

Medicare Remit Easy Print



Application Overview

July 1, 2013

Medicare Remit Easy Print (MREP)

Application Overview – Covered Topics

The purpose of this Microsoft PowerPoint presentation is to provide you with an overview of the MREP software application. Please refer to the MREP User Manual for more specific instructions on how to utilize the MREP software application.

This MREP Overview includes the following topics:

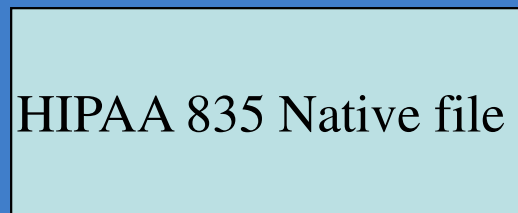
- What is MREP?
- MREP PC Requirements
- MREP File Requirements
- How to obtain a copy of the MREP Software
- Installation Process
- Import Process
- Viewing Remittance Data
- Reports (Printing the remittance advice)
- File Maintenance
- Questions?



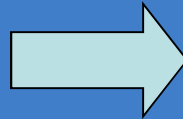
What is MREP?

MREP is a PC application that will enable physicians and suppliers to view and locally print a Medicare Part B / DMERC HIPAA compliant 835 file in a format that mirrors the Medicare Standard Paper Remittance Advice (SPR).

Medicare remittance



Import



Print

[illegible]

MREP PC Requirements

Your PC must meet specific requirements in order to use MREP.

- *Recommended speed:* 2.0 GHz or faster
- *Operating System:* Windows 2000 or higher
 - Windows XP recommended
- *.NET Framework:* 2.0, 3.0, 3.5, or 4.0
 - Must be on each PC using the application
 - Please refer to the MREP User Manual and the Microsoft web site for more information on the .NET framework and installation protocol.

MREP File Requirements

Please Note:

- Your files must meet specific Federal requirements in order to use MREP.
- The required files are known as ANSI 835 5010 and 4010A1 files (Also known as HIPAA 835 files).

MREP File Requirements (Cont'd)

ANSI 835 5010 files are:

- Industry-standard formatted files generated by your Medicare contractor
 - They contain your claim payment data, which corresponds to what you receive on paper today (SPR).
- You must be receiving ANSI 5010 835 files from your Medicare contractor
 - Remember where you store them on your PC or network.
 - If you are not receiving 5010 files, contact your Medicare contractor.
- MREP is currently designed for only Medicare Part B and DMERC HIPAA 835 files.

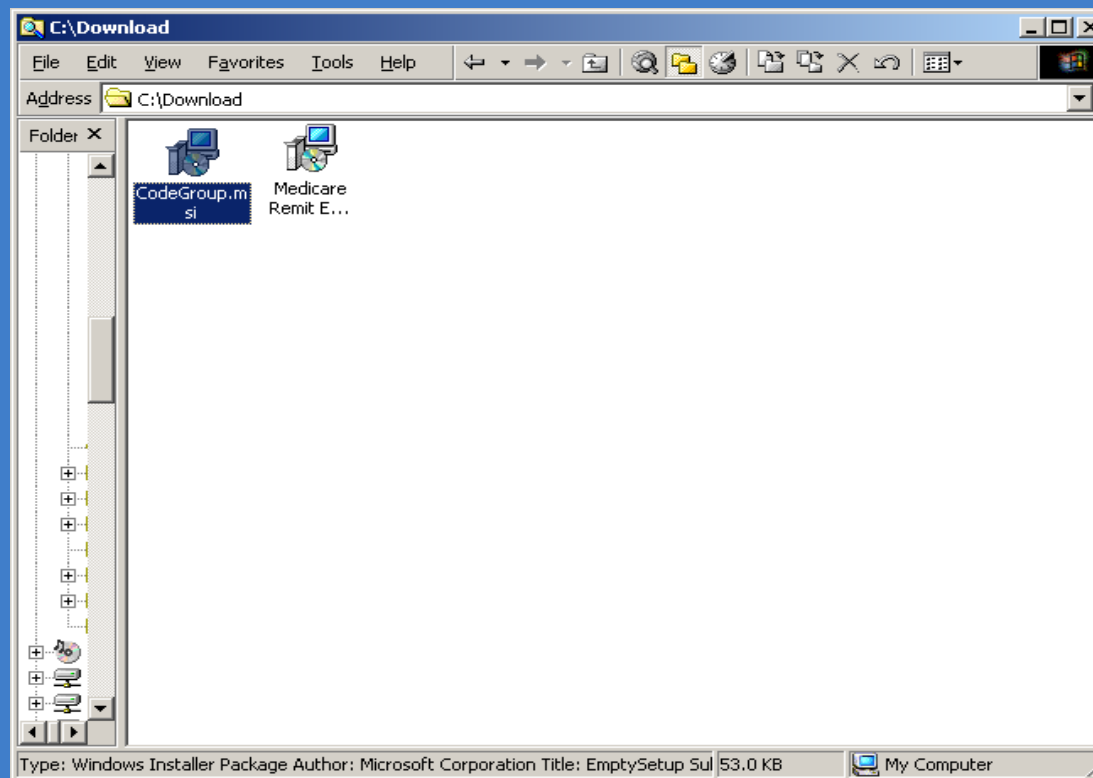
Obtaining the MREP software

- Please go to your local contractor's web site and search for Medicare Remit Easy Print. There will be a link allowing you to download the MREP application.
- Please save a copy of the download instructions and the MREP User Manual, which are accessed via your local contractor's web site. This documentation is important to understand how to download, install, and utilize the application.
- To obtain a *free* copy of MREP and the associated documentation from your Medicare contractor you must have the following:
 - Access to the internet.
 - WinZip or a compatible decompression application to extract files. If you do not have a decompression application then you can go to a number of websites to acquire one (For example: <http://www.winzip.com/downwzeval.htm>).
- If you are unable to download the software from your contractor's web site, please contact your Medicare contractor for assistance.

Installation Process

- Step 1:

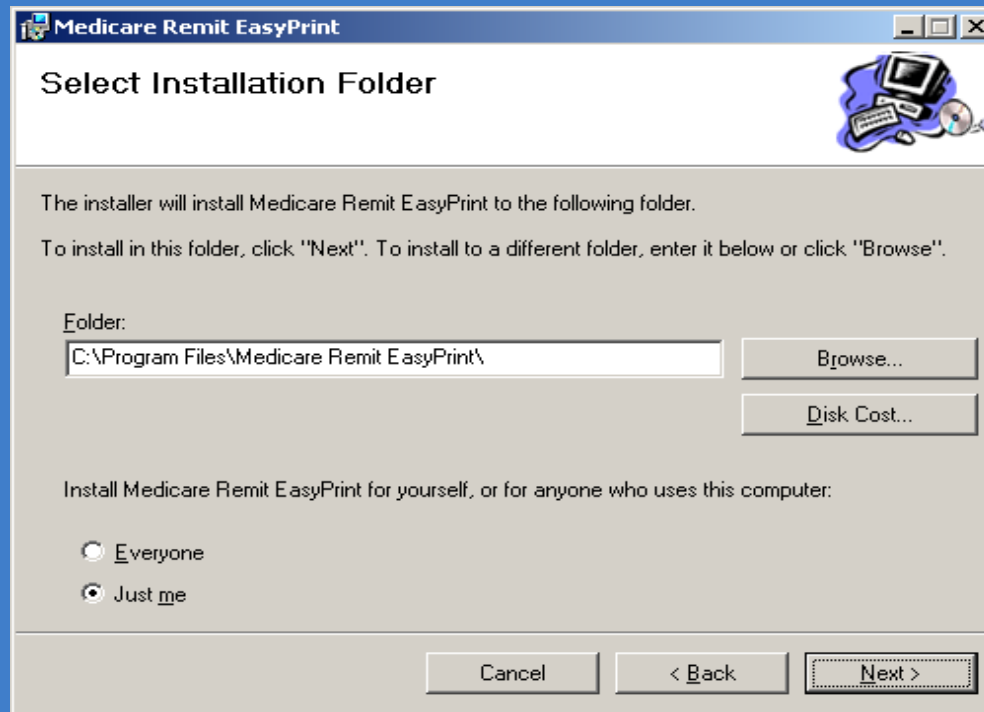
After downloading the MREP application from your contractor's web site to your PC or local area network, locate the MREP installation package and click on the *Medicare Remit Easy Print .msi* file.



