



mln webcast

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Medicare Cost Report e-Filing system (MCR eF)

Tuesday, May 1, 2018

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 rollout plan for additional resources and information



Agenda

- Introductions
- Background and Overview
- MCRReF Walkthrough and Detailed Overview
- Rollout Plan
- 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



MCRReF – High Level System Overview

- MCRReF – a new application allows you to electronically transmit (e-File) your MCR package
 - Available as of 5/1/2018
 - Usage is optional. Mail and hand-delivery remain filing options.
 - Accessible by your EIDM PS&R Security Official (SO) and Backup Security Official (BSO)
- Your MAC will have access to e-Filed cost report materials



Advantages of MCR eF 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
 - 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 SO and BSO 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 by end of May):** Dedicated MCRReF role within EIDM. Once available, your SO / BSO can delegate this role.



MCRReF Login via EIDM

CMS.gov | 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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- The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
- Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

[To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.](#)

[I Accept](#) | [Decline](#)

MCRReF Login via EIDM

The screenshot shows the CMS.gov Enterprise Portal login interface. At the top left is the CMS.gov logo and the text "Enterprise Portal" and "Centers for Medicare & Medicaid Services". To the right are navigation links: Home, About CMS, Newsroom, Archive, Help & FAQs (with a question mark icon), Email (with an envelope icon), and Print (with a printer icon). Below the navigation are two yellow buttons: "Health Care Quality Improvement System" and "Provider Resources". A blue banner reads "Welcome to CMS Enterprise Portal". The main content area contains a "User ID" label next to a text input field. Below the input field are two blue buttons: "Next" and "Cancel". At the bottom, there are two links: "Forgot User ID?" and "Need an account? Click the link - New user registration".





MCRReF Login via EIDM

The screenshot shows the CMS.gov Enterprise Portal login interface. At the top left is the CMS.gov logo and 'Enterprise Portal' text, with 'Centers for Medicare & Medicaid Services' below it. On the top right, there are navigation links: Home, About CMS, Newsroom, Archive, Help & FAQs (with a question mark icon), Email (with an envelope icon), and Print (with a printer icon). Below the navigation are two yellow buttons: 'Health Care Quality Improvement System' and 'Provider Resources'. A blue banner reads 'Welcome to CMS Enterprise Portal'. The main content area contains a 'Password' label next to an empty text input field. Below the input field are two blue buttons: 'Log In' and 'Cancel'. At the bottom of the input area is a blue underlined link: 'Forgot Password?'.



MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**| [Accessibility](#) | [Help](#) | [Logout](#)
User ID: SAMPLE
Friday, March 30, 2018

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

** Indicator Required Field*

Provider ¹	123456 Sample Hospital #1 ▾	Fiscal Year End ¹	12/31/2017 ▾
Medicare Utilization ¹	Full ▾	First Cost Report Submission ¹	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	Browse...
* Print Image ¹	Browse...
* Signed Certification Page ¹	Browse...
IRIS ¹	Browse...
Other ¹	Browse...
Cover Letter ¹	Browse...


*** 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.

MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**| [Accessibility](#) | [Help](#) | [Logout](#)
User ID: SAMPLE
Friday, March 30, 2018

e-File Cost Report Materials

 [Printer Friendly Version](#)

** Indicates Required Field*

Provider¹

Fiscal Year End¹

Medicare Utilization¹

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
<input type="checkbox"/> ECR ¹	<input type="text"/> Browse...
<input type="checkbox"/> Print Image ¹	<input type="text"/> Browse...
<input type="checkbox"/> Signed Certification Page ¹	<input type="text"/> Browse...
IRIS ¹	<input type="text"/> Browse...
Other ¹	<input type="text"/> Browse...
Cover Letter ¹	<input type="text"/> Browse...

*** 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.



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Friday, March 30, 2018

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** Indicates Required Field*

Provider¹ **Fiscal Year End**¹

Medicare Utilization¹ **First Cost Report Submission**¹ 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	<input type="text" value="C:\P123456 F12-31-2017\EC123456.17A1"/> <input type="button" value="Browse..."/>
Print Image ¹	<input type="text" value="C:\P123456 F12-31-2017\PI123456.17A1.pdf"/> <input type="button" value="Browse..."/>
Signed Certification Page ¹	<input type="text" value="C:\P123456 F12-31-2017\123456.17A1.Signed Certification Page.pdf"/> <input type="button" value="Browse..."/>
IRIS ¹	<input type="text"/> <input type="button" value="Browse..."/>
Other ¹	<input type="text" value="C:\P123456 F12-31-2017\Additional Cost Report Documentation.zip"/> <input type="button" value="Browse..."/>
Cover Letter ¹	<input type="text"/> <input type="button" value="Browse..."/>

