700001000	A44		20170210 - 2		12		3.00	13.20	
Doe, Sally	7722337	11111111		0700001000	A61		20170210 - 2		12		3.50	220.50	
Doe, Sally	7722337	11111111		0700001000	A62		20170210 - 2		12		1.00	380.40	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 - 2		12		3.05	10.44	
Doe, Sally Doe, Sally	7722337 7722337	111111111111111111111111111111111111111		0700001000 0700001000	A64		20170210 - 2 20170210 - 2		12 12		5.00 3.95	98.40 11.16	

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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:<sup>11</sup>

yer Name Paye	e Name	Payee ID	Check D		Sea	Check/E	Clair	ns Check/E	FT Number	Version	Filenam	e
	PHYSICIANS I						7			004010X09	AREA IN	
Claim List	Claim Deta	ail 🗍	Remit Sum	nmarv		Data View	1	Search	Gloss	arv		
ame		ACNT		ICN		Billed Amo	unt	Paid Amount	From Date	To Date	ASG	
Doe, Sally		7722337	17	1507000010	00	-910	.50	-402.53	2/10/2017	2/10/2017	Y	
Doe, Sally		7722337		1507000010		910		587.28	2/10/2017	2/10/2017	Y	
Miller, Mary		5432109		2177000010			.20	12.50	8/12/2017	8/12/2017	Y	
Right, Samuel		6655443		2207000010		237		159.36	7/28/2017	7/28/2017	Y	_
Jones, Joe		9123456		2307000010		406		32.67	8/10/2017	8/10/2017	Y	_
Jones, Joe Smith, Robert		9123456 2151983		2307000010 2307000020		148	.80	92.42 0.00	8/9/2017 8/12/2017	8/9/2017 8/12/2017	Y	-
												-

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.

### <sup>11</sup> Hint:

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

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### Working with MREP Remittance Advices

Billed Amount Paid Amount This is the total claim dollar billed amount. This is the total claim provider billed amount.

### Working with MREP Remittance Advices

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	
Check All	
UnCheck All	
Data View	

All Print the list; or type Alt + B + P All Select all of the claims; or type Alt + B + C All Unselect all of the claims; or type Alt + B + U View the data that feeds the remittance advice; or type Alt + V + V

### Display Claim(s)

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

Print Claim List Check All Claims	Arch	ive <u>R</u> Res	store 🗶 D	elete 🔍 S	earch 🛛 🔛 P	Print List				
aye Uncheck All Claims		Payee ID	Check D	Check/E	Check/E	Claims	Check/E	FT Number	Version	Filenam
E/ Display Claim	ANS I	12345678	09/01/17	481.71	EFT	7	0514010	0122654	004010X09	AREA I
Claim List (	Claim Detail	1	Remit Summ	arv	Data View	í	Search	Gloss	arv	
		ACUT								1
Name		ACNT		ICN	Billed Amo	ount Pa	id Amount	From Date	To Date	ASG
		ACN1 7722337	1715	ICN 0700001000	Billed Amo		id Amount -402.53	From Date 2/10/2017	To Date 2/10/2017	ASG
Doe, Sally					-910					
lame Doe, Sally Doe, Sally Miller, Mary		7722337	1715	0700001000	-910 910	0.50	-402.53	2/10/2017	2/10/2017	Y
Doe, Sally Doe, Sally		7722337 7722337	1715 1721	0700001000 0700001000	-910 910 38	0.50	-402.53 587.28	2/10/2017 2/10/2017	2/10/2017 2/10/2017	Y Y
Doe, Sally Doe, Sally Miller, Mary		7722337 7722337 5432109	1715 1721 1722	0700001000 0700001000 7700001000	-910 910 38 233	0.50 0.50 8.20	-402.53 587.28 12.50	2/10/2017 2/10/2017 8/12/2017	2/10/2017 2/10/2017 8/12/2017	Y Y Y
Doe, Sally Doe, Sally Miler, Mary Right, Samuel		7722337 7722337 5432109 6655443	1715 1721 1722 1723	0700001000 0700001000 7700001000 0700001000	-910 910 38 233 400	0.50 0.50 8.20 7.60	-402.53 587.28 12.50 159.36	2/10/2017 2/10/2017 8/12/2017 7/28/2017	2/10/2017 2/10/2017 8/12/2017 7/28/2017	Y Y Y Y

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AREA INSURANCE_12345.X835	
	CLAIM
	150700001000
Patient Name	: Sally Doe
Assigned	: Y
Submitted Medicare ID Number	
Corrected Medicare ID Number	
ACCNT #	. 7722337
Claim Remark Code 1	: MA18
Claim Remark Code 2	: MA01
laim Remark Code 3	
Claim Remark Code 4	:
Claim Remark Code 5	
	20170423
Claim Level To Date	: 20170423
Patient Responsibility Amount	
Total Billed Amount	: -910.50
Total Allowed Amount	: -503.16
Total Deductible Amount	: 0
Total Co-Insurance Amount	: -100.63
Total Group Code Amount	: -407.34
Total Provider Paid Amount	: -402.53
Total Interest Amount	: 0
Total Late Filing Amount	: 0
Net Amount	: -402.53
Forwarded To	: UNKNOWN
Claim Status	: 22
Group & Reason codes & amounts	:
Servi	ice Line # 1
	: 0208980001

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

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

# 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.

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225 Main Str	reet							DATE:	09/	01/2017		
								DATE: PAGE #:	09/ 1	01/2017		
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### INFORMATION FOR THE CLAIM:

First Line of Claim Line

Note: This is an image of the lower part of the window.

NAME	This is the name of the beneficiary for whom the claim was processed.
MID	This is the Medicare Identification (MID) number of the beneficiary for whom the claim was processed. This could be a Health Insurance Claim (HIC) number or Medicare Beneficiary Identification (MBI) number.
ACNT	This is any internal number assigned to the claim by the provider.

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ICN	Internal Control Number (ICN); the unique number assigned to the claim when it is received by the contractor.
ASG	Shows whether or not the provider has accepted assignment for the claim.
MOA	Remark codes at the claim level.
REND-PROV	Performing provider's ID number.
SERV-DATE	Date(s) of service.
POS	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	HCPCS procedure code
	A list of these codes is available here: https://www.cms.gov/CLIA/downloads/Subject.to.CLIA.pdf
MODS	Modifiers billed with the procedure.
PD-NOS	Number of services rendered.
BILLED	Amount the provider billed for the service.
ALLOWED	Allowed amount for the service.
DEDUCT	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	Amount that the beneficiary (or other insurer, if applicable) is responsible for paying the provider.
PROV-PD	Amount the provider was paid for the service.
Second Line of Claim Line	
RARC	Remittance Advice Remark Codes at the line level.
SUB-NOS	Submitted number of services.
SUB-PROC	HCPCS procedure code
GRP/CARC	Group Codes and Claim Adjustment Reason Codes for the service line
CARC-AMT	Amount of any adjustment made based on the Group and Claims Adjustment Reason Code
ADJ-QTY	Quantity of units of service being adjusted
BS	CORE-defined Business Scenarios associated with the Claim Adjustment Reason Code
CNTL #	Line item control number.
HCPI	Healthcare Policy Identification number
Totals	
PT RESP	Total amount that the beneficiary owes the provider for this claim
CARC	Total amount of all claim adjustments on all service lines
CLAIM TOTALS	Totals for all service-line level amounts:
	BILLED ALLOWED DEDUCT COINS PROV-PD ADJ TO TOTALS:
PREV PD	Blank in Medicare Remit Easy Print
INTEREST	Interest amount paid for claims processing time
LATE FILING CHARGE	Late filing charge

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#### NET

CLAIM INFORMATION FORWARDED TO:
CORRECTED PRIORITY PAYER INFO:
OTHER CLAIM REL IDENTIFICATION:
GLOSSARY

Amount that Medicare owes the provider for this claim Appears when the claim is forwarded to a beneficiary's supplemental insurer Corrected priority payer name and/or id number

Additional information relevant to the adjudication of the claim and a qualifier identifying the type of reference information Reason, Remark, Group codes, and Business Scenarios that are also shown on the Glossary tab

#### Buttons

Print
🗨 Zoom In
<b>Q</b> Zoom Out
Reset Zoom
🔲 Glossary

Print the claim detail;	or press Alt + B + P
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Make the size of the type larger; or press Alt + B + I

Make the size of the type smaller; or press Alt + B + O

Reset the type to the original size; or press Alt + B + R

Check to see CARCs/RARCs and Business Scenarios with descriptions for the selected claims; or press Alt + B + S

# 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.

Import P Rep	oort 👻 🛕 Archive	Restore	X Delete	Search	Print List					
Payer Name Pay	ree Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT Number	Version	Filename	
AREA INSURANCE ACM	ME PHYSICIANS INC.	12345678	10/10/12	481.71	EFT	7	12344	005010X221A1	NOPHI_2012.X	
Claim List	Claim Detail	Bami	t Summary	1 214	. 1		1	1		
		/IDER PAYMEN		Data V		Search R: 005010X2	Glossary			_
	: 7									
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FLB ADJ DETAILS:	BILLED AMOUNT TOTAL REASON TOTAL ALLOWEN TOTAL COINSUL TOTAL DEDUCT TOTAL PAID TO TOTAL PAID TO TOTAL INTERES TOTAL CHECK/I REASON FCN/(	CODE ADJUST D AMOUNT RANCE AMOUNT IBLE AMOUNT D PROVIDER ST AMOUNT EFT AMOUNT	MENT AMOUNT	: 213. : 912. : 120. : 55. : 481. : 0.	.14 .76 .53 .70	24	MOUNT			
PLB ADJ DETAILS:	BILLED AMOUNT TOTAL REASON TOTAL ALLOWEN TOTAL ALLOWEN TOTAL DEDUCT TOTAL PAID TO TOTAL PAID TO TOTAL INTERES TOTAL CHECK/I REASON FCN/	CODE ADJUSTH D AMOUNT RANCE AMOUNT IBLE AMOUNT D PROVIDER ST AMOUNT EFT AMOUNT DTHER IDENTI	MENT AMOUNT	: 213. : 912. : 120. : 55. : 481. : 0. : 481.	.14 .76 .53 .70		MOUNT  -1.23 56.78			

PROVIDER NAME	Provider's name
PROVIDER #	Provider's ID number
CHECK DATE	Date of the check
CHECK /EFT TRACE NUMBER	Tracking number for the check or EFT
TOTAL CLAIMS	Total number of claims
BILLED AMOUNT	Total billed amount
TOTAL REASON CODE ADJUSTMENT AMOUNT	Total adjustment amount.
TOTAL ALLOWED AMOUNT	Total allowed amount
TOTAL COINSURANCE AMOUNT	Total amount of coinsurance applied
TOTAL DEDUCTIBLE AMOUNT	Total deductible amount
TOTAL PAID TO PROVIDER	Total amount paid to provider.
TOTAL INTEREST AMOUNT	Total amount of interest applied.
TOTAL CHECK /EFT AMOUNT	Total amount of the check.

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### PLB ADJ DETAILS

Remittance-level (PLB) adjustment This field only appears if a remittance-level adjustment is present.

### Buttons

Print
🗨 Zoom In
Zoom Out
Reset Zoom

Print the summary; or type Alt + B + P
Make the size of the type larger; or type Alt + B + I
Make the size of the type smaller; or type Alt + B + O
Reset the type to its original size; or 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.

Medicare Remi ile Tab View R			Help									-	<u>_     ×</u>
	1	• 🛕 Ar		Restore	X Dele	ete 🚺	Search	Print List					
Payer Name	Payee Nar	ne		Payee ID	Check	Date	Check/EFT	Check/EFT	Clain	ns	Check/EFT Number	Version	Filer
		SICIANS IN	с.	12345678	04/2	3/05	481.71	EFT	7		12345	005010X221A1	ARE
( <u> </u>	r										ř .	]	<u> </u>
Claim List		Claim Det		_	t Summary	·	Data Vi	ew	Search	,	Glossary		
Loop & Segment		A	110/0	ID		Descrip	tion			Value	e		
HDRB : ST			01				ction Set Identifi			835			
HDRB : BPR			02			Transa	ction Set Control	Number		0001			
HDRB : TRN													
HDRB : REF													
HDRB : REF			1										
HDRB : DTM													
1000A : N1													
1000A : N3			I										
1000A : N4													
1000A : REF 1000A : PER													
1000A : PER 1000B : N1													
1000B ; N1 1000B ; N3													
1000B : N4													
1000B : REF													
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2110 : CAS													
2110 : REF		-											
4 0110 · DEE			1										

The X12 835 5010 formats separate data into segments and loops. To understand how to read segments and loops, refer to the X12 835 Implementation Guide, which is available through the Washington Publishing Company at <u>www.wpc-edi.com</u> and the CMS Standard Companion Guide Transaction Information: Instructions related to the 835 Health Care Claim Payment/Advice based on ASC X12 Technical Report Type 3 (TR3), version 005010A1 <u>https://www.cms.gov/medicare/billing/electronicbillingeditrans/downloads/5010a1835cg.pdf</u>.

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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.

Davor Namo	avec Name	Payee ID	Check D	Check/E	Check/E	Claims	Chock/EE	T Number	Versi	00	Filenam	20	
	ayee Name CME PHYSICIANS I		09/01/17	481.71		Claims 7	0514010			on 010X09		NSUR	
		12343070	05/01/17			/	0514010	122034				N30K	
Claim List Search :	Claim Detail	ue to find:	Remit Summa	arv [	Data View		Search	Glo	ssarv	ì			
Bene Last Name						Exact Ma	atch C	Begins With	0	Contains		Sear	ch
Name	ACNT	MID		ICN	Product/S	ervice	Service D	oate(s)	POS	E	Billed	Allowed	Dec
Doe, Sally	7722337	11111111		0700001000	A44		20170210 -		12		3.00	-13.20	
Doe, Sally	7722337	11111111		0700001000	A61		20170210 -		12		3.50	0.00	
Doe, Sally	7722337	11111111		0700001000	A62		20170210 -		12	-41		-380.40	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 -		12		3.05	0.00	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 -		12		5.00	-98.40	
Doe, Sally	7722337	11111111		0700001000	A64		20170210 -		12		3.95	-11.16	
Doe, Sally	7722337	11111111		0700001000	A44		20170210 -		12		3.00	13.20	
Doe, Sally	7722337	11111111		0700001000	A61		20170210 -		12		3.50	220.50 380.40	
Doe, Sally Doe, Sally	7722337	111111111111111111111111111111111111111		0700001000 0700001000	A62		20170210 -		12 12		1.00 3.05	380.40	
Doe, Sally Doe, Sally	7722337	11111111		0700001000	A64		20170210 -		12		5.05	98.40	
Doe, Sally	7722337	111111111		0700001000	A64		20170210 -		12		3.95	11.16	

Buttons



Print the list of claims from the search; or type Alt + B + P

View details for all of the claims from the search; or 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 CAGC/CARC/RARC code and Business Scenario with descriptions for the selected remittance.

📑 Medicare Remi	it EasyPrint v4.2	-		The second second second second second second second second second second second second second second second se			100 C				X
File Tab View	Report Search Tools	Help									
Import F	Report 👻 🛕 Archive	Restore	X Delete	Q Search	Print List						
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT Number	Version	Filename		
AREA INSURANCE	ACME PHYSICIANS INC.	12345678	10/10/12	481.71	EFT	7	12344	005010X221A1	NOPHI_2012.X		
Claim List	Claim Detail	Remit	Summary	Data V	iew	Search	Glossary				
								1			*
{ 18 } - Exact duplic	cate claim/service (Use only wi	th Group Code O/	A except where	state workers' co	mpensation regu	lations requires	CO)				
{ 23 } - The impact	of prior payer(s) adjudication i	nduding payment	ts and/or adjust	ments. (Use only	with Group Code	OA)					
{ 2 (BS) } - Addition	al Information Required - Miss	ing/Invalid/Incom	plete Data from	Submitted Claim							
( a (ac) )	and an Allah Course of her Unable D										
{ 3 (BS) } - billed Se	ervice Not Covered by Health P	lan									
{42} - Charges ex	ceed our fee schedule or maxi	mum allowable am	ount. (Use CAR	.C 45)							
{ 50 } - These are r	non-covered services because	this is not deeme	d a 'medical nece	essity' by the pay	er. Note: Refer	to the 835 Healt	hcare Policy Identification Se	egment (loop 2110 Servic	e Payment Informatio	on REF), if present.	E
{ 57 } - Payment de	enied/reduced because the pay	ver deems the info	ormation submit	ted does not supp	ort this level of	service, this mar	ny services, this length of se	rvice, this dosage, or thi	s day's supply.		
{CO} - Contractur	al Obligations										
{ CR } - Correction	and Reversals										
CR / Correction	anu keversais										
{L6} - Interest Ow	ved										
{ M25 } - The inform	nation furnished does not subs vice, or if you notified the patie	tantiate the need	for this level of tvance that we	service. If you b	elieve the servic this level of ser	e should have b vice and he/she	een fully covered as billed, o agreed in writing to pay, ask	r if you did not know and us to review your claim	d could not reasonably within 120 days of the	y have been expected to know that we would e date of this notice. If you do not request a	not pay
										t from you as an overpayment.	
(MA01) Alerty If	you do not parco with what w	a approved for th	ana nanisan w		r decision . To m	ako auro that w	a ara fair ta yay, wa raguira	another individual that o	id not process your in	nitial claim to conduct the appeal. However, in	o ordor
	appeal, you must write to us i								id not process your in	inter dain to conduct the appeal. However, i	loidei
	o not agree with the approved nied, including reopened appea						y ask for a hearing within six	months of the date of t	his notice. To meet the	e \$100, you may combine amounts on other o	.laims
{MA07 } - Alert: Th	ne claim information has also be	een forwarded to	Medicaid for rev	riew.							
(MA13) - Alerty V-	ou may be subject to penalties	if you bill the sati	ant for amount	not reported wit	h the DD (option	t reconcibility	Troup code				
LUNKTO / - HIGLE LO	so may be subject to penalties	n you bii ule pat	encior amounts	mouneponed wit	in the PK (patien	creaponsionity)	group coue.				
{MA18} - Alert: Th	ne claim information is also bein	g forwarded to th	ne patient's supp	olemental insurer.	Send any quest	ions regarding s	upplemental benefits to then	n.			-
Zoom In	Zoom Out Reset V	iew code	c								
	Reset v		•								
											2/20/2014

