



Provider Inquiry Assistance

Individuals Authorized Access to the Centers for Medicare & Medicaid Services (CMS) Computer Services – Provider/Supplier Community: THE THIRD IN A SERIES OF ARTICLES ON THE IACS – JA0754

Note: Special Edition MLN Matters article SE0754 was revised to reflect current terminology and processes as reflected on the IACS website.

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Contractors Affected

- Medicare Carriers
- Fiscal Intermediaries (FIs)
- Regional Home Health Intermediaries (RHHIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Medicare physicians, providers, and suppliers (collectively referred to as providers) who submit fee-for-service (FFS) claims to Medicare Carriers, FIs, RHHIs, and A/B MACs



- Special Edition (SE) article SE0754 describes the three steps providers must take to access a CMS enterprise provider application, including how to request a provider application role in IACS.
- CMS will notify providers as internet applications become available, and provide clear instructions that specify which providers should register in IACS to access those applications.
- Providers should not register until they are notified by CMS or one of its contractors to do so, and only if they meet the criteria in the notice.

Special Note: Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers should not register for IACS at this time. DMEPOS suppliers may want to review question #11 in MLN Matters article SE0747 (See Background Section.).

Note: Individual practitioners must use a different registration process, depending on whether they will have employees use IACS and/or the CMS application on their behalf. Those using employees must register in IACS as an “Organization”. See the MLN Matters article SE0747 for more information.

Steps to Access a CMS Enterprise Provider Application

Step 1: Be Approved for an IACS Role.

- The first two MLN Matters articles (See Background Section) in this series discussed how to register in IACS.
- The purpose of the IACS registration process is to:
 - Confirm the identity of the person requesting registration;
 - Assure registrants have a legitimate business need to access CMS provider systems;
 - Provide the registrant an IACS role (e.g., Security Official (SO) or End User (EU)) that defines their responsibilities (if any) for approving the registration requests of others in their organization; and
 - Provide the registrant a User ID and Password for IACS.

Step 2: Be Approved for an Application Role

Provider Needs to Know...

- After receiving approval for an IACS role and obtaining an IACS User ID and password (Step 1), the registered user in a provider organization may then request access to CMS provider applications.
- This requires specifying a role for specific applications. For example, the role may be an “Application Approver” or an “Application User.”
- This application role determines:
 - Their responsibilities (if any) to approve application access requests from others in their organization;
 - What CMS enterprise applications (if any) they have a legitimate need to access; and
 - The appropriate level of access to each application for their job function (which application “role” they require).
- Users who received approval in IACS in Step 1 can then request access to specific CMS enterprise applications using their IACS User ID account.
- This requires requesting either an Application Approver or an Application User role for each application needed to perform Medicare related job functions.
- For provider applications, there are specific roles within the application that define what the user can do. For example, some application users may be limited to viewing information and printing reports, while others can enter, edit and submit information to CMS.

- Each user must request a specific application role in IACS for each CMS enterprise provider application they wish to use. Roles will be specific to each application.

Step 3: Enter the application when it becomes available.

- Providers will be notified as CMS enterprise applications become available.
- After providers have been approved in Steps 1 and 2, they will be able to access available CMS enterprise applications in accordance with approved application specific roles via the CMS or application website.

Application Approvers

- Organizations must have designated persons that approve each user's request for an application role. The person who performs this task is an "Application Approver". As such, that person cannot personally access applications for which they serve in this role.
- Though the User Group Administrator (UGA) may frequently be the appropriate person who should have this role, organizations have discretion in how they designate the Application Approvers so that it is appropriate for their particular organization. For example, the UGA may be designated by the SO or Backup SO (BSO) to serve in this role for their user group, or an EU may be approved for this role by the SO or BSO for the user group with which they are associated.

Note: If a user group does not have an Application Approver for an application, the requests will, by default, be routed to the SO and BSO for a decision.