Installation Process Contd.

- Step 2:

After being prompted with the following window, identify the directory where the MREP application and MREP created files will be stored and then click 'Next'. The application will then be installed, followed by a window confirming the installation is complete (click 'Close' on this window to complete the process).



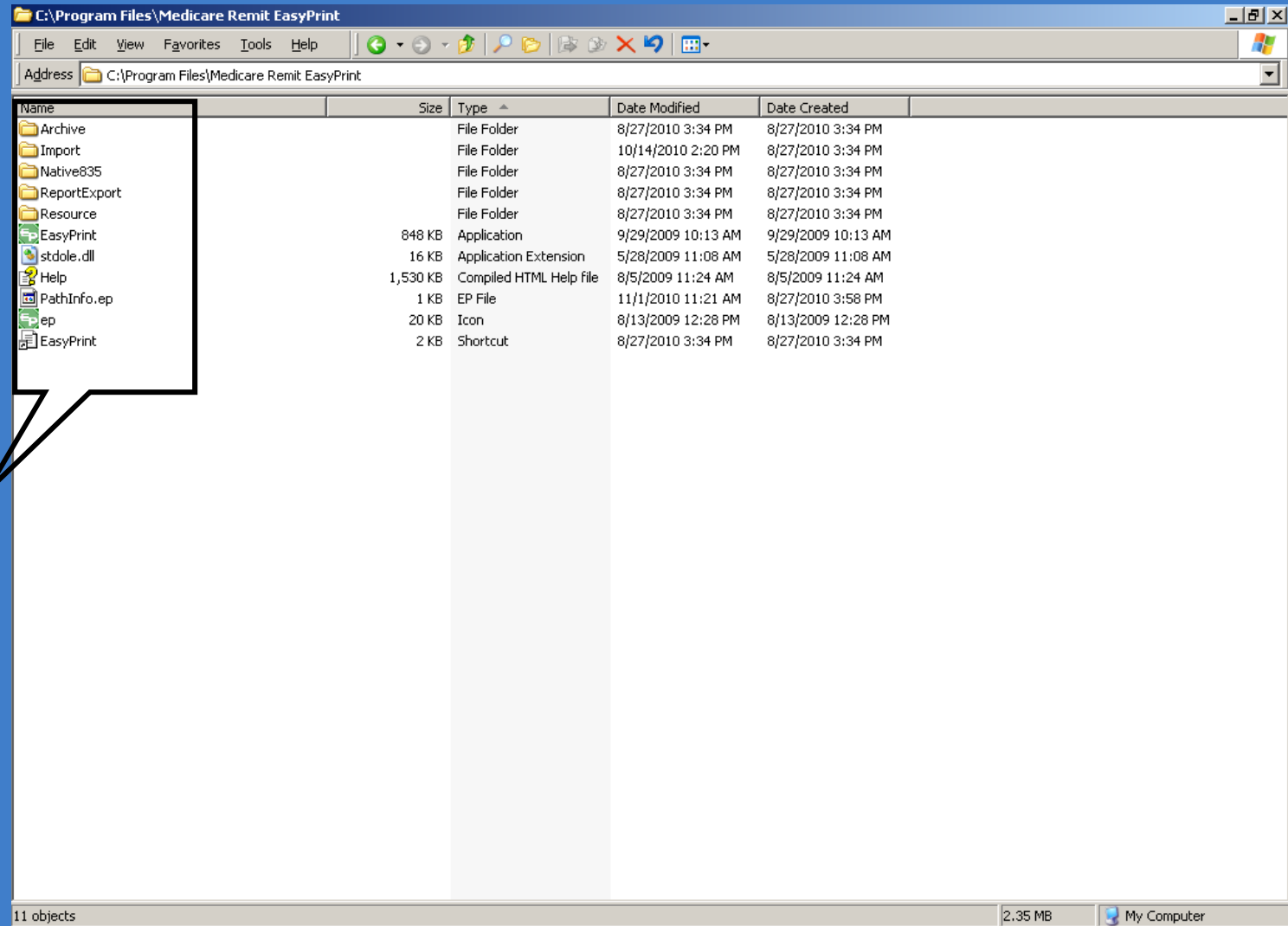
Installation Process Contd.

- Step 3:
 - The MREP installation process creates the following in the directory you designated in Step 2:
 - Easy Print .exe
 - Easy Print icon (automatically copied to the installation PC's desktop – click on this to open the application)
 - Archive folder (will store Archived MREP files)
 - Import folder (will store the MREP imported files)
 - Native 835 folder (will store MREP native 835 files)
 - Report Export folder (will store exported MREP report files)
 - Resource folder (used within the MREP application)
- Step 4: (Only for those users utilizing MREP on a network)

If you are installing the application to be shared on a network, you must install Code Group.msi on each PC using the shared MREP application. Double click on this file after you install MREP. THIS MUST BE DONE ON EVERY PC USING MREP VIA A SHARED NETWORK.

Installation Process Contd.

Installation package automatically creates folders needed for ongoing application maintenance