#### Buttons



om In	Make the size of the type larger; or type Alt + B + I
om Out	Make the size of the type smaller; or type Alt + B + O
set Zoom	Reset the type to its original size; type Alt + B + R
Codes	Displays CARCs/RARCs and descriptions for the selected claims when

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checked; or type Alt + B + S

# Working with Reports

Medicare Remit Easy Print provides 11 different reports:

- 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							
					Generated: 1/8/20	18 8:52:42 AM	1					
Carrier:	AREA IN	SURANCE										
Payee #:	0208980	001										
Payee Name:	ACME PH	YSICIANS INC.										
Chk Date:	09/01/1	7										
Chk/EFT #:	0514010	122654										
Seq # Prov#/	NPI	ACNT # / Name	ICN/MID	Ln#	Service Date(s)	Prod/Serv	ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001 0208980	001	2151983 Smith Robert	17230700002000 555555555A	01	08/12/17-08/12/17	A6261 A1	Rea	40.00 son Code:	0.00 CO-18	0.00 Remark	0.00 Codes: N11	0.00
								0.00	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 Generated: 1/8/20			t				
Carrie	r:	AREA I	NSURANCE										
Payee	#:	020898	0001										
Payee	Name:	ACME P	HYSICIANS INC.										
Chk Da	te:	09/01/	17										
Chk/EF	'T #:	051401	0122654										
Seq #	Prov#/	NPI	ACNT # / Name	ICN/MID	Ln#	Service Date(s)	Prod/Serv	ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	0208980	0001	7722337 Doe Sally	17150700001000 11111111A	01	02/10/17-02/10/17	A4450 AW	Reas	-18.00 son Code:	-13.20 CR-42 CR-2	0.00 Remark	-2.64 Codes:	-10.56
00002	0208980	0001	7722337 Doe Sally	17150700001000 11111111A	02	02/10/17-02/10/17	A6196 A1		-238.50 son Code:	0.00 CR-50	0.00 Remar)	0.00 Codes: M25	0.00 N102
00003	0208980	0001	7722337 Doe Sally	17150700001000 11111111A	03	02/10/17-02/10/17	A6253 A2		-411.00 son Code:	-380.40 CR-42 CR-2	0.00 Remark	-76.08 Codes:	-304.32
00004	0208980	0001	7722337 Doe Sally	17150700001000 111111111A	04	02/10/17-02/10/17	A6402 A1	Reas	-13.05 son Code:	0.00 CR-57	0.00 Remar)	0.00 Codes: M25	0.00 N115
00005	0208980	0001	7722337 Doe Sally	17150700001000 111111111A	05	02/10/17-02/10/17	A6446 A2		-216.00 son Code:	-98.40 CR-42 CR-2	0.00 Remar)	-19.68 Codes:	-78.72
00006	0208980	0001	7722337 Doe Sally	17150700001000 11111111A	06	02/10/17-02/10/17	A6402 A1	Reas	-13.95 son Code:	-11.16 CR-42 CR-2	0.00 Remar)	-2.23 Codes:	-8.93
								-910	0.50 -	-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 Servic Generated: 1/8/20			ort			
Carrie	r:	AREA II	NSURANCE									
Payee	#:	020898	0001									
Payee 1	Name:	ACME PI	HYSICIANS INC.									
Chk Da	te:	09/01/	17									
Chk/EF	т #:	051401	0122654									
Seq #	Prov#/	NPI	ACNT # / Name	ICN/MID	Ln#	Service Date(s)	Prod/Serv	ID	Billed	Alloyed	Deduct	Pd to Prov
00001	020898	0001	5432109 Miller Mary	17217700001000 222222222A	01	08/12/17-08/12/17	A4310 KX	Rea	15.40 son Code:	13.12 PR-1 CO-45	13.12 Remark Codes:	0.00
00002	020898	0001	5432109 Miller Mary	17217700001000 222222222A	02	08/12/17-08/12/17	A4338 KX	Rea	22.80 son Code:	22.80 PR-1 PR-2	7.17 Remark Codes:	12.50
00003	020898	0001	9123456 Jones Joe	17230700001000 44444444A	01	08/10/17-08/10/17	A4450 AW			4.40 PR-23 PR-1	4.40 Remark Codes:	0.00
00004	020898	0001	9123456	17230700001000	02	08/10/17-08/10/17	A6021	co-	45 OA-23 375.00	315.30	30.84	31.53
			Jones Joe	44444444A			A1		son Code: 2 CO-45 0/	PR-23 PR-1 A-23	Remark Codes:	
								41	9.20	355.62	111.06	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.

					Co	insurance Service						
						Generated: 1/8/20	18 8:50:28 AM					
Carrie	r:	AREA IN	ISURANCE									
Payee	#:	0208980	0001									
Payee	Name:	ACME PH	HYSICIANS INC.									
Chk Da	te:	09/01/1	17									
Chk/EF	т #:	0514010	0122654									
Seq #	Prov#/I	<b>VPI</b>	ACNT # / Name	ICN/MID	Ln#	Service Date(s)	Prod/Serv	ID	Billed	Allowed	Coins	Pd to Prov
00001	0208980	001	7722337	17150700001000	01	02/10/17-02/10/17			18.00	13.20	2.64	10.56
			Doe Sally	111111111A			AW	Reason	Code: PR-2		Remark Codes:	
00002	0208980	001	7722337	17150700001000	02	02/10/17-02/10/17			238.50	220.50	44.10	176.40
			Doe Sally	111111111A			A1	Reason	Code: PR-2		Remark Codes:	
00003	0208980	001	7722337	17150700001000	03	02/10/17-02/10/17			411.00	380.40	76.08	304.32
			Doe Sally	111111111A			A2	Reason	Code: PR-2		Remark Codes:	
00004	0208980	001	7722337	17150700001000	04	02/10/17-02/10/17		_	13.05	10.44	2.09	8.35
			Doe Sally	111111111A			A1	Reason	Code: PR-2		Remark Codes:	
00005	0208980	001	7722337	17150700001000	05	02/10/17-02/10/17	A6446 A2		216.00	98.40	19.68 Remark Codes:	78.72
			Doe Sally	11111111A				Reason	Code: PR-2		2.23	
00006	0208980	001	7722337	17150700001000 11111111A	0.6	02/10/17-02/10/17	A6402 A1CC	D	13.95 Code: PR-2	11.16	2.23 Remark Codes:	8.93
			Doe Sally			08/12/17-08/12/17		Reason	22.80	22.80	3.13	12.50
00007	0208980	001	5432109 Miller Mary	17217700001000 222222222A	02	08/12/1/-08/12/1/	KX 84338	D	22.80 Code: PR-1		3.13 Remark Codes:	12.50
00000	0208980	0.01	6655443	17220700001000	0.1	07/28/17-07/28/17		Reason	194.40	179.52	35.90	143.62
00008	0200900	001	Right Samuel	333333344A	01	07/28/17=07/28/17	A0209 A2	Reason	Code: PR-2		Remark Codes: N88	
00009	0208980	001	6655443	17220700001000	0.2	07/28/17-07/28/17		Reason	43.20	19.68	3.94	15.74
00003	0200300	001	Right Samuel	333333344A	02	01/20/11-01/20/11	A0110 A2	Descon	Code: PR-2		Remark Codes: N88	
00010	0208980	001	9123456	17230700001000	0.2	08/10/17-08/10/17		nouson	375.00	315.30	7.85	31.53
00010	0200900	001	Jones Joe	44444444A	02	08/10/1/=08/10/1/	A0021 A1	Deagon	Code: PR-2		Remark Codes:	31.33
			001120 002				~~		0-45 0A-23		Remark Coucor	
00011	0208980	001	9123456	17230700001000	0.3	08/10/17-08/10/17	16446	11.2 0	25.20	11.48	0.32	1.14
			Jones Joe	44444444A		,,,,,,,,	A1	Reason	Code: PR-2		Remark Codes:	
							~	CO-45			Romark Coulds.	
00012	0208980	001	9123456	17230700001010	01	08/09/17-08/09/17			28.80	13.12	2.62	10.50
			Jones Joe	44444444A			Al	Reason	Code: PR-2		Remark Codes:	
00013	0208980	001	9123456	17230700001010	02	08/09/17-08/09/17			120.00	102.40	20.48	81.92
			Jones Joe	44444444A			A1	Reason	Code: PR-2	CO-45	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.

			Dee	lucti	ble/Coinsurance Se Generated: 1/8/20						
					00110100001 2/0/20	10 0101110 /01					
Carrier:	AREA	INSURANCE									
Payee #:	02089	80001									
Payee Name	ACME I	PHYSICIANS INC.									
Chk Date:	09/01	/17									
Chk/EFT #:	05140	10122654									
Seq # Pro 00001 0208		ACNT # / Name 7722337	ICN/MID 17150700001000		Service Date(s) 02/10/17-02/10/17	Prod/Serv	ID Billed 18.00	Allowed 13.20	Deduct 0.00	Coins 2.64	Pd to Prov 10.56
00001 0200	8980001	Doe Sally	111111111A	01	02/10/1/=02/10/1/	AW	Reason Code:		Remark		10.56
00002 0208	8980001	7722337	17150700001000	0.2	02/10/17-02/10/17		238.50	220.50	0.00	44.10	176.40
	000001	Doe Sally	111111111A		02/10/1/ 02/10/1/	A1	Reason Code:		Remark		1/0.10
00003 0208	8980001	7722337	17150700001000	03	02/10/17-02/10/17		411.00	380.40	0.00	76.08	304.32
		Doe Sally	111111111A			A2	Reason Code:		Remark		
0004 0208	8980001	7722337	17150700001000	04	02/10/17-02/10/17	A6402	13.05	10.44	0.00	2.09	8.35
		Doe Sally	111111111A			A1	Reason Code:	PR-2 CO-45	Remark	Codes:	
00005 0208	8980001	7722337	17150700001000	05	02/10/17-02/10/17	A6446	216.00	98.40	0.00	19.68	78.72
		Doe Sally	111111111A			A2	Reason Code:	PR-2 CO-45	Remark	Codes:	
00006 0208	8980001	7722337	17150700001000	06	02/10/17-02/10/17	A6402	13.95	11.16	0.00	2.23	8.93
		Doe Sally	111111111A			A1CC	Reason Code:	PR-2 CO-45	Remark	Codes:	
00007 0208	8980001	5432109	17217700001000	01	08/12/17-08/12/17		15.40	13.12	13.12	0.00	0.00
		Miller Mary	222222222A			KX	Reason Code:		Remark	Codes:	
00008 0208	8980001	5432109	17217700001000	02	08/12/17-08/12/17		22.80	22.80	7.17	3.13	12.50
		Miller Mary	2222222222A			KX	Reason Code:		Remark		
00009 0208	8980001	6655443	17220700001000	01	07/28/17-07/28/17		194.40	179.52	0.00	35.90	143.62
		Right Samuel	333333344A			A2	Reason Code:			Codes: N88	
00010 0208	8980001	6655443	17220700001000	02	07/28/17-07/28/17		43.20	19.68	0.00	3.94	15.74
		Right Samuel	333333344A			A2	Reason Code:			Codes: N88	
00011 0208	8980001	9123456 Jones Joe	17230700001000 44444444A	01	08/10/17-08/10/17	A4450 AW	6.00 Reason Code:	4.40	4.40 Remark	0.00	0.00
		Jones Joe	44444444A			AW		PR-23 PR-1	Remark	Codes:	
00012 0208	0000001	9123456	17230700001000	0.2	08/10/17-08/10/17	76021	CO-45 OA-23 375.00	315.30	30.84	7.85	31.53
00012 0200	0300001	Jones Joe	44444444A	02	00/10/1/-00/10/1/	A1	Reason Code:		Remark		51.55
		Jones Joe	111111114			MI	PR-2 CO-45 C		Remark	codes:	
00013 0208	8980001	9123456	17230700001000	0.3	08/10/17-08/10/17	26446	25.20	11.48	0.00	0.32	1.14
		Jones Joe	44444444A	00	00, 10/1/-00/10/1/	A0110 A1	Reason Code:		Remark		1.17
						-	CO-45 0A-23				
00014 0208	8980001	9123456	17230700001010	01	08/09/17-08/09/17	A6446	28.80	13.12	0.00	2.62	10.50
		Jones Joe	44444444A			A1	Reason Code:		Remark		
00015 0208	8980001	9123456	17230700001010	02	08/09/17-08/09/17		120.00	102.40	0.00	20.48	81.92
		Jones Joe	44444444A			Al	Reason Code:	PR-2 CO-45	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 erated: 1/8/2018 8:46:45 A	м				
Carrie Payee Payee Chk Da Chk/EH	#: Name: ate:	AREA INSURANCE 0208980001 ACME PHYSICIANS 09/01/17 0514010122654	5 INC.							
	ACNT#	0514010122654	Name	MID	ICN	Billed	Allowed	Deductible	COINS	Paid
00001			Doe, Sally forwarded to SUPPLEMENTAL I	111111111A NSURER	17150700001000	910.50	734.10	0.00	146.82	587.28
00002	665544 Proces		Right, Samuel forwarded to UNKNOWN	33333344A	17220700001000	237.60	199.20	0.00	39.84	159.36
00003	912345 Proces		Jones, Joe forwarded to BCBS OF SOUTH	44444444A CAROLINA (FEP)	17230700001010	148.80	115.52	0.00	23.10	92.42
						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)

			N	ION COB Claims Rep	oort				
			Ger	nerated: 1/8/2018 8:47:33	AM				
Carrier:	AREA INSURANCE								
Payee #:	0208980001								
Payee Name:	ACME PHYSICIANS	INC.							
Chk Date:	09/01/17								
Chk/EFT #:	0514010122654								
Seq# ACNT#		Name	MID	ICN	Billed	Allowed	Deductible	COINS	Paid
00001 543210	9	Miller, Mary	222222222A	17217700001000	38.20	35.92	20.29	3.13	12.50
00002 912345	6	Jones, Joe	44444444A	17230700001000	406.20	331.18	35.24	8.17	32.67
00003 215198	3	Smith, Robert	55555555A	17230700002000	40.00	0.00	0.00	0.00	0.00
					484.40	367.10	55.53	11.30	45.17

# 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: 1/8/2018 8:53:24 AM									
Carrier:	AREA INSURANCE									
Payee #:	0208980001									
Payee Name:	ACME PHYSICIANS	INC.								
Chk Date:	09/01/17									
Chk/EFT #:	0514010122654									
Seq# ACNT#		Name	MID	ICN	Billed	Allowed	Deductible	COINS	Paid	
00001 543210	9	Miller, Mary	222222222A	17217700001000	38.20	35.92	20.29	3.13	12.50	
00002 912345	6	Jones, Joe	44444444A	17230700001000	406.20	331.18	35.24	8.17	32.67	
					444.40	367.10	55.53	11.30	45.17	

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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.

Carrier:         AREA INSURANCE           Payee #:         020980001           Fayee Name:         ACME PHYSICIANS INC.           Chk Date:         09/01/7           Chk/EFT #:         0514010122654           Seg#         ACMT#           00001         7722337           Dee, Sally         11111111A           17150700001000         910.50           00002         6655443           Right, Samuel         333333344A           1722070000100         237.60           00005         9123456	NON MSP Claims Report Generated: 1/8/2018 8:54:38 AM									
Page Name:         ACME FHYSICIANS INC.           Chk Date:         05/01/17           Chk/DET:         05/01/17           Seg#         ACNT#         Name         MID         ICN         Billed           00001         7722337         Dce, Sally         1111111A         17150700001000         237.60           00002         655543         Right, Samuel         33333344A         17220700001000         237.60										
Chk Date:         09/01/17           Chk/ZETT #:         0514010122654           Seg#         ACNT#         Name         MID         ICN         Billed           00001         7722337         Doe, Sally         11111111A         17150700001000         910.50           00002         6655443         Right, Samuel         33333344A         17220700001000         237.60										
KDK/KETT #:         0514010122654           Seq#         ACNT#         Name         MID         ICN         Billed           00001         7722337         Dce, Sally         11111111A         1715070001000         910.50           00002         6555443         Right, Samuel         53333344A         1722070001000         237.60										
Seq#         ACNT#         Name         MID         ICN         Billed           00001         7722337         Doe, Sally         11111111A         17150700001000         910.50           00002         6655443         Right, Samuel         33333344A         17220700001000         237.60										
00001 7722337 Doe, Sally 11111111A 17150700001000 910.50 00002 6655443 Right, Samuel 33333344A 17220700001000 237.60										
00002 6655443 Right, Samuel 533333344A 17220700001000 237.60	Allowed	Deductible	COINS	Paid						
	0 734.10	0.00	146.82	587.28						
00003 9123456 Jones, Joe 44444444A 17230700001010 148.80	0 199.20	0.00	39.84	159.36						
	0 115.52	0.00	23.10	92.42						
1296.90	0 1048.82	0.00	209.76	839.06						

# 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 appear on the report.

				Other Adjustments R Generated: 1/8/2018 8:55:				
Carrier:	AREA INSU	IRANCE						
Payee #:	020898000	1						
Payee Name:	ACME PHYS	ICIANS INC.						
Chk Date:	09/01/17							
Chk/EFT #:	051401012	2654						
	Seq#	Name	ACNT#	MID	ICN	Adjustment	Description	
	00001	Jones, Joe	9123456	44444444A	17230700001000	0.68	Interest	

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# Making Sense of the Entire Remittance Report

This report contains the entire remittance report for the provider or supplier. You see the same information that was sent to the provider or supplier.

