Submitting Your Medicare Part A Cost Report Electronically

Monday, October 15, 2018

Presenters:
Ben Moll, CMS
Patrick Herrity, CGI Federal
Acronyms in this Presentation

- BSO - Backup Security Official
- CCN - CMS Certification Number
- CMHC - Community Mental Health Center
- ECR - Electronic Cost Report
- EIDM - Enterprise Identity Management system
- ESRD - End Stage Renal Disease
- FQHC - Federally Qualified Health Center
- FTE - Full Time Equivalent
- FYB - Fiscal Year Begin
- FYE - Fiscal Year End
- GME - Graduate Medical Education
- HHA - Home Health Agency
- Histolab - Histocompatibility Laboratory
- HO - Home Office
- IME - Indirect Medical Education
- IPPS - Inpatient Prospective Payment System
- IRIS - Intern and Resident Information System
- LPIC - Limited Purpose Insurance Company
- MAC - Medicare Administrative Contractor
- MCR - Medicare Cost Report
- MCRéF - Medicare Cost Report e-Filing system
- NPR- Notice of Program Reimbursement
- OPA - Organ Procurement Agency
- PHI - Protected Health Information
- PII - Personally Identifiable Information
- PS&R - Provider Statistical and Reimbursement System
- RHC - Rural Health Clinic
- SNF - Skilled Nursing Facility
- SO - Security Official
- STAR - System for Tracking Audit and Reimbursement
Meeting Overview

- Introduce the Medicare Cost Report e-Filing system (MCReF)
- Communicate additional resources and information available
Agenda

• Introductions

• Background and Overview

• MCReF Walkthrough and Detailed Overview

• Ongoing Outreach and Education

• Q&A
Business Overview

• Medicare Cost Report (MCR) is used to determine Part A providers’ annual Medicare reimbursable cost.

• Providers use a variety of sources (including Provider Statistical and Reimbursement system (PS&R) claim reimbursement data) to create their MCR.
  • There are about 50,000 MCRs submitted each year that account for over $200 Billion of Medicare reimbursement.

• Regulation specifies deadline for submitting an acceptable cost report

• Medicare Administrative Contractors (MACs) have requirements for receiving, accepting, reviewing, auditing, and finalizing cost reports.
Current Cost Report Submission and Receipt Process – High Level

• You create a cost report package which includes:
  • Electronic media, computer-readable version of the cost report (custom text file);
  • Human readable version (PDF);
  • Interns and residents data (IRIS);
  • Required supporting materials; and
  • Worksheet S with an original inked signature by an officer of the provider.

• Most cost reports are mailed or hand-delivered; a few are transmitted via MAC portals.

• MACs have 30 days from receipt to perform an acceptability review.
CMS Goal

- Standardize, automate, and streamline the cost report processes for
  - Provider submission
  - MAC receipt, acceptance, and subsequent handling
MCReF – High Level System Overview

- MCReF – a new application allowing Part A providers to electronically transmit (e-File) their MCR package
  - Available since 5/1/2018
  - Usage is optional. Mail and hand-delivery remain filing options.
  - Accessible by your EIDM PS&R Security Official (SO), Backup Security Official (BSO), and MCReF Approved Cost Report Filer.

- Your MAC will have access to e-Filed cost report materials
Advantages of MCRReF for Providers

- Single easy to use webpage
- One process for all providers via one submission portal
  - Available to all Part A providers regardless of MAC
  - Beneficial to chain organizations which have providers at multiple MACs, and any time you change MACs
  - Reduces confusion, delays, and time you spend on administrative processes
- Immediate feedback on the receivability of your MCR submission
New MCR Submission Process
MCReF Detailed Overview

• System Login: https://mcref.cms.gov

• Access is controlled by EIDM
  • Restricted to EIDM PS&R SO / BSO / MCReF Approved Cost Report Filer (new role as of May)
  • Existing PS&R SOs / BSOs already have access
  • Any organization without access to PS&R must register a PS&R SO with EIDM.
  • Note: If you want to use MCReF, keep your EIDM accounts in good-standing.
    • Includes password updates and timely replacement of SOs.
    • EIDM credential issues are not a valid reason for late MCR filing.

• EIDM Enhancement (available as of 9/10): Allows for multiple open role requests to be made within EIDM.
MCReF Login via EIDM
MCReF Login via EIDM

Welcome to CMS Enterprise Portal

User ID

Next  Cancel

Forgot User ID?
Need an account? Click the link - New user registration
MCReF Login via EIDM
MCReF Walkthrough

Medicare Cost Report e-Filing System (MCReF)

**Provider**: 123456 Sample Hospital #1
**Fiscal Year End**: 12/31/2017

**Medicare Utilization**: Full

**Cost Report Materials**

- **Do not** encrypt or password-protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PII/PHI).