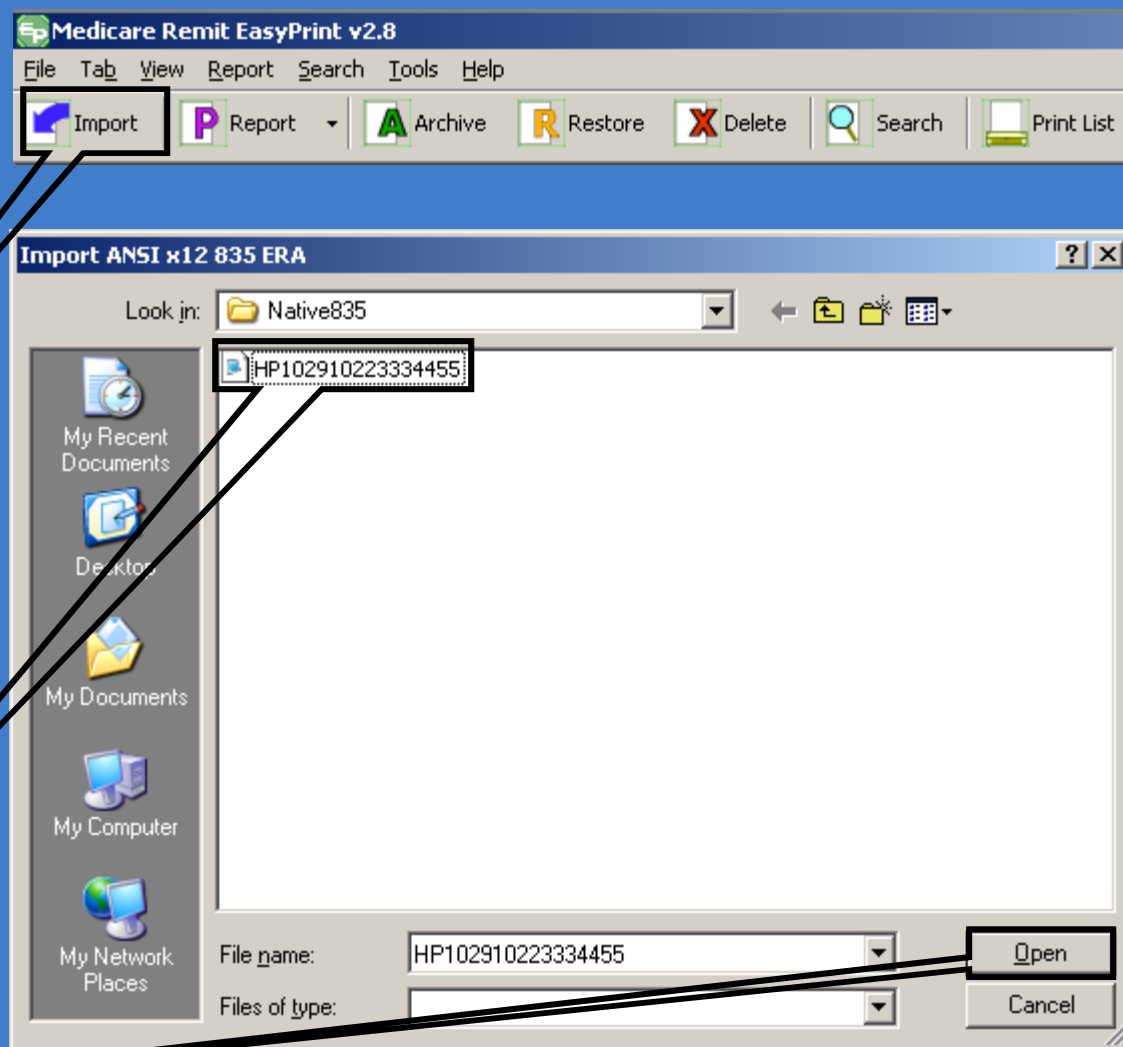


Import Process

Step 1
Open MREP
Application

Step 2
Select Import
Button

Step 3
Locate and Select
HIPAA 835 native
files to be imported
and Click 'Open'



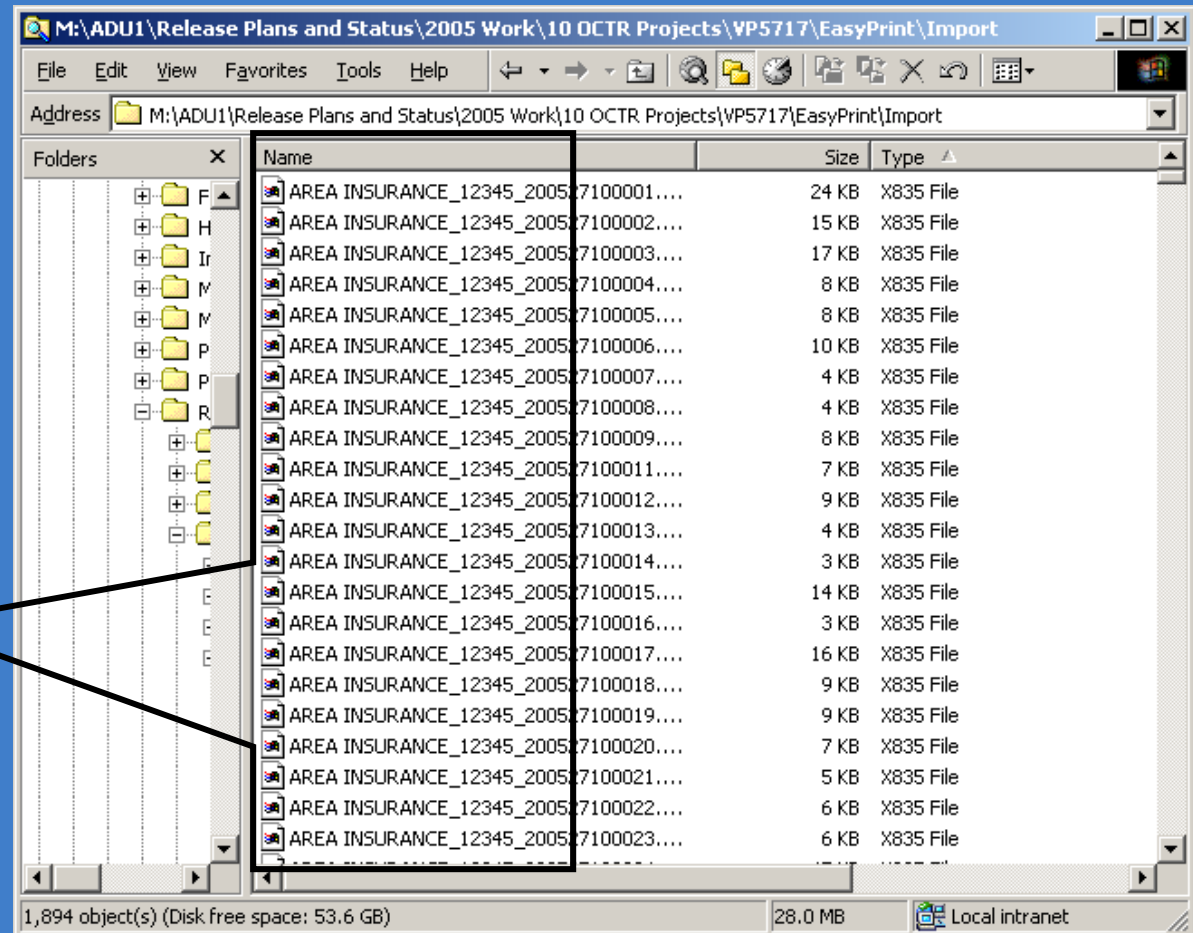
Import Process Contd.

Step 4

Easy Print creates a **COPY** of the HIPAA 835 native file into a format readable by the application (“Remit file”)

Step 5

Remit file stored in ‘Import’ folder



Import Process Contd.

- Importing made *Easy* – “One time effort”
 - Opening the MREP application will display all remittance files in the MREP Import folder
 - Uninstalling and reinstalling the application (e.g. steps performed to utilize a newer version of the application) will retain the same files unless they are removed by the user

Viewing Remittance Data

General Point to Remember:

MREP allows you to view the *detailed* data for one remittance at a time

Split Screen for *Easy* Reference

- Top Portion: Listing of all remittance files available in the “Import” folder

Special features:

- SORT on columns for customized display
- MOVE columns for customized display

- Lower Portion: Detailed information for selected remittance that allows user to search, select, view, and print.



Viewing Remittance Data Contd.

Step 1:
User
highlights
remittance

Step 2:
MREP
automatically
displays
associated
claim data
for
highlighted
remittance
via the Claim
List tab

Medicare Remit EasyPrint v3.2

File Tab View Report Search Tools Help

Import Report Archive Restore Delete Search Print List

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

Claim List Claim Detail Remit Summary Data View Search Glossary

Name	ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date	AS
☐ Doe, Sally	1111111	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	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	148.80	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

Segment count >>206 1/3/2012

Viewing Remittance Data Contd.



Overview of Lower Portion of Split Screen

- 'Claim List' Tab
 - Provides general claims information found on the highlighted remittance
 - This is the primary screen for using the 'Claim Detail'
 - Click on the claim's check box to view the detail on the 'Claim Detail'
 - This is the primary screen for narrowing the user's search in the 'Data View' tab
 - Highlight the claim to enable the 'Data View' button, which transports the user to the claim data as it appeared on the HIPAA 835 file
- 'Claim Detail' Tab
 - For those claims that are selected on 'Claim List' screen , this screen will display the detail as it would appear on a remittance
- 'Remit Summary' Tab
 - Displays a summary of the quantifiable data found on the selected remittance
- 'Data View' Tab
 - Allows the user to view the HIPAA 835 file in a user friendly format
- 'Search' Tab
 - Allows the user to search the selected remittance for specific information

Viewing Remittance Data Contd.