AREA INSURANCE 225 Main Street Centerville, PA 17111						MED ICARE REMITTANCE ADVICE
ACME PHYSICIANS INC.				PROVIDER #:	0 20 89 800 0	1
225 Main Street Centerville, PA 17111			1	DATE: PAGE #:	09/01/201 1	7
CHECK/EFT #: 0514010122654						
REND-PROV SERV-DATE POS PD-PROC/MDDS RARC	PD-NOS SUB-NOS	BI LLED SUB-PROC		DEDUCT CARC-AMT		PROV-PD BS
NAME:Doe, Sally MID:11111111A 0208980001 0210 021017 12 A4450AW CNTL #: 54321	ACNT:772 120.000	2337 -18.00		700001000 ASG: 0.00 -4.80		MA01 -10.56
0208980001 0210 021017 12 A6196A1 M25 N102 CNTL #: 54321	0.000 30.000		0.00 CR-50	0.00 -238.50	0.00	0.00 03
CNTL #: 54321 0208980001 0210 021017 12 A6253A2 CNTL #: 54321	60.000	-411.00	-380.40 CR-42	0.00 -30.60	-76.08	-304.32
CNTL #: 54321 0208980001 0210 021017 12 A6402A1 M25 N115 CNTL #: 54321	0.000		0.00 CR-57	0.00 -13.05	0.00	0.00
CNIL #: 54321 0208980001 0210 021017 12 A6446A2 CNTL #: 54321	240.000	-216.00	-98.40 CR-42	0.00 -117.60	-19.68	-78.72
0208980001 0210 021017 12 A6402A1	93.000	-13.95	-11.16 CR-42	0.00	-2.23	-8.93
PT RESP 0.00 CARC -407.34 CLA ADJ TO TOTALS: PREV PD INTE CLAIM INFORMATION FORWARDED TO: UNKNOWN	IM TOTALS REST	-910.50 0.00 LATE	CR-42 -503.16 FILING CHARGE	0.00 - E 0.00	100.63	-402.53 -402.53
NAME:Doe, Sally MID:1111111A	ACNT : 772	2337	I CN: 17150	700001000 ASG:	Y MOA :MA03	
0208980001 0210 021017 12 A4450AW	120.000	18.00	13.20 CD-45	0.00 4.80	2.64	MA 67 10.56
CNTL #: 54321 0208980001 0210 021017 12 A6196A1	30.000	238.50	220.50 CD-45	0.00 18.00		176.40
CNTL #: 54321 0208980001 0210 021017 12 A6253A2	60.000	411.00	380.40 CD-45	0.00 30.60	76.08	304.32
CNTL #: 54321 0208980001 0210 021017 12 A6402A1	87.000 180.000		10.44 00-45	0.00 2.61	2.09	8.35
CNTL #: 54321 0208980001 0210 021017 12 A6446A2	240.000	216.00	98.40 CD-45	0.00 117.60	19.68	78.72
CNTL #: 54321 0208980001 0210 021017 12 A6402A1CC		13.95	11.16 00-45	2.79	2.23	8.93
PT RESP 146.82 CARC 176.40 CLA ADJ TO TOTALS: PREM PD INTE CLAIM INFORMATION FORWARDED TO: SUPPLEMEN	TAL INSURE	R			NET	587.28 587.28
NAME:Miller, Mary MID:22222222A 0208980001 0812 081217 12 A4310KX	2.000	15.40	13.12	700001000 ASG: 13.12 2.28	0.00	0.00
0208980001 0812 081217 12 A4338KX PT RESP 23.42 CARC 2.28 CLA ADJ TO TOTALS: PREV PD INTE	2.000 IM TOTALS REST	22.80 38.20 0.00 LATE	22.80 35.92	7.17	3.13 3.13	12.50 12.50 12.50

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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.

🛃 Import	Report 👻 🔼 A	rchive 🛛 🥂 Restore	🗙 Delete 🛛	🔍 Search 🛛	Print List					
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filen
AREA INSURANCE	ACME PHYSICIANS I		04/23/05		EFT	7	12345	Nonibor	005010X221A1	ARE/
										_
•										Þ
Claim List	Claim Del	tail Ren	nit Summary	Data Vie	~ [	Search	Glos	sary		
Name		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-9	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel		1111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
🗖 Doe, Sally		1111111	1234	56789012345		48.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111 1111111		56789012345 56789012345		06.20 910.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	
Print	Check All	UnCheck All	ata						]	2/6/201

A. Click the down arrow on Report.

The Report List appears.

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Timport	P Report 👻 🔺	Archive 🛛 💦 R	lestore	CDelete	Search	Print List					
Payer Name	Adjusted Service Lines		e ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT I	Number	Version	Filen
	COB / Non-COB Claims Deductible / COINS Se Denied Service Lines MSP / Non-MSP Claims	rvice Lines	5678 Print Export	04/23/05		EFT	7	12345		005010X221A1	ARE
	Other Adjustments Entire Remittance										
Claim List	Claim De	stail	Remit Su	nmary	Data Vie	v Í	Search	Glos	sary		
Name		ACI	NT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
✓ Doe, Sally		1111	.111	1234	56789012345	-9	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111	111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel	ł	1111	111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
☑ Doe, Sally		1111	111	1234	56789012345	1	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel	ł	1111	111	1234	56789012345	2	237.60	159.36	3/28/2005	3/28/2005	
🛛 Doe, Sally		1111	111	1234	56789012345	4	106.20	32.67	2/10/2005	2/10/2005	
☑ Doe, Sally				++++++++++++++++++++++++++++++++++++++	56789012345			587.28	2/10/2004	2/10/2004	
Print	Check All	UnCheck All	🕵 Data								▶ 2/6/201

3. Select Denied Service Lines.

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4. The Print and Export options appear:

Import P F	Report 👻 🔺 Ar	chive Restore	X Delete	🔍 Search 🛛 🔔 F	Print List					
Payer Name Adjusted Service Lines		▶ e ID	Check Date	Check/EFT Che	eck/EFT   Clair		Number	Version	File	
Dei Dei MS	B / Non-COB Claims ductible / COINS Ser hied Service Lines P / Non-MSP Claims	vice Lines   5678 Print Export	04/23/05	481.71 EF1	7	12345		005010X221A1	AF	
	ner Adjustments ire Remittance		_						-	
Claim List	Claim Det		C	mary Data View		Í de	Glossary			
			Summary	ICN ICN	Search Billed Amount		Glossary		A	
Name						Paid Amount	From Date	To Date		
Doe, Sally 1111111 Doe, Sally 1111111				56789012345 56789012345	-910.50 910.50	-402.53 587.28	2/10/2004 2/10/2004	2/10/2004 2/10/2004		
Doe, Sally 1111111				56789012345	38.20	12.50	2/10/2004	2/10/2004	+	
□ Doe, Sally 1111111 □ Right, Samuel 1111111				56789012345	237.60	159.36	3/28/2005	3/28/2005	-	
Right, Samuel         1111111           Doe, Sally         1111111				56789012345	406.20	32.67	2/10/2005	2/10/2005	-	
Doe, Sally		1111111		56789012345	148.80	92.42	3/9/2005	3/9/2005	+	
Right, Samuel		1111111		55789012345	40.00	0.00	12/22/2003	12/22/2003		
Print	Check All	UnCheck All 🔍 Dat	a						2/7/20	

5. Select Print.

The Print denied line report window opens.

Print denied line rep	Print denied line report						
Print	Pre <u>v</u> iew	<u>C</u> ancel					

- 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:

Print		? ×
Printer —		
<u>N</u> ame:	\\papyrus\TCG	Properties
Status:	Ready	
Type:	HP LaserJet 4200 PS	
Where:	TC-6-020	
Comment:		Print to file
Print range		Copies
⊙ <u>A</u> I		Number of <u>c</u> opies: 1 🛬
C Pages	: <u>f</u> rom: <u>t</u> o:	
C Select	ion	123 123  ☑ Collate
		OK Cancel

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 see a preview of the printed page before printing.

The Print Preview window opens

Print denied line report	1
Print Pre <u>v</u> iew	<u>C</u> ancel
Print preview	

Click Printer a 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.

	Report 👻 🛕 Archive			Search	Print List					
ayer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims		Number	Version	File
REA INSURANCE	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
1										
Claim List	Claim Detail	Remit	Summary	Data Vie	w Ì	Search	l Glo	ssary		
Name		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	1
Doe, Sally		1111111	1234	123456789012345		910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		123456789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		123456789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	1234	123456789012345		148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	1234	56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	1234	56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
										-
1										

2. Click the down arrow on Report.

The Report List appears.

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	Report Search Too	is neip							
🛃 Import	Report 👻 🛕 A	rchive <u>R</u> Restore	X Delete	Search 📃	Print List				
Payer Name	Adjusted Service Lines	▶ e ID	Check Date	Check/EFT Ch	eck/EFT Cla	aims Check/EFT	Number	Version	Filen
	COB / Non-COB Claims Deductible / COINS Ser Denied Service Lines MSP / Non-MSP Claims	► <b>5678</b>	04/23/05	481.71 EF		7 12345		005010X221A1	ARE
	Other Adjustments	•							
	Entire Remittance			1	· · · ·				▶
Claim List	Claim De	tail Rem	it Summary	Data View	Searc	:h Glo	ssary		
Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A:
🗹 Doe, Sally		1111111	1234	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
🗹 Doe, Sally		1111111 123		56789012345	38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel				56789012345	40.00	0.00	12/22/2003	12/22/2003	
🗹 Doe, Sally		1111111	1234	56789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	1234	56789012345	237.60	159.36	3/28/2005	3/28/2005	
🗹 Doe, Sally		1111111	1234	56789012345	406.20	32.67	2/10/2005	2/10/2005	
☑ Doe, Sally				66789012345	910.50	587.28	2/10/2004	2/10/2004	
•									•

3. Select Denied Service Lines.

The Print and Export options appear.

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TIMPORT	Report 👻 🛕 Ai	rchive <u>R</u> Restore 🚺	K Delete	🔍 Search 🛛 🛄 F	Print List					
ayer Name	Adjusted Service Lines	▶ te ID	e ID Check Date Check/EFT Check/EFT Claims Check/EFT Number Vers							
REA INSURAN	COB / Non-COB Claims Deductible / COINS Ser	► <b>5678</b>	04/23/05	481.71 EF		12345		005010X221A1	Filena AREA	
	Denied Service Lines	Print								
	MSP / Non-MSP Claims	Export							_	
	Other Adjustments	•	-							
	Entire Remittance									
Chainer Link				1	1	<u>Г</u>	1		<u> </u>	
Claim List	Claim Det		mmary	Data View	Search		Glossary			
Name ACN1				ICN	Billed Amount	Paid Amount	From Date	To Date 2/10/2004	A	
Doe, Sally 1111111			56789012345	-910.50	-402.53					
Doe, Sally 1111111				56789012345	38.20	12.50	2/11/2005	2/11/2005		
Right, Samuel 1111111				56789012345	40.00	0.00	12/22/2003	12/22/2003		
	Doe, Sally 1111111			56789012345	148.80	92.42	3/9/2005	3/9/2005		
Right, Samuel 1111111				56789012345	237.60	159.36	3/28/2005	3/28/2005		
Doe, Sally		1111111		56789012345	406.20	32.67	2/10/2005	2/10/2005	_	
Doe, Sally		1111111	1234	56789012345	910.50	587.28	2/10/2004	2/10/2004		
									_	
									_	
									_	
•										

4. Select Export.

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The Export folder window opens.<sup>12</sup>

Choose folder fo	r export			<u>?×</u>
Save jn:	ReportExport	•	- 🗈 💣 🎟-	
History Desktop My Computer My Network P.				
	File <u>n</u> ame:		•	<u>S</u> ave
	Save as <u>type</u> :		•	Cancel

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

<sup>12</sup> 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

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## How to Print the Adjusted Service Lines Report

 Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. The Medicare Remit Easy Print Claim List tab opens.

	a <mark>syPrint v3.2</mark> ort Search Tools Help	)							_	- 🗆
-	eport 👻 🔺 Archive	Restore	XDelete	Search	Print List					
/er Name Pa	ayee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	File
EA INSURANCE A	CME PHYSICIANS INC.	12345678	04/23/05	481.71		7	12345		005010X221A1	AR
Claim List	Claim Detail	Remit	: Summary	Data Vie	w	Search	Glo	ssary		
ame		ACNT		ICN	Billed Ar	nount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	1234	56789012345		10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	_
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345		48.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	_

2. Click the down arrow on Report.

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The Report List appears.

			. L .						
Import P Rep	ort 👻 🔺 Arc	thive <u>R</u> Restore 🔰	C Delete	Search 📃 📕	rint List				
	ed Service Lines	Print	heck Date	Check/EFT Che	ck/EFT Clain	ns Check/EFT	Number	Version	Filer
	Non-COB Claims		04/23/05	481.71 EFT	7	12345		005010X221A1	ARE
	ible / COINS Serv	ice Lines 🕨	· · · · ·						
	Service Lines								_
	Von-MSP Claims								
Other	Adjustments	•							
Entire	Remittance								
				v					
Claim List	Claim Deta		nmary	Data View	Search		ssary		
lame		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally				56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally				6789012345	910.50	587.28	2/10/2004	2/10/2004	_
Doe, Sally		1111111		6789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345	237.60	159.36	3/28/2005	3/28/2005	_
Doe, Sally		1111111		56789012345	406.20	32.67	2/10/2005	2/10/2005	_
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345	148.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005	
Right, Samuel		1111111	12.545	0709012345	40.00	0.00	12/22/2003	12/22/2003	-
									_
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									-
Print 🔽	iheck All	UnCheck All 🔍 Data							

3. Select Adjusted Service Lines.

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-ile Tab View	Report	Search Tools He	ip.								
<b>I</b> mport	P Report	- 🔺 Archive	<u>R</u> Restore 🛛 🗙	Delete	Search	Print List					
Payer Name Adjusted Service Lines AREA INSURAN COB / Non-COB Claims Deductible / COINS Service Lines MSP / Non-MSP Claims Other Adjustments		<ul> <li>Print</li> </ul>	heck Date	Check/EFT Ch	eck/EFT	Claims	Check/EFT I	Number	Version	Filena	
		<ul> <li>Export 04/23/05</li> </ul>		481.71 EF	FT 7		12345		005010X221A1	AREA	
	Entire Rei	mittance									
Claim List	]	Claim Detail	Remit Sum	mary	Data View	ſ	Search	Glos	isary		
Name		ACNT		ICN		Billed Amount		From Date	To Date	A	
Doe, Sally 1111111		1111111	1234	56789012345	-910.50		-402.53	2/10/2004	2/10/2004		
Doe, Sally 1111111			1234	56789012345	3	8.20	12.50	2/11/2005	2/11/2005		
Right, Samuel 1111111			123456789012345			0.00	0.00	12/22/2003	12/22/2003		
Doe, Sally 1111111			1234	56789012345	14	8.80	92.42	3/9/2005	3/9/2005		
	Right, Samuel 1111111			1234	56789012345	23	7.60	159.36	3/28/2005	3/28/2005	
Doe, Sally			1111111	1234	56789012345	40	6.20	32.67	2/10/2005	2/10/2005	
Doe, Sally					56789012345			587.28	2/10/2004	2/10/2004	
•											

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:
  - C. Click Print to print the detail without previewing it.

Print remit listing		x	
Print	Pre <u>v</u> iew	<u>C</u> ancel	

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The Print dialog opens, for example:

Pr	int			? ×
	Printer —			
	<u>N</u> ame:	\\papyrus\TCG	► <u>P</u> r	operties
	Status:	Ready		
	Туре:	HP LaserJet 4200 PS		
	Where:	TC-6-020		
	Comment:		🗖 Pr	int to file
l	- Print range		Copies	
	• <u>A</u> I		Number of <u>c</u> opies:	1 ≑
	C Pages	from: to:		🔽 Collate
	C <u>S</u> elect	ion	123 123	I* C <u>o</u> late
			ОК	Cancel

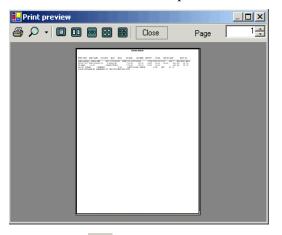
If you need to change the properties, click Properties and make changes as necessary.

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

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

Print remit listing		د .	<
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel	

The Print Preview window opens.



Click Printer rightarrow 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.

Timport	🕨 Report 👻 🔼 Ar	chive <u> R</u> estore	X Delete	Search	Print List					
ayer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
	ACME PHYSICIANS IN		04/23/05	481.71		7	12345		005010X221A1	ARE
										_
										<u> </u>
Claim List	Claim Det	ail Remi	t Summary	Data Viev	w	Search	Glo	ossary		
Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345		10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	_
Doe, Sally		1111111		56789012345		48.80	92.42	3/9/2005	3/9/2005	_
Right, Samuel		1111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
					_					
										_
					_					_

2. Click the down arrow on Report.

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The Report List appears.

