

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 833

Department of Health &
Human Services (DHHS)

Center for Medicare &
Medicaid Services (CMS)

Date: FEBRUARY 3, 2006

Change Request 4289

SUBJECT: Medicare Remit Easy Print (MREP) Enhancements, and Clarification of Check Issue/EFT Effective Date

I. SUMMARY OF CHANGES: Medicare Remit Easy Print (MREP) Enhancement and Clarification of Check Issue/EFT Effective Date.

NEW/REVISED MATERIAL

EFFECTIVE DATE: July 1, 2006

IMPLEMENTATION DATE: July 3, 2006

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

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

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-04	Transmittal: 833	Date: February 3, 2006	Change Request 4289
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SUBJECT: Medicare Remit Easy Print (MREP) Enhancements, and Clarification of Check Issue/EFT Effective Date

I. GENERAL INFORMATION

A. Background:

Section A – CMS has developed software that gives providers a tool to read and print an electronic remittance advice (RA) in a human readable format. This software is called Medicare Remit Easy Print (MREP). It has been developed in response to comments CMS received from the provider community that they need a paper document for accounts reconciliation, and claim submission for secondary/tertiary payments. Providers who use the MREP software package, have the ability to print paper documentation that can be used to reconcile accounts receivable, as well as create document(s) that can be included with claim submission to Coordination of Benefits (COB) payers. The output of MREP is based on the current Standard Paper Remittance (SPR) format. This software became available on October 11, 2005, through their respective contractors for Part B and DMERC providers.

In an effort to continuously improve this product, CMS has set up a process to receive valuable suggestions from providers, contractors, and CMS staff to enhance the functionality and effectiveness of the software. The attached summary page lists the enhancements to be implemented in July 2006. ViPs will update the software to incorporate the enhancements listed. Contractors will conduct testing of the updated software, and report issue(s) identified during the testing phase using the ViPs Assist Web site. Contractors will continue reporting issues identified by them and providers once the new version goes into production.

This MREP update includes suggestions for enhancements received before the cut off date of November 15, 2005. The next enhancement update to be implemented in October 2006 shall include suggestions received between November 16, 2005, and the next cut off date. After October 2006, only one annual enhancement update will be published every October. There will be no update if no suggestion for enhancement is received. In addition to the annual enhancement update, there will be three code updates to implement the Claim Adjustment Reason and Remittance Advice Remark code changes.

Section B: - An issue was reported to contractors by providers receiving both electronic and paper RA, and using the MREP software. The software populates the “Check Issue/EFT Effective Date” from the data field BPR16 in the 835. The SPR uses the information contained in the data field DTM 02 which is the “Production Date” in the 835 transaction. These two dates are the same if the qualifier in the BPR04 field is either “CHK” or “NON”. However, when the qualifier in BPR04 is ACH (for electronic funds transfer), BPR16 date may be different than the “Production Date” to acknowledge the fact that it may take a few days to have the money move from Medicare’s financial institution to the payee’s financial institution, and be available to the provider.

This CR reiterates the instruction originally included in CR 1953, which was published in January 2001, stating that the information for Check Issue /EFT Effective Date must be populated from the BPR16 data field and not from data field DTM 02.

B. Policy: CMS requires that the paper Remittance Advice (RA) must mirror the electronic RA, and any software reading the electronic RA must have the same information in the output as in the electronic RA.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4289.1	ViPs shall update the MREP software incorporating the enhancements that have been requested by CMS, contractors and providers per the attached list.			X	X			X		
4289.1.1	Contractors including DMERCs shall make sure that they test the new version and report any issue(s) through ViPs Assist Web.			X	X			X		
4289.2	Contractors and Shared System Maintainers shall ensure the information in the SPR - "Check Issue/EFT Effective Date" is populated from the BPR16 data element in the 835, and not from DTM02. If the qualifier in BPR04 is ACH, there will be a difference in dates shown in DTM02 and BPR16 to acknowledge time needed for funds to be available to the payee when there is electronic transfer of funds from payer's to payee's financial institution. If the qualifier is not ACH, these two dates would be the same. (NOTE: This instruction reiterates instruction included in CR 1953, Transmittal B-01-76 published December 11, 2001.)			X	X		X	X		

II. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4289.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 and incorporated into your outreach activities, as appropriate. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: July 1, 2006</p> <p>Implementation Date: July 3, 2006</p> <p>Pre-Implementation Contact(s): Sumita Sen at 410-786-5755 or Sumita.sen@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Sumita Sen at 410-786-5755 or Sumita.sen@cms.hhs.gov</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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Attachment

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List of Enhancements to be implemented in July 2006

<u>Prob #</u>	<u>Date Opened</u>	<u>Client</u>	<u>Entry Type</u>	<u>Release</u>	<u>Synopsis of Enhancement</u>
12840	11/14/2005	ViPS	Enh.Req.EasyPrint	1.5	Provider requests ability to show only COB claims
12839	11/14/2005	ViPS	Enh.Req.EasyPrint	1.5	Add the ability to import the CARC/RARC updates rather than issue a new MREP version each time
12378	10/12/2005	Empire BCBS-Medicare	Enh.Req.EasyPrint	1.5	Description: Include Check Date in remit list view
12353	10/11/2005	HGSAdministrators	Enh.Req.EasyPrint	1.5	Description: Issue with search feature not returning search for wild cards Impact: Possible enhancement?
12330	10/10/2005	Noridian	Enh.Req.EasyPrint	1.5	Enhancement to show inpatient vs. outpatient amounts
12248	10/4/2005	Palmetto	Enh.Req.EasyPrint	1.5	Search date of service function limited to entire date
11753	9/6/2005	CMS	Enh.Req.EasyPrint	1.1	Add Coinsurance to selection criteria of Deductible report
11752	9/6/2005	CMS	Enh.Req.EasyPrint	1.1	Provide Claim Detail for Printed Reports