

Medicare Part A Cost Report e-Filing Updates



Wednesday, March 19, 2025

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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
- ESRD End Stage Renal Disease
- EUS External User Services
- 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
- IDM Identity Management system
- 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
- MCReF 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

Clarification of Terms

- When we say "Provider", we mean Medicare Part A Providers *and* their Home Offices
- When we say "Cost Report", we mean Medicare Part A Cost Reports *and* their Home Office Cost Statements



- Introductions
- Background and Overview
- Discuss Updates and New Features to MCReF
- e-Filing Refresher
- 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 57,000 MCRs submitted each year that account for over \$250 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



MCReF Usage

- Since 5/1/2018:
 - Over 180,000 successful submissions from over 11,000 distinct users
 - Median Submission Time: 4 seconds
 - Over 3,200 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 MCReF submissions versus non-MCReF submissions
- CY2024: 68% of all MCR submissions were e-Filed via MCReF
- A few quotes received from MCReF users:
 - "In the 25 years I have been doing cost reporting, never have we gotten tentatives this early or have we filed this early, so we know it is all because of MCReF."
 - "I am loving the cost report submission season! MCReF 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." 7

CMS Goal

- Enhance the Medicare provider experience
 - Continuously improve the cost report filing experience
 - Increase transparency to providers through cost report tracking

Advantages of MCReF 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, and potential for instant acceptance
- Tentative Settlement payments issued faster on average for MCReF submissions
- Live updates on cost report status from submission through desk review and final settlement, including access to Interim Rate, Tentative, and Final Settlement documentation for activity since July 2023

MCReF – High Level System Changes

- **One-Click PS&R Summaries:** Ready-made PS&R Summary Reports for instant download on the MCReF home page
- Hospice Cap Dashboard: New dashboard for tracking Hospice Cap status, detailed view of Cap review dates, and access to Documentation for Cap Determinations



One-Click PS&R Summary Report Download

One-Click PS&R Summary Report Download

- PS&R Summary Reports tailored for cost report creation will be directly accessible via a one-click download within the Medicare Cost Report e-Filing system (MCReF)
- The goal of this is to make acquiring PS&R Summary Reports:
 - Easier (one-click, rather than current multi-screen flow for custom requests)
 - Faster (immediate download, no queue/inbox)
 - Vendor-ready (format and dates coordinated with cost report vendors for plug'n'play simplicity)

Existing MCReF Home Page

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What the One-Click Summaries Will Contain

- All available PS&R Report Types for the provider and any subunits or consolidated FQHCs/RHCs the MAC is currently aware of
 - Report package will also include the PS&R 1000 Consolidated Summary report, the 399 Home Health PPS-Part A and Part B Episodes, and supplemental sections as applicable (i.e. 110 DRG Section, 329/339 Patient CBSA Visit Section)
- Service Periods
 - Will encompass 1 full cost reporting period
 - Service-period "splits" will be applied as follows:
 - IPPS Hospitals receive a split on 10/1
 - The following provider types will receive a split on 1/1:
 - Cancer Hospitals
 - Teaching Facilities
 - Based Psych and Rehab units attached to a Teaching Hospital
 - Based Swing-Bed SNFs and RHCs
 - RHCs receive an additional one-time split on 4/1/2021
- All Paid Dates available as of report generation
- CSV and PDF format

Note: Before using One-Click Summaries, you should confirm that these defaults meet your particular filing needs

Service Period Date "Splits" Example

For example, assuming a Teaching Hospital with based Psych, RHC, and HHA subunits, and a Cost Reporting Period of 7/1/2023-6/30/2024, the default service periods would be as follows:

Provider	"Splits" on	Period 1	Period 2	Period 3	Period 4
Teaching IPPS Hospital	10/1 (IPPS) 1/1 (Teaching)	7/1/2023 – 9/30/2023	10/1/2023 – 12/31/2023	1/1/2024 – 6/30/2024	
Based Psych	1/1 (Based Psych to a Teaching facility)	7/1/2023 – 12/31/2023	1/1/2024 – 6/30/2024		
Based RHC	1/1 (RHC)	7/1/2023 – 12/31/2023	1/1/2024 – 6/30/2024		
Based HHA	None	7/1/2023 – 6/30/2024			

Supported FYEs and Data Refresh Frequency

- Functionality will provide fresh default PS&R Summary reports for cost reporting periods which meet all 3 of the following criteria:
 - FYB is in the past
 - FYE is no more than 3 years old
 - FYE is not Finalized (e.g. NPR not issued)
- Supported FYEs will have fresh reports reflecting any changes to the PS&R data made available on a rolling basis:

For FYEs that are	Targeting fresh reports within	Currently averaging fresh reports every
Not elapsed	2 months	3-4 days
Elapsed, but no accepted cost report	1 week	1-2 days
Accepted cost report, but not Finalized	1 month	1-2 days

- For FYEs that have aged out (i.e. older than 3 years) or have been Finalized, the reports will cease being updated and MCReF will retain the last copy
- For any reports not made available per the guidelines above (including Detail and Miscellaneous), users would continue to request those manually in the PS&R system

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PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Cover Page for: "111111_FYE 2025-12-31_Summary Reports as of 2025-03-19"

Downloaded from MCReF: 03/19/2025 | PS&R Report Run Date: 03/19/2025 | Paid Claims Verified Current As Of: 03/19/2025

The table below lists the PS&R summary reports associated with the downloaded package. On a periodic basis, the previously generated reports are reviewed to determine if they are current. The "Paid Claims Verified Current As Of" above reflects the date that the system last verified that the reports within the listed requests were inclusive of all paid claims associated with the provider(s) and service dates in the request.

Provider #	Report Type
	<u>110, 115, 118, 11A, 120,</u>
111111	<u>122, 125, 12P, 130, 132,</u>
	<u>135, 13A, 13N, 13P, 13Z,</u>
	<u>140, 145, 14A, 14N, 14P,</u>
	1000
111112	<u>720, 725, 1000</u>
111112	<u>130, 132, 720, 725, 72A,</u>
111115	1000
111114	No Data Available
111115	<u>118, 11A, 11U, 120, 125,</u>
111113	<u>12P, 130, 135, 13P, 1000</u>

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DISCHARGES		6						
MEDICARE DAYS		39						
CLAIMS		6						
XXX ACCOMMODATION CHARGES XXX REV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0110 ROOM-BOARD/PVT	14	\$19,978,40						
0200 INTENSIVE CARE or (ICU)	12	\$42,920.28						
0206 ICU/INTERMEDIATE	13	\$22,860.90						
TOTAL ACCOMMODATIONS	39	\$85,759.58						
ANCILLARY CHARGES								
EV CODE DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250 PHARMACY	3,348	\$94,846.94						
0258 IV SOLUTIONS	118	\$13,529.28						
0271 NONSTER SUPPLY	783	\$31,688.01						
0272 STERILE SUPPLY	1	\$1,293.92						
0300 LABORATORY or (LAB)	83	\$12,873.30						
0301 LAB/CHEMISTRY	144	\$44,598.79						
0302 LAB/IMMUNOLOGY	2	\$817.94						
0305 LAB/HEMATOLOGY	62	\$17,574.51						
0306 LAB/BACT-MICRO	33	\$13,823.20						
0307 LAB/UROLOGY	6	\$720.30						
0312 PATHOL/HYSTOL	2	\$1,549.36						
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Paid Claims Verified Current As Of

• The system regularly checks One-Click PS&R Summary reports to confirm they are still up-to-date with new claims and any relevant changes to providers, and reflects the most recent day the system confirmed the report was still current as the "Paid Claims Verified Current As Of"

Downloaded from MCReF Date (Today)	PS&R Report Run Date	Paid Claims Verified Current As Of Date	What does this mean?
3/19/2025	3/18/2025	3/18/2025	Run yesterday, as good as a manual PS&R run yesterday
3/19/2025	12/22/2024	3/19/2025	Run 3 months ago, as good as a manual PS&R run today
3/19/2025	1/14/2025	3/5/2025	Run 2 months ago, as good as a manual PS&R run 2 weeks ago

• Bottom-line: The Paid Claims Verified Current As Of always means that the report provided is as current as a PS&R report run on that date.