🗊 Medicare Remit Ea	syPrint v3.2									_	. 🗆 ×
File Tab View Repor	t Search Too	ls Help									
Import P Rep	ort 🗸 🔺	rchive Ŗ	Restore 🔰	CDelete	Search	Print List					
	ed Service Lines		Print	heck Date	Check/EFT 0	heck/EFT	Claims	Check/EFT	Number	Version	Filen
AREA INSURAN COB /	Non-COB Claims		Export	04/23/05	481.71 E		7	12345		005010X221A1	AREA
Denie MSP / Other	tible / COINS Se d Service Lines Non-MSP Claims Adjustments	rvice Lines ) ) ) )									
Entire	Remittance										Þ
Claim List	Claim De	tail	Remit Sur	nmary	Data View	1	Search	Glo	issary		_
Name		A	CNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
Doe, Sally		111	1111	1234	56789012345		910.50	-402.53	2/10/2004	2/10/2004	,
Doe, Sally		111	1111	1234	56789012345	9	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		111	1111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel		111	1111	1234	56789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		111	1111	1234	56789012345	4	106.20	32.67	2/10/2005	2/10/2005	
Doe, Sally			1111		56789012345		48.80	92.42	3/9/2005	3/9/2005	· ·
Right, Samuel					6789012345		40.00	0.00	12/22/2003		
•				1			1				F
Print 🗹	Check All	UnCheck All	🕵 Data								
iegment count >>206										12	2/7/2011

3. Select Adjusted Service Lines.

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Import P Repor		Restore X	Delete	Search 📃	Print List					
	d Service Lines		eck Date	Check/EFT Cl	neck/EFT	Claims	Check/EFT I	Vumber	Version	Filer
Deductil Denied 9 MSP / N Other A	on-COB Claims ole / COINS Service Lines Service Lines on-MSP Claims djustments	Export	4/23/05	481.71 EF	-T	7	12345		005010X221A1	ARE
Entire R	emittance									▶
Claim List	Claim Detail	Remit Summ	hary	Data View		Search	Glos	isary		
Name		ACNT		ICN	Billed Am	iount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	12345	56789012345	-91	0.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	56789012345	3	8.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	56789012345	4	0.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	12345	56789012345	14	8.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	12345	56789012345	23	7.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111	1234	56789012345	40	6.20	32.67	2/10/2005	2/10/2005	
								2/10/2004	2/10/2004	
4										

The Print and Export options appear.

4. Select Export.

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The Export folder window opens.<sup>12</sup>

Choose folder for	r export			? ×
Save jn:	ReportExport	•	- 🗈 💣 🎟-	
History Desktop My Computer				
	File <u>n</u> ame:		-	<u>S</u> ave
	Save as <u>t</u> ype:		•	Cancel

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

## 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.

Import P R	eport 👻 🔺 Arc	thive <u>R</u> Restore	X Delete	Search	Print List					
Payer Name Pa	ayee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
REA INSURANCE A	CME PHYSICIANS IN	C. 12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
1										
Claim List	Claim Deta	ail 🗍 Remit	Summary	Data Vie	N	Search	Glo	ssary		
Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	12345	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	56789012345	9	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	56789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345		48.80	92.42 0.00	3/9/2005 12/22/2003	3/9/2005	
<	Check All	UnCheck All	3						]	<u></u>

2. Click the down arrow on Report.

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The Report List appears.

Import P Report ayer Name Adjuste COB / I Denied MSP / N	Search Tool ort - A A ed Service Lines Non-COB Claims ible / COINS Ser	archive Restore	Delete	Search	Print List				
ayer Name Adjuste REA INSURAN COB / I Deduct Denied MSP / N	ed Service Lines Non-COB Claims	• He ID 0		Search	Print List				
COB / I REA INSURAN Deduct Denied MSP / N	Von-COB Claims		had Data						
REA INSURAN COB / 1 Deduct Denied MSP / N		F (70)		Check/EFT Ch	eck/EFT Cl	aims Check/EFT	Number	Version	Filen
Deduct Denied MSP / M	ible / COINS Ser	15678	04/23/05	481.71 EF		7 12345		005010X221A1	ARE
	Service Lines Non-MSP Claims Adjustments	<ul> <li>Coinsurance</li> </ul>		Lines					
Entire F	Remittance								►
Claim List	Claim De	tail 🗍 Remit Sur	mary	Data View	Searc	th 🗍 Glo	issary		
Vame		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	12345	6789012345	-910.50	-402.53	2/10/2004	2/10/2004	1
Doe, Sally		1111111	12345	6789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	38,20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	6789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	12345	6789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111 1111111		6789012345 6789012345	148.80 40.00	92.42 0.00	3/9/2005	3/9/2005	
							12/22/2003		
C		1	1						Þ
Print 🗹 C	iheck All	UnCheck All 🖳 Data							
gment count >>206								12	2/7/201:

3. Select Deductible/COINS Service Lines.

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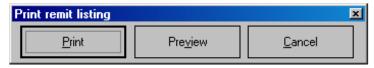
a	Report Search Too								
Import			C Delete	Search Pr	int List				
ayer Name	Adjusted Service Lines	010	Check Date		:k/EFT Clair		Number	Version	Filer
	COB / Non-COB Claims		04/23/05	481 71 FFT	7	12345		005010X221A1	ARE
	Deductible / COINS Se Denied Service Lines	ervice Lines		Print					_
	MSP / Non-MSP Claims		e Lines & Coinsuranc	Export					-
	Other Adjustments		o consuranc	e Lines 💌					
	outer majasatients								_
	Entire Remittance								
Claim List	Claim De	etail 🗍 Remit Su		Data View	Í Search	l de	ssary		-
		1	mmary	<u> </u>				1	_
ame		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally		1111111		56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally Doe, Sally		1111111		56789012345 56789012345	910.50	587.28	2/10/2004 2/11/2005	2/10/2004	
Right, Samuel		1111111 1111111		56789012345	38.20 237.60	12.50 159.36	3/28/2005	2/11/2005 3/28/2005	
Doe, Sally		1111111		56789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111		56789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345	40.00	0.00	12/22/2003	12/22/2003	
									_
									_
									_
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								1	

The Deductive/COINS Service Lines report options appear.

4. Select Deductible Lines:

Timport	Report 🗸 🔺	Archive <u>R</u> Restore	X Delete	🔍 Search 🛛 🔜 Pr	int List				
ayor Namo	Adjusted Service Line	20.10	Check Date	Check/EFT Chec	:k/EFT Claim:	s Check/EFT f	lumber	Version	Filer
	COB / Non-COB Claim		04/23/05	481 71 FFT	7	12345		005010X221A1	ARE
	Deductible / COINS Se Denied Service Lines		le Lines nce Lines	Print     Export					
	MSP / Non-MSP Claims		nce Lines le & Coinsuranc						
	Other Adjustments		ie & Coinsuranc	e Lines 🔻					
									_
	Entire Remittance								
Claim List	Claim D	etail Remit 9	Summary	Data View	Search	Glos	sary		-
Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	1234	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	38.20	12.50	2/11/2005	2/11/2005	
🗌 Right, Samuel		1111111	1234	56789012345	40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	1234	56789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	1234	56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111	1234	56789012345	910.50	587.28	2/10/2004	2/10/2004	
									_
									_
									_
									_
									-
•									

- 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.

Pr	int		<u>?</u> ×
[	Printer —		
	<u>N</u> ame:	\\papyrus\TCG	Properties
	Status:	Ready	
	Туре:	HP LaserJet 4200 PS	
	Where:	TC-6-020	
	Comment:		🔲 Print to file
	- Print range		Copies
			Number of <u>c</u> opies:
	C Pages	from: to:	23 23 IZ Collate
	C Select	ion	12 <sup>3</sup> 12 <sup>3</sup>
			OK Cancel

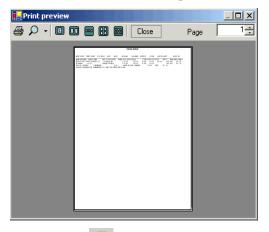
If you need to change the properties, click Properties and make changes as necessary.

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.

Print remit listing		×
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel

The Print Preview window opens.



Click Printer rightarrow 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

 Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. The Medicare Remit Easy Print Claim List tab opens.

Version 005010X221A1 To Date 2/10/2004 2/11/2004	005010X221A1	
To Date 2/10/2004 2/10/2004		
2/10/2004 2/10/2004		
2/10/2004 2/10/2004		
2/10/2004 2/10/2004	1	
2/10/2004 2/10/2004		
2/10/2004	ate To Date	
2/11/2005		
	005 2/11/2005	
3/28/2005		
2/10/2005		
3/9/2005 12/22/2003		
		-

2. Click the down arrow on Report.

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The Report List appears.

AREA INSURAN     COB / Non-COB Claims     Issays     1ssays     481.71     EFT     7     12345     005010X221A1       Deductible / COTINS Service Lines     Deductible Lines     Coinsurance Lines     Coin	Adjusted Service Lines         E ID         Check/Date         Check/JEFT         Claims         Check/JEFT Number         Version           Deductible / COINS Service Lines         For Arc2Nts         e 81,71         EFT         7         12345         005010X           Deductible / COINS Service Lines         Deductible & Coinsurance Lines         Coinsurance Lines </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th> · · · · · · · · · · · · · · · · · ·</th> <th>urchive</th> <th>nort 🗸 🔼 A</th> <th>D Per</th> <th></th>									· · · · · · · · · · · · · · · · · ·	urchive	nort 🗸 🔼 A	D Per	
Older Houldand         Cold / Lon-Cold Claims         Cold Class Service Lines         Cold Class Service	Cold Von-COB Claims         Cold Von-COB Claims						Print List	🔍 Search 🛛 👝	Delete	Restore X				Import
Dec COB / Non-COB Claims         Excerts         det 2x10c.         det 2x10c. <thdet 2x10c.<="" th="">         det 2x10c.         &lt;</thdet>	COB / Non-COB Claims         F572         natrositis         dst.71         EFT         7         12345         005010X           Deductible / COINS Service Lines         Deductible & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part & Coinsurance Lines         Term Part &		Version	lumber	Check/EFT N	Claims	neck/EFT	Check/EFT	eck Date	▶ eID Ch		ted Service Lines	Adjust	aver Name
Deductible / CONS Service Lines         Deductible Lines           Denied Service Lines         Coinsurance Lines         Coinsurance Lines           Denied Service Lines         Deductible & Coinsurance Lines         Deductible & Coinsurance Lines           Other Adjustments         Deductible & Coinsurance Lines         Deductible & Coinsurance Lines           Claim List         Claim Detail         Remit Summary         Deta View         Search         Glossary           Name         ACNT         ICN         Billed Amount         Priori Date         To Date           Doe, Sally         1111111         123456789012345         910.50         -402.53         2/10/2004         2/10/2004           Doe, Sally         1111111         123456789012345         910.50         587.28         2/10/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/10/2005         2/10/2005         3/8/2005         3/8/2005         3/8/2005         3/8/2005         3/8/2005         3/8/2005         3/8/2005         3/8/2005         3/8/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/	Columble / COINS Service Lines         Deductible Lines         Deductible Lines         Deductible Lines         Deductible Lines         Deductible Lines         Deductible & Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance         Consurance											/ Non-COB Claims	COB /	
MSP / Non-MSP Claims Other Adjustments         Deductible & Consurance Lines         Image: Claim Constraints	MSP / Non-MSP Claims Other Adjustments         Deductible & Coinsurance Lines         Image: Claim Claim Source Lines         Image: Claim Source Lines <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>nes</th><th>Deductible Lir</th><th>rvice Lines</th><th>ctible / COINS Ser</th><th></th><th></th></t<>								nes	Deductible Lir	rvice Lines	ctible / COINS Ser		
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3. Select Deductible/COINS Service Lines.

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Doe, Sally		1111111		56789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	1234	56789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111	1234	56789012345	148.80	92.42	3/9/2005	3/9/2005	
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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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#### Medicare Remit Easy Print

6. The Export folder window opens.<sup>12</sup>

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

## 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.

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AREA INSURANCE	ACME PHYSICIANS INC	. 12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	AR
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Claim List	Claim Detail		Summary	Data Vie		Search		ssary		
Name		ACNT		ICN	Billed Ar	nount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	12345	6789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	9	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	6789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	12345	6789012345	4	06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111	1234	6789012345	1.	48.80	92.42	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
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A. Click the down arrow on Report.

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The Report List appears.

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ayer Name Adjusted Service Line: REA INSURAN COB / Non-COB Claim: Deductible / COINS Se	5678 0s	4/23/05 481.71 EFT	eck/EFT Claims 7	Check/EFT Num 12345		Version 005010X221A1	Filer
Denied Service Lines MSP / Non-MSP Claims Other Adjustments	<ul> <li>Coinsurance L</li> </ul>						
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Doe, Sally	1111111	123456789012345	-910.50		2/10/2004	2/10/2004	
Doe, Sally	1111111	123456789012345	910.50		2/10/2004	2/10/2004	
Doe, Sally	1111111	123456789012345	38.20 237.60		2/11/2005	2/11/2005	_
Right, Samuel Doe, Sally	1111111 1111111	123456789012345 123456789012345	406.20		3/28/2005 2/10/2005	3/28/2005 2/10/2005	_
Doe, Sally	1111111	123456789012345	148.80		3/9/2005	3/9/2005	
Right, Samuel	1111111	123456789012345	40.00		2/22/2003	12/22/2003	

2. Select Deductible/COINS Service Lines.

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ayer Name Adjus	ted Service Lines	▶ he ID	Check Date	Check/EFT Chec	VEFT Claim:	s Check/EFT M	lumber	Version	Filer
REA INSURAN COB /	Non-COB Claims	► 5678	04/23/05	481.71 EFT	7	12345		005010X221A1	ARE
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	d Service Lines	Coinsurance		Print					_
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lame		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	1
Doe, Sally		1111111		56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	910.50	587.28	2/10/2004	2/10/2004	_
Doe, Sally		1111111		56789012345	38.20	12.50	2/11/2005	2/11/2005	_
Right, Samuel Doe, Sally		1111111		56789012345	237.60	159.36	3/28/2005	3/28/2005	_
Doe, Sally		1111111 1111111		56789012345 56789012345	406.20 148.80	32.67 92.42	2/10/2005 3/9/2005	2/10/2005 3/9/2005	
Right, Samuel		1111111		56789012345	40.00	92.42	12/22/2003	12/22/2003	
Right, Sander		1111111	12.54	56769012345	40.00	0.00	12/22/2003	12/22/2005	-
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The Deductible/COINS Service Lines report options appear.

3. Select Coinsurance Lines.

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ayor Namo	Adjusted Service Line	010			ck/EFT Claim:		lumber	Version	Filer
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	Denied Service Lines	Coinsurance		▶ Print					
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	Other Adjustments	•			_				
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Claim List	Claim D	etail 🕴 Remit Sun	nmary	Data View	Search	Glos	sary		
Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	12345	6789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	6789012345	40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	12345	6789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		6789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		6789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111	12345	6789012345	910.50	587.28	2/10/2004	2/10/2004	
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- 4. Select Print. The Print remit listing window appears.
- 5. Print the detail listing in one of the following ways:
  - B. From the Print remit listing window, click Print to print the detail without previewing it.

Print remit listing		×
Print	Pre <u>v</u> iew	<u>C</u> ancel

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The Print dialog opens.

Print		? ×
Printer —		
<u>N</u> ame:	\\papyrus\TCG	Properties
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Where:	TC-6-020	
Comment	:	🥅 Print to file
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C <u>S</u> elec	tion	12 <sup>3</sup> 12 <sup>3</sup>
		OK Cancel

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

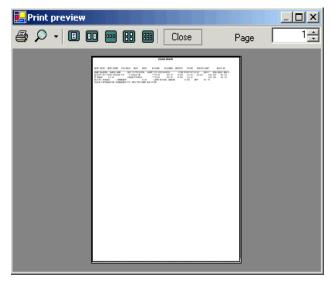
Click OK. Medicare Remit Easy Print prints the detail at your default printer.

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

Print remit listing			×
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel	]

#### **Medicare Remit Easy Print**

The Print Preview window opens.



D. Click Printer at the top of the window.Medicare Remit Easy Print prints the detail at your default printer.

## 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.

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Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
	ACME PHYSICIANS I		04/23/05	481.71		7	12345		005010X221A1	ARE
Claim List	Claim De	stail Re	mit Summary	Data Viev	N Í	Search	Glo	ssary		
Name		ACNT		ICN	Billed An	nount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	1234	56789012345	-91	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	_
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345		48.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
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2. Click the down arrow on Report.

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The Report List appears.

