



Medicare Part A Cost Report: New Interim Rate, Tentative, and Final Settlement Documentation Availability in MCR eF

Tuesday, April 26, 2022

Presenters:

Owen Osaghae, CMS

Jolene Nguyen, CGI Federal

Acronyms in this Presentation

- BSO - Backup Security Official
- CCN - CMS Certification Number
- CMHC - Community Mental Health Center
- ECR - Electronic Cost Report
- IDM - 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
- IRR - Interim Rate Review
- LPIC - Limited Purpose Insurance Company
- MAC - Medicare Administrative Contractor
- MCR - Medicare Cost Report
- MCR eF - Medicare Cost Report e-Filing system
- MFA - Multi-Factor Authentication
- 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
- TS - Tentative Settlement

Meeting Overview

- Introduce updated Medicare Cost Report e-Filing system (MCR eF): new Interim Rate, Tentative, and Final Settlement documentation availability
- Communicate additional resources and information available

Agenda

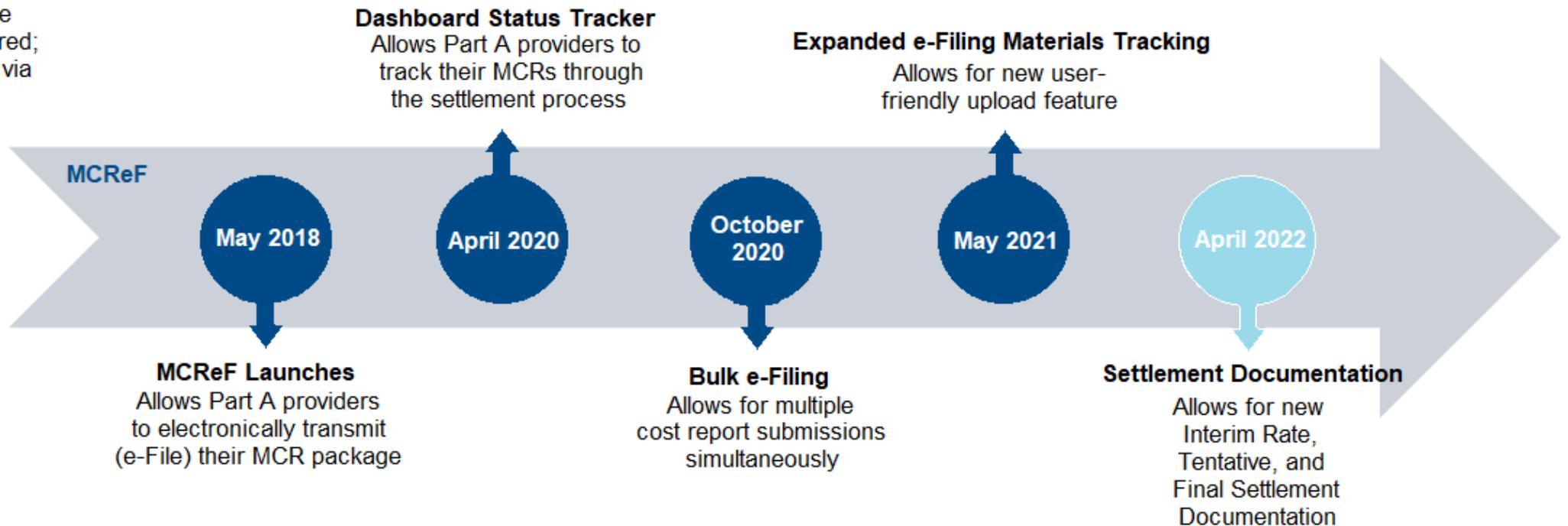
- Introductions
- Background and Overview
- MCReF Walkthrough and Detailed Overview
- Ongoing Outreach and Education
- Q&A

Business Overview

- The 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.

History of Cost Report Submission and Receipt Process

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



MCR eF Usage

- **Since 5/1/2018:**
 - Over 78,000 successful submissions from over 7,000 distinct users
 - Median Submission Time: 3.8 seconds
 - Over 2,300 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
 - Tentative Settlement payments issued faster on average for MCR eF submissions versus non-MCR eF submissions
- CY2022 to date: 64% of all MCR submissions were e-Filed via MCR eF
- **A few quotes received from MCR eF users:**
 - “I am loving the cost report submission season! MCR eF is awesome!”
 - “This is a great, centrally located tool for cost report filing statuses, especially when you have multiple facilities and multiple fiscal years.”
 - “Finally started using it this year, and kicking myself for not doing it sooner!”
 - “...I have been involved in cost reporting since 1983. This is the best initiative that I have seen from CMS to help providers and be more efficient.”