Cost Report Instructions

- Currently, multiple cost report forms require the entry of the paidthrough date from the PS&R Reports used to prepare the MCR.
- The CMS Division of Cost Reporting is in the process of updating those forms to clarify that this new "Paid Claims Verified Current As Of" date, if present, should be used in place of the paid-through date.
- Excerpt of update to the Hospital 2552-10 (other forms to follow):
 - "Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)"

	st Report e-F	Filing System (MCReF)		Home	e Accessibility User M User I Wednesd <u>ay, I</u>	anual Lo D: Sample March 19, 2
Home Bulk e-File						
lome						
Filters				Show 20 🗸 entries	Export To Excel Downlo	ad PS&Rs (1
Quick Search Fiscal Year End From To	Provider	# Provider Name	🔶 FYE 🖲 🔻	PS&R Download 🌒 🍦	Cost Report Status	Action
mm/dd/yyyy mm/dd/yyyy	11-1111	University Hospital	12/31/2025	坐 <u>(03/19/2025)</u>	FYE Not Elapsed	
CR Status FYE Not Elapsed (4)			25	坐 <u>(03/15/2025)</u>	FYE Not Elapsed	
☐ Pending Receipt (4) ☐ Processing (4)	г	The PS&R Summary Re	port ⁵	No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
Reopening/Appeal (1)	down	lload is not available if	a is not available in MCReF.	Not Applicable	FYE Not Elapsed	
Complete (23)	This	This will display when an EVE is n	YE is not 24	<u> </u>	Pending Receipt	<u>E-File C</u>
	eligit	ble (e.g. older than 3 ve	ars) and ¹⁴	Not Yet Available in MCReF	Pending Receipt 😣	<u>E-File C</u>
3ulk e-Filing Issue(s) ⁰	MC	CReF does not have a p	revious ²⁴	<u> </u>	Pending Receipt	E-File C
□ <mark>▲</mark> Warning (1)	с	opy of the report avail	able. 24	Not Applicable	Pending Receipt	E-File C
3 Serror (5)			3	<u> ↓ (03/18/2025)</u>	Processing	E-File C
Clear Filters	Sum	mary Report data for i	neligible	<u> </u>	Processing 😣	E-File C
	FYE	s and any other PS&R	reports	<u>له (03/17/2025)</u>	Processing	E-File C
	(IM15	vailable in the PS&P cy	stem	Not Applicable	Complete	
	av		22 22	坐 <u>(02/02/2024)</u>	Complete	
	22-1622	City Center Hospice	12/31/2022	<u> </u>	Processing	E-File C
	33-3333	State Medical Center	12/31/2022	± <u>(02/10/2024)</u>	Complete	
	11-1111	University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	

	Cost Report e-Filing System (MCRe	eF)	Home	e Accessibility User M User I Wednesday, M	anual Lo D: Sample 1arch 19, 2
Home Bulk e-File					
ome					
Filters			Show 20 🗸 entries	Export To Excel Downlo	ad PS&Rs (1
Quick Search Fiscal Year End From To	Provider # Provider Name	🔶 FYE 🔍 🔻	PS&R Download 🌒 🍦	Cost Report Status ⁰ 🔺	Action
mm/dd/yyyy mm/dd/yyyy	11-1111 University Hospital	12/31/2025	¥ <u>(03/19/2025)</u>	FYE Not Elapsed	
CR Status I FYE Not Elapsed (4)		025	¥ <u>(03/15/2025)</u>	FYE Not Elapsed	
Pending Receipt (4) Processing (4)	A PS&R Summary Report do	wnload has	No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
Reopening/Appeal (1)	not yet been generat	ea.	Not Applicable	FYE Not Elapsed	
Complete (23)	This will display when the J	Provider /	坐 <u>(03/16/2025)</u>	Pending Receipt	<u>E-File C</u>
	FYE is eligible for PS&R S	ummary ⁰²⁴	Not Yet Available in MCReF	Pending Receipt 😣	<u>E-File C</u>
Bulk e-Filing Issue(s)	Reports and paid claims are a	available in 🛛 ₀₂₄	<u> </u>	Pending Receipt	E-File C
Warning (1)	PS&R for the given year, but	One-Click ₀₂₄	Not Applicable	Pending Receipt	<u>E-File C</u>
SError (5)	Summary Reports have n	ot been	<u> </u>	Processing	E-File C
Clear Filters	generated yet.	023	<u> </u>	Processing 😣	E-File C
		023	<u> </u>	Processing	E-File C
	HB-4444 Company LLC	12/31/2023	Not Applicable	Complete	
	11-1111 University Hospital	12/31/2022	<u> ▲ (02/02/2024)</u>	Complete	
	22-1622 City Center Hospice	12/31/2022	<u> </u>	Processing	E-File C
	33-3333 State Medical Cente	r 12/31/2022	<u> ★ (02/10/2024)</u>	Complete	
	11-1111 University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	

	ost Report e-Fili	ng System (MCReF))	Hom	e Accessibility User M User I Wednesday,	anual Log D: Sample U March 19, 2
Home Bulk e-File						
lome						
Filters				Show 20 🗸 entries	Export To Excel Downlo	ad PS&Rs (10
Quick Search Fiscal Year End From To	Provider # ⁰	Provider Name	÷ FYE 0 ,	PS&R Download 🌒 🍦	Cost Report Status	Action
mm/dd/yyyy mm/dd/yyyy	11-1111	University Hospital	12/31/2025	<u> </u>	FYE Not Elapsed	
CR Status		C D	2025	¥ <u>(03/15/2025)</u>	FYE Not Elapsed	
Pending Receipt (4) Processing (4)	The PS&K	available.	ls not yet	No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
Reopening/Appeal (1)	_		2025	Not Applicable	FYE Not Elapsed	
Complete (23)	This will d	isplay when no pai	d claims	<u> </u>	Pending Receipt	E-File C
	were prese	nt in PS&R for the	Provider	Not Yet Available in MCReF	Pending Receipt 🙁	E-File C
Bulk e-Filing Issue(s) ⁰		the status	2024	<u> </u>	Pending Receipt	<u>E-File C</u>
🗌 Å Warning (1)		the status.	2024	Not Applicable	Pending Receipt	<u>E-File C</u>
C SError (5)	11-1111	University Hospital	12/31/2023	⊥ <u>(03/18/2025)</u>	Processing	<u>E-File C</u>
Clear Filters	22-1622	City Center Hospice	12/31/2023	<u> </u>	Processing 😣	<u>E-File C</u>
	33-3333	State Medical Center	12/31/2023	<u> </u>	Processing	E-File C
	HB-4444	Company LLC	12/31/2023	Not Applicable	Complete	
	11-1111	University Hospital	12/31/2022	<u> </u>	Complete	
	22-1622	City Center Hospice	12/31/2022	<u> </u>	Processing	E-File C
	33-3333	State Medical Center	12/31/2022	<u> ★ (02/10/2024)</u>	Complete	
	11-1111	University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	

	ost Report e-Filii	ng System (MCReF)		Home	Accessibility User M User II Wednesday, M	anual Log D: Sample U 1arch 19, 2
Home Bulk e-File						
lome						
Filters				Show 20 🗸 entries	Export To Excel Downlo	ad PS&Rs (10
Quick Search Fiscal Year End From To	Provider #	Provider Name	🕴 FYE 🖲 🔻	PS&R Download 🌒 🍦	Cost Report Status	Action
mm/dd/yyyy mm/dd/yyyy	11-1111	University Hospital	12/31/2025		<u>FYE Not Elapsed</u>	
CR Status	22-1622	City Center Hospice	12/31/2025	<u> </u>	FYE Not Elapsed	
Pending Receipt (4) Processing (4)				No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
Reopening/Appeal (1)	The PS&	R Summary Repor	t download	Not Applicable	FYE Not Elapsed	
Complete (23)	runctio	functionality is not applicable to the Provider and EVE		<u> </u>	Pending Receipt	E-File C
				Not Yet Available in MCReF	Pending Receipt 😢	<u>E-File C</u>
Bulk e-Filing Issue(s) ⁰	This w	ill display for Hom	e Offices /	<u> </u>	Pending Receipt	E-File C
□ ▲Warning (1)	LPICs as	LPICs as they do not have paid claims.		Not Applicable	Pending Receipt	E-File C
Serror (5)				<u> </u>	Processing	E-File C
Clear Filters	22-1622	City Center Hospice	12/31/2023	<u> ▲ (03/15/2025)</u>	Processing 8	E-File C
	33-3333	State Medical Center	12/31/2023	⊥ <u>(03/17/2025)</u>	Processing	E-File C
	HB-4444	Company LLC	12/31/2023	Not Applicable	Complete	
	11-1111	University Hospital	12/31/2022	<u> </u>	Complete	
	22-1622	City Center Hospice	12/31/2022	<u>(03/17/2025)</u>	Processing	E-File C
	33-3333	State Medical Center	12/31/2022	<u> ★ (02/10/2024)</u>	Complete	
	11-1111	University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	