*** 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.

MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**| [Accessibility](#) | [Help](#) | [Logout](#)
User ID: SAMPLE
Friday, March 30, 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:
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[Printer Friendly Version](#)

** Indicates Required Field*

Provider¹ **Fiscal Year End¹**

Medicare Utilization¹ **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	
<input type="checkbox"/> ECR ¹	EC123456.17A1	Browse...
<input type="checkbox"/> Print Image ¹	PI123456.17A1.pdf	Browse...
<input type="checkbox"/> Signed Certification Page ¹	123456.17A1.Signed Certification Page.pdf	Browse...
<input type="checkbox"/> IRIS ¹		Browse...
<input type="checkbox"/> Other ¹	Additional Cost Report Documentation.zip	Browse...
<input type="checkbox"/> Cover Letter ¹		Browse...


*** 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.

MCR eF Walkthrough

**Medicare Cost Report e-Filing System (MCR eF)**| [Accessibility](#) | [Help](#) | [Logout](#)
User ID: SAMPLE
Friday, March 30, 2018

Success Message
Success S0000: The cost report submission for Provider: 12-3456 and Fiscal Year End: 12/31/2017 has been electronically postmarked with CMS as of 03/30/2018 2:18 PM ET. Please retain e-Filing ID 2918533 for your records.

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

** Indicates Required Field*

Provider ¹	<input type="text" value="123456 Sample Hospital #1"/>	Fiscal Year End ¹	<input type="text" value="12/31/2017"/>
Medicare Utilization ¹	<input type="text" value="Full"/>	First Cost Report Submission ¹	No (The first cost report submission has already been submitted 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
<input type="checkbox"/> ECR ¹	<input type="text"/> Browse...
<input type="checkbox"/> Print Image ¹	<input type="text"/> Browse...
<input type="checkbox"/> Signed Certification Page ¹	<input type="text"/> Browse...
IRIS ¹	<input type="text"/> Browse...
Other ¹	<input type="text"/> Browse...
<input type="checkbox"/> Cover Letter ¹	<input type="text"/> Browse...

*** 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.



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 (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 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 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
<i>IRIS</i>	<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>
<i>Other</i>	<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>
<i>Cover Letter</i>	<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 get a message that your MCR is received which includes your e-postmark date in Eastern Time and unique e-Filing ID.



“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 19 and 20)
- 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.



MCRReF Additional Details

- Until 7/1/2018, all current methods of MCR submission are available; MCRReF is an additional option as of 5/1/2018.
- Effective 7/2/2018, only 2 CMS-approved methods of MCR submission:
 - Electronic submission via MCRReF
 - 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 MCR eF 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

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)
2088-92	CMHC	No (hard copy with a signature signed in ink still required per previous slide)
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

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>		<small>FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019</small>
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		WORKSHEET S PARTS I, II & III
PROVIDER CCN: _____		PERIOD FROM _____ TO _____
PART I - COST REPORT STATUS		
<small>Provider use only</small>	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.	
<small>Contractor use only</small>	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		
<small>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.</small>		
<p style="text-align: center;">CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)</p> <p>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.</p>		
<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 <small>Chief Financial Officer or Administrator of Provider(s)</small>		
Title CFO		
Date 4/1/2018		

Invalid use of 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					
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 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) <u>Andrew Smith Michaelson III</u> <i>Chief Financial Officer or Administrator of Provider(s)</i>					
Title <u>CFO</u>					
Date <u>4/1/2018</u>					

Invalid use of e-signature

Signature must contain 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>			<small>FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019</small>
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			
<small>Provider use only</small>	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.		
<small>Contractor use only</small>	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			
<small>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.</small>			
CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)			
<p>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.</p>			
<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)		<div style="border: 1px solid red; display: inline-block; padding: 2px;">X123</div>	_____ <i>Chief Financial Officer or Administrator of Provider(s)</i>
Title		CFO	
Date		4/1/2018	

MCR_eF Provider Testing



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”



Rollout Plan



Rollout Plan

- Change Request 10611 – issued 4/30/18
- Outreach and education - On-going
 - Today's Webinar
 - CMS website posting
 - MLN Matters Article
- Documentation Updates (e.g.: 100-06, PRM 15-1 and 15-2, MCR Transmittal Forms, etc...)

Note: Expect to complete rollout in early July.



Question & Answer Session



Resources

- email questions relating to MCR eF to:

OFMDPAOQUESTIONS@CMS.HHS.GOV



Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – [Evaluate](#) today's event

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