'Claim List'

Lists all claims found in the selected remittance

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

Claim List							
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	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	
☐ 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	

Print ☒ Check All ☐ UnCheck All Data

Segment count >>206 1/3/2012

The 'Data View' button will transport the user directly to that claim's specific claim data as it was listed on the HIPAA 835.

Checking a claim(s) enables the user to quickly view all, some, or individual claims in the MREP Remittance Advice format using the Claim Detail Tab

Viewing Remittance Data Contd.

‘Claim Detail’

Provides detailed information with data similar to the SPR

Zoom in / out allows user to enlarge / minimize display of text

Medicare Remit EasyPrint v3.2

File Tab View Report Search Tools Help

Import Report Archive Restore Delete Search Print List

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

Claim List Claim Detail Remit Summary Data View Search Glossary

ACME PHYSICIANS INC.
225 Main Street
Centerville, PA 17111

PROVIDER #:
DATE: 04/23/2005
PAGE #: 1

CHECK/EFT #: 12345

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME:Doe, Sally			HIC:SJD11111	ACNT:1111111		ICN:12345678901234	ASC:Y	MOA:MA03	MA18
	0210	021004	12 A4450/AW	120.000	18.00	13.20	0.00	2.64	10.56
CNTL #: 54321									
	0210	021004	12 A6196/A1	30.000	238.50	220.50	0.00	44.10	176.40
CNTL #: 54321									
	0210	021004	12 A6253/A2	60.000	411.00	380.40	0.00	76.08	304.32
CNTL #: 54321									
	0210	021004	12 A6402/A1	87.000	13.05	10.44	0.00	2.09	8.35
CNTL #: 54321									
	0210	021004	12 A6446/A2	240.000	216.00	98.40	0.00	19.68	78.72
CNTL #: 54321									
	0210	021004	12 A6402/A1CC	93.000	13.95	11.16	0.00	2.23	8.93
CNTL #: 54321									
ADJ TO	146.82			CLAIM TOTALS	910.50	734.10	0.00	146.82	587.28
PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	587.28

Print Zoom In Zoom Out Reset Zoom

Glossary

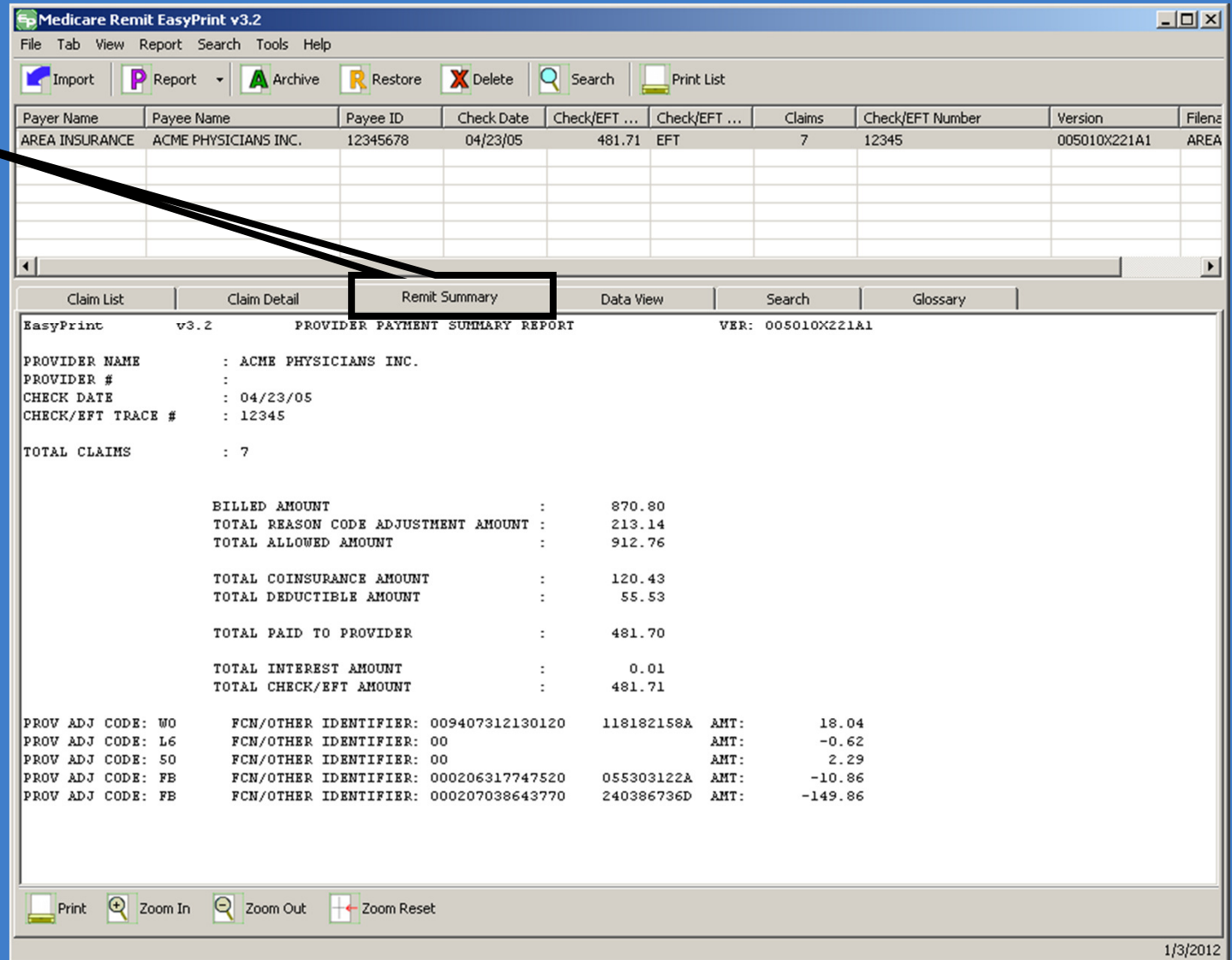
1/3/2012

Checking ‘Glossary’ shows the CARCs and RARCs similar to the SPR.

Viewing Remittance Data Contd.

‘Remit Summary’

Provides a quick summary of payment and adjustment amounts for the remittance selected at the top portion of the screen



Medicare Remit EasyPrint v3.2

File Tab View Report Search Tools Help

Import Report Archive Restore Delete Search Print List

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

Claim List Claim Detail **Remit Summary** Data View Search Glossary

EasyPrint v3.2 PROVIDER PAYMENT SUMMARY REPORT VER: 005010X221A1

PROVIDER NAME : ACME PHYSICIANS INC.
 PROVIDER # :
 CHECK DATE : 04/23/05
 CHECK/EFT TRACE # : 12345
 TOTAL CLAIMS : 7

BILLED AMOUNT	:	870.80
TOTAL REASON CODE ADJUSTMENT AMOUNT	:	213.14
TOTAL ALLOWED AMOUNT	:	912.76
TOTAL COINSURANCE AMOUNT	:	120.43
TOTAL DEDUCTIBLE AMOUNT	:	55.53
TOTAL PAID TO PROVIDER	:	481.70
TOTAL INTEREST AMOUNT	:	0.01
TOTAL CHECK/EFT AMOUNT	:	481.71

PROV ADJ CODE: W0	FCN/OTHER IDENTIFIER: 009407312130120	118182158A	AMT:	18.04
PROV ADJ CODE: L6	FCN/OTHER IDENTIFIER: 00		AMT:	-0.62
PROV ADJ CODE: 50	FCN/OTHER IDENTIFIER: 00		AMT:	2.29
PROV ADJ CODE: FB	FCN/OTHER IDENTIFIER: 000206317747520	055303122A	AMT:	-10.86
PROV ADJ CODE: FB	FCN/OTHER IDENTIFIER: 000207038643770	240386736D	AMT:	-149.86

Print Zoom In Zoom Out Zoom Reset

1/3/2012

Viewing Remittance Data Contd.