CMS Goal

- Expand the use of Medicare Cost Report e-Filing system (MCR eF)
 - Improve e-filing functionality
 - Increase transparency to providers through cost report tracking

MCREf – High Level System Changes

- MCREf updated to display information on Interim Rate Reviews and to make documentation relating to Interim Rates, Tentative Settlements, and Final Settlement available to view and download
 - Remains accessible by your IDM PS&R Security Official (SO), Backup Security Official (BSO), and MCREf Approved Cost Report Filer.

Advantages of MCR eF for Providers

- 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
- Direct feedback on the receivability of your MCR submission
- Tentative Settlement payments issued faster on average for MCR eF submissions
- Live updates on cost report status from submission through desk review and final settlement

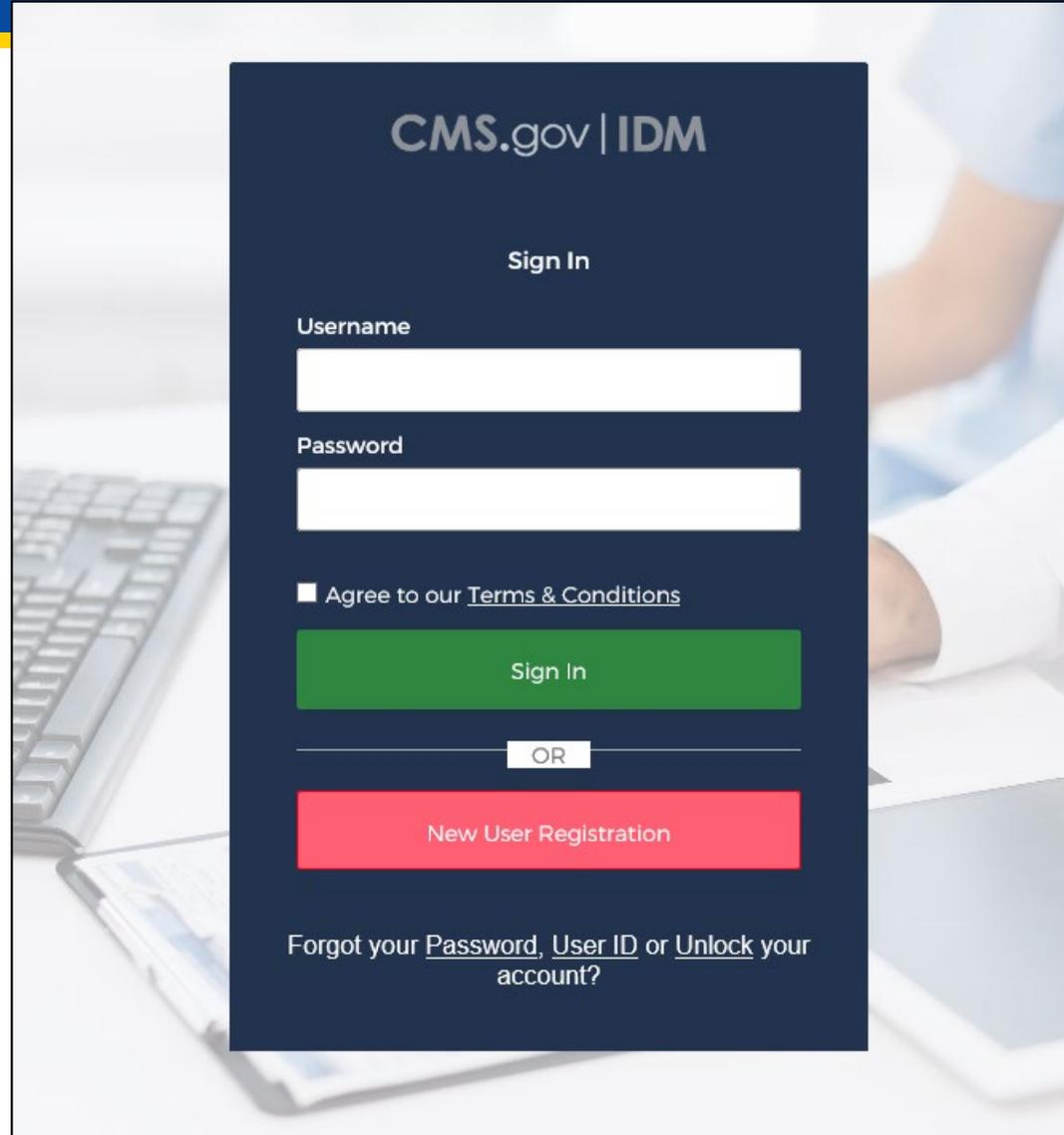


Updated MCRReF System

MCR eF Detailed Overview

- System Login: <https://mcref.cms.gov>
- Access is controlled by IDM
 - Restricted to IDM PS&R SOs / BSOs / MCR eF Approved Cost Report Filers
 - Existing PS&R SOs / BSOs already have access
 - Any organization without access to PS&R must register a PS&R SO with IDM.
 - Note: If you want to use MCR eF, keep your IDM accounts in good-standing.
 - Includes password updates and timely replacement of SOs.
 - IDM credential issues are not a valid reason for late MCR filing.
- Updates coming to IDM
 - Requirement to update passwords every 60 days is going away this summer.
 - Multi-factor authentication being required in June.