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Payer Name Adju	isted Service Lines	s 🕨 ie ID 🕡	heck Date	Check/EFT C	neck/EFT	Claims	Check/EFT	Number	Version	Filen
AREA INSURAN COB	/ Non-COB Claims	5 5678	04/23/05	481.71 E		7	12345		005010X221A1	AREA
Deni MSP Othe	uctible / COINS Se ed Service Lines / Non-MSP Claims er Adjustments	<ul> <li>Coinsurance</li> </ul>		e Lines						
I Entir	e Remittance			11						Þ
Claim List	Claim De	etail 🕴 Remit Sur	nmary	Data View	Í	Search	Glo	ssary		
Name		ACNT		ICN	Billed An	nount	Paid Amount	From Date	To Date	AS
Doe, Sally		1111111	1234	123456789012345		10.50	-402.53	2/10/2004	2/10/2004	`
Doe, Sally	Doe, Sally 1111111		123456789012345		910.50		587.28	2/10/2004	2/10/2004	
Doe, Sally	pe, Sally 1111111		123456789012345		38.20		12.50	2/11/2005	2/11/2005	
Right, Samuel	ight, Samuel 1111111		123456789012345		237.60		159.36	3/28/2005	3/28/2005	
Doe, Sally			123456789012345		406.20		32.67	2/10/2005	2/10/2005	,
Doe, Sally Right, Samuel		1111111	123456789012345 123456789012345		148.80 40.00		92.42 0.00	3/9/2005	3/9/2005 12/22/2003	
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gment count >>206									12	2/7/20

3. Select Deductible/COINS Service Lines.

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AREA INSURAN COB /	Non-COB Claims	5678 0	▶ 5678 04/23/05 481.71 EFT 7 12345							Filena
	tible / COINS Service Service Lines	Lines Deductible Li Coinsurance		Print						_
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Claim List	Claim Detail	Remit Sum	mary	Data View	- 1	Search	Glos	Glossary		
Name		ACNT		ICN	Billed Amo	unt	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-910	.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	910		587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345 56789012345	237		159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		406		32.67	2/10/2005	2/10/2005	_	
Doe, Sally Right, Samuel		1111111		56789012345 56789012345	148.80 40.00		92.42 3/9/2005 0.00 12/22/2003		3/9/2005	
Kight, Samuel		1111111	1234	00709012345	40	.00	0.00	12/22/2003	12/22/2003	
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The Deductible/COIN report options appear.

4. Select Coinsurance Lines.

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۱ د	enied Service Lines 15P / Non-MSP Claims 0ther Adjustments	Coinsurance     Deductible 8	Lines & Coinsurance	Print Lines Export					
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Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A:
Doe, Sally		1111111		5789012345	-910.50	-402.53	2/10/2004	2/10/2004	
	Doe, Sally 1111111			5789012345	38.20	12.50	2/11/2005	2/11/2005	
	Right, Samuel 1111111			5789012345	40.00	0.00	12/22/2003	12/22/2003	
	Doe, Sally 1111111			5789012345	148.80	92.42	3/9/2005	3/9/2005	
	Right, Samuel 1111111			5789012345	237.60 406.20	159.36	3/28/2005 2/10/2005	3/28/2005 2/10/2005	
Doe, Sally Doe, Sally		1111111 1111111		5789012345 5789012345	910.50	32.67 587.28	2/10/2005	2/10/2005	]
									Þ

5. Select Export.

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#### **Medicare Remit Easy Print**

The Export folder window opens.<sup>12</sup>

Choose folder fo	r export				? ×
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History Desktop My Computer					
	, File <u>n</u> ame:			•	<u>S</u> ave
	Save as type:			•	Cancel

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

# 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.

Import P Re	eport 👻 🛕 Archive	Restore	X Delete	Search	Print List					
	yee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims		Number	Version	Filer
REA INSURANCE AC	IME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	AR
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Claim List	Claim Detail		Summary	Data Vie		Search		ssary		
Name		ACNT		ICN	Billed An		Paid Amount	From Date	To Date	
Doe, Sally		1111111		56789012345		10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111		56789012345 56789012345		18.80 10.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
(										

2. Click the down arrow on Report.

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Adjusted Service			Lines at i	at them to t		[ mit
Adjusted Service REA INSURAN COB / Non-COB C		Theck Date Check/EFT Ch 04/23/05 481.71 EF	eck/EFT Claims	Check/EFT Number 12345	Version 005010X221A1	Filer
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Doe, Sally	1111111	123456789012345	-910,50		/2004 2/10/2004	
Doe, Sally	1111111	123456789012345	-910.50		/2004 2/10/2004 /2004	
Doe, Sally	1111111	123456789012345	38.20		/2005 2/11/2005	
Right, Samuel	1111111	123456789012345	237.60		/2005 3/28/2005	
Doe, Sally	1111111	123456789012345	406.20		/2005 2/10/2005	
Doe, Sally	1111111	123456789012345	148.80		2005 3/9/2005	
Right, Samuel	1111111	123456789012345	40.00	0.00 12/22	2/2003 12/22/2003	

3. Select Deductible/COINS Service Lines.

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ayer Name	Adjusted Service Lines	; • e ID	Check Date	Check/EFT Che	ck/EFT Clai	ims Check/EFT	Number	Version	Filer
REA INSURAN	COB / Non-COB Claims	5678	04/23/05	481.71 EFT	7			005010X221A1	ARE
	Deductible / COINS Se	rvice Lines   Deductibl  Coinsurar		•					
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		Deductibl	e & Coinsurance						
	Other Adjustments	,		Export					
	Entire Remittance								
Claim List	Claim De	etail Remit S	Immary	Data View	Search	) j Glov	ssary		
lame		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	4
Doe, Sally			1234	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	1234	56789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally				56789012345	148.80	92.42	3/9/2005	3/9/2005	_
Right, Samuel		1111111	1234	56789012345	40.00	0.00	12/22/2003	12/22/2003	
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The Deductible/COIN report options appear.

4. Select Deductible & Coinsurance Lines:

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Dedu Denie MSP / Other	/ Non-COB Claims ctible / COINS Service id Service Lines ' Non-MSP Claims ' Adjustments : Remittance	Lines Deductible Lie Coinsurance		481.71 EFT	7	12345		005010X221A1	AR
Claim List	Claim Detail	Remit Sumr	mary	Data View	Í Search	l Glos	sary		
Name		ACNT			Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally		1111111		89012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		89012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		89012345	38.20	12.50	2/11/2005	2/11/2005	-
Right, Samuel		1111111		89012345	237.60	159.36	3/28/2005	3/28/2005	+
Doe, Sally		1111111		89012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111		89012345	148.80	92.42	3/9/2005	3/9/2005	-
Right, Samuel		1111111		///////////////////////////////////////	40.00	0.00	12/22/2003	12/22/2003	
Print 🔽	Check All	nCheck All 💽 Data							2/7/20

5. Select Print.

The Print remit listing window appears.

- 6. 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.

Print remit listing		×
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The Print dialog box opens.

Pr	int		? ×
[	Printer —		
	<u>N</u> ame:	\\papyrus\TCG	Properties
	Status:	Ready	
	Туре:	HP LaserJet 4200 PS	
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[	- Print range		Copies
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			OK Cancel

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.

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

Print remit listing	×
Preview	<u>C</u> ancel
Print preview	

Click Printer rightarrow 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

1. Open Medicare Remit Easy Print by double-clicking the Medicare Remit Easy Print icon. The Medicare Remit Easy Print Claim List tab opens.

Import P	🕨 Report 👻 🛕 Arc	thive <u>R</u> Restore	X Delete	Delete 🔍 Search 📃 Print List						
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filen
AREA INSURANCE	ACME PHYSICIANS IN		04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
•										Þ
Claim List	Claim Deta	ail 📔 Remi	t Summary	Data Vie	w	Search	Glo	ssary		
Name		ACNT		ICN	Billed Ar	nount	Paid Amount	From Date	To Date	A
🗖 Doe, Sally		1111111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111		56789012345		48.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111		56789012345 56789012345		06.20 10.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	
•										•

2. Click the down arrow on Report.

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	Report 👻 🔺 Arch	nive 💦 Restore 🗙	Delete 🔍 Sean	:h Print	List				
AREA INSURAN	Adjusted Service Lines COB / Non-COB Claims Deductible / COINS Servic Denied Service Lines	E Lines Coinsurance	nes I Lines I	81.71 EFT	FT Claim: 7	s Check/EFT   12345	Number	Version 005010X221A1	ARE
	MSP / Non-MSP Claims Other Adjustments Entire Remittance	Deductible &	Coinsurance Lines						
Claim List	Claim Detai	Remit Sumn	nary	Data View	Search	Glos	isary		-
Name		ACNT	ICN		Billed Amount	Paid Amount	From Date	To Date	A
Doe, Sally	· · · ·	1111111	123456789012	345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	123456789012	345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	123456789012	345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	123456789012	345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	123456789012	345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111	123456789012	345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	123456789012		40.00	0.00	12/22/2003	12/22/2003	
(   Print gment count >>2		JnCheck All 💁 Data							2/7/20

3. Select Deductible/COINS Service Lines.

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		Archive 🥂 Restore			rint List				_
rayor Namo -	usted Service Lines B / Non-COB Claims		Check Date	Check/EFT Che 481.71 EFT	ck/EFT Claim	s Check/EFT I 12345	Number	Version 005010X221A1	Filen
Der Der MSI Oth	Juctible / COINS Se nied Service Lines P / Non-MSP Claims Ier Adjustments ire Remittance	ervice Lines   Deductib  Coinsura	Deductible Lines     Coinsurance Lines     Deductible & Coinsurance Lines     Print     Export						ARE
Claim List	Claim De	etail Remit :	Summary	Data View	Search	Glos	sary		<u>)</u>
Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	38.20	12.50	2/11/2005	2/11/2005	-
Right, Samuel		1111111		6789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		6789012345	406.20	32.67 92.42	2/10/2005	2/10/2005	
Doe, Sally		1111111	1234	23456789012345	148.80		3/9/2005	3/9/2005	
Right, Samuel				66789012345	40,00	0.00	12/22/2003		

The Deductible/COINS report options appear.

4. Select the Deductible & Coinsurance Lines:

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	Report Search Too								
			CDelete		rint List				
ayor Namo	Adjusted Service Line:	010	Check Date		ck/EFT Claim		lumber	Version	Filer
ALA INDUKAN	IOB / Non-COB Claim		04/23/05	481.71 EFT	7	12345		005010X221A1	ARE
	eductible / COINS Se Denied Service Lines	ervice Lines   Deductible  Coinsurance							_
	4SP / Non-MSP Claims		& Coinsurance	Lines Print					
	Other Adjustments	Deductible	or Coinsurance	Export					
	viner Aujuschierics			Export					_
E	Intire Remittance							- I	
Claim List	Claim D	etail 🗍 Remit Su	mary	Data View	Search	- Glos	sary		
Vame	- Country	ACNT	1	ICN	Billed Amount	Paid Amount	From Date	To Date	6
Doe, Sally		1111111	12345	6789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	6789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	12345	6789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111	12345	6789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	12345	6789012345	40.00	0.00	12/22/2003	12/22/2003	
									_
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									-

5. Select Export.

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The Export folder window opens.<sup>12</sup>

Choose folder for	r export				? ×
Save in:	ReportExport		• +	🗈 💣 🎫	
History Desktop My Computer					
	File <u>n</u> ame:			•	<u>S</u> ave
	Save as <u>t</u> ype:			-	Cancel

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

## 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.

	Report - 🗛 A			Search	-					_
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
AREA INSURANCE	ACME PHYSICIANS IN	VC. 12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
•										D
Claim List	Claim Del	tail Remit	Summary	Data Vie	w [	Search	Glo	ssary		
Name		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
🗖 Doe, Sally		1111111	1234	56789012345	-9	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel		1111111		56789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111		56789012345		48.80	92.42	3/9/2005	3/9/2005	_
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	_
Doe, Sally Doe, Sally		1111111 1111111		56789012345 56789012345		106.20 10.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	_
Print	Check All	UnCheck All	a							2/6/201

2. Click the down arrow on Report.

Medicare Remit Ea									_	- 🗆 >
ile Tab View Repor										
Timport P Rep	ort 👻 🛕 Are	thive <u>R</u> Rest	ore 🗙 Delete	Search	Print List					
	ed Service Lines	• In IT		te Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
	Non-COB Claims		OB Claims	481.71	EFT	7	12345		005010X221A1	ARE
	tible / COINS Serv	ice Lines 🕨 N	on-COB Claims 🕨	J						_
	Service Lines									
	Non-MSP Claims Adjustments									
										_
Entire	Remittance									
Claim List	Claim Deta	ail )	Remit Summary	Data Vie	w	Search	Glo	ssary		-
Name		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	F
Doe, Sally		1111111		123456789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		123456789012345	ç	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally				123456789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel				123456789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally	1111111			123456789012345	4	06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally	1111111			123456789012345	1	48.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	. :	123456789012345		40.00	0.00	12/22/2003	12/22/2003	
										_
(										
										_
🔤 Print 🛛 🗹	Check All	UnCheck All	Data							

3. Select COB/Non-COB Claims.

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	ort Search Too	ls Help								_	
Import A	djusted Service Li	nes	·			Print L	ict				
	OB / Non-COB Cla		COB Clain		Print	in the second se	isc				
rayornamo	eductible / COINS				Export	Check/EF			Number	Version	Filena
M	enied Service Line SP/Non-MSP Clain ther Adjustments			04/23/05	481.7	EFT	7	12345		005010X221A1	AREA
Er	r ntire Remittance rint Remit List										
•			-								F
Claim List	Claim De	tail	Remit Sum	mary	Data	/iew	Search	Glo	ssary		
Name	ACNT			ICN Bi		illed Amount	Paid Amount	From Date	To Date	A	
Doe, Sally			1234	456789012345		-910.50	-402.53	2/10/2004	2/10/2004		
Doe, Sally			1234	123456789012345		910.50	587.28	2/10/2004	2/10/2004		
Doe, Sally			123456789012345			38.20	12.50	2/11/2005	2/11/2005		
Right, Samuel			1234	56789012345		237.60	159.36	3/28/2005	3/28/2005		
Doe, Sally			1234	56789012345		406.20	32.67	2/10/2005	2/10/2005		
Doe, Sally			1234	56789012345		148.80	92.42	3/9/2005	3/9/2005		
↓ Print egment count >>206	Check All	UnCheck All	Data								▶

The Print and Export options appear.

4. Select COB Claims.

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Timport P Rep	ort 👻 🔺 Arch	nive <u>R</u> Restore 🔰	🕻 Delete 🔍 Search 🛛	Print List				
	ed Service Lines	▶ Le TD C	Theck Date Check/EET	Check/EFT Claim	s Check/EFT I	Number	Version	Filen
Deduc Denied MSP /	Non-COB Claims tible / COINS Servic I Service Lines Non-MSP Claims Adjustments	COB Claims		EFT 7	12345		005010X221A1	ARE
Claim List	Remittance		1	1		1		
	Claim Detail					sary		
Name		ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date	A:
Doe, Sally		1111111	123456789012345	-910.50	-402.53	2/10/2004	2/10/2004	,
Doe, Sally		1111111	123456789012345	38.20	12.50	2/11/2005	2/11/2005	,
Right, Samuel		1111111	123456789012345	40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	123456789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	123456789012345	237.60	159.36	3/28/2005	3/28/2005	,
Doe, Sally Doe, Sally		1111111 1111111	123456789012345 123456789012345	406.20 910.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	,
				Image: Section (Section (				
<	Theck All	JnCheck All						Þ

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 box opens.

Print				? ×
⊢ Pri	inter —			
N	ame:	\\papyrus\TCG	<b>•</b>	Properties
St	tatus:	Ready		
Ts	уре:	HP LaserJet 4200 PS		
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e	<u>A</u> II		Number of <u>c</u> o	pies: 1 📑
C	) Pages	from: to:		1,3 🔽 Collate
C	) <u>S</u> electi	on	123 1	2 <sup>3</sup>
			OK	Cancel

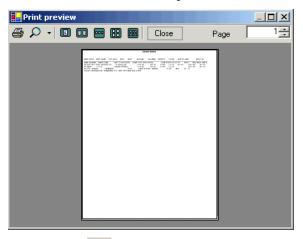
If you need to change the properties, click Properties and make changes as necessary.

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

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

Print denied line rep	ort		×
Print	Pre <u>v</u> iew	<u>C</u> ancel	

The Print Preview window opens.



Click Printer rightarrow 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.

Import	Report - 🔺 Arc	hive Restore	X Delete	Search 🔤 P	rint List				
yer Name	Payee Name	Payee ID	Check Date	Check/EFT Che	ck/EFT Claim	s Check/EFT I	Number	Version	Fil
EA INSURANCE	ACME PHYSICIANS INC	. 12345678	04/23/05	481.71 EFT	7	12345		005010X221A1	A
Claim List	Claim Detai	I Remit	Summary	Data View	Í Search	Glos	sary ]		
ime		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	Т
Doe, Sally		1111111	12345	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		6789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111		6789012345	148.80	92.42	3/9/2005	3/9/2005	+
Right, Samuel		1111111		6789012345	40.00	0.00	12/22/2003	12/22/2003	1
Print	Check All	UnCheck All							

2. Click the down arrow on Report.

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=ile Tab View	Report Search	oois neip									
Import	🦻 Report 👻 🖌	Archive	🥂 Restore 🛛 🗙	Delete	Search	Print List					
Payer Name	Adjusted Service Li		▶ en lo	herk Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filen
AREA INSURAN	COB / Non-COB Cla		COB Claims	- • <b>-</b>	481.71	EFT	7	12345		005010X221A1	ARE
	Deductible / COINS		Non-COB Cl	aims 🕨							_
	Denied Service Line MSP / Non-MSP Cla										
	Other Adjustments	ms									
			<u> </u>								_
d	Entire Remittance										▶
Claim List	Claim	Detail	Remit Sum	mary	Data Vie	w	Search	Glo	ssary		
Name			ACNT		ICN	Billed A	Amount	Paid Amount	From Date	To Date	A
Doe, Sally			1111111	1234	56789012345	-	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally			1111111		56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally			1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samue				56789012345		237.60	159.36	3/28/2005	3/28/2005		
Doe, Sally			1111111		56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samue			1111111		56789012345 56789012345	_	148.80 40.00	92.42 0.00	3/9/2005	3/9/2005	
Right, Samue	1		1111111	12.54	20/09012342		40.00	0.00	12/22/2003	12/22/2003	
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#### 3. Select COB/Non-COB Claims.