'Data View'

Research tool for troubleshooting issues (displays the data as it appeared on the HIPAA 835 file)

Educational tool to assist users in understanding the HIPAA 835 standard file layout

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

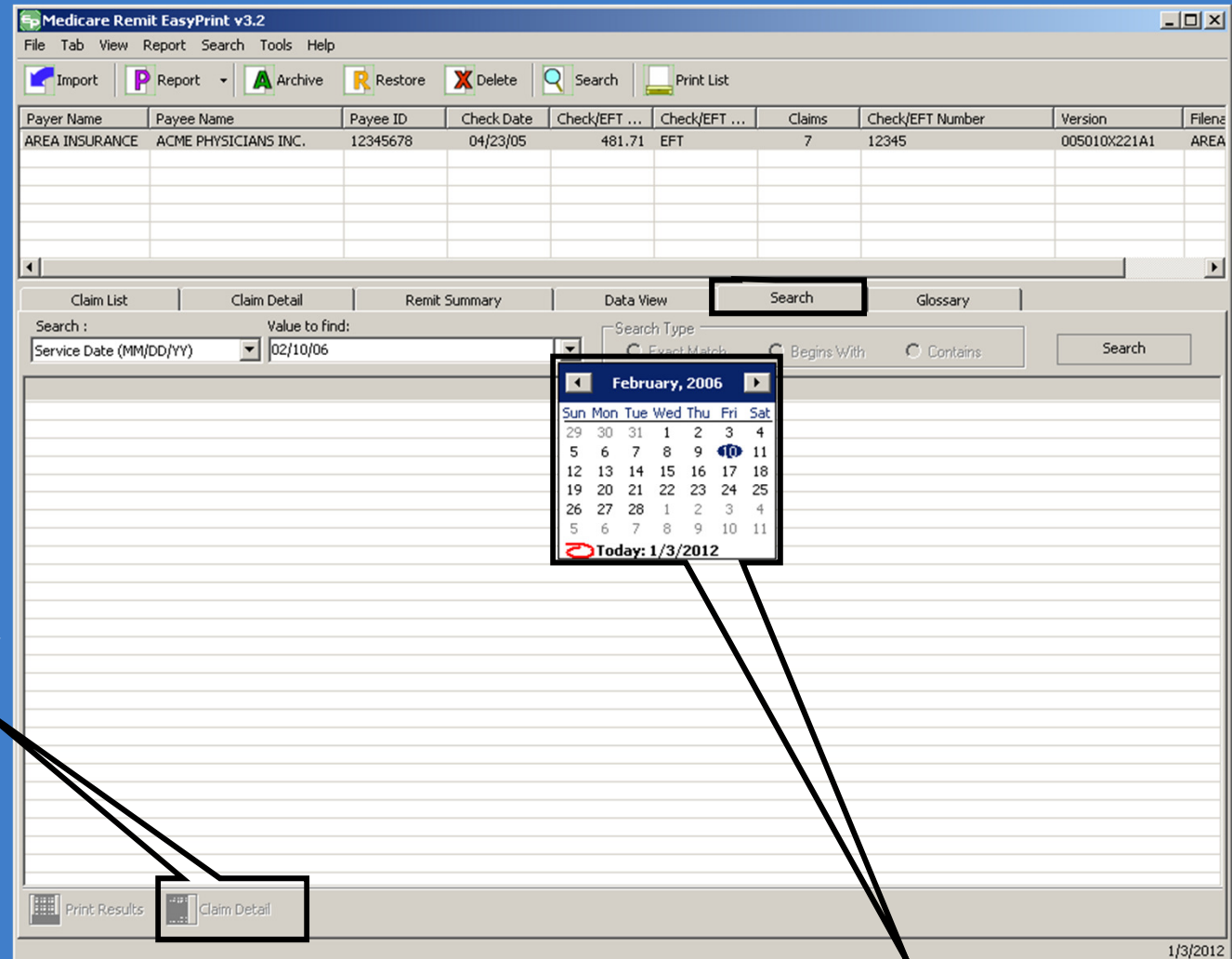
Loop & Segment	Field ID	Description	Value
1000B : N3	01	Address Information	225 Main Street

Viewing Remittance Data Contd.

'Search' contd.

Assist w/ finding data *easily* (no more leafing through paper!)

Displays claim detail associated with search results that can be printed independently



Pop-Up Calendar
for date reference

Viewing Remittance Data Contd.

'Search'
contd.

Click on the
'Exact Match',
'Begins With',
or 'Contains'
option to
narrow search

User can
transport to
'Claim Detail'
tab for claims
found in search

The screenshot shows the Medicare Remit EasyPrint v3.2 application window. At the top, there's a menu bar (File, Tab, View, Report, Search, Tools, Help) and a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. Below this is a table with columns: Payer Name, Payee Name, Payee ID, Check Date, Check/EFT ..., Check/EFT ..., Claims, Check/EFT Number, Version, and Filename. The first row shows data for AREA INSURANCE and ACME PHYSICIANS INC.

Below the table is a navigation bar with tabs: Claim List, Claim Detail, Remit Summary, Data View, Search, and Glossary. The 'Search' tab is active. Inside the Search tab, there's a search interface with a 'Search:' label, a dropdown menu set to 'ICN', a 'Value to find:' text box containing '123', and a 'Search Type' section with three radio buttons: 'Exact Match', 'Begins With', and 'Contains'. The 'Contains' option is selected. A 'Search' button is to the right.

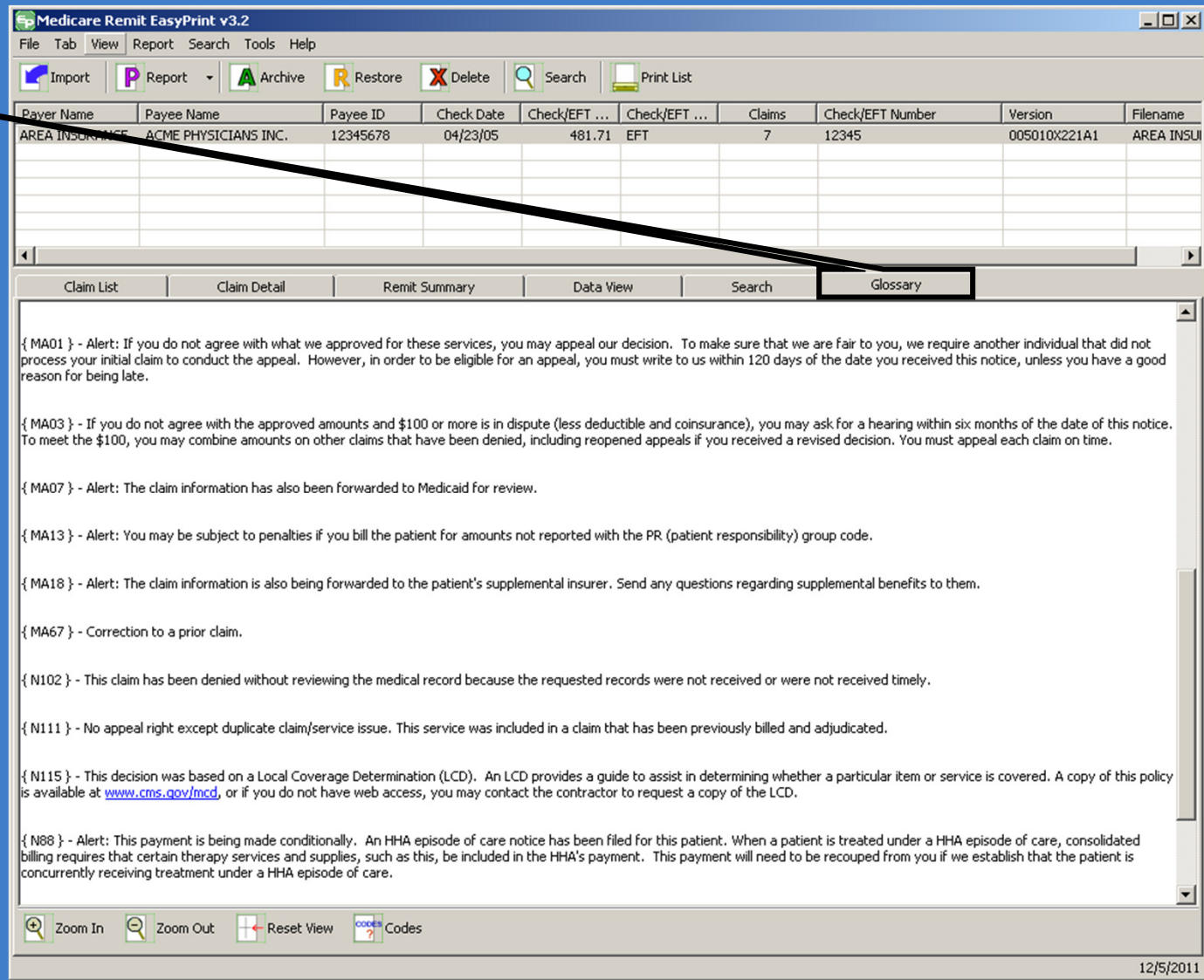
Below the search interface is a large table with columns: Name, ACNT, HICN, ICN, Product/Service ID, Service Date(s), POS, and Billed. The table contains multiple rows of data, including names like 'Doe, Sally' and 'Right, Samuel'.

