CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1552	**Date: November 5, 2015**
	Change Request 9291

SUBJECT: Medicare Remit Easy Print (MREP) Upgrade

I. SUMMARY OF CHANGES: This Change Request (CR) instructs the developer of the software to update based on enhancement requests received through the Medicare Administrative Contractors (MACs) and/or the Centers for Medicare & Medicaid Services (CMS) website. This software is available free of charge from the CMS website and now offers a number of special reports that users can view and download in addition to the remittance advice.

EFFECTIVE DATE: April 1, 2016
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 4, 2016

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	N/A

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

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: Medicare Remit Easy Print (MREP) software was developed by the Centers for Medicare & Medicaid Services (CMS) to help providers to transition to Electronic Remittance Advice (ERA) by offering to translate the ERA into a humanly readable format. CMS introduced the software in October 2005, and has continously enhanced the software based on feedback from the end users.

B. Policy: CMS offers free software - Medicare Remit Easy Print (MREP) - to view and print Health Insurance Portability and Accountability Act (HIPAA) compliant Electronic Remittance Advice (ERA), 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 ERA.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9291.1	The VMS Shared System Maintainer shall make changes to the Medicare Remit Easy Print (MREP application) so that when a user prints the Claim Detail with the Glossary option selected, the Glossary will begin on the same page of the last claim if there are available print lines on the page, rather than always printing on a new page.							X		
9291.2	The VMS Shared System Maintainer shall make changes to the MREP application to add the Claim Adjustment Reason Code (CARC) as a new criteria option for the existing search functionality. The search scope will be limited to a single selected remit, as it is today.							X		
9291.3	Contractors shall update all MREP documentation as appropriate.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9291.4	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X		X	X

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Charles Watson, 410-786-8209 or Charles.Watson@cms.hhs.gov , Angie Bartlett, 410-786-2865 or Angie.Bartlett@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0