- Work for this feature is currently being completed
- Goal is to have this available to everyone in MCReF during Spring 2025



Hospice Cap Dashboard

Hospice Cap Dashboard

- **Goal**: Expand MCReF functionality for users with access to Hospice Providers
- The New Hospice Cap dashboard will allow Hospice Providers to track Hospice Cap status, have a detailed view of Cap review dates, and access/download documentation for Hospice Cap Determinations.

Existing MCReF Home Page

	Report e-Filing	System (MCReF)	Home	Accessibility User I User Wednesday,	Manual Logout ID: Sample User March 19, 2025
Home Bulk e-File					
Home					
Filters			SI	now 20 🗸 entries 🛛 E	xport To Excel
Quick Search Fiscal Year End From To	Provider #	Provider Name	🔶 🛛 FYE 🔍 🔻	Cost Report Status	Action
mm/dd/yyyy mm/dd/yyyy	11-1111	University Hospital	12/31/2025	FYE Not Elapsed	
CR Status	22-1622	City Center Hospice	12/31/2025	FYE Not Elapsed	
FYE Not Elapsed (4)	33-3333	State Medical Center	12/31/2025	FYE Not Elapsed	
Pending Receipt (4)	HB-4444	Company LLC	12/31/2025	FYE Not Elapsed	
Processing (4) Recompiling (Append) (1)	11-1111	University Hospital	12/31/2024	Pending Receipt	E-File CR
Complete (23)	22-1622	City Center Hospice	12/31/2024	Pending Receipt	E-File CR
	33-3333	State Medical Center	12/31/2024	Pending Receipt	E-File CR
Bulk e-Filing Issue(s)	HB-4444	Company LLC	12/31/2024	Pending Receipt	E-File CR
□ ▲Warning (1)	11-1111	University Hospital	12/31/2023	Processing	E-File CR
□ ^{SE} Error (5)	22-1622	City Center Hospice	12/31/2023	Processing 😣	E-File CR
Clear Filters	33-3333	State Medical Center	12/31/2023	Processing	E-File CR
	HB-4444	Company LLC	12/31/2023	Complete	
	11-1111	University Hospital	12/31/2022	Complete	
	22-1622	City Center Hospice	12/31/2022	Processing	E-File CR
	33-3333	State Medical Center	12/31/2022	Complete	
	HB-4444	Company LLC	12/31/2022	Complete	
	11-1111	University Hospital	12/31/2021	Complete	
	22-1622	City Center Hospice	12/31/2021	Reopening/Appeal	
	33-3333	State Medical Center	12/31/2021	Complete	

Updated MCReF Home Page

	ost Report e-Filing	y System (MCReF		Home	e Accessibility User M User 1 Wedne <u>sday,</u>	lanual Log D: Sample U March 19, 2(
Home Bulk e-File						
lome						
Filters			Cost Report Hospi	Show 20 ♥ entries	Export To Excel Downle	oad PS&Rs (10
Quick Search			cost Report Hospi	ce cup		
Fiscal Year End From To	Provider #	Provider Name	🔶 FYE 🖲 🔻	PS&R Download 🌒 🍦	Cost Report Status	Action
mm/dd/yyyy mm/dd/yyyy	11-1111	University Hospital	12/31/2025	坐 <u>(03/19/2025)</u>	FYE Not Elapsed	
CR Status	22-1622	City Center Hospice	12/31/2025	坐 <u>(03/15/2025)</u>	FYE Not Elapsed	
 Pending Receipt (4) Processing (4) 	33-3333	State Medical Center	12/31/2025	No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
Reopening/Appeal (1)	HB-4444	Company LLC	12/31/2025	Not Applicable	FYE Not Elapsed	
Complete (23)	11-1111	University Hospital	12/31/2024	<u> </u>	Pending Receipt	E-File CF
	22-1622	City Center Hospice	12/31/2024	Not Yet Available in MCReF	Pending Receipt 😣	E-File CF
Bulk e-Filing Issue(s) ⁰	33-3333	State Medical Center	12/31/2024	<u> </u>	Pending Receipt	E-File Cl
🗌 Å Warning (1)	HB-4444	Company LLC	12/31/2024	Not Applicable	Pending Receipt	E-File CF
🗆 😢 Error (5)	11-1111	University Hospital	12/31/2023	₩ (03/18/2025)	Processing	E-File Cf
Clear Filters	22-1622	City Center Hospice	12/31/2023	▲ (03/15/2025)	Processing 😣	E-File CF
	33-3333	State Medical Center	12/31/2023	▲ (03/17/2025)	Processing	E-File CF
	HB-4444	Company LLC	12/31/2023	Not Applicable	Complete	
	11-1111	University Hospital	12/31/2022	<u> ▲ (02/02/2024)</u>	Complete	
	22-1622	City Center Hospice	12/31/2022	坐 (03/17/2025)	Processing	E-File CF
	33-3333	State Medical Center	12/31/2022	<u>(02/10/2024)</u>	Complete	
	11-1111	University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	

New Hospice Cap Dashboard

	eport e-Filing	System (MCReF)		Home Accessibil	ity User Manual Logout User ID: Sample User Vednesday, March 19, 2025
Home Bulk e-File				03/15/2022	
Home					
Filters			Cost Report Hospice Cap	Show 20 🗸	entries Export To Excel
Cap Year From To	Provider # ⁰ ^	Provider Name	🔶 Cap Year 🍳 🗸	Self-Determined Status ⁰ A	Date of Last 0 🍦 Determination
УУУУ	11-1511	University Hospice	<u>2024</u>	Received 02/27/2025	
Self-Determined Status Due (0)	22-1622	City Center Hospice	<u>2024</u>	Past Due 02/28/2025	
Past Due (2) Received (8)	33-1711	State Medical Hospice	<u>2024</u>	Received 02/06/2025	
Demand Letter Sent (2)	11-1511	University Hospice	2023	Past Due 02/29/2024	03/15/2024
Date of Last Determination	22-1622	City Center Hospice	<u>2023</u>	Received 02/12/2024	06/20/2024
From To	33-1711	State Medical Hospice	2023	Received 02/28/2024	01/24/2025
	11-1511	University Hospice	2022	Received 02/17/2023	03/06/2023
Clear Filters	22-1622	City Center Hospice	2022	Received 02/15/2023	02/25/2023
	33-1711	State Medical Hospice	2022	Demand Letter Sent 03/02/2022	03/02/2022
	11-1511	University Hospice	2021	Received 04/12/2022	03/15/2022
	22-1622	City Center Hospice	<u>2021</u>	Received 02/20/2022	02/16/2024
	33-1711	State Medical Hospice	2021	Demand Letter Sent 03/12/2022	06/27/2022