At the bottom of the window, there's a status bar with two buttons: 'Print Results' and 'Claim Detail'. The 'Claim Detail' button is highlighted with a black box. The date '12/5/2011' is displayed in the bottom right corner.

Viewing Remittance Data Contd.

'Glossary'

View of Claim
Adjustment
Reason Codes
(CARCs)
And/or
Remittance
Advice Remark
Codes (RARCs)
found on
the selected
remittance



Viewing Remittance Data Contd.

‘Glossary’
contd.

Links within
messages
will link to
specified
web site

Look-up
feature
available if
code not
listed (see
next slide)

The screenshot shows the Medicare Remit EasyPrint v3.2 application. At the top is a menu bar (File, Tab, View, Report, Search, Tools, Help) and a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. Below this is a table with the following data:

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

Below the table is a tabbed interface with tabs for Claim List, Claim Detail, Remit Summary, Data View, Search, and Glossary. The Glossary tab is selected, displaying a list of codes and their descriptions:

- { MA01 } - Alert: 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 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.
- { MA03 } - 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 claims that have been denied, including reopened appeals if you received a revised decision. You must appeal each claim on time.
- { MA07 } - Alert: The claim information has also been forwarded to Medicaid for review.
- { MA13 } - Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.
- { MA18 } - Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- { MA05 } - 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.
- { N111 } - No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
- { N115 } - This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.
- { N88 } - Alert: Payment is being made conditionally. An HHA episode of care notice has been filed for this patient. When a patient is treated under a HHA episode of care, consolidated billing requires that certain therapy services and supplies, such as this, be included in the HHA's payment. This payment will need to be recouped from you if we establish that the patient is concurrently receiving treatment under a HHA episode of care.

At the bottom of the window is a toolbar with icons for Zoom In, Zoom Out, Reset View, and a 'Codes' button with a question mark icon.

Viewing Remittance Data Contd.

'Glossary' contd.

Look-up feature available – when the 'Codes' button is clicked, the box below appears displaying descriptions and comments for the codes which are obtained from the WPC-EDI website approximately 3 times a year (April, July, and Oct)

Easy Print -- Reason/Remark/Group Codes (07/01/2010)

15|

130
131
132
133
134
135
136
137
138
139
14
140
141
142
143
144
145
146
147
148
149
15

Description :

The authorization number is missing, invalid, or does not apply to the billed services or provider.

Note :

Effective Date :1/1/1995
Deactivated Date :
Date Last Modified :9/30/2007

Notes :

Close

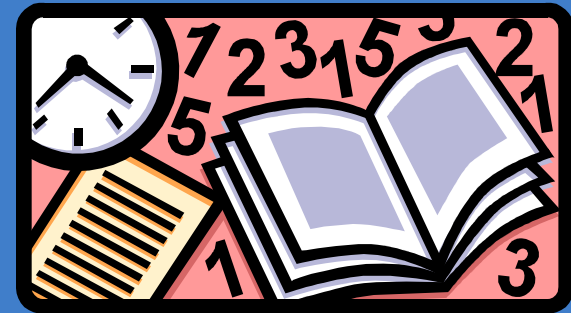
Code count >> 1152

Viewing Remittance Data Contd.

- Problem-solving made *Easier* (for all)
 - Ability to print the following screens:
 - Claim List
 - Claim Detail
 - Remit Summary
 - Remit List
 - Search Results
 - Glossary
 - The above printouts (with the exception of the Glossary) print the MREP Version. This allows the user to know what version he/she is utilizing and helps determine if the user needs to upgrade to a newer version of MREP.
 - Display Zoom-in capability

Reports

- Available Reports (Based on highlighted remittance)
 - Adjusted Service Lines
 - COB/Non-COB Claims
 - Deductible/COINS Service Lines
 - Denied Service Lines
 - MSP/Non-MSP Claims
 - Other Adjustments
 - Entire Remittance
- *Ease of Use Features*
 - Print Preview (Just in case you don't want to print)
 - Printer selection (For sending to a different printer)
 - Export to text file for sorting and/or data management



Adjusted Service Line(s) Report

Print preview [Close] Page 1

Adjusted Service Line(s) Report
Generated: 11/23/2010 1:40:55 PM

Carrier: Valley Insurance
Payee #: 55A555
Payee Name: Community Health Services
Chk Date: 06/29/04
Chk/EFT #: 5555555555

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Lx#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	55A555	11111111 Miller John	1111111111111111 1111111111A	01	05/10/04-05/10/04	11111	-722.87	-722.87	0.00	-144.57	-578.30
							Reason Code: PR-2		Remark Codes:		
00002	55A555	11111111 Miller John	1111111111111111 1111111111A	02	05/10/04-05/10/04	22222	-138.21	-138.21	0.00	-27.64	-110.57
							Reason Code: PR-2		Remark Codes:		
00003	55A555	11111111 Miller John	1111111111111111 1111111111A	03	05/10/04-05/10/04	33333	-122.72	-122.72	0.00	-24.54	-98.18
							Reason Code: PR-2		Remark Codes:		
00004	55A555	11111111 Miller John	1111111111111111 1111111111A	04	05/10/04-05/10/04	44444	-122.72	-122.72	0.00	-24.55	-98.17
							Reason Code: PR-2		Remark Codes:		
00005	55A555	11111111 Miller John	1111111111111111 1111111111A	05	05/10/04-05/10/04	all11	-182.80	0.00	0.00	0.00	0.00
							Reason Code: CR-16		Remark Codes:		
							-1289.32	-1106.52	0.00	-221.30	-885.22

COB Claims Report

Print preview

Close

Page 1

COB Claims Report
Generated: 11/23/2010 1:42:11 PM

Carrier: Valley Insurance
Payee #: 55A555
Payee Name: Community Health Services
Chk Date: 06/29/04
Chk/EFT #: 5555555555

Seg#	ACNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	11111111	Miller, John	222222222A	2222222222222	1289.32	1289.32	0.00	257.86	1031.46
		<i>Processed as primary, forwarded to UNITED HEALTHCARE AARP</i>							
00002	22222222	Davis, James	333333333A	3333333333333	1289.32	1106.52	0.00	221.30	885.22
		<i>Processed as primary, forwarded to GROUP HEALTH INSURANCE</i>							
					2578.64	2395.84	0.00	479.16	1916.68