			-								
	Adjusted Service Li COB / Non-COB Cla		COB Clain		Print	Print	List				
ayer Name	Deductible / COINS	Service Lines 🔸	Non-COB	Claims 🕨	Export ,	Check/E	FT Clai	ms Check/EFT	Number	Version	File
	Denied Service Line		78 (	04/23/05	481.71	EFT	7	12345		005010X221A1	AR
	MSP/Non-MSP Clain Other Adjustments										
	Entire Remittance Print Remit List										
	Third Conne Else										
Claim List	Claim De	etail	Remit Sum	mary	Data V	'iew	Search	Glo	ssary		-
Name		ACNI			ICN		Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally		11111	1	12345	56789012345		-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		11111	1	12345	56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		11111	1	1234567			38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		11111	1	12345	56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		11111	1	12345	56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111 1234		56789012345		148.80	92.42	3/9/2005	3/9/2005		
Right, Samuel		11111	1	12345	56789012345		40.00	0.00	12/22/2003	12/22/2003	-
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	Check All	UnCheck All									

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4. Select COB Claims.

The Print and Export options appear.

Payer Name Adjusted Servi	e Lines 🔸 🖡 T	Cherk Date	Check/EET Check	k/EFT Claim	s Check/EFT I	du melle av	Version	Filer
REA INSURAN COB / Non-COB			Print 1.71 EFT	<u>çıcı i Ciaim</u> 7	12345	vumber	005010X221A1	ARE
Deductible / CC Denied Service MSP / Non-MSP Other Adjustm	Lines Claims Frence Claims	on-COB Claims 🔸	Export					
Entire Remittar	ce							
Claim List (	laim Detail	Remit Summary	Data View	Search	Glos	sary		
Name	ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally	1111111	1234	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally	1111111	1234	56789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel	1111111	1234	56789012345	40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally	1111111	1234	56789012345	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel			56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally	1111111 1111111		56789012345	406.20	32.67 587.28	2/10/2005 2/10/2004	2/10/2005	
d								

5. Select Export.

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The Export folder window opens.<sup>13</sup>

Choose folder fo	r export			? ×
Save jn:	ReportExport	•	+ 🗈 💣 🎟 -	
iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
Desktop My Computer				
My Network P				
	File <u>n</u> ame:		•	<u>S</u> ave
	Save as <u>t</u> ype:		•	Cancel

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

#### <sup>13</sup> 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

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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.

	Report 👻 🛕 Archi			Search					/	
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT .			Number	Version	Filen
AREA INSURANCE	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
•										•
Claim List	Claim Detail	Remit	Summary	Data Vi	ew	Search	Glo	ssary		
Name		ACNT		ICN	Billeo	d Amount	Paid Amount	From Date	To Date	A
🗖 Doe, Sally		1111111	1234	56789012345		-910.50	-402.53	2/10/2004	2/10/2004	1
🗖 Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111		56789012345		148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111 1111111		56789012345 56789012345		406.20 910.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	
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2. Click the down arrow on Report.

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Payer Name Adju	isted Service Lines	s 🕨 kem 🗌	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
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	uctible / COINS Se	ervice Lines 🕨 Non-COB 🤇	Ilaims 🕨							
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Claim List	Claim De	etail 🕴 Remit Su	mmary	) Data Viev	v [	Search	) Glo	ssary		
Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	A
🗖 Doe, Sally		1111111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	,
Doe, Sally		1111111		56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	,
Right, Samuel				56789012345		37.60	159.36	3/28/2005	3/28/2005	,
Doe, Sally				56789012345		06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345		48.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
			1201	00/07012010		10100	0.00	12/22/2000	12,22,2000	
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3. Select COB/Non-COB Claims.

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ayer maine	justed Service Line		e TD	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
	B / Non-COB Claim				481.71	EFT	7	12345		005010X221A1	ARE
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Claim List	Claim D	etail	Remit S	ummary	Data Vie	w	Search	Glos	sary		
Vame			ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1:	11111	1234	56789012345	-9	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally			11111	1234	56789012345	9	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally			11111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel			11111		56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally				56789012345		106.20	32.67	2/10/2005	2/10/2005	_	
Doe, Sally			11111		56789012345	-	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1:	11111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
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4. Select Non-COB Claims.

The Print and Export options appear.

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IREA INSURAN	Deductible / COINS Se Denied Service Lines MSP / Non-MSP Claims Other Adjustments	rvice Lines 🔸	Non-COB Cla		481.71 Print Export	EFT	7	12345		005010X221A1	ARE
	Entire Remittance										
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Name		A	ENT		ICN	Billed	Amount	Paid Amount	From Date	To Date	A
Doe, Sally		111	1111	1234	56789012345		910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		111	1111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		111	1111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samue	el	111	1111	1234	56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally			1111	1234	56789012345		406.20	32.67	2/10/2005	2/10/2005	
🗖 Doe, Sally	Doe, Sally Right, Samuel		1111	1234	56789012345		148.80	92.42	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
Print	Check All	UnCheck All	Data								▶ 2/7/201

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.

Print denied line rep	ort		×
Print	Pre <u>v</u> iew	<u>C</u> ancel	

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The Print dialog opens, for example:

Print						? ×
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				OK		Cancel

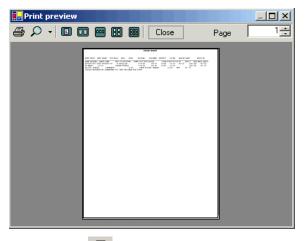
If you need to change the properties, click Properties and make changes as necessary.

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

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

Print denied line rep	ort		×
Print	Pre <u>v</u> iew	<u>C</u> ancel	

The Print Preview window opens.



Click Printer rightarrow 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.

Import	Report 👻 🛕 Ari	thive <u>R</u> Restore	X Delete	Search	Print List					
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claim:	s Check/EFT	Number	Version	Filen
AREA INSURANCE	ACME PHYSICIANS IN	C. 12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
(										•
Claim List	Claim Deta	ail 📔 Remi	t Summary	Data Vie	w	Search	Glo	ssary		
Name		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-9	910.50	-402.53	2/10/2004	2/10/2004	1
Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel		1111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	•
Doe, Sally		1111111	1234	56789012345	1	148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111 1111111		56789012345 56789012345		406.20 910.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	,
Print	Check All	UnCheck All 💁 Da	ta							▶ 2/6/201

2. Click the down arrow on Report.

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File Tab View Report Search Tools Help         Import       Report       Archive       Restore       Delete       Search       Print List         Payer Name       Adjusted Service Lines       Im       Check/EFT       Cleins       Cost       Co	- O ×										syPrint v3.2	emit Eas	🛱 Medicare Re
Adjusted Service Lines         In         Check/LEFT         Check/LEFT         Claims         Version           AREA INSURAT         COB / Non-COB Glaims         COB Claims         COB Claims         481.71         EFT         7         12345         005010X221A1           Deductible / COINS Service Lines         Deductible / COINS Service Lines         Non-COB Claims         481.71         EFT         7         12345         005010X221A1           MSP / Non-MSP Claims         Non-COB Claims         Non-COB Claims         Non-COB Claims         1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>ls Help</td><td>-</td><td></td><td>C007</td></td<>										ls Help	-		C007
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Deductible / COINS Service Lines         Non-COB Claims           Deried Service Lines         MSP (Non-MSP Claims           MSP (Non-MSP Claims            Other Adjustments            Entire Remittance            Image: Claim Detail         Remit Summary           Data View         Search           Glaim List         Claim Detail           Remit Summary         Data View           Search         Glossary           Image: Claim Detail         Remit Summary           Data View         Search           Glaim List         Claim Detail           Remit Summary         Data View           Search         Glossary           Image: Claim Detail         Remit Summary           Data View         Search           Image: Detail Detail         Remit Summary           Data View         Search           Image: Detail Detail         Remit Summary <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>- • E</td> <td></td> <td>;</td> <td>Non-COB Claims</td> <td>COB / I</td> <td></td>								- • E		;	Non-COB Claims	COB / I	
Claim List         Claim Detail         Remit Summary         Data View         Search         Glossary           Name         ACNT         ICN         Billed Amount         Paid Amount         From Date         To Date           Doe, Sally         1111111         123456789012345         -910.50         -402.53         2/10/2004         2/10/2004           Doe, Sally         1111111         123456789012345         910.50         587.28         2/11/2005         2/11/2004           Doe, Sally         1111111         123456789012345         38.20         12.50         2/11/2005         2/11/2005           Bilds, Samuel         1111111         123456789012345         237.60         159.36         3/28/2005         3/28/2005           Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         2/10/2005           Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         3/9/2005           Doe, Sally         1111111         123456789012345         148.80         92.42         3/9/2005         3/9/2005								ims 🕨	Non-COB Clai		l Service Lines Non-MSP Claims Adjustments	Denied MSP / I Other	
Name         ACINT         ICN         Billed Amount         Paid Amount         From Date         To Date           Doe, Sally         1111111         123456789012345         -910.50         -402.53         2/10/2004         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/10/2005         2/10/2005         2/2/10/2005         2/2/10/2005         2/2/10/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005         3/9/2005	F										Remittance		
Doe, Sally         111111         123456789012345         -910.50         -402.53         2/10/2004         2/10/2004           Doe, Sally         1111111         123456789012345         910.50         587.28         2/10/2004         2/10/2004           Doe, Sally         1111111         123456789012345         910.50         587.28         2/11/2005         2/11/2005           Right, Samuel         1111111         123456789012345         38.20         12.50         2/11/2005         2/11/2005           Doe, Sally         1111111         123456789012345         237.60         159.36         3/28/2005         3/28/2005           Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         2/10/2005           Doe, Sally         1111111         123456789012345         148.80         92.42         3/9/2005         3/9/2005			ssary	Glo	Search		Data View	nary	Remit Summ	etail	Claim De		Claim List
Doe, Sally         1111111         123456789012345         910.50         587.28         2/10/2004         2/10/2004           Doe, Sally         1111111         123456789012345         38.20         12.50         2/11/2005         2/11/2005           Right, Samuel         1111111         123456789012345         237.60         159.36         3/28/2005         3/28/2005           Dee, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         2/10/2005           Dee, Sally         1111111         123456789012345         148.80         92.42         3/9/2005         3/9/2005	Date A:	To Date	From Date	Paid Amount	mount	Billed Ar	ICN		ACNT				Name
Doe, Sally         1111111         123456789012345         38.20         12.50         2/11/2005         2/11/2005           Right, Samuel         1111111         123456789012345         237.60         159.36         3/28/2005         3/28/2005           Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         2/10/2005           Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         3/9/2005							56789012345	1234	111111	1			
Right, Samuel         1111111         123456789012345         237.60         159.36         3/28/2005         3/28/2005           Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         2/10/2005           Doe, Sally         1111111         123456789012345         148.80         92.42         3/9/2005         3/9/2005													
Doe, Sally         1111111         123456789012345         406.20         32.67         2/10/2005         2/10/2005           Doe, Sally         1111111         123456789012345         148.80         92.42         3/9/2005         3/9/2005													
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3. Select COB/Non-COB Claims.

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Name		A	INT		ICN	Billed	Amount	Paid Amount	From Date	To Date	A
Doe, Sally		111	1111	1234	56789012345	-	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		111	1111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		111	1111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
🗌 Right, Samue	l		1111	1234	56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally			1111		56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samue			1111 1111		56789012345 56789012345		148.80 40.00	92.42 0.00	3/9/2005	3/9/2005	
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4. Select Non-COB Claims.

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The Print and Export options appear.

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Name		ACNT		ICN	Billed An		Paid Amount	From Date	To Date	A:
Doe, Sally		1111111		56789012345		10.50	-402.53	2/10/2004	2/10/2004	,
Doe, Sally		1111111		6789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005 2/10/2005	
Doe, Sally		11111111		56789012345 56789012345		06.20 18.80	32.67 92.42	2/10/2005 3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345 56789012345		+0.00 +0.00	92.42	12/22/2003		
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5. Select Export.

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The Export folder window opens.<sup>13</sup>

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	Save as type:			Cancel

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

#### 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.

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Payer Name Pa	yee Name	Payee ID	Check Date	Check/EFT 0	heck/EFT	Claims	Check/EFT	Number	Version	Filer
AREA INSURANCE AG	ME PHYSICIANS INC.	12345678	04/23/05	481.71 E	FT	7	12345		005010X221A1	ARE
(										
Claim List	Claim Detail	Remit	Summary	Data View	1	Search	Glos	ssary		
Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	Α
Doe, Sally	, i i i i i i i i i i i i i i i i i i i	1111111	12345	6789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	56789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	12345	6789012345	1	48.80	92.42	3/9/2005	3/9/2005	
🗖 Right, Samuel		1111111	12345	6789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	12345	6789012345	4	06.20	32.67	2/10/2005	2/10/2005	
Print	Check All	Check All								

2. Click the down arrow on Report.

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	/ Non-COB Claims	IS678	04/23/05	481.71	EFT	7	12345		005010X221A1	AREA
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Claim List	Claim Detail	Remi	: Summary	Data Vie	w	Search	Glo	ossary		
Name		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A:
Doe, Sally		1111111	12345	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	1
Doe, Sally		1111111	12345	6789012345	9	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	56789012345	2	37.60	159.36	3/28/2005	3/28/2005	١
Doe, Sally		1111111 1111111		6789012345		06.20	32.67	2/10/2005	2/10/2005	,
Doe, Sally				6789012345		48.80	92.42	3/9/2005	3/9/2005	· ·
Right, Samuel		1111111	12345	56789012345		40.00	0.00	12/22/2003	12/22/2003	· · ·
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3. Select MSP/Non-MSP Claims.

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Right, Samuel		1111111		123456789012345		37.60	159.36	3/28/2005	3/28/2005	
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4. Select MSP Claims.

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The Print and Export options appear.

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Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	. 1234	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel	Right, Samuel 1111111		1234	56789012345	40.00	0.00	12/22/2003	12/22/2003	
🗖 Doe, Sally			1234	56789012345	148.80	92.42	3/9/2005	3/9/2005	
🗖 Right, Samuel				56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally				56789012345	406.20 910.50	32.67 587.28	2/10/2005	2/10/2005	
				55789012345			2/10/2004	2/10/2004	
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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:
- 7. From the Print denied line report window, click Print to print the detail without previewing it.

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The Print dialog box opens.

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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.

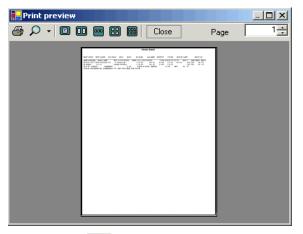
8. From the Print denied line report window, click Preview to view a preview of the printed page before printing.

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#### **Medicare Remit Easy Print**

The Print Preview window opens.



Click Printer rightarrow 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.

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Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
🗖 Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	123456789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111		56789012345		48.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111 1111111		56789012345 56789012345		06.20 10.50	32.67 587.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	
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2. Click the down arrow on Report.

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3. Select MSP/Non-MSP Claims.

ager Name       Adjusted Service Lines <ul> <li>BD</li> <li>Deck:Date</li> <li>Check/DET</li> <li>Claims</li> <li>Check/DET</li> <li>Station</li> <li>Cold Juno-Cold Claims</li> <li>MSP Claims</li> <li>MSP Claims</li> <li>MSP Claims</li> <li>MSP Claims</li> <li>MSP Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Claims</li> <li>Cold Juno-Cold Juno-Cold Claims</li> <li>Cold Juno-Cold /li></ul>	Medicare Remit E	asyPrint v3.2									_	. 🗆 ×
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MSP / Mon-MSP Claims         Print         Export           Claim Link         Claim Detail         Remit Summary         Data View         Search         Glossary           Name         ACMT         ICN         Billed Amount         Print         To Date           Doee, Sally         1111111         123456789012345         -910.50         -402.53         2/10/2004         2/10/2004           Doee, Sally         1111111         123456789012345         38.20         527.28         2/10/2004         2/10/2004           Doee, Sally         1111111         123456789012345         38.20         52/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/11/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         2/10/2005         3/28/2005	Dedu	uctible / COINS Se	rvice Lines 🔸									
Other Adjustments         Non-MSP Claims         Export           Entire Remittance         Glossary           Other Adjustments         ACNT         ICN         Billed Amount         Paid Amount         From Date         To Date           Doe, Saly         1111111         123456789012345         910.50         +402.53         2/10/2004         2/10/2005         2/10/			<u>→ L</u>									_
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Right, Samuel       1111111       123456789012345       237.60       159.36       3/28/2005       3/28/2005         Doe, Sally       1111111       123456789012345       406.20       32.67       2/10/2005       2/10/2005         Doe, Sally       1111111       123456789012345       148.80       92.42       3/9/2005       3/9/2005         Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       1111111       123456789012345	Doe, Sally		111111	1	12345	56789012345		910.50	587.28	2/10/2004	2/10/2004	
□ Doe, Sally       1111111       123456789012345       406.20       32.67       2/10/2005       3/9/2005         □ Doe, Sally       1111111       123456789012345       148.80       92.42       3/9/2003       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         □ Right, Samuel       1111111       123456789012345       10.00       12/22/2003       12/22/2003       12/22/2003	Doe, Sally		111111	1	12345	56789012345		38.20	12.50			
Doe, Sally       1111111       123456789012345       148.80       92.42       3/9/2005       3/9/2005         Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003       1         Night, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003       1         Night, Samuel       1111111       123456789012345       40.00       0.00       1       1       1       1         Night, Samuel       1111111       123456789012345       1 <td></td> <td></td> <td>111111</td> <td>1</td> <td>12345</td> <td>56789012345</td> <td></td> <td></td> <td>159.36</td> <td></td> <td>3/28/2005</td> <td>,</td>			111111	1	12345	56789012345			159.36		3/28/2005	,
Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       1111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       111111       123456789012345       40.00       0.00       12/22/2003       12/22/2003         Right, Samuel       111111       123456789012345       40.00       10.00       12/22/2003       12/22/2003         Right, Samuel       111111       123456789012345       12.00 <td></td> <td></td> <td></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>												
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4. Select MSP Claims.

