

EDI Support Services

Medicare Remit Easy Print (MREP) Quick Start Guide

Download and install MREP from the CMS website.

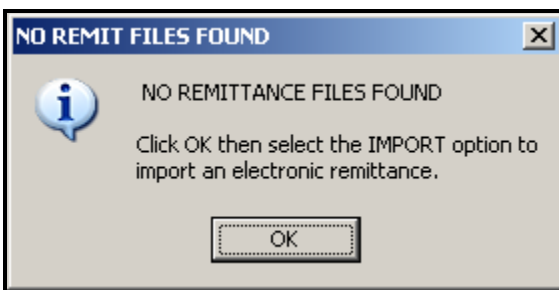
1. Open the [CMS Website](#) and click on the Medicare Remit Easy Print link. Please refer to the Downloads section on the CMS website for complete MREP documentation and helpful guides.
2. Select and run the extracted MedicareRemitEasyPrint.msi file.
3. Download the remittance advice from EDISS' Bulletin Board System.
Link: [EDISS User Documentation Bulletin Board System \(BBS\)](#).

Note: Save the remit in the Import folder for easy reference. The path for the Import folder is C:\Program Files\Medicare EasyRemit\Import.

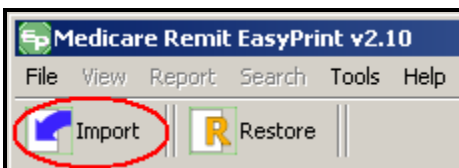
4. To start MREP, double-click the Medicare Remit Easy Print shortcut.



The following message displays the *first time* that you start MREP, or when no Remittance files are in the Import folder. Click Ok.



5. Select Import.

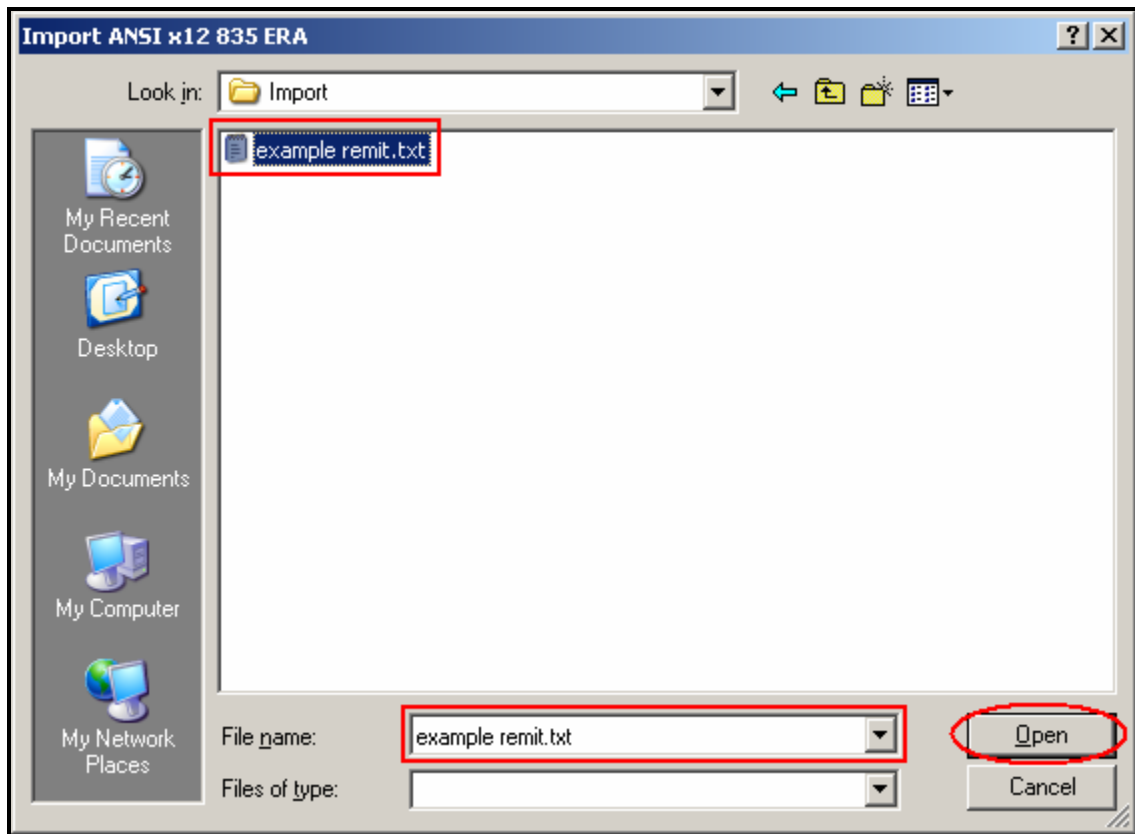


6. Select the HIPAA 835 file that you want to import by double-clicking on it or by clicking on it and selecting open.

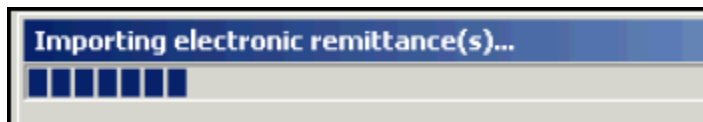
In this document:

- Download and Install MREP software
- Import and translate remittance advices using MREP

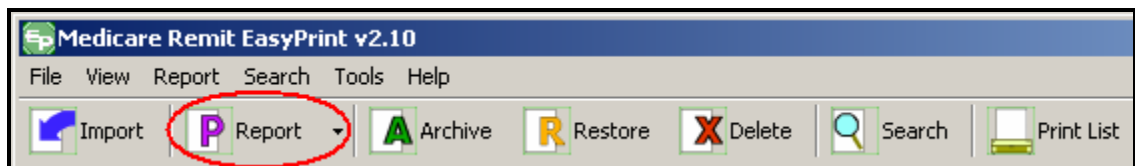
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MREP starts the import:



7. Click the down arrow on the Report button to pick a view. The report list display, select Entire Remittance, for the display that most resembles the Standard Paper Remittance (SPR) Medicare generates and mails to providers.