Non-COB Claims Report

Print preview

Close

Page 1

NON COB Claims Report
Generated: 11/23/2010 1:43:21 PM

Carrier: Valley Insurance
Payee #: 55A555
Payee Name: Community Health Services
Chk Date: 06/29/04
Chk/EFT #: 5555555555

Seg#	ACNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	33333333	Wilson, Robert	444444444A	44444444444444	450.96	0.00	0.00	0.00	0.00
00002	44444444	Smith, Mary	555555555M	55555555555555	44.73	18.55	0.00	0.00	18.55
					495.69	18.55	0.00	0.00	18.55

Deductible Service Line(s) Report

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Deductible Service Line(s) Report
Generated: 11/23/2010 1:44:58 PM

Carrier: AREA INSURANCE
Payee #: 888888888
Payee Name: Physician Partners INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Lrx#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Pd to Prov
00001	888888888	1111111 Doe Sally	999999999999999	01	02/11/05-02/11/05	A4310 RX	15.40	13.12	13.12	0.00
						Reason Code: PR-1 CO-42			Remark Codes:	
00002	888888888	1111111 Doe Sally	999999999999999	02	02/11/05-02/11/05	A4338 RX	22.80	22.80	7.17	12.50
						Reason Code: PR-1 PR-2			Remark Codes:	
00003	888888888	1111111 Doe Sally	999999999999999	01	02/10/05-02/10/05	A1111 AM	6.00	4.40	4.40	0.00
						Reason Code: PR-23 PR-1			Remark Codes:	
						CO-42 OA-23				
00004	888888888	1111111 Doe Sally	999999999999999	02	02/10/05-02/10/05	A6021 A1	375.00	315.30	30.84	31.53
						Reason Code: PR-23 PR-1			Remark Codes:	
						PR-2 CO-42 OA-23				
						419.20	355.62	111.06	44.03	

Coinsurance Service Line(s) Report

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Coinsurance Service Line(s) Report
Generated: 11/23/2010 1:46:10 PM

Carrier: AREA INSURANCE
Payee #: 8888888888
Payee Name: Physician Partners INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Coins	Pd to Prov
00001	8888888888	1111111 Doe Sally	999999999999999 SJD111111	01	02/10/04-02/10/04	A1111 AW	18.00	13.20	2.64	10.56
						Reason Code: PR-2 CO-42			Remark Codes:	
00002	8888888888	1111111 Doe Sally	999999999999999 SJD111111	02	02/10/04-02/10/04	A2222 A1	238.50	220.50	44.10	176.40
						Reason Code: PR-2 CO-42			Remark Codes:	
00003	8888888888	1111111 Doe Sally	999999999999999 SJD111111	03	02/10/04-02/10/04	A3333 A2	411.00	380.40	76.08	304.32
						Reason Code: PR-2 CO-42			Remark Codes:	
00004	8888888888	1111111 Doe Sally	999999999999999 SJD111111	04	02/10/04-02/10/04	A4444 A1	13.05	10.44	2.09	8.35
						Reason Code: PR-2 CO-42			Remark Codes:	
00005	8888888888	1111111 Doe Sally	999999999999999 SJD111111	05	02/10/04-02/10/04	A5555 A2	216.00	98.40	19.68	78.72
						Reason Code: PR-2 CO-42			Remark Codes:	
00006	8888888888	1111111 Doe Sally	999999999999999 SJD111111	06	02/10/04-02/10/04	A4444 A1CC	13.95	11.16	2.23	8.93
						Reason Code: PR-2 CO-42			Remark Codes:	
00007	8888888888	1111111 Doe Sally	999999999999999 SJD111111	02	02/11/05-02/11/05	A4338 FX	22.80	22.80	3.13	12.50
						Reason Code: PR-1 PR-2			Remark Codes:	
00008	8888888888	1111111 Doe Sally	999999999999999 SJD111111	01	03/28/05-03/28/05	A6209 A2	194.40	179.52	35.90	143.62
						Reason Code: PR-2 CO-42			Remark Codes: N88	
00009	8888888888	1111111 Doe Sally	999999999999999 SJD111111	02	03/28/05-03/28/05	A5555 A2	43.20	19.68	3.94	15.74
						Reason Code: PR-2 CO-42			Remark Codes: N88	
00010	8888888888	1111111 Doe Sally	999999999999999 SJD111111	02	02/10/05-02/10/05	A6021 A1	375.00	315.30	7.85	31.53
						Reason Code: PR-23 PR-1			Remark Codes:	
						PR-2 CO-42 OR-23				
00011	8888888888	1111111 Doe Sally	999999999999999 SJD111111	03	02/10/05-02/10/05	A5555 A1	25.20	11.48	0.32	1.14
						Reason Code: PR-23 PR-2			Remark Codes:	
						CO-42 OR-23				
00012	8888888888	1111111 Doe Sally	999999999999999 SJD111111	01	03/09/05-03/09/05	A5555 A1	28.80	13.12	2.62	10.50
						Reason Code: PR-2 CO-42			Remark Codes:	
00013	8888888888	1111111 Doe Sally	999999999999999 SJD111111	02	03/09/05-03/09/05	A6456 A1	120.00	102.40	20.48	81.92
						Reason Code: PR-2 CO-42			Remark Codes:	
							1719.90	1398.40	221.06	884.23

Deductible/Coinsurance Service Line(s) Report

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Deductible/Coinsurance Service Line(s) Report
Generated: 11/23/2010 1:47:26 PM

Carrier: AREA INSURANCE
Payee #: 8888888888
Payee Name: Physician Partners INC.
Chk Date: 04/23/05
Chk/EFT #: 12345

Seq #	Prov#/NFI	ACNT # / Name	ICN/HICN	Lt#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	8888888888	1111111 Doe Sally	999999999999999 SJD11111	01	02/10/04-02/10/04	A1111 AM	18.00	13.20	0.00	2.64	10.56
						Reason Code: PR-2 CO-42				Remark Codes:	
00002	8888888888	1111111 Doe Sally	999999999999999 SJD11111	02	02/10/04-02/10/04	A2222 A1	238.50	220.50	0.00	44.10	176.40
						Reason Code: PR-2 CO-42				Remark Codes:	
00003	8888888888	1111111 Doe Sally	999999999999999 SJD11111	03	02/10/04-02/10/04	A3333 A2	411.00	380.40	0.00	76.08	304.32
						Reason Code: PR-2 CO-42				Remark Codes:	
00004	8888888888	1111111 Doe Sally	999999999999999 SJD11111	04	02/10/04-02/10/04	A4444 A1	13.05	10.44	0.00	2.09	8.35
						Reason Code: PR-2 CO-42				Remark Codes:	
00005	8888888888	1111111 Doe Sally	999999999999999 SJD11111	05	02/10/04-02/10/04	A5555 A2	216.00	98.40	0.00	19.68	78.72
						Reason Code: PR-2 CO-42				Remark Codes:	
00006	8888888888	1111111 Doe Sally	999999999999999 SJD11111	06	02/10/04-02/10/04	A4444 A1CC	13.95	11.16	0.00	2.23	8.93
						Reason Code: PR-2 CO-42				Remark Codes:	
00007	8888888888	1111111 Doe Sally	999999999999999 SJD11111	01	02/11/05-02/11/05	A4310 FK	15.40	13.12	13.12	0.00	0.00
						Reason Code: PR-1 CO-42				Remark Codes:	
00008	8888888888	1111111 Doe Sally	999999999999999 SJD11111	02	02/11/05-02/11/05	A4338 FK	22.80	22.80	7.17	3.13	12.50
						Reason Code: PR-1 PR-2				Remark Codes:	
00009	8888888888	1111111 Doe Sally	999999999999999 SJD11111	01	03/28/05-03/28/05	A6209 A2	194.40	179.52	0.00	35.90	143.62
						Reason Code: PR-2 CO-42				Remark Codes: N88	
00010	8888888888	1111111 Doe Sally	999999999999999 SJD11111	02	03/28/05-03/28/05	A5555 A2	43.20	19.68	0.00	3.94	15.74
						Reason Code: PR-2 CO-42				Remark Codes: N88	
00011	8888888888	1111111 Doe Sally	999999999999999 SJD11111	01	02/10/05-02/10/05	A1111 AM	6.00	4.40	4.40	0.00	0.00
						Reason Code: PR-23 PR-1 CO-42 OR-23				Remark Codes:	
00012	8888888888	1111111 Doe Sally	999999999999999 SJD11111	02	02/10/05-02/10/05	A6021 A1	375.00	315.30	30.84	7.85	31.53
						Reason Code: PR-23 PR-1 PR-2 CO-42 OR-23				Remark Codes:	
00013	8888888888	1111111 Doe Sally	999999999999999 SJD11111	03	02/10/05-02/10/05	A5555 A1	25.20	11.48	0.00	0.32	1.14
						Reason Code: PR-23 PR-2 CO-42 OR-23				Remark Codes:	
00014	8888888888	1111111 Doe Sally	999999999999999 SJD11111	01	03/09/05-03/09/05	A5555 A1	28.80	13.12	0.00	2.62	10.50
						Reason Code: PR-2 CO-42				Remark Codes:	
00015	8888888888	1111111 Doe Sally	999999999999999 SJD11111	02	03/09/05-03/09/05	A6456 A1	120.00	102.40	0.00	20.48	81.92
						Reason Code: PR-2 CO-42				Remark Codes:	
1741.30							1415.92	55.53	221.06	884.23	