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Doe, Sally				1234	56789012345		10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally			11111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		11	11111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		11	11111	1234	56789012345	1	48.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		11	11111	1234	56789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally			1234	56789012345	4	06.20	32.67	2/10/2005	2/10/2005		
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### The Print and Export options appear.

5. Select Export.

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The Export folder window opens.<sup>13</sup>

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

## 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.

Timport 🛛 🦻 Re	port 👻 🛕 Archive	Restore	X Delete	Search	Print List					
Payer Name Pay	/ee Name	Payee ID	Check Date	Check/EFT C	heck/EFT	Claims	Check/EFT	Number	Version	Filer
AREA INSURANCE AC	ME PHYSICIANS INC.	12345678	04/23/05	481.71 E	=T	7	12345		005010X221A1	ARE
ſ										
Claim List	Claim Detail	Remit	Summary	Data View	ſ	Search	Glo	ssary		
Name	a	ACNT		ICN	Billed Am	nount	Paid Amount	From Date	To Date	F
Doe, Sally		1111111	12345	6789012345		10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		6789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	6789012345	4	ŧ0.00	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	12345	6789012345	14	¥8.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	12345	6789012345	23	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	12345	6789012345	40	06.20	32.67	2/10/2005	2/10/2005	
<	Check All	heck All	3							2/6/20

2. Click the down arrow on Report.

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The Report List appears.

Medicare Remit E	asyPrint v3.2										. 🗆 ×
File Tab View Repo	ort Search Too	ils Help									
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	sted Service Lines		ID Ch	eck Date	Check/EFT	Check/EFT	Claim:	s Check/EFT	Number	Version	Filen
AREA INSURAN COB	/ Non-COB Claims	; 🕨 🗖		4/23/05		EFT	7	12345		005010X221A1	AREA
	uctible / COINS Se	rvice Lines 🕨									
	ed Service Lines	<u> </u>									_
	/ Non-MSP Claims	•	MSP Claims								
Othe	er Adjustments	· ·	Non-MSP Clai	ms 🕨							
Entir	e Remittance										
	•										•
Claim List			Remit Summ	nary	Data Viev		Search		ossary		
Name					ICN	Billed A		Paid Amount	From Date	To Date	A:
Doe, Sally		11111			56789012345		910.50	-402.53	2/10/2004	2/10/2004	1
Doe, Sally		11111			56789012345	9	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		11111			56789012345		38.20	12.50	2/11/2005	2/11/2005	,
Right, Samuel		11111			56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally				56789012345		406.20	32.67	2/10/2005	2/10/2005		
Doe, Sally Right, Samuel					56789012345 56789012345		148.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
Ingricy Samadr				1201.	0707012010		10.00	0.00	12/22/2000	12/22/2000	
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3. Select MSP/Non-MSP Claims.

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	rt Search Tools				1				
Import P Re		thive Restore	XDelete	Search	Print List				
-ayer Name -	sted Service Lines	▶ e ID	Check Date	Check/EFT Check/EFT			T Number	Version	Filen
	/ Non-COB Claims	5678	04/23/05	481.71 Ef	т	7 12345		005010X221A1	ARE
	ictible / COINS Servi ed Service Lines	ice Lines							
	/ Non-MSP Claims	MSP CI	aims 🕨						
	r Adjustments			Print					
	· ·		E	xport					
Entin	e Remittance		· · · ·			1			▶
Claim List	Claim Deta	il 🗍 Remit	: Summary	Data View	Se	arch 📔 G	ilossary		
Name		ACNT		ICN	Billed Amoun	t Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-910.5	0 -402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345	910.5			2/10/2004	
Doe, Sally				123456789012345		D 12.50		2/11/2005	
Right, Samuel		1111111		56789012345	237.6			3/28/2005	_
Doe, Sally		1111111		56789012345	406.2		2/10/2005	2/10/2005	
	Doe, Sally 1111111			56789012345	148.8			3/9/2005	_
Right, Samuel		1111111	1234	56789012345	40.0	0.00	12/22/2003	12/22/2003	
									_

4. Select Non-MSP Claims.

The Print and Export options appear.

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🚰 Import 🛛 🦻 Re	oort 👻 🔺	Archive 🛛 🤶 R	estore 🗙	Delete	Search	Print List					
Payer Name Adju:	ted Service Lines	; •	e ID Ch	eck Date	Check/EFT 0	heck/EFT	Claims	Check/EFT	Number	Version	Filen
REA INSURAN COB Dedu Denie	' Non-COB Claims ttible / COINS Se d Service Lines	; + rvice Lines +	5678 0	4/23/05	481.71 E		7	12345		005010X221A1	ARE
	Non-MSP Claims Adjustments	, , , , , , , , , , , , , , , , , , ,	MSP Claims Non-MSP Clai		rint						
Entire	Remittance				xport						
Claim List	Claim De	etail	Remit Sumn	ary	Data View	l l	Search	Glo	ssary		
Name		ACI	IT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	ρ
Doe, Sally		1111	111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111	111	1234	56789012345	9	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111	111	1234	6789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel	1111111		1234	56789012345	2	37.60	159.36	3/28/2005	3/28/2005		
Doe, Sally		1111	1111111		123456789012345		06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111	1111111		123456789012345 123456789012345		48.80	92.42 0.00	3/9/2005	3/9/2005	
Right, Samuel									12/22/2003		
•											

5. Select Print.

The Print denied line report window opens.

- 6. Print the detail listing in one of the following ways:
- 7. From the Print denied line report window, click Print to print the detail without previewing it.

Print denied line rep	ort	l l	×
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel	

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The Print dialog box opens.

Print		<u>?</u> ×
Printer —		
<u>N</u> ame:	\\papyrus\TCG	Properties
Status:	Ready	
Type:	HP LaserJet 4200 PS	
Where:	TC-6-020	
Comment	:	🥅 Print to file
Print range	•	Copies
• <u>A</u> I		Number of <u>c</u> opies: 1 📑
C Page	s from: to:	Collate
C <u>S</u> elec	tion	1 <sup>2</sup> <sup>3</sup> 1 <sup>2</sup> <sup>3</sup> <sup>I</sup> <sup>C</sup> ollate
		OK Cancel

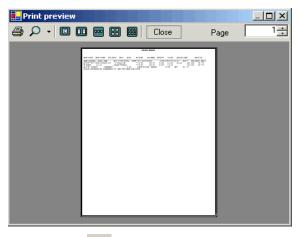
If you need to change the properties, click Properties and make changes as necessary.

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

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

Print denied line rep	Print denied line report								
Print	Pre <u>v</u> iew	<u>C</u> ancel							

The Print Preview window opens.



Click Printer rightarrow 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.

ile Tab View F	Report Search Too	ls Help								
TIMPORT	Report 👻 🔺	Archive <u>R</u> Restore	X Delete	Search	Print List					
ayer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filen
REA INSURANCE			04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
										_
										_
Claim List	Claim De	tail Ren	nit Summary	Data Vie	w 1	Search	Glo	ssary		
Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111		56789012345		10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		56789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		56789012345		06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111 1111111		56789012345 56789012345		48.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005	
Right, Samuer		1111111	12.54	30/09012343		40.00	0.00	12/22/2003	12/22/2003	
•										
Print	Check All	🛛 UnCheck All 🛛 🔍 D	ata							

2. Click the down arrow on Report.

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The Report List appears.

Medicare Remit I File Tab View Rep		k Holo						_	<u> </u>
			🗙 Delete 🛛 🤇	Search P	rint List				
	usted Service Lines		Check Date		ck/EFT Cla	aims Check/EFT	Number	Version	Filen
AREA INSURAN COL Dec Der	3 / Non-COB Claims Juctible / COINS Se Nied Service Lines P / Non-MSP Claims	rvice Lines	04/23/05	481.71 EFT		7 12345		005010X221A1	ARE
	er Adjustments	Non-MSP	Claims 🕨						
Entiple	ire Remittance					1			►
Claim List	Claim De	tail Remit S	iummary	Data View	Searc	:h 🗍 Glo	ossary		
Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A
🗖 Doe, Sally		1111111	12345	56789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	56789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	56789012345	38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel		1111111	12345	56789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	12345	56789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111	12345	56789012345	148.80 40.00	92.42	3/9/2005	3/9/2005	
							12/22/2003		
•								1	
	Check All	UnCheck All 🖳 Data							
egment count >>206								12	2/7/201

3. Select MSP/Non-MSP Claims.

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Medicare Remit Eas ile Tab View Report		Help							-	. 🗆 ×
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ayor rianic	ed Service Lines	• e ID	Check Date	Check/EFT Ch	eck/EFT	Claims	Check/EFT I	Number	Version	Filen
Deduct Denied MSP / N	Non-COB Claims ible / COINS Service Service Lines Jon-MSP Claims Adjustments	e Lines MSP Claim Non-MSP		481.71 EF	T	7	12345		005010X221A1	AREA
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Claim List	Claim Detail	Remit Su	mmarv	Data View		Search	Glos	isary		
Name		ACNT	1	ICN	Billed Am		Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1224	56789012345		.0.50	-402.53	2/10/2004	2/10/2004	A:
Doe, Sally		1111111		56789012345		.0.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111		56789012345		8.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		123456789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		123456789012345		6.20	32.67	2/10/2005	2/10/2005	,
Doe, Sally		1111111		123456789012345		8.80	92.42	3/9/2005	3/9/2005	,
Right, Samuel		1111111	1234	56789012345	4	10.00	0.00	12/22/2003	12/22/2003	
<[										
Print 🗹 C	heck All	nCheck All 🖳 Data								2/7/201

4. Select Non-MSP Claims.

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The Print and Export options appear.

Medicare Rer File Tab View	mit EasyPrint v3.2 Report Search Too	ols Help						_	. <u> </u>
Import	PReport - 🔺	Archive 🥂 Restore	X Delete	🔾 Search 🛛 🛄 Pri	nt List				
Payer Name	Adjusted Service Lines	0.10	Check Date	Check/EFT Chec	k/EFT Claims	s Check/EFT I	Number	Version	Filen
AREA INSURAN	COB / Non-COB Claim: Deductible / COINS Se Denied Service Lines MSP / Non-MSP Claims	ervice Lines		481.71 EFT	7	12345		005010X221A1	ARE
	Other Adjustments	Non-MSP		rint kport					
<	Entire Remittance		-						Þ
Claim List	Claim D	etail 📔 Remit Si	ummary	Data View	Search	Glos	sary		
Name		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	12345	6789012345	-910.50	-402.53	2/10/2004	2/10/2004	
🗖 Doe, Sally			12345	6789012345	910.50	587.28	2/10/2004	2/10/2004	
🗖 Doe, Sally		1111111	12345	6789012345	38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel		1111111	12345	6789012345	237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111		6789012345	406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111 1111111		6789012345 6789012345	148.80 40.00	92.42 0.00	3/9/2005	3/9/2005	
							12/22/2003	12/22/2003	
Print	Check All	UnCheck All 🔍 Data							<u> </u>
eqment count >>									2/8/201

5. Select Export.

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The Export folder window opens.<sup>13</sup>

Choose folder for	r export				? ×
Save in:	ReportExport		• +	🗈 💣 🎫	
History Desktop My Computer					
	File <u>n</u> ame:			•	<u>S</u> ave
	Save as <u>t</u> ype:			-	Cancel

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

## 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.

Import P Re	port 👻 🛕 Archive	e <u>R</u> Restore	XDelete	Search	Print List					
iyer Name Pay	vee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	File
EA INSURANCE AC	ME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
Claim List	Claim Detail	Remit	: Summary	Data Vie	w	Search	Glo	sary		
ame		ACNT		ICN	Billed An	nount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	1234	56789012345	-9:	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	9:	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	:	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	123456789012345		37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111				06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111111		56789012345		18.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
										_
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2. Click the down arrow on Report.

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The Report List appears.

🕞 Medicare Remit I	FasyPrint v3.2										
Contra Co	port Search Too	ls Help			_					_	
	Adjusted Service Li COB / Non-COB Cla	nes	; store 🗶	Delete	Search	Print List					
Payer Name [	Deductible / COINS	Service Lines	D CH	eck Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filena
	Denied Service Line		78 0	4/23/05		EFT	7	12345		005010X221A1	AREA
	MSP/Non-MSP Clain Other Adjustments Entire Remittance		Print Repo Export Re								
	Print Remit List										
•											Þ
					x	· · · ·		r.			
Claim List	Cidan Botan Ito		Remit Sumn	Remit Summary		W	Search	Glo	ssary		
Name		AG	INT		ICN	Billed A	Amount	Paid Amount	From Date	To Date	A:
Doe, Sally		111	1111	1234	56789012345		910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		111	1111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		111	1111111		123456789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		111	1111111		123456789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally					56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally			1111111		123456789012345 123456789012345		148.80 40.00	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	1
•											
	Check All	UnCheck All	🕵 Data								2/8/2011
egment count >>206										12	:78/2011

3. Select Other Adjustments.

The Print and Export options appear.

n n ûdiusted	Service Lines	▶ e ID Ch	eck Date		LICET	a : [a	LICET		Version	Filen
AREA INSURAN COB / No Deductib Denied S MSP / No	n-COB Claims le / COINS Service Lines ervice Lines n-MSP Claims justments	▶ 15678 0	ieck Date	Check/EFT Ch 481.71 EF			eck/EFT f 345	vumber	005010X221A1	ARE
Entire Re	mittance	Export								
Claim List	Claim Detail	Remit Summ	nary	Data View	) Se	arch	Glos	sary		
Name		ACNT		ICN	Billed Amour	nt Paid Ar	mount	From Date	To Date	A
Doe, Sally	, i i i i i i i i i i i i i i i i i i i	1111111	12345	6789012345	-910.5	0 -4	02.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	38.2	0	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	12345	6789012345	40.0	0	0.00	12/22/2003	12/22/2003	
Doe, Sally		1111111	123456789012345		148.8	0	92.42	3/9/2005	3/9/2005	
Right, Samuel		1111111	123456789012345		237.6		59.36	3/28/2005	3/28/2005	
Doe, Sally Doe, Sally		1111111 1111111		56789012345 56789012345	406.2		32.67 87.28	2/10/2005 2/10/2004	2/10/2005 2/10/2004	_
,										

4. Select Print.

The Print denied line report window opens.

- 5. Print the detail listing in one of the following ways:
- 6. From the Print denied line report window, click Print to print the detail without previewing it.

Print denied line rep	ort	×	l
Print	Pre <u>v</u> iew	<u>C</u> ancel	

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The Print dialog opens.

Print					? ×
_ Prin	nter —				
<u>N</u> a	ime:	\\papyrus\TCG		Prop	erties
Sta	atus:	Ready			
Ту	pe:	HP LaserJet 4200 PS			
W	here:	TC-6-020			
Co	mment:			🔲 Print	to file
- Prir	nt range-		Copies		
•	<u>A</u> II		Number of <u>c</u> o	pies:	1 🗦
0	Pages	from: to:		- 11	E o ro
0	<u>S</u> electi	วท	123 1	23	Collate
			OK		Cancel

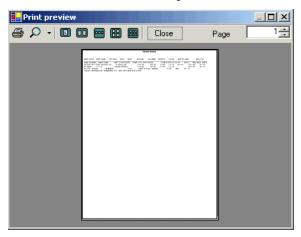
If you need to change the properties, click Properties and make changes as necessary.

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

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

Print denied line rep	ort		×
Print	Pre <u>v</u> iew	<u>C</u> ancel	

The Print Preview window opens.



Click Printer rightarrow 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.

🛃 Import	Report 👻 🔥	Archive	Restore	X Delete	Search	Print List					
			•••			-					
Payer Name	Payee Name		Payee ID	Check Date	Check/EFT	Check/EFT	Claims		Number	Version	Filen
REA INSURANCE	ACME PHYSICIANS I	NC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	AREA
											Þ
Claim List	Claim De	tail	Remit	Summary	Data Vie	w	Search	Glo	sary		
Name			ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A:
Doe, Sally			1111111	1234	56789012345	-ç	910.50	-402.53	2/10/2004	2/10/2004	×
Doe, Sally			1111111	1234	56789012345	9	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally			1111111	1234	6789012345		38.20	12.50	2/11/2005	2/11/2005	
🗖 Right, Samuel			1111111	123456789012345		2	237.60	159.36	3/28/2005	3/28/2005	
🗖 Doe, Sally			1111111	123456789012345			106.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel			1111111		56789012345 56789012345		48.80	92.42 0.00	3/9/2005 12/22/2003	3/9/2005 12/22/2003	
Print     eqment count >>2		UnCheck	: All 💽 Data	3							2/6/2011

2. Click the down arrow on Report.

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The Report List appears.

