



mln webcast

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Submitting Your Medicare Part A Cost Report Electronically

Thursday, March 28, 2019

Presenters:

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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
- MCR eF - 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 (MCR eF)
- Communicate additional resources and information available



Agenda

- Introductions
- Background and Overview
- MCRReF 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.



Historical Model: Physical 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



MCRReF – High Level System Overview

- MCRReF – 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 MCRReF 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






MCRReF Detailed Overview

- System Login: <https://mcref.cms.gov>
- Access is controlled by EIDM
 - Restricted to EIDM PS&R SO / BSO / MCRReF Approved Cost Report Filer (new role as of May 2018)
 - 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 MCRReF, 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 9/10/2018):** Allows for multiple open role requests to be made within EIDM.



MCRReF Login via EIDM

 **Enterprise Portal**
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | [? Help & FAQs](#) |  Email |  Print

Health Care Quality Improvement System | **Provider Resources**

System Use Notification

OMB No.0938-1236 | Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | [Paperwork Reduction Act](#)

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

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- Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

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Health Care Quality Improvement System

Provider Resources

Welcome to CMS Enterprise Portal

User ID

Next

Cancel

[Forgot User ID?](#)

Need an account? Click the link - [New user registration](#)

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Health Care Quality Improvement System

Provider Resources

Welcome to CMS Enterprise Portal


Password

Log In

Cancel


[Forgot Password?](#)

MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**

Accessibility | Help | Logout
User ID: SAMPLE
Thursday, September 20, 2018

e-File Cost Report Materials

 [Printer Friendly Version](#)

** Indicates Required Field*

Provider¹

123456 Sample Hospital #1 ▾

Fiscal Year End¹

12/31/2017 ▾

Medicare Utilization¹

Full ▾

First Cost Report Submission¹

Yes
(No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

Cost Report Materials¹

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).

File	File Upload
* ECR ¹	<div>Browse... Clear</div>
* Print Image ¹	<div>Browse... Clear</div>
* Signed Certification Page ¹	<div>Browse... Clear</div>
IRIS ¹	<div>Browse... Clear</div>
Other ¹	<div>Browse... Clear</div>
Cover Letter ¹	<div>Browse... Clear</div>

☐ *** 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.



MCR eF Walkthrough



Medicare Cost Report e-Filing System (MCR eF)

Accessibility | Help | Logout

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Thursday, September 20, 2018

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Fiscal Year End¹

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* ECR ¹	<div>Browse...</div> <div>Clear</div>
* Print Image ¹	<div>Browse...</div> <div>Clear</div>
* Signed Certification Page ¹	<div>Browse...</div> <div>Clear</div>
IRIS ¹	<div>Browse...</div> <div>Clear</div>
Other ¹	<div>Browse...</div> <div>Clear</div>
Cover Letter ¹	<div>Browse...</div> <div>Clear</div>


☐ * 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).

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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.


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MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**

Accessibility | Help | Logout
User ID: SAMPLE
Thursday, September 20, 2018

e-File Cost Report Materials

[Printer Friendly Version](#)

** Indicates Required Field*

Provider¹ 123456 Sample Hospital #1 ▾

Fiscal Year End¹ 12/31/2017 ▾

Medicare Utilization¹ Full ▾

First Cost Report Submission¹ Yes
(No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

Cost Report Materials¹

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).

File	File Upload
* ECR ¹	C:\P123456 F12-31-2017\EC123456.17A1 Browse... Clear
* Print Image ¹	C:\P123456 F12-31-2017\PI123456.17A1.pdf Browse... Clear
* Signed Certification Page ¹	C:\P123456 F12-31-2017\123456.17A1.Signed Certification Page.pdf Browse... Clear
IRIS ¹	Browse... Clear
Other ¹	C:\P123456 F12-31-2017\Additional Cost Report Documentation.zip Browse... Clear
Cover Letter ¹	Browse... Clear


☐ * 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.



MCR eF Walkthrough



Medicare Cost Report e-Filing System (MCR eF)

Accessibility | Help | Logout

User ID: SAMPLE

Thursday, September 20, 2018

Error Messages

Error R1005: Provider, FYB, or FYE specified in the cost report does not match the Provider and/or FYE selected.
Additional Information:
Uploaded ECR file contains: Provider 123456, FYB 01/01/2017, FYE 12/26/2017
On-Screen selection contains: Provider 123456, FYB 01/01/2017, FYE 12/31/2017

e-File Cost Report Materials

Printer Friendly Version

Indicates Required Field

Provider123456 Sample Hospital #1

Fiscal Year End12/31/2017

Medicare Utilization1Full

First Cost Report Submission1Yes
(No cost report submission has been previously recorded for this Provider and Fiscal Year End.)