Denied Service Line(s) Report

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Denied Service Line(s) Report

Generated: 11/23/2010 1:48:41 PM

Carrier: Valley Insurance
 Payee #: 55A555
 Payee Name: Community Health Services
 Chk Date: 06/29/04
 Chk/EFT #: 5555555555

Seq #	Prov#/NPI	ACNT # / Name	ICN/HICN	Ln#	Service Date(s)	Prod/Serv ID	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	55A555	22222222 Davis James	33333333333333 333333333A	05	06/07/04-06/07/04	a1111	182.80	0.00	0.00	0.00	0.00
							Reason Code: CO-16			Remark Codes:	
00002	55A555	33333333 Wilson Robert	44444444444444 444444444A	01	06/22/04-06/22/04	55555	450.96	0.00	0.00	0.00	0.00
							Reason Code: CO-B22			Remark Codes: M25 N115	
00003	55A555	44444444 Smith Mary	55555555555555 555555555M	02	06/08/04-06/08/04	a8888	25.70	0.00	0.00	0.00	0.00
							Reason Code: CO-7			Remark Codes:	
							659.46	0.00	0.00	0.00	0.00

MSP Claims Report

Print preview

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MSP Claims Report
Generated: 11/23/2010 9:37:07 AM

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

Seq#	ACNT#	Name	HICN	ICN	Billed	Allowed	Deductible	COINS	Paid
00001	245Y67	GARY, MATTHEW	555555555A	10123466789000	1082.13	676.29	0.00	135.26	541.03
					1082.13	676.29	0.00	135.26	541.03

Non-MSP Claims Report

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Page 1

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

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

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

Other Adjustments

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Other Adjustments Report
Generated: 11/23/2010 9:13:12 AM

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

Seg#	Name	ACNT#	HICN	ICN	Adjustment	Description
00001	THOMAS, CHARLES	1A2B3C	999999999A	10123456789000	0.20	Interest

Entire Remittance

AREA INSURANCE
225 Main Street
Centerville, PA 17111

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
Jane Doe
(900) 555-5555

ACME PHYSICIANS INC.
225 Main Street
Centerville, PA 17111

PROVIDER #:
DATE: 04/23/2005
PAGE #: 1

CHECK/EFT #: 12345

REND-PROV RARC	SERV-DATE	POS	PD-PROC/MODS	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME: Doe, Sally HIC: SJD11111 ACNT: 1111111 ICN: 12345678901234 ASG: Y MOA: MA18 MA01									
CNTL #: 54321	0210	021004	12 A4450/AW	120.000	-18.00	-13.20	0.00	-2.64	-10.56
CNTL #: 54321	0210	021004	12 A6196/A1	0.000	-238.50	0.00	0.00	0.00	0.00
CNTL #: 54321	0210	021004	12 A6253/A2	60.000	-411.00	-380.40	0.00	-76.08	-304.32
CNTL #: 54321	0210	021004	12 A6402/A1	0.000	-13.05	0.00	0.00	0.00	0.00
CNTL #: 54321	0210	021004	12 A6446/A2	240.000	-216.00	-98.40	0.00	-19.68	-78.72
	0210	021004	12 A6402/A1	93.000	-13.95	-11.16	0.00	-2.23	-8.93
PT RESP	0.00	CLAIM TOTALS		-910.50	-503.16	0.00	-100.63	-402.53	
ADJ TO TOTALS: PREV PD		INTEREST		0.00	LATE FILING CHARGE	0.00	NET	-402.53	
CLAIM INFORMATION FORWARDED TO: UNKNOWN 61105P001									
NAME: Doe, Sally HIC: SJD11111 ACNT: 1111111 ICN: 12345678901234 ASG: Y MOA: MA03 MA18 MA67									
CNTL #: 54321	0210	021004	12 A4450/AW	120.000	18.00	13.20	0.00	2.64	10.56

File Maintenance

You guessed it . . . Made *Easy*



- Archive file
 - Prompts the user to the archive folder created during the installation process or *Easily* select your own location
 - Option to check all files or check each file individually
- Restore file
 - Same as Archive but in reverse (restore from Archive)
- Delete file
 - Completely removes previously imported MREP RA files
 - Please note: This MREP feature will NOT delete the HIPAA 835 files that are used as the source unless the user keeps them in the same directory as the MREP imported files and chooses to delete the HIPAA 835 files.

File Maintenance Contd.

Archive Imported Files

Folder : C:\Program Files\Medicare Remit EasyPrint\Archive\ Browse

Payer Name	Payee Name	Payee ID	Check Date	Check/EFT ...	Check/EFT ...
☐ AREA INSUR...	Physician Partners INC.	88888888	04/23/05	481.71	EFT
☐ Northern Ins...	Practice Partners, Inc.	77777777	06/29/04	11.31	CHK
☐ Valley Insura...	Community Health Services	99999999	06/29/04	1050.01	CHK

☐ Check All

Archive Cancel

File count : 3

Restore Imported Files

Folder : C:\Program Files\Medicare Remit EasyPrint\Import\ Browse

Payer Name	Payee Name	Payee ID	Check Date	Check/EFT ...	Check/EFT ...
☐ AREA INSUR...	Physician Partners INC.	88888888	04/23/05	481.71	EFT
☐ Valley Insura...	Community Health Services	99999999	06/29/04	1050.01	CHK

☐ Check All

Restore Cancel

2 file(s) listed.

Delete selected import file(s)

Payer Name	Payee Name	Payee ID	Check Date	Check/EFT ...	Check/EFT ...	Claims	Cher
☐ AREA INSUR...	Physician Partners INC.	88888888	04/23/05	481.71	EFT	7	1234
☐ Northern Ins...	Practice Partners, Inc.	77777777	06/29/04	11.31	CHK	1	3333
☐ Valley Insura...	Community Health Services	99999999	06/29/04	1050.01	CHK	5	5555

☐ Check All

Delete Cancel

0 item selected for deletion.

Archive, Restore,
or Delete:
Option to
perform for all
MREP RAs

Questions?

Please contact your local Medicare contractor with any questions re: MREP.

Thank you for using
Medicare Remit Easy Print!