New Hospice Cap Dashboard

					Wednesday, March 19, 202
ome Bulk e-File				03/15/2022	
ome					
Filters			Cost Report Hospice Ca	Show 20	✓ entries Export To Excel
Cap Year From To	Provider #	Provider Name	🔶 Cap Year 🖲 💡	Self-Determined Status 🌒 🔺	Date of Last 0 🍦 Determination
УУУУ	11-1511	University Hospice	2024	Received 02/27/2025	
If-Determined Status Due (0)	22-1622	City Center Hospice	2024	Past Due 02/28/2025	
Past Due (2) Received (8)	33-1711	State Medical Hospice	2024	Received 02/06/2025	
* Note: If you are used to be a confirm that in question which grants	nable to lo t the SO of y within IDM a s access to M	cate your Pro our organizat and that you a CReF.	ovider # or Cap tion has properly r are registered to th	Year: egistered the Provide e organization with a	er # (CCN) an IDM role
Medicare Medicate	Cost Report e-Filin	ng System (MCReF)		Home Ac	cessibility User Manual Logout User ID: Sample User Wednesday, March 19, 2025
--------------------------------	---------------------	---	------------------	-------------------------------	---
Home Bulk e-File				03/15/2022	
Home					
Filters		Cost Pe	nort Hospice Cap	Sho	w 20 V entries Export To Excel
Cap Year From To	Short descriptio	n of the current state of the	p Year 🔍 🗸	Self-Determined Status 🖲 🔺	Date of Last 0 🍦 Determination
	Self-Determinat	ion along with the date that urred or is expected to occur		Received 02/27/2025	
Self-Determined Status Due (0)	if it	's in the future.	4	Past Due 02/28/2025	
Past Due (2) Received (8)	Statuses (and co	rresponding dates):	<u>2024</u>	Received 02/06/2025	
Demand Letter Sent (2)	- Due (Due date)	<u>2023</u>	Past Due 02/29/2024	03/15/2024
Date of Last Determination	- Past Due (Due	date)	<u>2023</u>	Received 02/12/2024	06/20/2024
From To	- Past Due Lette	r Sent (Date of letter)	<u>2023</u>	Received 02/28/2024	01/24/2025
	r dot D de Dette	(Bute of retter)	<u>2022</u>	Received 02/17/2023	03/06/2023
Clear Filters	22-1622	City Center Hospice	2022	Received 02/15/2023	02/25/2023
	33-1711	State Medical Hospice	2022	Demand Letter Sent 03/02/2022	03/02/2022
	11-1511	University Hospice	2021	Received 04/12/2022	03/15/2022
	22-1622	City Center Hospice	<u>2021</u>	Received 02/20/2022	02/16/2024
	33-1711	State Medical Hospice	<u>2021</u>	Demand Letter Sent 03/12/2022	06/27/2022

	Report e-Filing	System (MCReF)		Home Acces	ssibility User Manual Logout User ID: Sample User Wednesday, March 19, 2025
Home Bulk e-File				03/15/2022	
Home					
Filters			Cost Report Hospice Cap	Show	20 🗸 entries Export To Excel
Quick Search Cap Year From To	Provider # ¹ ^	Provider Name	÷	tus 🛈 🔺	Date of Last 0 Determination
УУУУ УУУУ	11-1511	University Hospice	Most recent date that	t a MAC	
Self-Determined Status Due (0)	22-1622	City Center Hospice	that Cap Year, whether	Initial or 2025	
Past Due (2) Received (8)	33-1711	State Medical Hospice	Reopening	25	
Demand Letter Sent (2)	11-1511	University Hospice	<u>2023</u>	Past Due 02/29/2024	03/15/2024
Date of Last Determination	22-1622	City Center Hospice	2023	Received 02/12/2024	06/20/2024
From To	33-1711	State Medical Hospice	<u>2023</u>	Received 02/28/2024	01/24/2025
	11-1511	University Hospice	2022	Received 02/17/2023	03/06/2023
Clear Filters	22-1622	City Center Hospice	2022	Received 02/15/2023	02/25/2023
	33-1711	State Medical Hospice	<u>2022</u> Dem	aand Letter Sent 03/02/2022	03/02/2022
	11-1511	University Hospice	<u>2021</u>	Received 04/12/2022	03/15/2022
	22-1622	City Center Hospice	<u>2021</u>	Received 02/20/2022	02/16/2024
	33-1711	State Medical Hospice	<u>2021</u> Dem	nand Letter Sent 03/12/2022	06/27/2022

	Report e-Filing	System (MCReF)		Home Accessib	ility User Manual Logout User ID: Sample User Wednesday, March 19, 2025
Home Bulk e-File				03/15/2022	
Home					
Filters			Cost Report Hospice Cap	Show 20	entries Export To Excel
Cap Year From To	Provider # ⁰ ^	Provider Name	🔶 Cap Year 🎱 🗸	Self-Determined Status 🖲 🔺	Date of Last 🏼 🌢 🍦 Determination
Уууу Уууу	11-1511	University Hospice	2024	Received 02/27/2025	
Self-Determined Status Due (0)	22-1622	City Center Hospice	<u>2024</u>	Past Due 02/28/2025	
Past Due (2) Received (8)	33-1711	State Medical Hospice	2024	Received 02/06/2025	
Demand Letter Sent (2)	11-1511	University Hospice	<u>2023</u>	Past Due 02/29/2024	03/15/2024
Date of Last Determination	22-1622	City Center Hospice	<u>2023</u>	Received 02/12/2024	06/20/2024
From To	33-1711	State Medical Hospice	2023	Received 02/28/2024	01/24/2025
	11-1511	University Hospice	2022	Received 02/17/2023	03/06/2023
Clear Filters	22-1622	City Center Hospice	2022	Received 02/15/2023	02/25/2023
	33-1711	State Medical Hospice	2022	Demand Letter Sent 03/02/2022	03/02/2022
	11-1511	University Hospice	2021	Received 04/12/2022	03/15/2022
	22-1622	City Center Hospice	2021	Received 02/20/2022	02/16/2024
	33-1711	State Medical Hospice	2021	Demand Letter Sent 03/12/2022	06/27/2022

	eport e-Filing	System (MCReF)		Home Accessibi	lity User Manual Logout User ID: Sample User Vednesday, March 19, 2025
Home Bulk e-File				03/15/2022	
Home					
Filters			Cost Report Hospice Cap	Show 20 V	entries Export To Excel
Cap Year From To	Provider # ⁰ ^	Provider Name	🔶 Cap Year 🔍 🗸	Self-Determined Status ⁰ 🔺	Date of Last 0 Determination
УУУУ	11-1511	University Hospice	<u>2024</u>	Received 02/27/2025	
Self-Determined Status Due (0)	22-1622	City Center Hospice	2024	Past Due 02/28/2025	
Past Due (2) Received (8)	33-1711	State Medical Hospice	2024	Received 02/06/2025	
Demand Letter Sent (2)	11-1511	University Hospice	2023	Past Due 02/29/2024	03/15/2024
Date of Last Determination	22-1622	City Center Hospice	2023	Received 02/12/2024	06/20/2024
From To	33-1711	State Medical Hospice	2023	Received 02/28/2024	01/24/2025
	11-1511	University Hospice	2022	Received 02/17/2023	03/06/2023
Clear Filters	22-1622	City Center Hospice	2022	Received 02/15/2023	02/25/2023
	33-1711	State Medical Hospice	2022	Demand Letter Sent 03/02/2022	03/02/2022
	11-1511	University Hospice	<u>2021</u>	Received 04/12/2022	03/15/2022
	22-1622	City Center Hospice	<u>2021</u>	Received 02/20/2022	02/16/2024
	33-1711	State Medical Hospice	2021	Demand Letter Sent 03/12/2022	06/27/2022

Hospice Cap View Details

ew Details	
back to Search Results	
22-1622 City Center Hospice	
Cap Period 10/01/2023 - 09/30/2024	
Jurisdiction 1 - Sample MAC	
Hospice Cap	-
Self-Determined Hospice Cap	
Due Date: 02/28/2025 Received Date:	
Valid reportings must include paid claims through 12/31/2024.	
_	-
Initial Hospice Cap	
There is no Initial Hospice Cap Record for this year.	
	_
Reopening Hospice Cap	
There is no Reopening Hospice Cap Record for this year.	
back to Search Results	