MCRReF Login via IDM



CMS.gov | IDM

Sign In

Username

Password

Agree to our [Terms & Conditions](#)

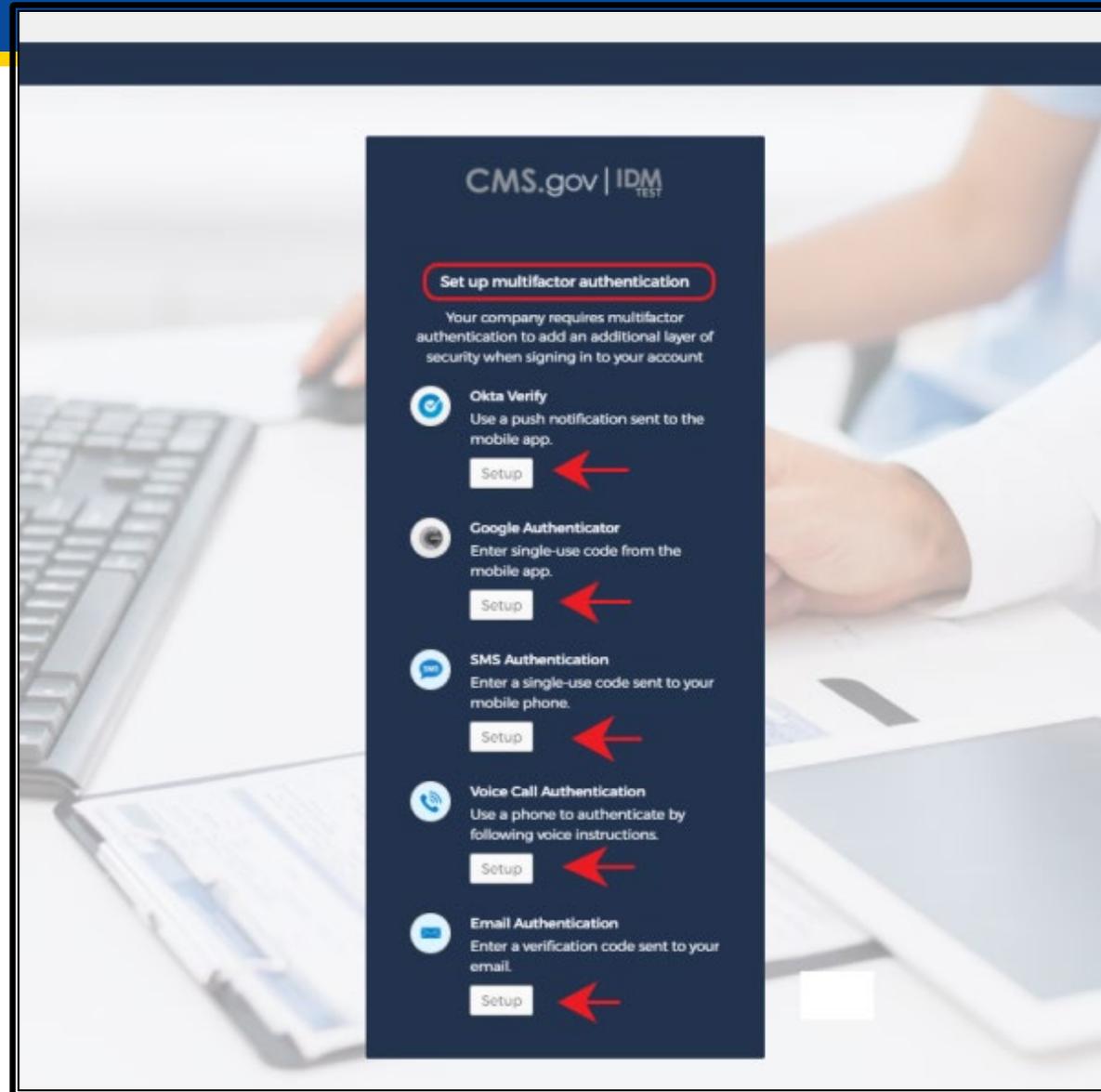
Sign In

OR

New User Registration

Forgot your [Password](#), [User ID](#) or [Unlock your account](#)?