<table>
<thead>
<tr>
<th>File</th>
<th>File Upload</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECR</td>
<td>Browse...</td>
</tr>
<tr>
<td>Invoice</td>
<td>Browse...</td>
</tr>
<tr>
<td>Signed Certification Page</td>
<td>Browse...</td>
</tr>
<tr>
<td>IRS</td>
<td>Browse...</td>
</tr>
<tr>
<td>Other</td>
<td>Browse...</td>
</tr>
<tr>
<td>Cover Letter</td>
<td>Browse...</td>
</tr>
</tbody>
</table>

**I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).**

Note: Once ‘Submit’ is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing.
MCReF Walkthrough

Medicare Cost Report e-Filing System (MCReF)

e-File Cost Report Materials

* Indicates Required Field

Provider: 123456 Sample Hospital #1
Fiscal Year End: 12/31/2017
Medicare Utilization: Full
First Cost Report Submission: Yes (No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

Cost Report Materials:

Do **not** encrypt or password-protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PII/PHI):

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>ECB</td>
<td>Browse... Clear</td>
</tr>
<tr>
<td>Print Image</td>
<td>Browse... Clear</td>
</tr>
<tr>
<td>Signed Certification Page</td>
<td>Browse... Clear</td>
</tr>
<tr>
<td>IRIS</td>
<td>Browse... Clear</td>
</tr>
<tr>
<td>Other</td>
<td>Browse... Clear</td>
</tr>
<tr>
<td>Cover Letter</td>
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MCReF Walkthrough

**c-File Cost Report Materials**

- **Provider**: 123456 Sample Hospital #1
- **Fiscal Year End**: 12/31/2017
- **Medicare Utilization**: Full
- **First Cost Report Submission**: Yes (No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

**Cost Report Materials**

Do not encrypt or password protect uploaded files (including files within ZIP/archive files). This website is a secure portal for transmission of MCR materials (including PHI).

<table>
<thead>
<tr>
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<th>Browse...</th>
<th>Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECR</td>
<td>CAP123456 F12-31-2017/ECR123456.17A1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover Letter</td>
<td></td>
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Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing.
MCReF Walkthrough

**Error Messages**
Error R1005: Provider, FYB, or FYE specified in the cost report does not match the Provider and/or FYE selected.
Additional Information:
Cost report contains: Provider 123456, FYB 01/01/2017, FYE 12/26/2017
E-filed selection contains: Provider 123456, FYB 01/01/2017, FYE 12/31/2017

**e-File Cost Report Materials**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider</strong></td>
<td>123456 Sample Hospital #1</td>
</tr>
<tr>
<td><strong>Fiscal Year End</strong></td>
<td>12/31/2017</td>
</tr>
</tbody>
</table>

**Cost Report Materials**
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<td>Browse... Clear</td>
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<tr>
<td>Other</td>
<td>Browse... Clear</td>
</tr>
</tbody>
</table>

I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).

Reset | Submit

Note: Once ‘Submit’ is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing.
Success Message
Success S0000: The cost report submission has been electronically postmarked with CMS. Please retain the information referenced below for your records.

Cost Report Submission Details
- e-Filing ID: 2769861
- e-Postmark Date: 09/20/2018 11:41 AM ET
- Provider: 123456 Sample Hospital #1
- Fiscal Year End: 12/31/2017
- Medicare Utilization: Full
- First Cost Report Submission: Yes
- ECR: EC123456.17A1
- Print Image: PI123456.17A1.pdf
- IRIS: No File Submitted
- Other: Additional Cost Report Documentation.zip
- Cover Letter: No File Submitted

Note: Save a copy of this page for your records. Once you navigate away from this screen, you will no longer be able to view this information.
MCReF Fields

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Provider</td>
<td>Contains all CMS Certification Numbers (CCNs) that have been registered in EIDM which the provider’s MAC also has on record in CMS’ System for Tracking Audit and Reimbursement (STAR; a MAC maintained system).</td>
</tr>
<tr>
<td>*Fiscal Year End</td>
<td>Contains the Fiscal Year Ends (FYEs) of the selected provider which have occurred in the past 6 years that are on or after 12/31/2017 as recorded by the provider’s MAC in STAR.</td>
</tr>
<tr>
<td>Medicare Utilization</td>
<td>Allows the provider to select the Medicare Utilization level of the MCR being e-Filed. Options include: ‘Full’, ‘Low’, and ‘No’.</td>
</tr>
<tr>
<td>First Cost Report Submission</td>
<td>Indicates whether or not an MCR has already been recorded in STAR as received by the provider’s MAC for the selected Provider/FYE.</td>
</tr>
<tr>
<td>Cost Report Materials table</td>
<td>Used to upload all materials needed to submit a complete MCR package. This may include an ECR, Print Image, Signed Certification Page, IRIS, Cover Letter, and any additional files via the “Other” slot.</td>
</tr>
</tbody>
</table>