Segmedicare Remit Ea	svPrint v3.2										
	ort Search Too	ls Help								_	
Import Ac	djusted Service Lii OB / Non-COB Cla	nes	;tore 💢	Delete	Search	Print List					
Payer Name De	eductible / COINS	Service Lines	D Ch	eck Date	Check/EFT	Check/EFT	Claim	ns Check/EFT	Number	Version	Filena
AREA INSURANCE	enied Service Line			4/23/05	481.71		7	12345		005010X221A1	AREA
	5P/Non-MSP Clain	ns	→ [								
Ot	ther Adjustments		Print Repo								_
Er	ntire Remittance		Export Rep	port							
	int Remit List										
<u>, , , , , , , , , , , , , , , , , , , </u>	,				×			~			•
Claim List	Claim De		Remit Summ	hary	Data Vie				issary		
Name			ACNT		ICN	Billed #	Amount	Paid Amount	From Date	To Date	A:
Doe, Sally			111111		56789012345		910.50	-402.53	2/10/2004	2/10/2004	`
Doe, Sally			111111		56789012345		910.50	587.28	2/10/2004	2/10/2004	· ·
Doe, Sally			1111111		56789012345		38.20	12.50	2/11/2005	2/11/2005	- 1
Right, Samuel			1111111		123456789012345		237.60	159.36	3/28/2005	3/28/2005	`
Doe, Sally			1111111		56789012345		406.20	32.67	2/10/2005	2/10/2005	1
Doe, Sally			1111111		56789012345		148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		11	111111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
											_
L											
											-
1											
	Check All	UnCheck A	II 🕵 Data								
							_				
Segment count >>206										12	2/8/2011

3. Select Other Adjustments.

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The Print and Export options appear.

🕞 Medicare Remit	EasyPrint v3 2										
	eport Search Too	ls Help			_	_	_			-	
Import	Adjusted Service Lir COB / Non-COB Cla	nes	; store 🗶	Delete	Search	Print List					
Payer Name	Deductible / COINS	Service Lines	► D CH	eck Date	Check/EFT	Check/EFT	Claim:	s Check/EFT	Number	Version	Filena
AREA INSURANCE	Denied Service Line		▶ 78 0	4/23/05	481.71	EFT	7	12345		005010X221A1	AREA
	MSP/Non-MSP Claim	IS	<u>+</u>								
	Other Adjustments		Print Report								_
	Entire Remittance		Export Re	port							
	Print Remit List										_
			_								Þ
Claim List	Claim De	tail Í	Remit Sumn	harv	Data Vie	ωĺ	Search	l Glo	ssary		
Name				,	ICN		Amount	Paid Amount	From Date	To Date	A:
Doe, Sally			11111	1234	56789012345		910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally			11111		56789012345		38.20	12.50	2/11/2005	2/10/2005	
Right, Samuel			11111		56789012345		40.00	0.00	12/22/2003	12/22/2003	
Doe, Sally					123456789012345		148.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		11	11111	123456			237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		11	11111 1234		56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		11	11111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
•											►
Print	Check All	UnCheck Al	l 🕵 Data								
										13	2/6/2011
										12	-10/2011

4. Select Export Report.

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The Export folder window opens.<sup>13</sup>

Choose folder fo	r export				? ×
Save in:	ReportExport	:	• +	🗈 💣 🎟	
History Desktop My Computer					
	File <u>n</u> ame:			•	<u>S</u> ave
	Save as type:			•	Cancel

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

## 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.

TIMPORT PR	eport 👻 🛕 Archiv	e <u>R</u> Restore	X Delete	Search	Print List					
	ayee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	File
REA INSURANCE A	CME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	12345		005010X221A1	AR
Claim List Claim Detail		Remit	Summary	Data Vie	ew [	Search	Glo	ssary		
Vame		ACNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	
☑ Doe, Sally		1111111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	9	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	56789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	1234	56789012345	4	06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally         1111111           Right, Samuel         1111111		1234	56789012345	1	48.80	92.42	3/9/2005 12/22/2003	3/9/2005 12/22/2003		
Print E	Check All	Check All	a							2/6/20

2. Click the down arrow on Report.

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The Report List appears.

Medicare Remit Eas	-	- Hole								_	<u>_     ×</u>
			1	. I 🛛							
Import P Repo		rchive 💦	Restore	CDelete	Search	Print List					
	ed Service Lines	•	e ID	Check Date	Check/EFT	Theck/EFT	Claim:	s Check/EFT	Number	Version	Filer
	Non-COB Claims	•	5678	04/23/05	481.71 [	FT	7	12345		005010X221A1	ARE
	ible / COINS Ser	vice Lines 🕨									_
	Service Lines	• •									-
	Non-MSP Claims Adjustments										
Uther	Adjustments										
Entire I	Remittance										Þ
Claim List Claim Detail		ail 🌔	Remit Summ		Data Viev	r Í	Search	Glo	ossary		
Name		A	ICNT		ICN	Billed A	mount	Paid Amount	From Date	To Date	A
Doe, Sally		11	11111	1234	56789012345	-9	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		11	11111	1234	56789012345	ę	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally			11111		56789012345		38.20	12.50	2/11/2005		
Right, Samuel			11111		56789012345		237.60	159.36	3/28/2005		
Doe, Sally			11111		56789012345		106.20	32.67	2/10/2005		
Doe, Sally			11111		56789012345	1	48.80	92.42	3/9/2005	3/9/2005	
Right, Samuel		11	11111	1234	56789012345		40.00	0.00	12/22/2003	3 12/22/2003	
											_
•											
🔔 Print 🛛 🗹 🖓	heck All	UnCheck Al	🔍 Data								
gment count >>206										1	.2/8/20

3. Select Entire Remittance.

The Print remit listing window appears.

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

Print remit listing		×
Print	Pre <u>v</u> iew	<u>C</u> ancel

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The Print dialog box opens.

Pr	int		?	×
[	Printer —			1
	<u>N</u> ame:	\\papyrus\TCG	Properties	
	Status:	Ready		
	Туре:	HP LaserJet 4200 PS		
	Where:	TC-6-020		
	Comment:		🦳 Print to file	
	- Print range		Copies	1
	<ul> <li><u>A</u>I</li> </ul>		Number of <u>c</u> opies: 1	
	C Pages	from: to:		
	C <u>S</u> elect	ion	12 <sup>3</sup> 12 <sup>3</sup>	
			OK Cancel	]

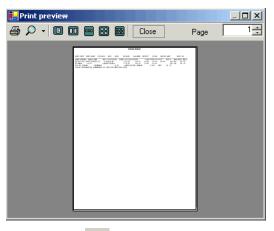
If you need to change the properties, click Properties and make changes as necessary.

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

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

Print remit listing		×
<u>P</u> rint	Pre <u>v</u> iew	<u>C</u> ancel

The Print Preview window opens.



Click Printer rightarrow 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.

Import P	- -	s Help rchive Restore	X Delete	Search	Print List					
									<u>[</u>	1
Payer Name REA INSURANCE	Payee Name ACME PHYSICIANS II	Payee ID NC. 12345678	Check Date 04/23/05	Check/EFT C 481.71 E	neck/EFT	Claims 7	Check/EFT I	Vumber	Version 005010X221A1	Filen
		12313575	01/25/05				12313		000010/22141	HINE
1										
Claim List Claim Detail		tail Remit	Summary	Data View		Search	Glos	isary		•
Name		ACNT		ICN	Billed Ar	mount	Paid Amount	From Date	To Date	A
Doe, Sally		1111111	1234	56789012345	-9	10.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345	9	10.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111	1234	56789012345	2	37.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111111	1234	56789012345	4	06.20	32.67	2/10/2005	2/10/2005	
Doe, Sally Right, Samuel		1111111	1234	56789012345	1	48.80	92.42	3/9/2005 12/22/2003	3/9/2005	
Print		UnCheck All 💁 Data	3							▶ 2/6/201

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 Archive.

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The Archive Imported Files window opens.<sup>14</sup>

\land Archive Impo	rted Files						٦×				
Folder : C:\Pr	Folder : C:\Program Files\Medicare Remit EasyPrint\Archive\ Browse										
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	🔄 🔽 Check All	🔽 Check All				
🗹 AREA INSUR	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT						
							_				
						Archive					
						Canaal					
( <u> </u>		· · · · · · · · · · · · · · · · · · ·				▶ Cancel					
item selected for a	archiving.										

- 3. Select the file(s) you want to archive by checking the box or boxes. <sup>15</sup> This activates Archive.
- 4. Click Archive.

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

<sup>14</sup> Hint:

<sup>15</sup> Hint:

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

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.

Import P Re	port 👻 🛕 Archive	Restore	X Delete	Search 📃	Print List				
/er Name Pay	vee Name	Payee ID	Check Date	Check/EFT Ch	eck/EFT Cla	ims Check/EFT	Number	Version	Fi
EA INSURANCE AC	ME PHYSICIANS INC.	12345678	04/23/05	481.71 EF	т :	7 12345		005010X221A1	AF
									_
									+
Claim List	Claim Detail	Remit	Summary	Data View	Searc	h   Glo	ssary		
me		ACNT		ICN	Billed Amount	Paid Amount	From Date	To Date	
Doe, Sally		1111111	12345	6789012345	-910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111111	12345	6789012345	38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111111		6789012345	237.60	159.36	3/28/2005	3/28/2005	_
Doe, Sally		1111111		6789012345	406.20	32.67	2/10/2005	2/10/2005	_
Doe, Sally		1111111		6789012345	148.80	92.42	3/9/2005	3/9/2005	_
Right, Samuel		1111111	12345	6789012345	40.00	0.00	12/22/2003	12/22/2003	_
									-
									-
									_

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

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The Restore Imported Files window opens.

Restore Impo	orted Files					
Folder : C:\Prog	gram Files\Medicare Remit Eas	yPrint\Archive\			Browse	
Payer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	🗌 Check All
AREA INSUR	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	
						Restore
						Cancel
1					•	
item selected for r	estore.					

3. Select the file(s) you want to restore by checking the box or boxes. <sup>15</sup>

This activates Restore.

4. Click Restore.

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.

😂 C:\Program Files\Medicare Remit EasyPrin	t\Import
File Edit View Favorites Tools Help	🔄 😋 ד 🕤 ד 🎓 🌔 🚱 📎 🕽
Address 🛅 C:\Program Files\Medicare Remit EasyP	rint\Import
Folders	× Name
🗆 🚞 Medicare Remit EasyPrint	AREA INSURANCE_12345.X835
🚞 Archive	
🧰 Import	
🚞 Native835	
🚞 ReportExport	
🚞 Resource	

## **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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Import	Report 👻 🛕	Archive  R	estore 🔰	C Delete	Search	Print List					
ayer Name	Payee Name	Payee	ID 0	Check Date	Check/EFT	Check/EFT	Claims	Check/EFT	Number	Version	Filer
REA INSURANCE	ACME PHYSICIANS	INC. 12345	678	04/23/05	481.71	EFT	7	12345		005010X221A1	ARE
Claim List	Claim D	stail	Remit Sur	nmary	Data Vie	w	Search	Glo	ssary		
Vame		ACM	IT		ICN	Billed A	mount	Paid Amount	From Date	To Date	4
Doe, Sally		1111	111	1234	56789012345	-	910.50	-402.53	2/10/2004	2/10/2004	
Doe, Sally		1111	111	1234	56789012345		910.50	587.28	2/10/2004	2/10/2004	
Doe, Sally		1111	111	1234	56789012345		38.20	12.50	2/11/2005	2/11/2005	
Right, Samuel		1111			56789012345		237.60	159.36	3/28/2005	3/28/2005	
Doe, Sally		1111			56789012345		406.20	32.67	2/10/2005	2/10/2005	
Doe, Sally		1111			56789012345		148.80	92.42	3/9/2005	3/9/2005	_
Right, Samuel		1111	111	1234	56789012345		40.00	0.00	12/22/2003	12/22/2003	
						_					_
						_					
											_
(											

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

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The Delete selected import file(s) window opens.

ayer Name	Payee Name	Payee ID	Check Date	Check/EFT	Check/EFT	Claims	Che	Check All
AREA INSUR	ACME PHYSICIANS INC.	12345678	04/23/05	481.71	EFT	7	1234	
							-	
							-	
							-	<u>D</u> elete
								<u>C</u> ancel

- 3. Select the file(s) you want to delete by checking the box(es). <sup>16</sup> This activates Delete.
- 4. Click Delete.

Medicare Remit Easy Print deletes the file(s).

#### <sup>16</sup> 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.

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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 Adjusted Service Lines Report	Alt + R + A + P
Export the Adjusted Service Lines Report	Alt + R + A + E
Print the COB Claims Report	Alt + R + B + C + P
Export the COB Claims Report	Alt + R + B + C + E
Print the Non-COB Claims Report	Alt + R + B + N + P
Export the Non-COB Claims Report	Alt + R + B + N + E
Print the Deductible Service Lines Report	Alt + R + E + D + P
Export the Deductible Service Lines Report	Alt + R + E + D + E
Print the Coinsurance Service Lines Report	Alt + R + E + C + P
Export the Coinsurance Service Lines Report	Alt + R + E + C + E
Print the Deductible/Coinsurance Service Lines Report	Alt + R + E + E + P
Export the Deductible/Coinsurance Service Lines Report	Alt + R + E + E + E
Print the Denied Service Lines Report	Alt + R + D + P
Export the Denied Service Lines Report	Alt + R + D + E
Print the MSP Claims Report	Alt + R + M + M + P

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To Do This	Use This Combination
Export the MSP Claims Report	Alt + R + M + M + E
Print the Non-MSP Claims Report	Alt + R + M + N + P
Export the Non-MSP Claims Report	Alt + R + M + N + E
Print the Other Adjustments Report	Alt + R + O + P
Export the Other Adjustments Report	Alt + R + O + E
Print the Entire Remittance Report	Alt + R + R
Print the Remit List	Alt + 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
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
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: <sup>17</sup>	
Print Results	Alt + B + P
Claim Detail Results	Alt + B + C

<sup>&</sup>lt;sup>17</sup> After executing a search

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To Do This	Use This Combination…
With the Glossary Tab Selected:	
Zoom In	Alt + B + I
Zoom Out	Alt + B + O
Reset Zoom	Alt + B + R
Codes	Alt + B + C

# 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 4010A1 format. Fields marked with an asterisk (\*) below are not found on the 4010A1 format and do not appear when printed or shown.

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	N101 = 'PE', ADDR1
		N302	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 #	1000B	N104	N101 = 'PE' & N103 = 'XX'
or NPI #		or REF02	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'

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
NAME (Patient Middle Name)	2100	NM105	NM101 = 'QC' / NM102 = '1'
MID (Patient ID)	2100	NM109	NM108 = 'HN' or 'C'
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')

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
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 (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'))
BS (CAQH CORE-defined Business Scenario)			Based on the CARC
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	
CARC (Total of all Claim Adjustment 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 (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'

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
CLAIM TOTALS (Provider Paid Amount)	2100	CLP04	
ADJ TO TOTALS: PREV PD (Adjustment to Totals: Previous Paid Amount)			Not avalable
ADJ TO TOTALS: INTEREST (Adjustment to Totals: Interest Amount)	2100	AMT02	Claim level AMT01 = 'l'
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
GRP/CARC (Group Code/Claim Adjustment Reason Code)	2100	CAS01–CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01–CAS02, CAS05, CAS08, CAS11, CAS14, CAS17
CARC-AMT (Claim Adjustment Reason Code Amount)	2100	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18
BS (CAQH CORE-defined Business Scenario)			Based on the CARC
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'

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
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		BPR02	
(Check Amount)			
Provider Adjustment Details	•		
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	2100	NM103	NM101 = 'QC'
(Patient Last Name)			
NAME (Patient First Name)	2100	NM104	NM101 = 'QC' / NM102 = '1'
NAME	2100	NM105	NM101 = 'QC' / NM102 = '1'
(Patient Middle Name)			
MID	2100	NM109	NM108 = 'HN' or 'C'
(Patient ID)			
ACNT	2100	CLP01	
(Patient Account Number)			
(Claim Control Number)		CLP07	
ASG	2000		Hard-coded 'N' for Medicare when
(Claim Assignment)	2000		LX01 = '0'
MOA (Claim Level Remark Codes)	2100	MOA03, MOA04, MOA05, MOA06, MOA07	

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
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	
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 Code/ 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')
BS (CAQH CORE-defined Business Scenario)			Based on the CARC

Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
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	
CARC (Total of all Claim Adjustment Reason Code amounts)			Sum of all lines CAS monetary amounts, except those associated with adjustment reason codes '1' and '2' (Group code PR)
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'
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 = 'l'
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
GRP/CARC (Group Code/Claim Adjustment Reason Code)	2100	CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17	Do not print CAS01-CAS02, CAS05, CAS08, CAS11, CAS14, CAS17
CARC-AMT (Claim Adjustment Reason Code Amount)	2100	CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18	Do not print CAS03 or CAS06 or CAS09 or CAS12 or CAS15 or CAS18

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Remittance Advice Field	835 Loop ID	835 Segment Field	Identification/Comments
BS (CAQH CORE Code-defined Business Scenario)			Based on the CARC
CLAIM INFORMATION FORWARDED TO:	2100		NM101 = 'TT'
* (Crossover Carrier Name)		NM103	NM102 = '2'
* (Crossover Carrier Identifier)		NM109	NM108 = 'Pl' 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, BS	If there are duplicates, only print once

# 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
BS	CAQH CORE-defined Business Scenario
CARC	Claim Adjustment Reason Code
CARC-AMT	Claim Adjustment Reason Code Amount
CNTL#	Control Number
СОВ	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
НСРІ	Health Care Policy Information
HIC	Health Insurance Claim Number
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act
ID	Identifier

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Abbreviation or Acronym Value	Description
ICN	Internal Control Number
MID	Medicare Identification Number
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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