MCRReF Login via IDM



Updated Home Page



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Cost Report e-Filing System (MCR eF)

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Monday, April 11, 2022

Home

Bulk e-File

Home

Filters

Quick Search

Fiscal Year End
From To

CR Status

FYE Not Elapsed (4)

Pending Receipt (13)

Processing (3)

Reopening/Appeal (1)

Complete (23)

Bulk e-Filing Issue(s)

⚠ Warning (1)

❌ Error (5)

Show entries

Provider # [?] [▲]	Provider Name	FYE [?] ▼	Cost Report Status [?] [▲]	Action
11-1111	Sample Hospital #1	12/31/2022	FYE Not Elapsed	
22-2222	Sample Hospital #2	12/31/2022	FYE Not Elapsed	
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33-3333	Sample Hospital #3	12/31/2018	Processing ❌	E-File CR

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Medicare Cost Report e-Filing System (MCR eF)

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Filters

Quick Search

Fiscal Year End
From To
mm/dd/yyyy mm/dd/yyyy

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Show 20 entries

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Updated View Details Page

View Details

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11-1111 Sample Hospital #1 - 12/31/2020 **CR Status: Reopening/Appeal**

Jurisdiction 1 - Sample MAC

✓ **Interim Rate**
2 Completed ✓ **Submission**
Accepted ✓ **Tentative Settlement**
Issued ✓ **Review**
Audit Complete ✓ **NPR**
Issued ⋮ **Reopenings/Revised NPRs**
1 of 2 Open ⋮ **Appeals**
1 of 1 Open

Interim Rate 2 Completed

Review Date: 05/03/2020

Documentation: [View All](#)

Review Date: 05/08/2020

Documentation: [View All](#)

Submission Accepted

Tentative Settlement Issued

Submission #: 1

Letter Date: 04/01/2021

Documentation: [View All](#)

Review Desk Review Complete

NPR Issued

NPR Date: 06/01/2021

Documentation: [View All](#)

Reopenings/Revised NPRs 1 of 2 Open

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11-1111 Sample Hospital #1 - 12/31/2020

CR Status: Reopening/Appeal

Jurisdiction 1 - Sample MAC



Interim Rate 2 Completed

Review Date: 05/03/2020

Documentation: [View All](#)

Review Date: 05/08/2020

Documentation: [View All](#)

New Documentation Details Page

Documentation Details
[Back to View Details](#)
Interim Rate - 05/03/2020

<u>File Name</u>
EXAMPLE - INTERIM RATE OVERPAYMENT.PDF
IRR TEST DOCUMENT.DOCX

[Back to View Details](#)

New Documentation Details Page

Documentation Details

[Back to View Details](#)

Interim Rate - 05/08/2020

Published On:	05/08/2020
Updated On:	05/10/2020

File Name
EXAMPLE - INTERIM RATE OVERPAYMENT.PDF
IRR TEST DOCUMENT.DOCX

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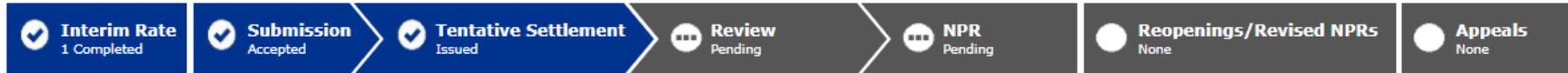
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11-1111 Sample Hospital #1 - 12/31/2021

CR Status: Processing

Jurisdiction 1 - Sample MAC



[-] **Interim Rate** 1 Completed

Review Date: 04/30/2021

Documentation: [View All](#)

[+] **Submission** Accepted

[-] **Tentative Settlement** Issued

Submission #: 1

Letter Date: 04/20/2022

Documentation: Pending Upload

[+] **Review** Pending

Updated View Details Page

Tentative Settlement		Issued	
Submission #:	1		
Letter Date:	04/01/2021		
Documentation:	View All		
Review		Desk Review Complete	
NPR		Issued	
NPR Date:	06/01/2021		
Documentation:	View All		
Reopenings/Revised NPRs		1 of 2 Open	
Open			
Request ID:	A	Issue Types:	Cost Issues
Reason:	Contractor Initiated	Decision Date:	09/09/2021
Decision:	Granted	Final Information Received Date:	
Open Information Request(s):	None		
Revised NPR Date:			
Documentation:	Pending Upload		
Closed			
Request ID:	B	Received Date:	02/12/2022
Reason:	Provider Requested	Issue Types:	GME/IME
Decision:	Granted	Decision Date:	02/12/2022
Open Information Request(s):	None	Final Information Received Date:	02/12/2022
Revised NPR Date:	02/12/2022		
Documentation:	View All		



MCreF Individual E-File Walkthrough

MCR eF Walkthrough – Home Page

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Filters

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Fiscal Year End

From

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MCR eF Walkthrough – Home Page

Home | **Bulk e-File**

Home

Filters Show 20 entries [Export To Excel](#)

Quick Search

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mm/dd/yyyy mm/dd/yyyy

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22-2222	Sample Hospital #2	12/31/2021	Pending Receipt	E-File CR

***Note:** If you are unable to locate your CCN or Fiscal Year End in the table:

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

44-4444	Sample Hospital #4	12/31/2019	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2018	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2018	Processing	E-File CR
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MCR eF Walkthrough – Home Page

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MCR eF Walkthrough – Individual e-File

 **Medicare Cost Report e-Filing System (MCR eF)** Home Accessibility Help Logout

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Home | **Bulk e-File**

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

** Indicates Required Field*
+ Indicates a newly added or updated file

Provider ⓘ	11-1111 Sample Hospital #1	Fiscal Year End ⓘ	12/31/2021
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).
Required Files: [ECR](#), [Print Image](#), [Signed Certification Page](#)



File Category ▲	File
There are currently no files within the Cost Report Materials Table. To add one or multiple files, please click on the "Add File(s)" button above.	