*Note: If you are unable to locate your CCN or Fiscal Year End in your corresponding drop-down:

- Confirm that the SO of your organization has properly registered the CCN in question within EIDM and that you are registered to the organization with an EIDM role which grants e-Filing privileges.
- If so, and you still don’t see what you’re looking for, contact your MAC.
## Cost Report Materials

<table>
<thead>
<tr>
<th>On-screen Row Label</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECR</strong></td>
<td>The electronic cost report file (also known as the 'EC', 'SN', 'HH', 'HS', 'RD', 'RF', 'FQ', or 'CM' file)</td>
</tr>
<tr>
<td><strong>System-required:</strong></td>
<td>For all providers filing a Full Medicare Utilization MCR except Home Offices (HOs) and Limited Purpose Insurance Companies (LPICs)</td>
</tr>
<tr>
<td><strong>Format:</strong></td>
<td>A single file generated using a current version of CMS-certified ECR vendor software that is not a PDF, ZIP file or other archive file type</td>
</tr>
<tr>
<td><strong>File limit:</strong></td>
<td>1 MB</td>
</tr>
<tr>
<td><strong>Print Image</strong></td>
<td>The human-readable copy of the cost report (For Home Offices: the 287-05 cost statement)</td>
</tr>
<tr>
<td><strong>System-required:</strong></td>
<td>For all providers filing a Full or Low Medicare Utilization MCR except LPICs. If an ECR file is uploaded to the ECR row</td>
</tr>
<tr>
<td><strong>Format:</strong></td>
<td>Any human-readable format generated using a current version of CMS-certified ECR vendor software that is not a ZIP file or other archive file type</td>
</tr>
<tr>
<td><strong>File limit:</strong></td>
<td>10 MB</td>
</tr>
<tr>
<td><strong>Signed Certification Page</strong></td>
<td>The electronically-signed Worksheet S certification page (For Home Offices: the 287-05 Schedule A)</td>
</tr>
<tr>
<td><strong>System-required:</strong></td>
<td>For all providers except LPICs</td>
</tr>
<tr>
<td><strong>Format:</strong></td>
<td>Any human-readable format, including encryption codes, generated using a current version of CMS-certified ECR vendor software that is not a ZIP file or other archive file type</td>
</tr>
<tr>
<td><strong>File limit:</strong></td>
<td>10 MB</td>
</tr>
</tbody>
</table>
## Cost Report Materials

<table>
<thead>
<tr>
<th>On-screen Row Label</th>
<th>Description</th>
</tr>
</thead>
</table>
| **IRIS**            | The Interns and Residents Information System (IRIS) files required for teaching hospitals claiming GME/IME Full Time Equivalents (FTEs) on their cost report  

**System-required:** Not presently required by the system, but may do so in the future  
**Format:** An unencrypted ZIP file containing a single set of "M" (Master) and "A" (Assignment) DBF files  
**File limit:** 1 MB |
| **Other**           | Upload any other file(s) needed for the submission to constitute a complete filing which do not otherwise have dedicated slots (i.e. Working Trial Balance, Bad Debt Listing, etc.)  

**System-required:** For all LPIC provider MCRs  
**Format:** Supports any file type, including support for multiple files within a single unencrypted ZIP file or other archive file type  
**File limit:** 300 MB (including total attached file size) |
| **Cover Letter**    | A document describing the nature of the submission or any other information about the submission which the provider wishes to communicate to the MAC up front  

**System-required:** For all revised MCRs  
**Format:** Any human-readable format that is not a ZIP file or other archive file type  
**File limit:** 10 MB |
MCReF Edits

e-Filing Submission:

• The system will perform “receivability” validations to confirm if your MCR is fundamentally sound (see next slide)

• If any error is displayed, your MCR will not be received.
  • Not considered rejections and do not follow CMS’ formal MCR rejection processes.

