CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 811	Date: November 12, 2010
	Change Request 7218

SUBJECT: Medicare Remit Easy Print (MREP) Compatibility Enhancement

I. SUMMARY OF CHANGES: This Change Request (CR) instructs VMS to make the Medicare Remit Easy Print (MREP) software compatible with Microsoft Windows 7 (32 or 64 bit), Microsoft Vista (32 or 64 bit), and Microsoft XP (64 bit) operating systems.

EFFECTIVE DATE: April 1, 2011
IMPLEMENTATION DATE: BR 7218.1 and 7218.3 – April 4, 2011/ BR 7218.2 – July 5, 2011
This CR is split over 2 releases

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

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 811	Date: November 12, 2010	Change Request: 7218

SUBJECT: Medicare Remit Easy Print (MREP) Compatibility Enhancement

Effective Date: April 1, 2011

Implementation Date: BR 7218.1 and 7218.3 **-** April 4, 2011
BR 7218.2 - July 5, 2011

I. GENERAL INFORMATION

A. Background: CMS contracted with Viable Information Processing System (VIPs) to develop MREP software enabling providers/suppliers to view, download, and print Electronic Remittance Advice (ERA). CMS decided to develop and offer the software for free to providers/suppliers to help them transition from paper remittance advice to ERA. The software was launched in October 2005, and has been enhanced on a regular basis. The enhancements are based on user feedback received through CMS website and/ or the Medicare Administrative Contractors (MACs). Currently CMS is in the process of implementing the new standard under Health Insurance Portability and Accountability Act for ERA – ASC X12 Transaction 835 – Health Care Claim Payment/ Advice – version 5010. It has been brought to our attention that the current version of MREP may not be compatible with anything other than Microsoft Windows XP operating system. This Change Request (CR) instructs VIPs to make the MREP software compatible with Microsoft Windows 7 (32 or 64 bit), Vista (32 or 64 bit), and XP (32 or 64 bit) operating systems. CMS expects that making the software compatible with multiple operating systems would make it more acceptable to users and providers/suppliers could transition to ERA in conjunction with transition to 5010.

B. Policy: CMS offers free software – Medicare Remit Easy Print (MREP) – to view and print HIPAA compliant Electronic Remittance Advice (Transaction 835 - Health Care Claim Payment/Advice). The software gets enhanced on a regular basis to meet the changing needs of providers/suppliers to help them transition to electronic remittance advice. This helps CMS to meet their Government Performance and Results Act (GPRA) goal.

II. BUSINESS REQUIREMENTS TABLE
Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7218.1	VMS shall analyze and define the scope of this project: MREP compatibility with Microsoft Windows 7 (32 or 64 bit), Vista (32 or 64 bit), and XP (64 bit) operating systems, and report to CMS.								X		
7218.2	VMS shall enhance MREP software to be compatible with Microsoft Windows 7 (32 or 64 bit), Vista (32 and 64 bit), and XP (64 bit).								X		

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	Note: If MREP is already compatible with any of the above mentioned operating systems, VMS does not need to develop fixes to make MREP compatible with that system.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7218.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X		X						CEDI

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: for all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

Post-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* **and/or** *Carriers***:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs***:**

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