*** 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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e-File Cost Report Materials

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Provider ⓘ 11-1111 Sample Hospital #1 **Fiscal Year End** ⓘ 12/31/2021

Medicare Utilization ⓘ Full

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

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MCREf Walkthrough – Individual e-File

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Provider **Medical** **Cost**

Open

← → ↶ ↷ ↻

📁 This PC > Documents > PS&R-STAR > MCREf Rate-TS-NPR > MCREf Training > CR-Materials

🔍 Search CR-Materials

Organize ▾ New folder

Name	Date modified	Type	Size
A111111_2021-12-31.DBF	4/19/2021 7:19 PM	DBF File	1 KB
Additional CR Material.png	4/6/2020 10:46 PM	PNG File	15 KB
EC111111.21A1	4/18/2021 8:49 PM	21A1 File	68 KB
ExpRevGrp.doc	1/15/2020 11:57 AM	Microsoft Word 9...	627 KB
FinancialStatements.xlsx	9/23/2014 5:55 PM	Microsoft Excel W...	84 KB
M111111_2021-12-31.DBF	4/18/2021 8:54 PM	DBF File	1 KB
PI111111.21A1.pdf	1/15/2020 11:57 AM	Microsoft Edge P...	627 KB
PSRCrosswalk.doc	1/15/2020 11:57 AM	Microsoft Word 9...	627 KB
SIGPAGE111111.21A1.pdf	1/15/2020 11:57 AM	Microsoft Edge P...	627 KB
WorkingTrialBalance.xlsx	9/23/2014 5:55 PM	Microsoft Excel W...	84 KB

File name: All Files (*.*)

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.

[Back to Search Results](#)

MCR eF Walkthrough – Individual e-File

Provider 11-1111 Sample Hospital #1 **Fiscal Year End** 12/31/2021

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).
Required Files: [ECR](#), [Print Image](#), [Signed Certification Page](#)

[Add File\(s\)](#)

File Category	File	
Acceptability Documents		
ECR	EC111111.21A1 (67 KB)	Remove
Print Image	PI111111.21A1.pdf (627 KB)	Remove
Signed Certification Page	SIGPAGE111111.21A1.pdf (627 KB)	Remove
IRIS	A111111_2021-12-31.DBF (1 KB)	Remove
IRIS	M111111_2021-12-31.DBF (1 KB)	Remove
Supporting Documents		
Expense/Revenue Groupings	ExpRevGrp.doc (627 KB)	Remove
PS&R Crosswalk	PSRCrosswalk.doc (627 KB)	Remove
Other Documents		
Other	Additional CR Material.png (15 KB)	Remove
Other	FinancialStatements.xlsx (83 KB)	Remove
Other	WorkingTrialBalance.xlsx (83 KB)	Remove

* 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.

[Back to Search Results](#)

MCRReF Walkthrough – Individual e-File

- In addition to allowing users to re-categorize after uploading, each supporting document has a shared file naming convention that, if followed, allows the system to automatically categorize all files.
- For example:
 - Files that begin with "BDPolicy" (case insensitive), regardless of what comes after, the system will recognize as a Bad Debt Collection Policy. Some variations include:
 - "BDPolicy.pdf"
 - "bdpolicy_Policy per exec guidance.docx"
 - "BDPOLICY - 2020 Bad Debt guidelines.xlsx"
- A full list of documents and their naming convention can be found in the MCRReF User Manual (located within the system).

MCR eF Walkthrough – Individual e-File

Provider 11-1111 Sample Hospital #1 **Fiscal Year End** 12/31/2021

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).
Required Files: ECR, Print Image, Signed Certification Page

[Add File\(s\)](#)

File Category ▲	File	
Acceptability Documents		
ECR	EC111111.21A1 (67 KB)	Remove
Print Image	PI111111.21A1.pdf (627 KB)	Remove
Signed Certification Page	SIGPAGE111111.21A1.pdf (627 KB)	Remove
IRIS	A111111_2021-12-31.DBF (1 KB)	Remove
IRIS	M111111_2021-12-31.DBF (1 KB)	Remove
Supporting Documents		
Expense/Revenue Groupings	ExpRevGrp.doc (627 KB)	Remove
PS&R Crosswalk	PSRCrosswalk.doc (627 KB)	Remove
Other Documents		
Other	Additional CR Material.png (15 KB)	Remove
Other	FinancialStatements.xlsx (83 KB)	Remove
Other	WorkingTrialBalance.xlsx (83 KB)	Remove

* I am a Medicare Administrative Contractor (MAC) and the recipient of my Medicare cost report to my servicing Medicare Administrative Contractor (MAC) and the recipient of all rules and regulations pertaining to Medicare cost report submissions (e.g. filing deadlines).