Hospice Cap View Details

iew Details			
Back to Search Results			
22-1622 City Center	Hospice		
Cap Deriod 10/01/202	103pice		
Juriediction 1 - Sample	MAC		
Julisticuoli 1 - Sallipie	MAC		
Hospice Cap			
Self-Determined Host	spice Cap		
Due Date: 02/28	/2025	Received Date: 03/12/2025	Past Due Letter: 03/07/2025
Overnavment: \$211	900 00	Demand Letter	
overpayment. ¢211,		Date: 04/01/2025	
		Documentation: <u>View All</u>	
Beneficiary Count Method:	: Proportional (Fully Pro-Rated)	Cap Determination Letter Sent to Provider:Date:05/15/2025Documentation:View All	
Reopening Hospice (Сар		
Reopening #:	1	Cap Determination Letter Sent to Provider:	
Beneficiary Count Method	Proportional (Fully Pro-Rated)	Date:07/02/2026Documentation:View All	
Reopening #:	2	Cap Determination Letter Sent to Provider:	
Beneficiary Count Method	Proportional (Fully Pro-Rated)	Date:08/15/2027Documentation:Pending Upload	
ack to Search Results			

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Hospice Cap Documentation Page

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Reopening Hospice Cap - 07/02/2026	
File Name	
HOSPICE CAP DETERMINATION LETTER.PDF SUPPORT.DOCX	
Download All	
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- Work for this feature is currently being completed, and will be tested by MACs and Providers next
- Goal is to have this available to everyone in MCReF during Spring 2025
 - Documentation will not be immediately available; CMS will coordinate with MACs on timeline for documentation upload
- Long-term: Consider expanding MCReF Hospice Cap support



MCReF Individual E-File Walkthrough

MCReF Access

- MCReF Login: <u>https://mcref.cms.gov</u>
- Access requires an account from the CMS Identity Management (IDM) system, tied to the PS&R/STAR Application
 - Restricted to IDM PS&R Security Officials (SO) / PS&R Backup Security Officials (BSO) / MCReF Approved Cost Report Filers
 - Existing PS&R SOs / BSOs already have access
 - Any organization without access must go into IDM, select "Role Request", choose "PS&R/STAR" from the Application list, and request to set up a PS&R SO.
 - Just like Providers filing cost reports, Home Offices should be registered by SOs to file cost statements.

IDM Tips and Updates

- To use MCReF, keep your IDM account in good-standing.
 - Includes password updates or signing into your account every 60 days to keep it active.
 - Timely replacement of SOs and setting up (or requesting to be) a Backup Security Official to simplify transitions.
 - If you are an SO, make sure to recertify your users annually to ensure they keep their access.
 - IDM credential issues are not a valid reason for late MCR filing.
- For help with any IDM/account issues, contact the PS&R/MCReF IDM support desk:
 - If you need assistance identifying the SO of your organization, reach out to the support desk and have the organization's TIN (Tax Identification Number) handy
 - Note: In the coming weeks, the support desk e-mail, postal, and website addresses will be changing. For several
 weeks following the changeover, the current addresses will automatically redirect to the new addresses, after
 which the current addresses will no longer be usable. The phone number will not be changing.
- Updated Identity Proofing Process since August 2023
 - When requesting your first new role since August 2023, you may be required to undergo the updated process

MCReF Login via IDM

CMS.gov Identity Management
Sign In
User ID
Password
□ Agree to our <u>Terms & Conditions</u>
Sign In
OR
CMS PIV Card Only
PIV Users: To activate the PIV functionality, you must first sign in using your EUA ID and password during your initial login.
New User Registration
Forgot User ID Forgot Password
Unlock Account

MCReF Walkthrough – Home Page

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33-3333	State Medical Center	12/31/2025	No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
HB-4444	Company LLC	12/31/2025	Not Applicable	FYE Not Elapsed	
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33-3333	State Medical Center	12/31/2023	<u> </u>	Processing	E-File CF
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33-3333	State Medical Center	12/31/2022	<u> </u>	Complete	
11-1111	University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	

MCReF Walkthrough – Home Page

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Support for Electronic Medicare Cost Report Exhibits

- CMS has completed their initiative to create standardized, electronic versions of the Medicare Bad Debt Listing, Medicaid Eligible Days, Charity Care Charges, and Total Bad Debt exhibits, they are now fully available for use, and MCReF is setup to receive and process them
 - The aim of this initiative is to accelerate cost report settlement
 - Adoption of these electronic versions is optional
- The specifications for how to create the electronic exhibits and premade templates have been posted online (see URL on next slide)
- If you use a vendor, consultant, or internal IT system for creating your exhibit listings, ask them about accelerating your cost report acceptance via the new electronic exhibits

Website for Accessing Templates and Specifications

<u>https://www.cms.gov/medicare/audits-compliance/part-a-cost-report/electronic-cost-report-exhibit-templates</u>

Summary at the top of the page...

CMS.GOV Centers for	Medicare & Medicaid Services	About CMS	Newsroom Data & Research	Downloads
Medicare V Medic	aid/CHIP \checkmark Marketplace & Private Insurance \checkmark	Priorities \checkmark	Training & Education \checkmark	
✤ > Medicare > Audits & Compliance	Part A cost report audit Electronic Cost Report Exhibit Templates			RHC, CMHC, FQHC
				MedicareBD RHC,
Part A cost report audit	Electronic Cost Report Ex	chibit Tem	plates	1728-20 (HHA) Ext
21st Century Cures Act Mid- Build Audits	In support of efforts to streamline the Medicare Cost R is supplying optional electronic versions for key MCR e	Report (MCR) process exhibits. Utilizing the	of or participating providers, CMS se optional electronic versions	MedicareBD 1728-
Electronic Cost Report	will aid MACs in reviewing supporting data from provic and follow-up communication about MCR submissions	lers, and reduce the . When used in comb	need for rejections, amendments, ination with the <u>Medicare Cost</u>	2552-10 (Hospital)
Exhibit Templates	<u>Report e-Filing system (MCReF)</u> , providers will also rea issues with the information in their exhibits.	eive additional pre-	emptive feedback about potential	2552-10 (Hospital)
Medicare Cost Report Electronic Filing (MCReF)	The MCR instructions include the definitions of and rec reimbursements being claimed in the cost report. Thes	quirements for exhib se exhibit instruction	its supporting various s include a visual layout of the	<u>Charity 2552-10 (H</u>
Health Information	requested information, as well as definitions of the exp required to follow.	ected fields and rule	s that the recorded information is	MedicareBD 2552-
Clinical Health (HITECH) Audits	In support of these exhibits, CMS provides optional ele the exhibits that enable enhanced troubleshooting and	ctronic specificatior accelerated cost re	s for creating digital versions of port processing if filing through	2552-10 (Hospital)
Provider Statistical &	MCReF. These specifications contain file naming conve identify what kind of file is being submitted, as well str	entions that will enab ructure and label info	le MCReF to automatically prmation to construct a	TotalBD 2552-10 (H
(PS&R)	spreadsheet file (.xlsx or xlsm format) that fulfills all o instructions.	f the requirements o	f the exhibits in the MCR	2552-10 (Hospital)
End-Stage Renal Disease (ESRD) Special Audits	By submitting files in accordance with the specificatio the cost reporting instructions and give providers feed documentation. The utilization of this standardized ele	ns, MCReF is able to back about potentia ctronic format also e	check the files for adherence to problems with their nables accelerated cost report	MedicaidEligDays
Intern and Resident	acceptance and tentative settlement.			