8. The file and its corresponding claims display, click on the print  button to print the remittance.

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PC-ACE Print ETR Medicare Remittance Notice (Printed)

Zoom 100 Page 1 of 1 Close

MEDICARE SERVICE CENTER
4301 33TH AVE NORTH
TAMPA, FL 336131371

**MEDICARE
REMITTANCE
NOTICE**

ISSUING HEALTH
ALL BIRDS PT E
MINN, MN 551314482

PROVIDER #: H11171
PAGE #: 1
DATE: 03/12/2005
CLAIM/RTY #: 33333333

SEND FROM	SEND DATE	PO1	REG	PROF	MODE	BILLED	ALLOWED	DEDUCT	COINS	CD-REASON	CD	AMT	FROM PAID

NAME BRNCH, BENE													
BIC 111456789A ACNT 011234567													
ICM 118805233981A ADG Y H0A H061 H010													
MEDICAR	0111	011105	02	1	91014	CC	-119.00	0.00	0.00	0.00	CO-210	-119.00	0.00
MEDICAR	0111	011105	02	1	91135	SE	-114.00	-10.00	0.00	-7.10	CR-41	-31.10	-25.50
MEDICAR	0111	011105	02	1	91092	SE	-57.00	-18.40	0.00	-5.10	CR-41	-30.57	-21.14
PT REIP	0.00						-219.00	-28.40	0.00	-12.67		-176.69	-14.64
ADJ TO TOTAL: REIN PD													
INTEREST 0.00 LATE FILING CHARGE 0.00 SET -19.64													
CLAIM INFORMATION FORWARDED TO: BENE/SCEN OF MONTH DATA													

NAME BRNCH, BENE													
BIC 111456789A ACNT 011234567													
ICM 478514773100A ADG Y H0A H061 H010													
MEDICAR	0111	011105	02	1	91499	CC	119.00	0.00	0.00	0.00	CO-41	119.00	0.00
MEDICAR	0111	011105	02	1	91135	SE	118.00	16.00	0.00	7.10	CO-41	91.10	29.50
MEDICAR	0111	011105	02	1	91092	SE	57.00	16.40	0.00	5.10	CO-41	30.57	21.14
PT REIP	12.67						119.00	32.40	0.00	12.67		150.69	50.64
ADJ TO TOTAL: REIN PD													
INTEREST 0.00 LATE FILING CHARGE 0.00 SET 79.64													
CLAIM INFORMATION FORWARDED TO: BENE/SCEN OF MONTH DATA													

NAME BRNCH, BENE													
BIC 001054311A ACNT 1145678													
ICM 148514619100A ADG Y H0A H061													
MEDICAR	0410	041005	24	1	06594	LT	-1370.00	-541.10	0.00	-110.10	CR-25	110.10	0.00
PT REIP	0.00						-1370.00	-541.10	0.00	-110.10		-1761.77	0.00
ADJ TO TOTAL: REIN PD													
INTEREST 0.00 LATE FILING CHARGE 0.00 SET 0.00													

NAME BRNCH, BENE													
BIC 001054311A ACNT 1145678													
ICM 478515141701A ADG Y H0A H061													
MEDICAR	0410	041005	24	1	06594	LT	1370.00	541.10	0.00	110.10	CO-25	110.10	0.00
PT REIP	0.00						1370.00	541.10	0.00	110.10		1761.77	0.00
ADJ TO TOTAL: REIN PD													
INTEREST 0.00 LATE FILING CHARGE 0.00 SET 0.00													

TOTAL:	# OF	BILLED	ALLNED	DEDUCT	COINS	TOTAL REASON	FROM PAID	FROM ADJ	CHCK				
CLAIMS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	CD AMOUNT	AMOUNT	AMOUNT	AMOUNT				
4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				

GLOSSARY : GROUP AND REASON CODES FOR CLAIM/SERVICE LINE ADJUSTMENTS

- 03 Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments
- 05 Lifetime benefit maximum has been reached
- 06 Charge exceed our fee schedule or maximum allowable amount
- 09 Payment adjusted because procedure/service was partially or fully furnished by another provider
- 10 Contractual Obligations - Use this code when a joint payer/payer contractual agreement or a regulatory requirement resulted in an adjustment
- 12 Correction and Reversals - Use this code for corrections and reversals to REIB claims. Use when CL01011, Reversal of Previous Payments
- 08 Other Adjustments
- 09 Patient Responsibility

GLOSSARY : MEDICARE SUPPLEMENT ADJUDICATION (H0A) AND CLAIM PAYMENT REMARK CODES

- H0A1 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 than 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 180 days of the date you received this notice, unless you have a good reason for being late.
- H0A2 The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- H0A7 Correction to a prior claim.