• If the submission passes all “receivability” validations, you will be directed to a Confirmation screen. This screen will display the following:
  • A success message stating that your MCR is received
  • Your e-Postmark date in Eastern Time, unique e-Filing ID, and all selections for the submission just made
  • Confirmation screen: save a copy of this screen’s content for your records
“Receivability” Criteria for an e-Filed MCR

• All required MCR Material files are included, in valid format, and within the size limits (as detailed on Slides 21 and 22)
• Attached files conform to technical restrictions (must be virus/malware free, have valid filenames, must not be blank/empty)
• Can only submit up to 1 revision per day for the FYE
  • A revision can be submitted prior to acceptance, or can be used to submit an amended cost report submission after As-Filed acceptance
  • Note: You may request via e-mail or mail that your MAC “reject” an erroneous MCR so you can submit a revision on the same day
• FYE within the past 6 years and is on or after 12/31/2017 (present in the drop-down)
• Provider, FYB, FYE must exist in STAR and match the ECR file (if provided)
• Provider / FYE specified is not Locked in STAR (e.g.: Admin. Closed), not a subunit, and does not already have a Finalized NPR present in STAR
• Subunits and Consolidated FQHC/RHC Units in the ECR file match those listed in STAR for the family when filing a Full Medicare Utilization MCR.
MCReF Additional Details

• You will be warned if:
  • MCR submission is late
  • You try to upload an MCR generated with outdated software

• Timely receipt of the cost report will be measured based on 11:59 PM ET for the provider’s cost report due date

• Files uploaded are not to be encrypted or password protected. MCReF is a secure portal for transmission of MCR materials (including PII/PHI)

• Duplicate submissions will be rejected by the MAC; only the first MCR received by the MAC will be processed.

• The first MCR received by the MAC (either via MCReF or mail/hand-delivery) will be treated as the provider’s first cost report submission for the year.
  • If an MCR is mailed in prior to the MCR Due Date, and an MCR is submitted via MCReF after the MCR Due Date but prior to the receipt of the mailed in submission by the MAC, MCReF will warn the user that this will cause your MCR to be considered late.
MCReF Additional Details

• Until 1/1/2019, all current methods of MCR submission are available; MCReF is an additional option since 5/1/2018.

• Effective 1/2/2019, only 2 CMS-approved methods of MCR submission:
  • Electronic submission via MCReF
  • Physical submission via mail or hand-delivery

• Exceptions that may need to be mailed or hand-delivered:
  • MCRs that would satisfy CMS’ Acceptability Criteria but would not pass the “Receivability” checks must be filed via mail or hand-delivery (e.g., a submission with more than 300 MB of “Other” documentation).

• Providers will not receive an extension for system issues preventing e-Filing.
Electronic Signature

• 2018 IPPS final rule issued in August 2017, authorizes providers to file with an electronic signature effective for FYEs on/after 12/31/2017.
  • Note: IPPS final rule does not change the authorized signatories (CFR §413.24(f)(4)(iv)(C))
• CMS will release new MCR transmittals which support e-signature.
  • If you file via MCReF on MCR versions which do not yet support e-signature, you must
    • Upload a scanned copy of the certification page via the “Signed Certification Page” slot.
    • Mail/hand-deliver a hard copy with a signature signed in ink to your MAC which must be received by the MAC within 10-days of MCR submission.
## Electronic Signature

<table>
<thead>
<tr>
<th>MCR Version</th>
<th>Provider Type</th>
<th>Currently e-Signature Capable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2552-10</td>
<td>Hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>2540-10</td>
<td>SNF</td>
<td>Yes</td>
</tr>
<tr>
<td>265-11</td>
<td>ESRD</td>
<td>Yes</td>
</tr>
<tr>
<td>224-14</td>
<td>FQHC</td>
<td>Yes</td>
</tr>
<tr>
<td>1728-94</td>
<td>HHA</td>
<td>Yes</td>
</tr>
<tr>
<td>216-94</td>
<td>OPO / HISTOLAB</td>
<td>Yes</td>
</tr>
<tr>
<td>1984-14</td>
<td>Hospice</td>
<td>Yes</td>
</tr>
<tr>
<td>222-92</td>
<td>RHC</td>
<td>No (hard copy with a signature signed in ink still required per previous slide)</td>
</tr>
<tr>
<td>222-17</td>
<td>RHC</td>
<td>Yes (For MCRs submitted for FYBs on or after 10/1/2017 and FYEs on or after 9/30/2018)</td>
</tr>
<tr>
<td>2088-92</td>
<td>CMHC</td>
<td>No (hard copy with a signature signed in ink still required per previous slide)</td>
</tr>
<tr>
<td>2088-17</td>
<td>CMHC</td>
<td>Yes (For MCRs submitted for FYBs on or after 10/1/2017 and FYEs on or after 9/30/2018)</td>
</tr>
<tr>
<td>287-05</td>
<td>Home Office</td>
<td>No (hard copy with a signature signed in ink still required per previous slide)</td>
</tr>
</tbody>
</table>
Electronic Signature