[Reset](#)

Note: Closing the browser window or navigating to another webpage will not cancel this e-filing.

[Back to Search Results](#)

MCR eF Walkthrough – Individual e-File

Provider 11-1111 Sample Hospital #1 **Fiscal Year End** 12/31/2021

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).
Required Files: ECR, Print Image, Signed Certification Page

[Add File\(s\)](#)

File Category ▲	File	
Acceptability Documents		
ECR	EC111111.21A1 (67 KB)	Remove
Print Image	PI111111.21A1.pdf (627 KB)	Remove
Signed Certification Page	SIGPAGE111111.21A1.pdf (627 KB)	Remove
IRIS	A111111_2021-12-31.DBF (1 KB)	Remove
IRIS	M111111_2021-12-31.DBF (1 KB)	Remove
Supporting Documents		
Expense/Revenue Groupings	ExpRevGrp.doc (627 KB)	Remove
PS&R Crosswalk	PSRCrosswalk.doc (627 KB)	Remove
Other Documents		
Other	Additional CR Material.png (15 KB)	Remove
Financial Statements or Justification	FinancialStatements.xlsx (83 KB)	Remove
Working Trial Balance	WorkingTrialBalance.xlsx (83 KB)	Remove

* 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.

[Back to Search Results](#)

E-Filing Fields

Field Name	Description
Provider	Indicates the provider currently selected for e-filing a cost report
Fiscal Year End	Indicates the fiscal year end currently selected for e-filing a cost report
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 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 Acceptability Documents (such as an ECR or Print Image), Supporting Documents (such as PS&R Crosswalk or Working Trial Balance), and/or any other un-designated files collectively as "Other Documents".

Key Cost Report Materials

File Category	Description
<i>ECR</i>	<p>The electronic cost report file (also known as the 'EC', 'SN', 'HH', 'OP', 'HS', 'RD', 'RF', 'FQ', or 'CM' file)</p> <p>System-required: For all providers filing a Full Medicare Utilization MCR <i>except</i> 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>
<i>Print Image</i>	<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 <i>except</i> 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>

Key Cost Report Materials

File Category	Description
<i>Signed Certification Page</i>	<p>The electronically-signed Worksheet S certification page (for Home Offices: the 287-05 Schedule A)</p> <p>System-required: For all providers <i>except</i> LPICs 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 File limit: 10 MB</p>
<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: A set of "M" (Master) and "A" (Assignment) DBF files File limit: 1 MB</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 (eg all required MCR Material files are included, in valid format, and within the size limits; attached files must be virus/malware free, have valid filenames, must not be blank/empty)
- 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

MCRReF Additional Details

- You will be warned if:
 - MCR submission is late
 - You try to upload an MCR generated with outdated software
 - There are any potentially missing documents in CR materials
- 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.



MCRReF Bulk E-File Walkthrough

MCR eF Walkthrough – Bulk e-File – Bulk Upload



Medicare Cost Report e-Filing System (MCR eF)

Home Accessibility Help Logout
User ID: Sample
Monday, April 11, 2022

Home **Bulk e-File**

Home

Filters Show 20 entries [Export To Excel](#)

Quick Search

Fiscal Year End
From To
mm/dd/yyyy mm/dd/yyyy

CR Status

- FYE Not Elapsed (4)
- Pending Receipt (13)
- Processing (3)
- Reopening/Appeal (1)
- Complete (23)

Bulk e-Filing Issue(s)

- Warning (1)
- Error (5)

[Clear Filters](#)

Provider #	Provider Name	FYE	Cost Report Status	Action
11-1111	Sample Hospital #1	12/31/2022	FYE Not Elapsed	
22-2222	Sample Hospital #2	12/31/2022	FYE Not Elapsed	
33-3333	Sample Hospital #3	12/31/2022	FYE Not Elapsed	
44-4444	Sample Hospital #4	12/31/2022	FYE Not Elapsed	
11-1111	Sample Hospital #1	12/31/2021	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2021	Pending Receipt	E-File CR
33-3333	Sample Hospital #3	12/31/2021	Pending Receipt	E-File CR
44-4444	Sample Hospital #4	12/31/2021	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2020	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2020	Pending Receipt	E-File CR
33-3333	Sample Hospital #3	12/31/2020	Pending Receipt	E-File CR
44-4444	Sample Hospital #4	12/31/2020	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2019	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2019	Pending Receipt	E-File CR
33-3333	Sample Hospital #3	12/31/2019	Pending Receipt	E-File CR
44-4444	Sample Hospital #4	12/31/2019	Pending Receipt	E-File CR
11-1111	Sample Hospital #1	12/31/2018	Pending Receipt	E-File CR
22-2222	Sample Hospital #2	12/31/2018	Processing	E-File CR
33-3333	Sample Hospital #3	12/31/2018	Processing	E-File CR

