CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2064	Date: October 8, 2010
	Change Request 7178

SUBJECT: Medicare Remit Easy Print (MREP) Enhancement

I. SUMMARY OF CHANGES: This Change Request (CR) instructs VMS to implement user requested changes in MREP that will enhance the functionality of the software referred in Claims Processing Manual Chapter 22, Section 40.5 and Chapter 24, Section 60.6.1.

EFFECTIVE DATE: January 1, 2011
IMPLEMENTATION DATE: January 3, 2011

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:

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2064	Date: October 8, 2010	Change Request: 7178

SUBJECT: Medicare Remit Easy Print (MREP) Enhancement

Effective Date: January 1, 2011

Implementation Date: January 3, 2011

I.   GENERAL INFORMATION

   A   Background: Centers for Medicare and Medicaid Services (CMS) developed the MREP software to enable providers/suppliers to read and print the HIPAA-compliant Electronic Remittance Advice (ERA), also known as Transaction 835. MREP was implemented in October, 2005, and MREP has been enhanced continuously based on requests/comments received from users. This Change Request (CR) instructs VIPs Medicare System (VMS), the maintainer of MREP, to implement the enhancements listed in the Attachment by January 3, 2011. These enhancements are based on requests received either through the Medicare Administrative Contractors (MACs)/DME Medicare Administrative Contractors (DME MACs) or CMS MREP Website.

B.   Policy: CMS offers a free software – Medicare Remit Easy Print (MREP) – to read and print HIPAA compliant Electronic Remittance Advice (transaction 835 - Health Care Claim Payment/Advice) that gets updated three times a year to incorporate changes in the two code sets – Claim Adjustment Reason Codes and Remittance Advice Remark Codes – used to report the adjudication results on the 835. There may be a separate instruction from CMS for MREP software enhancements based on feedback received from users.

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	
7178.1	VMS shall update MREP software implementing the first and the fourth enhancements listed in the Attachment with this CR.								X		
7178.2	VMS shall complete analysis and design for the second and the third enhancements listed in the Attachment with this CR, and deliver the result to CMS by January 3, 2011.								X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7178.3	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	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.

Attachment

MREP Enhancements for January 2011
(Attachment - CR 7178)

(For alternate format, please contact the CR author)

Seq #	Enhancement Synopsis	Comments
1	Update MREP Demo available from the CMS Website to reflect current functionalities.	The demo was created in 2005 and screen shots indicate version 1.4. The basic functionality is the same, however we just released version 2.7, so there have certainly been some enhancements that are not reflected in the presentation.
2	Uninstall older version of MREP in background when installing a new version of MREP.	Currently uninstalling the older version is a separate function.
3	When users import X835 files, MREP should start where the user imported their last X835 file.	Enhancement for the MREP software to keep a memory of the location where the user imported their last X835 file and use this location as the default starting point when the user imports a subsequent X835 file.
4	Identify MSP Claims to distinquish the medicare secondary payments from the primary payments.	A report based on all secondary payments would be an additional advantage of using MREP in conjunction with Electronic Remittance Advice.

Attachment