Application Approver- Key Points

- An Application Approver must be a member of the user group(s) for which they serve as an Application Approver (this does not apply if the SO/BSO is the Application Approver).
 - Providers have flexibility in assigning the Application Approver role.
 - The UGA does not have to be the Application Approver within the user group.
 - An EU within a user group may serve in the role of the Application Approver.
 - A different person may serve as an Application Approver in a user group for each application.
 - The same person can be the Application Approver for multiple applications in a user group. The same person can be the Application Approver for multiple user groups (though they must be a member of each group.)
 - There can be multiple Application Approvers for the same application within the same user group. In this situation, the first approver who approves or denies the request will serve as the decision authority. All of the Application Approvers within the user group do not need to act on each request.
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- A person can be an Application Approver for one application, and an Application User for a different application, just not for the same one.
- If an Application Approver does not exist for an application in a user group, the user group requests for that application will go to the SO and BSO for a decision.
- Organizations with a large number of IACS users are encouraged to have Application Approvers in each user group for each application (can be the same person), so that all of the application requests are not routed to the SO and BSO as the default Application Approvers.

Note: System security requires a "separation of duties" – which means that those who approve user requests for CMS enterprise application roles will not have access to the applications for which they have an approver role. Therefore, those in Application Approver roles will not have access to the application for which they are an approver. SOs and BSOs, by definition, can never access any applications as they serve as the default Application Approvers as noted above.

- Instructions for approving application role requests are the same as for approving IACS registration requests. The *IACS User Guide* for Approvers may be found by selecting General User Guides and Resources in the left column of the page at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website.

Additional CMS Partner and Customer Communities will use IACS

- IACS communities (e.g., the IACS - Provider/Supplier Community) are comprised of groups of users who provide a similar service to CMS and who need access to similar applications.
- For example, the next community will be the FI, carrier, or A/B MAC community. It will be comprised of users who work within Medicare FFS contracting organizations (FIs, carriers and A/B MACs).
- Since many IACS communities will be added in the future, the IACS community's user instructions are generic to allow use by multiple communities.
- The rules and concepts across communities are very similar. When the provider is given a choice in IACS to select their community, they should select the "Provider/Supplier Community".

Coming Soon

- CMS enterprise applications to be made available via the web for providers include:
 - Applications related to the Physician Quality Reporting Initiative (PQRI) and the Provider Statistical and Reimbursement Report;
 - Instructions for modifying their user profile;
 - What to do if they forget their user ID or password; and
 - Tools for SOs, BSOs and UGAs to manage user accounts.
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Background

- CMS will announce new online enterprise applications that will allow Medicare FFS providers to access, update, and submit information over the Internet.
- CMS enterprise applications are those hosted and managed by CMS and for the most part do not include internet applications offered, hosted, and managed by FIs/carriers/MACs. Details of these provider applications will be announced as they become available.
- SE0747 was the first article in this series and provided an overview of the IACS registration process as well as registration instructions for SOs and individual practitioners. This article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf> on the CMS website
- SE0753 was the second article in this series, addressed common questions, and gave remaining instructions for registering provider organizations including registration as BSOs, UGAs, and EUs. It also provided instructions SOs, BSOs, and UGAs can use to approve user registration requests. This article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf> on the CMS website.

Operational
Impact

N/A

Reference
Materials

- The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf> on the CMS website.
- The IACS webpage is at <http://www.cms.hhs.gov/IACS> on the CMS website. The specific community for providers can be accessed by clicking on the "Provider/Supplier Community" in the left margin of this website. Providers can also go directly to the "Provider/Supplier Community" page at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp on the CMS website.
- The *IACS Request Access to CMS Application Quick Reference Guide* provides instructions for requesting an application role. It may be found at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website.
- CMS has established the External User Services (EUS) Help Desk to support providers and Medicare contractors in their access to IACS. The EUS Help Desk may be reached by e-mail at EUSsupport@cqi.com or by phone on 1-866-484-8049 or TTY/TDD on 1-866-523-4759.

- An informative reference chart outlining the steps for organizations to access CMS enterprise applications may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/IACSchart.pdf> on the CMS website.
 - Information on the steps needed to register to access PQRI feedback reports is available in MLN Matters articles SE0830 and SE0831. These articles are available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0830.pdf> and <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0831.pdf>, respectively.
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