Cost Report Materials1

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).

File	File Upload
ECR1	EC123456.17A1Browse...Clear
Print Image1	PI123456.17A1.pdfBrowse...Clear
Signed Certification Page1	123456.17A1.Signed Certification Page.pdfBrowse...Clear
IRIS1	Browse...Clear
Other1	Additional Cost Report Documentation.zipBrowse...Clear
Cover Letter1	Browse...Clear


☒ 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.

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Medicare Learning Network

MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**

Accessibility | Help | Logout
User ID: SAMPLE
Thursday, September 20, 2018

Success Message
Success S0000: The cost report submission has been electronically postmarked with CMS. Please retain the information referenced below for your records.

e-File Cost Report Materials - Confirmation
[Printer Friendly Version](#)

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
Signed Certification Page:	123456.17A1.Signed Certification Page.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.

[Logout](#)[File another cost report](#)

**Medicare Learning Network**

MCR_eF Fields

Field Name	Description
*Provider	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).
*Fiscal Year End	Contains the Fiscal Year Ends (FYE) 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.
Medicare Utilization	Allows the provider to select the Medicare Utilization level of the MCR being e-Filed. Options include: 'Full', 'Low', and 'No'.
First Cost Report Submission	Indicates whether or not an MCR has already been recorded in STAR as received by the provider's MAC for the selected Provider/FYE.
Cost Report Materials table	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.

***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

On-screen Row Label	Description
ECR	<p>The electronic cost report file (also known as the 'EC', 'SN', 'HH', 'HS', 'RD', 'RF', 'FQ', or 'CM' file)</p> <p>System-required: For all providers filing a Full Medicare Utilization MCR <u>except</u> Home Offices (HOs) and Limited Purpose Insurance Companies (LPICs)</p> <p>Format: 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</p> <p>File limit: 1 MB</p>
Print Image	<p>The human-readable copy of the cost report, also known as the “PI file” (for Home Offices: the 287-05 cost statement)</p> <p>System-required:</p> <ul style="list-style-type: none"> • For all providers filing a Full or Low Medicare Utilization MCR <u>except</u> LPICs. • If an ECR file is uploaded to the ECR row <p>Format: 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</p> <p>File limit: 10 MB</p>
Signed Certification Page	<p>The electronically-signed Worksheet S certification page (for Home Offices: the 287-05 Schedule A)</p> <p>System-required: For all providers <u>except</u> LPICs</p> <p>Format: 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</p> <p>File limit: 10 MB</p>

Cost Report Materials

On-screen Row Label	Description
IRIS	<p>The Interns and Residents Information System (IRIS) files required for teaching hospitals claiming GME/IME Full Time Equivalents (FTEs) on their cost report</p> <p>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</p>
Other	<p>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.)</p> <p>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)</p>
Cover Letter	<p>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</p> <p>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</p>



MCR_eF 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.



MCRReF 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. MCRReF 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 MCRReF 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 MCRReF after the MCR Due Date but prior to the receipt of the mailed in submission by the MAC, MCRReF will warn the user that this will cause your MCR to be considered late.



MCRReF Additional Details

- Effective 1/2/2019, only 2 CMS-approved methods of MCR submission:
 - Electronic submission via MCRReF
 - Physical submission via mail or hand-delivery
- All MCRs for Fiscal Year Ends on or after 12/31/2017 can be e-Filed via MCRReF, with the following 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 has released new MCR transmittals which support e-signature for the majority of current MCR Forms
 - An approved form of e-signature (per the 2018 IPPS final rule) is required for signing and subsequently uploading the “Signed Certification Page” in MCRReF
 - **If** you file via MCRReF using MCR forms 222-92 (old RHC form), 2088-92 (old CMHC form), or 287-05 (current Home Office form), which **do not** 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

MCR Version	Provider Type	Currently e-Signature Capable?
2552-10	Hospital	Yes
2540-10	SNF	Yes
265-11	ESRD	Yes
224-14	FQHC	Yes
1728-94	HHA	Yes
216-94	OPO / HISTOLAB	Yes
1984-14	Hospice	Yes
222-92	RHC	No (hard copy with a signature signed in ink still required per previous slide)
222-17	RHC	Yes
2088-92	CMHC	No (hard copy with a signature signed in ink still required per previous slide)
2088-17	CMHC	Yes
287-05	Home Office	No (hard copy with a signature signed in ink still required per previous slide)