MCR eF Walkthrough – Bulk e-File – Bulk Upload



Medicare Cost Report e-Filing System (MCR eF)

Home Accessibility User Manual Logout
User ID: Sample User
Monday, April 11, 2022

Home **Bulk e-File**

Bulk Upload | e-File History

Bulk e-File Cost Report Materials

* Indicates Required Field

*** Cost Report Materials**

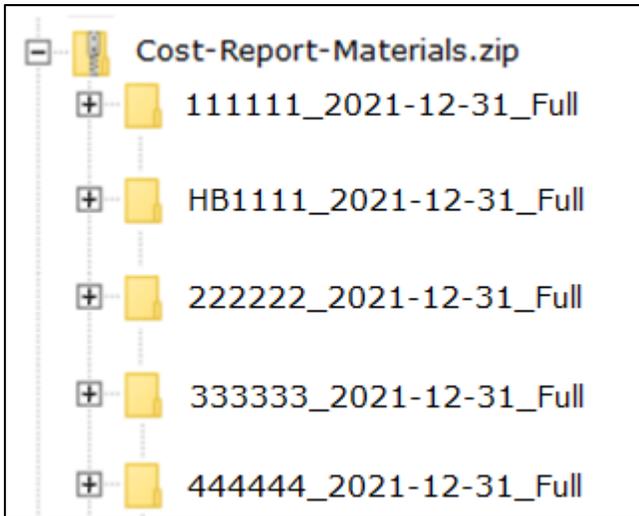
Upload in a structured Zip file per guidance (see Section 4.1.1 of the User Manual). Do ***not*** encrypt or password-protect the uploaded file (including files within). This website is a secure portal for transmission of MCR materials (including PII/PHI).

No file chosen

* 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).

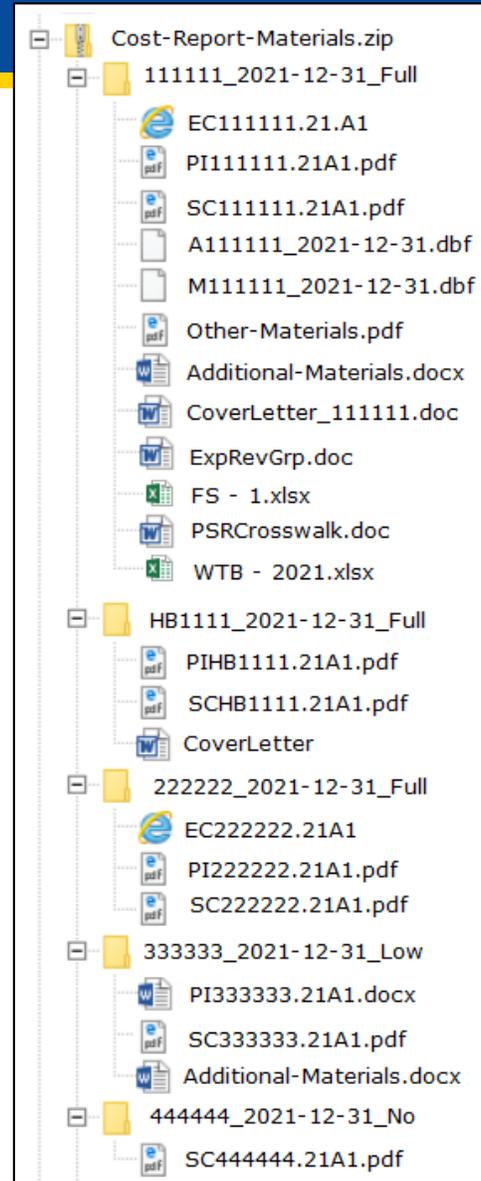
Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage will not cancel this e-filing. All issues and statuses of the resulting upload will be found on the e-File History page once your upload is complete.

MCR eF Walkthrough – Bulk e-File – Bulk Upload



File	Example File Name	Guidance
Main uploaded ZIP file	Cost-Report-Materials.ZIP	<p>The single ZIP file containing a folder for each MCR submission. There is no restriction on how the uploaded ZIP file is named.</p> <p>Format: A single ZIP file</p> <p>File limit: 1 GB</p>
Folder per submission	111111_2019-12-31_Full	<p>A well-named folder containing the cost report materials for a specific Provider/FYE.</p> <div data-bbox="1523 768 2211 939" data-label="Diagram"> <p>The diagram shows the folder name '111111_2021-12-31_Full' with three arrows pointing to its components: '111111' is labeled 'Provider #', '2021-12-31' is labeled 'FYE', and 'Full' is labeled 'Medicare Utilization'.</p> </div> <ul style="list-style-type: none"> • Provider # – 6-character CMS Certification Number (without a dash, ‘111111’ not ‘11-1111’) • FYE – Fiscal Year End of the cost report being submitted, with the 4-digit year, followed by the month, and then day, separated by hyphens (yyyy-mm-dd) • Medicare Utilization – “Full”, “Low”, or “No”. If this is not included, the system will assume the submission is a Full Medicare Utilization submission. • The Provider #, FYE, and Medicare Utilization should each be separated by a single underscore (_)