... downloads available at the bottom of the page

RHC, CMHC, FQHC, ESRD, SNF Exhibit 1 Medicare Bad Debt Specification (PDF)

MedicareBD RHC, CMHC, FQHC, ESRD, SNF Exhibit 1 Template (XLSX)

1728-20 (HHA) Exhibit 1 Medicare Bad Debt Specification (PDF)

MedicareBD 1728-20 (HHA) Exhibit 1 Template (XLSX)

2552-10 (Hospital) Exhibit 2A Medicare Bad Debt Specification (DOCX)

2552-10 (Hospital) Exhibit 3B Charity Care Charges Specification (DOCX)

Charity 2552-10 (Hospital) Exhibit 3B Template (XLSX)

MedicareBD 2552-10 (Hospital) Exhibit 2A Template (XLSX)

2552-10 (Hospital) Exhibit 3C Total Bad Debt Specification (DOCX)

TotalBD 2552-10 (Hospital) Exhibit 3C Template (XLSX)

2552-10 (Hospital) Exhibit 3A Medicaid Eligible Days Specification (DOCX)

MedicaidEligDays 2552-10 (Hospital) Exhibit 3A Template (XLSX)

Support for Electronic Medicare Cost Report Exhibits

- Benefits of following electronic specifications:
 - Upfront, live notice of potential issues with your exhibits if filing through MCReF (which, if addressed, minimizes back-and-forth with your MAC)
 - Accelerated cost report acceptance and tentative settlement
 - With potential for instant acceptance if filing through MCReF

	11-1111 University Hospital		Fiscal Year End ⁰	12/31/2024
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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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*Note: For submissions with particularly large exhibits (e.g. 30+ MB across these 4 exhibits), you may receive an error if the transaction times out before it is complete. In these cases, you can use the Bulk e-File option to submit a single cost report submission with large exhibits successfully.

● Other ✓ * I acknowledge that Centers for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to	OK Cancel ative Contractor (MAC) and the comedicare cost report submissions (e.g. filing deadlines).
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Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating	to another webpage will not cancel this e-filing.

MCReF User Manual Excerpt

Listing of all messages, additional explanation of their meanings, and suggestions for solutions available in the MCReF User Manual:

Appendix C. Cost Report Material Validations

The following exhibit details specific warning messages the system can provide when performing autom atedprocessing of cost report materials that have been uploaded (beyond the high-level ones included in Section 6.7.2). The optional specifications referred to throughout this section can be found on the CMS.gov website (link) alongside pre-form atted, empty tem plates ready for data entry. Receiving any of the messages below does not result in your cost report submission being unreceivable, but indicates potential problem swith your file(s) that may cause issues for your MAC when processing your cost report.

Exhibit 99 Medicare Bad Debt Listing Warning Messages

Message	Meaning	So lutio n
Warning F11: Missing expected field labelon Medicare Bad Debt Listing Label(s) not found: [list of labels]	The listed headers or column labels were not found within the file. This may result in additional warnings if the absent or mis-labeled columns are relied on by other validations.	When confirming that your file conform sto the optional Medicare Bad Debt Listing specification, specifically look for the locations of the headers and column labels, and make sure your listing is in alignment. Additionally, when reading across the row of column headers, the system will stop processing if it reaches a blank column, which will cause any additional columns after the blank to be not found. If you have gaps in the columns of your listing remove them.
Warning F12: Unexpected label(s) found on Medicare Bad Debt Listing Label(s) found: [list of labels]	The system found additional headers or column labels beyond the expected ones. Barring other issues, your listing can still be processed norm ally.	Unless you also receive a warning about missing expected fields, then this warning means you have provided additional data that is not part of the specification for the listing and no further remedy is required. However, if you do receive a warning about missing expected fields, confirm that you've named all of your fields correctly in alignment with the optional specification. (Changing expected label 'X' to unexpected label 'Y' will cause the system to generate both warnings.)
Warning F13: Field label found in unexpected location on Medicare Bad Debt Listing	The system found headers or column labels that it was expecting to find, but in an unexpected arrangement	Unless you also receive a warning about missing expected fields, then this warning means you have provided all of the necessary information for your Medicare Bad Debt Listing, but in an order that does not



MCReF Bulk E-File Walkthrough

MCReF Walkthrough – Bulk e-File – Bulk Upload

	st Report e-Filing	System (MCReF)		Home	Accessibility Use Use Wednesda	Manual Loo r ID: Sample (y, March 19, 2
Home Bulk e-File						
Filters				Show 20 🗸 entries	Export To Excel Dov	vnload PS&Rs (1
Quick Search Fiscal Year End From To	Provider #	Provider Name	🔶 FYE 🖲 🗸	PS&R Download 🏮 🍦	Cost Report Status	Action
mm/dd/yyyy mm/dd/yyyy	11-1111	University Hospital	12/31/2025	坐 <u>(03/19/2025)</u>	<u>FYE Not Elapsed</u>	
CR Status	22-1622	City Center Hospice	12/31/2025	¥ <u>(03/15/2025)</u>	FYE Not Elapsed	
 Pending Receipt (4) Processing (4) 	33-3333	State Medical Center	12/31/2025	No Paid Claims in PS&R as of 03/19/2025	FYE Not Elapsed	
Reopening/Appeal (1)	HB-4444	Company LLC	12/31/2025	Not Applicable	FYE Not Elapsed	
Complete (23)	11-1111	University Hospital	12/31/2024	<u> </u>	Pending Receipt	<u>E-File C</u>
	22-1622	City Center Hospice	12/31/2024	Not Yet Available in MCReF	Pending Receipt	E-File C
Bulk e-Filing Issue(s) ⁰	33-3333	State Medical Center	12/31/2024	₩ <u>(03/18/2025)</u>	Pending Receipt	<u>E-File C</u>
Awarning (1)	HB-4444	Company LLC	12/31/2024	Not Applicable	Pending Receipt	<u>E-File C</u>
□ ³ Error (5)	11-1111	University Hospital	12/31/2023	<u> ▲ (03/18/2025)</u>	Processing	<u>E-File (</u>
Clear Filters	22-1622	City Center Hospice	12/31/2023	<u> ↓ (03/15/2025)</u>	Processing 😣	E-File C
	33-3333	State Medical Center	12/31/2023	<u> </u>	Processing	E-File C
	HB-4444	Company LLC	12/31/2023	Not Applicable	Complete	
	11-1111	University Hospital	12/31/2022	<u>لا (02/02/2024)</u>	<u>Complete</u>	
	22-1622	City Center Hospice	12/31/2022	<u> </u>	Processing	E-File C
	33-3333	State Medical Center	12/31/2022	₩ <u>(02/10/2024)</u>	Complete	
	11-1111	University Hospital	12/31/2021	Only Available in PS&R	Reopening/Appeal	

MCReF Walkthrough – Bulk e-File – Bulk Upload

CENTRE FOR MEDICARE & MEDICARE SERVICES MEDICARE Cost Report e-Filing System (MCReF)	Home	Accessibility Wed	User Manual User ID: Sam nesday, March 1	Logout ple User 1 9, 2025
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 <u>not</u> encrypt or password-protect the uploa secure portal for transmission of MCR materials (including PII/PHI). Choose File No file chosen	aded file (including files wi	ithin). This websit	te is a
* I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Adr for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submi	ninistrat ssions (e	ive Contractor e.g. filing dead	(MAC) and the lines).	Centers
Submit				
Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage w of the resulting upload will be found on the e-File History page once your upload is complete.	ill not car	icel this e-filing.	All issues and sta	atuses

MCReF Walkthrough – Bulk e-File – Bulk File Format

Cost-Report-Materials zin	File	Example File Name	Guidance
■ 111111_2024-12-31_Full ■ 221622_2024-12-31_Full ■ 333333 2024-12-31_Full	Main uploaded ZIP file	Cost-Report- Materials.ZIP	The single ZIP file containing a folder for each MCR submission. There is no restriction on how the uploaded ZIP file is named. Format: A single ZIP file File limit: 3 GB
Details excerpted from Section 4.1.1 of the MCReF User Manual	Folder per submission	11111_2023-12-31_Full	 A well-named folder containing the cost report materials for a specific Provider/FYE. Provider # FYE Medicare Provider # - 6-character CMS Certification Number (without a dash, 'nnn' not 'n-nn') 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", "No", or "Vaccine". 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