- The next few slides provide examples of valid and invalid uses of e-signature
- These examples are not the exhaustive list of all possible valid and invalid uses of e-signature
- Refer to the 2018 IPPS final rule for e-signature guidance
Valid use of e-signature

**Typed First and Last Name**

<table>
<thead>
<tr>
<th>PART I - COST REPORT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider use only</td>
</tr>
<tr>
<td>1. [ ] Electronically filed cost report</td>
</tr>
<tr>
<td>2. [ ] Manually submitted cost report</td>
</tr>
<tr>
<td>3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report</td>
</tr>
<tr>
<td>4. [ ] Medicare Utilization. Enter “P” for full or “L” for low</td>
</tr>
<tr>
<td>Contractor use only</td>
</tr>
<tr>
<td>5. [ ] Cost Report Status</td>
</tr>
<tr>
<td>(1) As Submitted</td>
</tr>
<tr>
<td>(2) Settled without audit</td>
</tr>
<tr>
<td>(3) Settled with audit</td>
</tr>
<tr>
<td>(4) Reopened</td>
</tr>
<tr>
<td>(5) Amended</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART II - CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.</td>
</tr>
</tbody>
</table>

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by (Provider Name(s) and Number(s)) for the cost reporting period beginning __________ and ending __________ and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations governing the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) Andrew Smith Michaelson III

Chief Financial Officer or Administrator of Provider(s)

Title: CFO

Date: 4/1/2018
**Valid use of e-signature**

**Printed, Signed, Scanned**

![Form Image]

**FORM CMS-2552-10**

**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

**PART I - COST REPORT STATUS**

<table>
<thead>
<tr>
<th>Contractor use only</th>
<th>6. Date Received:</th>
<th>10. NFR Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Cost Report Status</td>
<td>[ ] Initial Report for this Provider CCN</td>
<td>[ ] Final Report for this Provider CCN</td>
</tr>
<tr>
<td>(1) As Submitted</td>
<td>7. Contractor No:</td>
<td>11. Contractor’s Vendor Code:</td>
</tr>
<tr>
<td>(2) Settled without audit</td>
<td></td>
<td></td>
</tr>
<tr>
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**PART II - CERTIFICATION**

**CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by for the cost reporting period beginning and ending and to the best of any knowledge and belief, this report and statement are true, correct, complete and prepared from the records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) [Signature]

(Chief Financial Officer or Administrator of Provider(s))

Title: [Title]

Date: [Date]
**Invalid use of e-signature**

**Checkbox not checked**

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**CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by (Provider Name(s) and Number(s)) for the cost reporting period beginning and ending , and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)  
Andrew Smith Michaelson III  
Chief Financial Officer or Administrator of Provider(s)  

Title  
CFO  
Date  
4/1/2018
Invalid use of e-signature

Signature must contain First and Last Name
MCRef Provider User Experience
MCReF Provider Testing

• 6 provider organizations (representing ~150 Part A providers) volunteered to test MCReF.
• Participants were asked on a scale of 1-10 how likely they were to use MCReF. **Average rating was 9.7 out of 10**
• **Quotes from feedback received:**
  • “Very easy to use and to understand”
  • “System was quick to show errors and intended results”
  • “…an excellent experience and I am excited and anxious for it to go live”
MCReF Usage since 5/1

• Over 2,500 successful submissions from over 600 distinct users
• Median Submission Time: 3.4 seconds
• Over 300 providers were able to correct errors with their MCR prior to submission and without the need for correspondence with their MAC, and potentially avoiding the rejection of their MCR
Ongoing Outreach and Education
Ongoing Outreach and Education

• Change Request 10611 – issued 4/30/18


• Webinars:
  • 5/1/18
  • 10/15/18

• CMS website posting (https://www.cms.gov/Medicare/Compliance-and-Audits/Part-A-Cost-Report-Audit-and-Reimbursement/MCReF.html), includes links to:
  • How to Request User Roles
  • MCReF User Manual
  • MLN article
  • FAQs

• Documentation Updates (e.g.: 100-06, PRM 15-1 and 15-2, MCR Transmittal Forms, etc…)
Question & Answer Session
e-mail questions relating to MCReF to:

OFMDPAOQUESTIONS@CMS.HHS.GOV

For any questions relating to your EIDM account (role requests, passwords, annual certifications, login, etc…) contact EUS Support Helpdesk:

• Website: https://eus.custhelp.com/app/home
• e-mail: EUSSupport@cgi.com
• Phone: 1-866-484-8049 (TTY/TDD: 866-523-4759)
Thank You – Please Evaluate Your Experience

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