MCREf Walkthrough – Bulk e-File – Bulk Upload



MCR eF Walkthrough – Bulk e-File – Bulk Upload



Medicare Cost Report e-Filing System (MCR eF)

Home Accessibility User Manual Logout
User ID: Sample User
Monday, April 11, 2022

Home **Bulk e-File**

Bulk Upload | e-File History

Success Message
Success S0003: Files have been uploaded and processing has begun. To see the status of the uploaded files, navigate to the e-File History page.

Bulk e-File Cost Report Materials

* Indicates Required Field

*** Cost Report Materials**

Upload in a structured Zip file per guidance (see Section 4.1.1 of the User Manual). Do ***not*** encrypt or password-protect the uploaded file (including files within). This website is a secure portal for transmission of MCR materials (including PII/PHI).

No file chosen

* 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. All issues and statuses of the resulting upload will be found on the e-File History page once your upload is complete.

MCREf Walkthrough – Bulk e-File – e-File History

Home
Bulk e-File

Bulk Upload
e-File History

e-File History

[Address All Warnings](#)

Most Recent per Provider/FYE

Show 20 entries

Export To Excel
Refresh

Upload ID	Upload File Name	e-Filing ID	Submission Folder Name	Upload Date and Time	Uploaded By	Provider #	FYE	Load Status	Warnings / Errors
448	Cost Report Materials.zip			10/10/2020 9:39 AM ET	USER, SAMPLE			Pending	
447	CostReports.zip	3193308	111111_2019-12-31_FULL	10/08/2020 3:56 PM ET	USER, SAMPLE	11-1111	12/31/2019	Success	
447	CostReports.zip	3193304	222222_2019-12-31_FULL	10/08/2020 3:56 PM ET	USER, SAMPLE	22-2222	12/31/2019	Warning	C459: One or more documents were identified as potentially needing to be included with the cost report materials.
447	CostReports.zip	3193306	333333_2019-12-31_FULL	10/08/2020 3:56 PM ET	USER, SAMPLE	33-3333	12/31/2019	Error	C433: Signed Certification Page required.
447	CostReports.zip	3193238		10/08/2020 3:56 PM ET	USER, SAMPLE			Error	B445: Files not in folder
446	CR-Materials -3-ESE.zip	3192622	444444_2019-12-31_FULL	09/25/2020 4:02 PM ET	USER, SAMPLE	44-4444	12/31/2019	Warning	R1006: ECR - More recent CR transmittal available.
		3192577	Individual e-Filing Page	09/25/2020 11:57 AM ET	USER, SAMPLE	55-5555	12/31/2019	Success	
445	CR-Materials.zip	3191441	123456_2019-12-31_FULL	09/22/2020 9:57 AM ET	USER, SAMPLE	12-3456	12/31/2019	Success	

Filters

Upload ID

Upload File Name

Upload Date
From To

Uploaded By

Provider #

Fiscal Year End
From To

Load Status

Pending (0)

Processing (0)

Warning (4)

Expired Warning (1)

Success (15)

Error (50)

Clear Filters

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 single cost report with more than 350 MB of 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 every MCR form (except 287-05: Home Office)
 - An approved form of e-signature (per the 2018 IPPS final rule) is required for signing and subsequently uploading the “Signed Certification Page” in MCR eF
- **If** you file via MCR eF using MCR form 287-05 (current Home Office form), which **does 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.
 - Note: forthcoming Home Office form (287-22) will support e-signature. Effective date is still being determined.

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.)
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 03-31-2022
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"/> 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	4/1/2022	

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 03-31-2022	
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)					
		Chief Financial Officer or Administrator of Provider(s)			
		Title CFO			
		Date 4/1/2022			

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 03-31-2022
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"/> 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	CFO	
Date	4/1/2022	

Invalid use of e-signature

Signature must contain First and Last Name

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 03-31-2022
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.
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<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)	X123	
	Chief Financial Officer or Administrator of Provider(s)	
Title	CFO	
Date	4/1/2022	



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>
- 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...)



Future MCR eF Enhancements

Continuing Improvements

- Streamlining Cost Report Revisions
- Logging Reopening Requests
- One-click access to PS&R Summary Reports



Question & Answer Session

Resources

- E-mail questions relating to MCRReF to:

OFMDPAOQUESTIONS@CMS.HHS.GOV

- For any questions relating to your IDM 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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Share your thoughts to help us improve – complete in-webinar poll

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