MCReF Walkthrough – Bulk e-File – Bulk File Format

Naming convention detailed in Appendix B of the MCReF User Manual



MCReF Walkthrough – Bulk e-File – Bulk Upload

Medicare Cost Report e-Filing System (MCReF)	Home	Accessibility Wed	User Manual User ID: San nesday, March	Logout Iple User 19, 2025
Home Bulk e-File				
Bulk Upload e-File History				
Bulk e-File Cost Report Materials				
* Cost Report Materials Upload in a structured Zip file per guidance (see Section 4.1.1 of the User Manual). Do <u>not</u> encrypt or password-protect the upload secure portal for transmission of MCR materials (including PII/PHI). Choose File Cost-Report-Materials.zip	ided file (including files w	ithin). This webs	ite is a
I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Adm for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submis Submit	ninistrat ssions (4	ive Contractor e.g. filing dead	(MAC) and the lines).	Centers
Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage w of the resulting upload will be found on the e-File History page once your upload is complete.	ill not car	ncel this e-filing.	All issues and st	atuses

MCReF Walkthrough – Bulk e-File – Bulk Upload

Medicare Cost Report e-Filing System (MCReF)	Home	Accessibility Wed	User Manual Logout User ID: Sample User nesday, March 19 <u>, 2025</u>
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, na	avigate (to the e-File H	istory 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 <u>not</u> encrypt or password-protect the uploa secure portal for transmission of MCR materials (including PII/PHI).	aded file ((including files w	thin). This website is a
Choose File No file chosen			
I acknowledge that this represents an official submission of my Medicare cost report to my servicing Medicare Adr for Medicare and Medicaid Services (CMS), subject to all rules and regulations pertaining to Medicare cost report submi	ninistral issions (tive Contractor e.g. filing dead	(MAC) and the Centers lines).
Submit			
Note: Once 'Submit' is clicked, this transaction cannot be stopped. Closing the browser window or navigating to another webpage w of the resulting upload will be found on the e-File History page once your upload is complete.	vill not ca	ncel this e-filing.	All issues and statuses

MCReF Walkthrough – Bulk e-File – e-File History

	are Cos	t Report e-F	iling Sy	stem (MCRe	F)		Hor	me Accessi	bility User Use Wednesda	Manual Logout r ID: Sample User v. March 19, 2029
Home Bulk e-File									Weatesda	y, Hurch 19, 2020
Bulk Upload e-File Histo	ry									
e-File History										
Include Most Recent per	Address A	<u>All Warnings</u>					Show 20) 🗸 entries	Export To Exc	el Refresh
All History Filters	Upload ID	Upload File Name	e-Filing _{\u00e9} ID	Submission Folder 🔶 Name	Upload Date 🌲 and Time	Uploaded By	♦ Provider #	FYE 🗍	Load Status	Warnin <u>as</u> / Errors
Upload ID Upload File Name	<u>448</u>	Cost-Report- Materials.zip			03/19/2025 9:39 AM ET	USER, SAMPLE			Pending	
Upload Date From To mm/dd/yyyy mm/dd/yyyy	<u>447</u>	CostReports.zip	3193308	111111_2024- 12-31_FULL	02/08/2025 3:56 PM ET	USER, SAMPLE	11-1111	12/31/2024	<u>Success</u>	
Uploaded By Provider #	<u>447</u>	CostReports.zip	3193304	221622_2024- 12-31_FULL	02/08/2025 3:56 PM ET	USER, SAMPLE	22-1622	12/31/2024	<u>Success</u>	
Fiscal Year End From To mm/dd/vvvv mm/dd/vvvv	<u>447</u>	CostReports.zip	3193306	333333_2024- 12-31_FULL	02/08/2025 3:56 PM ET	USER, SAMPLE	33-3333	12/31/2024	<u>Success</u>	
Load Status	<u>447</u>	CostReports.zip	3193238		02/08/2025 3:56 PM ET	USER, SAMPLE			Error	B445: Files not in folder
Pending (1) Processing (0) Warning (4)	<u>446</u>	CR-Materials -3-ESE.zip	3192622	HB4444_2024- 12-31_FULL	02/07/2025 4:02 PM ET	USER, SAMPLE	HB-4444	12/31/2024	<u>Warning</u>	R1006: ECR - More recent CR transmittal available.
Expired Warning (1) Success (15)			3192577	Individual e-Filing Page	02/07/2025 11:57 AM ET	USER, SAMPLE	55-5555	12/31/2024	Success	
Error (50)	<u>445</u>	CR-Materials.zip	3191441	123456_2024- 12-31_FULL	02/07/2025 4:02 PM ET	USER, SAMPLE	12-3456	12/31/2024	<u>Success</u>	

MCReF Walkthrough – Bulk e-File – Status Details

CMS	dicare Cost Report e-Filing System	m (MCReF)	Home Accessibility User Manual Lo User ID: Sample	gout User
ENTERS FOR MEDICARE & MEDICAID SERVICES			Wednesday, March 19, 2	2025
Bulk e-File				
lk Upload e-File His	story			
atus Details				
<u>ck to e-File History</u>				
Ipload ID:	447	Provider #:	111111	
Ipload File Name:	CostReports.zip	Fiscal Year End:	12/31/2024	
-Filing ID:	3193308	Load Status:	Success	
ubmission Folder Name:	111111_2024-12-31_Full	Medicare Utilization:	Full	
Ipload Date and Time:	02/08/2025 3:56 PM ET	First Cost Report:	Yes	
-Postmark Date:	02/08/2025 3:56 PM ET			
File	File Name			
ECR	EC111111.24A1			
Print Image	PI111111.24A1.PDF			
Signed Certification Page	SC111111.24A1.PDF			
Medicare Bad Debt Listing	MEDICAREBD2024.XLSX			
Cover Letter	COVERLETTER.24A1.PDF	-		
Expense/Revenue Groupings	EXPREVGRP111111.24A1.F	PDF		
Financial Statements or Justification	FS - 1.XLSX			
PS&R Crosswalk	PSRCROSSWALK.DOC			
Working Trial Balance	WTB - 2024.XLSX			
Other	ADDITIONAL-MATERIALS.D	OCX		
Other	OTHER-MATERIALS.PDF			
lessages	Currence M			
Success S0001: The cost repo information or clarification to va	ort submission has been received and accepted by alidate the cost report submission. Refer to the da	the system, subject to MAC review. shboard periodically for the updated	The MAC may request further status of the cost report.	



Updates and General Reminders
E-Filing Updates

- With the introduction of the 287-22 Cost Statement, Home Office e-filings for FYBs on or after 10/01/2022 have an electronic format which supports e-signature and can be fully e-filed in MCReF (no need to mail in anything if e-filed and e-signed)
 - The 'HO' electronic cost statement file would be placed in the ECR file slot, just like a cost report ECR file
- Size limit increases as a result of user feedback:
 - The IRIS file size limit increased to 50MB
 - The general size limit increased for single cost report submissions to 1GB and for bulk submissions to 3GB

MCReF General Reminders

- You will receive errors if your submission contains fundamental problems that prevent the system from processing it
 - Providers will not receive an extension for system issues preventing e-Filing
 - These must be resolved for the submission to be received by the MAC
- 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
 - There are any potential issues with the electronic exhibits
- 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 <u>not</u> 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.



