



News Flash – The *Medicare Dependent Hospital Fact Sheet* (April 2009), which provides the criteria that rural hospitals must meet in order to be classified as a Medicare Dependent Hospital, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/MedDependHospfctsh508.pdf> on the CMS website.

MLN Matters Number: MM6519

Related Change Request (CR) #: 6519

Related CR Release Date: June 12, 2009

Effective Date: July 13, 2009

Related CR Transmittal #: R153FM

Implementation Date: July 13, 2009

Implementation of the Redesigned Provider Statistical and Reimbursement (PS&R) System

Provider Types Affected

All providers who submit institutional claims to Medicare Administrative Contractors (MACs) or fiscal intermediaries (FIs) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6519, which notifies providers that the Centers for Medicare & Medicaid Services (CMS) has redesigned the PS&R (PS&R Redesign) and the new system is now operational. Be sure that your reimbursement staffs are aware of these changes.

Background

CR 6519 describes changes to the Provider Statistical & Reimbursement (PS&R) system. This is a CMS system that accumulates and reports Medicare Part A claims data into categories needed for Medicare cost reporting. Providers utilize PS&R reports to accumulate statistical and payment data to prepare their Medicare cost reports, and FIs and MACs use this data to settle the cost reports.

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The current PS&R system (Legacy PS&R) has been in use for over twenty years. CMS has redesigned the system and it is now operational. The PS&R Redesign is a centralized, web-based application programmed using current technology. It includes enhancements that will improve access and delivery, as well as increase the system's flexibility.

Key Points of CR 6519

- The PS&R Redesign will be utilized for filing and settling all cost reports with fiscal years ending on January 31, 2009 and later. Cost reports with fiscal years ending prior to January 31, 2009 will continue to be filed and settled with the Legacy PS&R system. Due to this transition, the Legacy PS&R will not produce reports containing dates of service after January 30, 2009. Reports for fiscal years containing claims with a service through date of January 31, 2009 and later must be produced by the PS&R Redesign.
- If you receive interim PS&R reports, you may experience a short interruption in obtaining your interim reports during this transition. Interim reports are not a requirement and are not necessary for cost reporting. The transition to the PS&R Redesign will not impact or delay submission of cost reports.
- The PS&R Redesign will allow all users (Providers, FIs/MACs, CMS) the ability to download summary PS&R reports via the Internet. Users will be able to log on to the system and request their summary reports on an as-needed basis. FIs/MACs will no longer produce and distribute these summary reports to their providers. It will be the provider's responsibility to obtain their own reports needed for their cost report. Providers will also be able to request detailed PS&R reports (reconciliation reports) via the internet, but due to the sensitive data contained within these reports, the FIs/MACs will continue to securely deliver these reports to providers. FIs/MACs may continue to charge a reasonable fee for the generation of the detail reports, in excess of 1 per year.
- The PS&R Redesign web page is located at <http://www.cms.hhs.gov/PSRR/> on the CMS website. This site contains an overview of the system, user manuals, quick guides, and other helpful information.
- The PS&R Redesign will utilize Individuals Authorized Access to CMS Computer Systems (IACS) for authentication and security purposes. All users must first establish an IACS account and also be approved for PS&R access prior to attempting to access the PS&R Redesign. IACS allows users to obtain one ID and password needed to access multiple web-based systems, one of which is the PS&R system. Information

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regarding the IACS process is located at <http://www.cms.hhs.gov/IACS> on the CMS website. The IACS web page contains descriptions of the processes and links to user guides that will assist with registration. There are also MLN Matters® articles that may provide additional guidance on the use of IACS. Those articles are at

- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf>;
 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf>;
 - and
 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf> on the CMS website.
- Providers and Medicare contractors must use IACS to gain access to the PS&R Redesign. The Provider IACS verification process includes the submission of supporting documentation, and may take weeks to complete the entire process. Providers should begin their IACS registration using the following schedule, to ensure that they will be able to access IACS and PS&R well in advance of the cost report due date:

<u>Cost Report Fiscal Year End</u>	<u>Begin IACS Registration</u>
January 31, 2009 – April 30, 2009	As soon as possible
May 1, 2009 – June 30, 2009	June 1, 2009
July 1, 2009 – August 31, 2009	August 1, 2009
September 1, 2009 – September 30, 2009	September 1, 2009
October 1, 2009 – January 30, 2010	November 1, 2009

- The PS&R Web page, <http://www.cms.hhs.gov/PSRR/>, contains a “Registration Tips” document that should assist with the addition of PS&R access to the user’s IACS account. The document is located in the “Download” section of the Provider Community and FI/MAC Community links.
- Note that the first person to register for a provider organization must be the provider’s designated Security Official (SO). This person is then responsible for all other users in that provider’s organization. As soon as the SO registers, submits all documentation, and receives approval from CMS, that SO may then approve other users within his/her organization to access IACS to the PS&R system. While the SO may approve users for access to IACS and the PS&R, the SO cannot access the PS&R application.

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- If the provider and SO have previously registered for another IACS application, they need not complete the initial registration again.
- If a provider is part of a chain, each provider within the chain must register separately.
- If an SO represents multiple providers, they may add the additional providers to their IACS account without having a separate IACS account for each provider. However, each provider will be vetted using the normal CMS approval process.
- To register in IACS, go to <https://applications.cms.hhs.gov> and read the warning message, then click "Enter CMS Applications Portal" and click the "Account Management" tab. This last click takes you to IACS web-based training and a link for "New User Registration". Select the "Provider/Supplier Community" to begin the process.
- Providers must produce the Summary PS&R reports needed to file cost reports ending on or after January 31, 2009. There are many variations of report requests that can be made in the new system, which you may customize as you become familiar with the system (see user guides and training materials).
- Providers approved for IACS will access the PS&R application at <https://psr-ui.cms.hhs.gov/psr-ui> on the CMS website.
- The earliest data accessible in PS&R Redesign is one full year of service dates beginning with the first cost report period ending January 31, 2009 and later (i.e. a June 30, 2009 fiscal year end provider's first accessible data is July 1, 2008 – June 30, 2009). CMS suggests you use a paid-through date that is approximately 30 days prior to the due date of your cost report. This will ensure that claims which may have been paid after the fiscal year end will be included in the PS&R. CMS also encourages you to attempt to run reports in advance to ensure that you can access the data needed for your cost report.
- Within the PS&R Redesign, users will find web-based training (WBT), help screens, and user manuals that will assist you in becoming more familiar with the system.
- Chapter 8 of the Medicare Financial Management Manual has been modified to include the updated information pertaining to the PS&R Redesign. That revision is attached to CR 6519. The PS&R technical information, located in Chapter 9 of that manual will be modified soon to include PS&R Redesign specific information.

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- Any user that has questions regarding IACS should contact the IACS help desk, External User Services (EUS), at 866-484-8049, or EUSsupport@cgi.com. Any providers' PS&R application specific questions will continue to be directed to their FI/MAC.

Additional Information

If you have questions, please contact your Medicare MAC or FI at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the Centers for Medicare & Medicaid Services (CMS) website.

The official instruction (CR 6519) issued to your Medicare MAC and/or FI is available at <http://www.cms.hhs.gov/Transmittals/downloads/R153FM.pdf> on the CMS website.

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