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

E-signature checkbox checked and typed First and Last Name

03-18		FORM CMS-2552-10		4090 (Cont.)
<small>This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).</small>				FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		PROVIDER CCN:	PERIOD FROM _____ TO _____	WORKSHEET S PARTS I, II & III
PART I - COST REPORT STATUS				
Provider use only	1. <input type="checkbox"/> Electronically filed cost report Date: _____ Time: _____ 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.			
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1, is 4: Enter number of times reopened = 0-9.	
PART II - CERTIFICATION				
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.				
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.				
<input checked="" type="checkbox"/> 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 <i>Chief Financial Officer or Administrator of Provider(s)</i>		
Title		CFO		
Date		4/1/2018		

Valid use of e-signature

Printed, e-signature checkbox Checked and Signed, Scanned

03-18		FORM CMS-2552-10		4090 (Cont.)
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).				FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY			PROVIDER CCN:	PERIOD FROM _____ TO _____
			WORKSHEET S PARTS I, II & III	
PART I - COST REPORT STATUS				
Provider use only	<div style="display: flex; justify-content: space-between;"><div>1. <input type="checkbox"/> Electronically filed cost report</div><div>Date: _____ Time: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>2. <input type="checkbox"/> Manually submitted cost report</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.</div><div></div></div>			
Contractor use only	<div>5. <input type="checkbox"/> Cost Report Status</div> <div>(1) As Submitted</div> <div>(2) Settled without audit</div> <div>(3) Settled with audit</div> <div>(4) Reopened</div> <div>(5) Amended</div>	<div>6. Date Received: _____</div> <div>7. Contractor No.: _____</div> <div>8. <input type="checkbox"/> Initial Report for this Provider CCN</div> <div>9. <input type="checkbox"/> Final Report for this Provider CCN</div>	<div>10. NPR Date: _____</div> <div>11. Contractor's Vendor Code: _____</div> <div>12. <input type="checkbox"/> If line 5, column 1, is 4: Enter number of times reopened = 0-9.</div>	
PART II - CERTIFICATION				
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.				
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.				
<div style="display: flex; align-items: flex-start;"><div style="border: 2px solid red; padding: 2px; margin-right: 5px;"><input checked="" type="checkbox"/></div><div>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.</div></div>				
(Signed) <i>Andrew Smith Richardson III</i> Chief Financial Officer or Administrator of Provider(s)				
Title CFO				
Date 4/1/2018				

Invalid use of e-signature

E-signature checkbox not checked

03-18		FORM CMS-2552-10		4090 (Cont.)	
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).				FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY			PROVIDER CCN:	PERIOD FROM _____ TO _____	WORKSHEET S PARTS I, II & III
PART I - COST REPORT STATUS					
Provider use only		1. <input type="checkbox"/> Electronically filed cost report Date: _____ Time: _____ 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.			
Contractor use only		5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended		6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1, is 4: Enter number of times reopened = 0-9.	
PART II - CERTIFICATION					
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<div style="display: flex; align-items: flex-start;"><div style="border: 2px solid red; width: 20px; height: 20px; margin-right: 5px; margin-bottom: 5px;"></div><div style="font-size: small;">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.</div></div>					
<div style="display: flex; align-items: center;"><div style="margin-right: 10px;">(Signed)</div><div style="text-align: center;">Andrew Smith Michaelson III <i>Chief Financial Officer or Administrator of Provider(s)</i> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><div style="display: flex; justify-content: space-between; width: 100%;">TitleCFO</div><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><div style="display: flex; justify-content: space-between; width: 100%;">Date4/1/2018</div></div></div>					

Invalid use of e-signature

Signature must contain First and Last Name

03-18		FORM CMS-2552-10		4090 (Cont.)	
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(Signed)		<div style="border: 1px solid red; padding: 2px; display: inline-block;">X123</div> Chief Financial Officer or Administrator of Provider(s)			
Title		CFO			
Date		4/1/2018			

MCRReF Provider User Experience



MCRReF Provider Testing

- 6 provider organizations (representing ~150 Part A providers) volunteered to test MCRReF.
- Participants were asked on a scale of 1-10 how likely they were to use MCRReF. **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”



MCR_eF Usage

- Since 5/1/2018:
 - Over 6,250 successful submissions from over 1,475 distinct users.
 - Median Submission Time: 3.4 seconds
 - Over 700 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
- Last 3 months: 1/3 of all MCR submissions were e-Filed via MCR_eF (including 1/2 of all Hospital MCR submissions)



Ongoing Outreach and Education



Ongoing Outreach and Education

- Change Request 10611 – issued 4/30/18
- MLN Matters Article: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10611.pdf>
- Webinars:
 - 5/1/18
 - 10/15/18
 - 3/28/19
- 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



Resources

- e-mail questions relating to MCRReF 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)



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