Electronic Signatures

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 MCR transmittals which support e-signature for every MCR form (including Home Offices)
 - An approved form of e-signature (per the 2018 IPPS final rule) is required for signing and subsequently uploading the "Signed Certification Page" in MCReF

Electronic Signature

- The next few slides provide examples of valid and invalid uses of esignature
- 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

	FORM CMS-2552-10				4090 (Cont.)	
This report is report is report is report is reported by the second seco	equired by law (42 USC 1395g; 42 CFR 413.20(b)). since the beginning of the cost reporting period bein	Failure to report can result in all in g deemed overpayments (42 USC 1	terim 395g).			FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025
HOSPITAL	AND HOSPITAL HEALTH CARE			PROVIDER CCN:	PERIOD	WORKSHEET S
COMPLEX COST REPORT CERTIFICATION					FROM	PARTS I, II & III
AND SETT	LEMENT SUMMARY				TO	_
PART I - CC	OST REPORT STATUS					
Provider use	only 1. [] Electronically prepared cost: 2. [] Manually prepared cost repo 3. [] If this is an amended report of 4. [] Medicare Utilization. Enter	report rt nter the number of times the p 'F" for full, "L" for low, or "N	Date: rovider resubmitted this " for no.	Time:		
Contractor	5. [] Cost Report Status	6. Date Received:		10. NPR Date:		
use only	(1) As Submitted	7. Contractor No.:		11. Contractor's Vendor Code:		
	(2) Settled without audit	8. [] Initial Report for th	nis Provider CCN	12. [] If line 5, column 1, is 4: Enter number of		
	(3) Settled with audit	9. [] Final Report for th	port for this Provider CCN times reopened = 0-9.			
	(4) Reopened					
	(5) Amended					
MPRISONN	MENT MAY RESULT.					-
CEI I HI sub: cost con law and	RTIFICATION BY CHIEF FINANCIAL OF EREBY CERTIFY that I have read the above mitted cost report and the Balance Sheet and st t reporting period beginning plete and prepared from the books and record s and regulations regarding the pro- regulations.	FICER OR ADMINISTRATO certification statement and tha Statement of Revenue and Exp and ending s of the provider in accordanc wision of health care services,	OR OF PROVIDER(S) t I have examined the ac enses prepared by and to the best of my k e with applicable instruc and that the services ide	ccompanying electronical nowledge and belief, this tions, except as noted. I entified in this cost report	ly filed or manually su {Provider Name(s) report and statement further certify that I at were provided in con	abmitted cost report and and Number(s)} for the are true, correct, n familiar with the apliance with such laws
CEI I HI sub cost con law and	RTIFICATION BY CHIEF FINANCIAL OF EREBY CERTIFY that I have read the above mitted cost report and the Balance Sheet and i treporting period beginning	FICER OR ADMINISTRATO certification statement and tha Statement of Revenue and Exp and ending	OR OF PROVIDER(S) t I have examined the ac enses prepared by and to the best of my ke e with applicable instruc and that the services ide CHECKBOY	ccompanying electronical nowledge and belief, this ctions, except as noted. I entified in this cost report	ly filed or manually su {Provider Name(s) report and statement further certify that I ar were provided in con	and Number(s)} for the and Number(s)} for the are true, correct, n familiar with the upliance with such laws
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CEI I HI sub cost con law and SIG 1 2 Sig 3 Sig 4 Sia	RTIFICATION BY CHIEF FINANCIAL OF EREBY CERTIFY that I have read the above mitted cost report and the Balance Sheet and ? treporting period beginning uplete and prepared from the books and record s and regulations regulations regarding the pro- regulations. GNATURE OF CHIEF FINANCIAL OFFIC 1 Andrew Smith Michaels matory Printed Name: matory Title: mature date:	FICER OR ADMINISTRATO certification statement and tha istatement of Revenue and Exp and ending is of the provider in accordance vision of health care services, ER OR ADMINISTRATOR	OR OF PROVIDER(S) t I have examined the ac enses prepared by, and to the best of my k e with applicable instruct and that the services ide CHECKBOX 2 Y	ccompanying electronical nowledge and belief, this ctions, except as noted. I entified in this cost report S I have read and agree v that I intend my electro binding equivalent of n	ly filed or manually su {Provider Name(s) report and statement further certify that I ar were provided in con ELECTRONIC IGNATURE STATE vith the above certific; nic signature on this c ny original signature.	adomitted cost report and and Number(s)} for the are true, correct, in familiar with the ipliance with such laws MENT ation statement. I certify vertification be the legally

Valid use of e-signature

Printed, e-signature checkbox Checked and Signed, Scanned

07-23 This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Fa	FORM CMS-2552-10 rt is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim			4090 (Cont.) FORM APPROVED		
payments made since the beginning of the cost reporting period being de	eemed overpayments (42 USC	1395g).			OMB NO. 0938-0050 EXPIRES 09-30-2025	
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. [] Electronically prepared cost rep 2. [] Manually prepared cost report 3. [] If this is an amended report entu 4. [] Medicare Utilization. Enter "F"	ort er the number of times the j ' for full, "L" for low, or "N	Date: provider resubmitted this 1" for no.	Time:			
Contractor use only (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No.: 8. [] Initial Report for the 9. [] Final Report for the 1. State of the second s	his Provider CCN his Provider CCN	10. NPR Date: 11. Contractor's Vende 12. [] If line 5, colum times reopened	or Code: nn 1, is 4: Enter num 1 = 0-9.	aber of	
MISREPRESENTATION OR FALSIFICATION OF ANY I ACTION, FINE AND/OR IMPRISONMENT UNDER FED THE PAYMENT DIRECTLY OR INDIRECTLY OF A KIC IMPRISONMENT MAY RESULT. CERTIFICATION BY CHIEF FINANCIAL OFFIC I HEREBY CERTIFY that I have read the above cee submitted cost report and the Balance Sheet and Sta cost reporting period beginning ar complete and prepared from the books and records of laws and regulations regulations regarding the provi and regulations.	INFORMATION CONTA DERAL LAW. FURTHER CKBACK OR WERE OTH CER OR ADMINISTRAT rtification statement and the tement of Revenue and Exp ad ending	INED IN THIS COST R MORE, IF SERVICES I HERWISE ILLEGAL, C OR OF PROVIDER(S) at I have examined the ac penses prepared by and to the best of my ke se with applicable instruct, and that the services ide	EPORT MAY BE PUN DENTIFIED IN THIS I RIMINAL, CIVIL AND companying electronical nowledge and belief, this tions, except as noted. I ntified in this cost repor	ISHABLE BY CRI REPORT WERE PR ADMINISTRATIV []y filed or manually {Provider Name(s report and statemen further certify that I were provided in co	MINAL, CIVIL AND ADMINISTRATI ROVIDED OR PROCURED THROUGH VE ACTION, FINES AND/OR submitted cost report and s) and Number(s)} for the nt are true, correct, am familiar with the ompliance with such laws	
SIGNATURE OF CHIEF FINANCIAL OFFICER 1 1 Aondrew Lmith Michaetz	OR ADMINISTRATOR	CHECKBOX 2	I have read and agree that I intend my electro binding equivalent of r	ELECTRONI IGNATURE STAT with the above certifi onic signature on this ny original signature	IC TEMENT fication statement. I certify 1 s certification be the legally e.	
2 Signatory Printed Name: Andrew Smith Michael 3 Signatory Title: こ下の	lson III				2	
4 Signature date: 4112022					4	

Invalid use of e-signature

E-signature checkbox not checked

07-23	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						FORM APPROVE	D 50	
payments made since are degiuming of the cost reporting period deing deemed overpayments (42.05C 1555g).							25	
HOSPITAL AND HOSPITAL HEALTH CARE PROVIDER CCN: PERIOD								
COMPLEX COST REPORT CERTIFICATION					FROM	PARTS I, II & III		
AND SETTLEMENT SUMMARY TO TO								
PART I -	COST REPORT STATUS		2					
Provider	ise only 1. [] Electronically prepared cost rep	port	Date:	Time:				
	2. [] Manually prepared cost report 3. [] If this is an amended report ent	or the number of times the	ncovider reculomitted this	cost report				
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use only	(1) As Submitted	7. Contractor No.:		11. Contractor's Vendo	or Code:			
	(2) Settled without audit	8. [] Initial Report for t	this Provider CCN	12. [] If line 5, column 1, is 4: Enter number of times reopened = 0-9.				
	(3) Settled with audit	9. [] Final Report for th	his Provider CCN					
	(4) Reopened			-				
	(5) Amended							
PART II	CERTIFICATION BY A CHIEF FINANCIAL O	FFICER OR ADMINISTR	ATOR OF PROVIDER	(S)				
MISREP	RESENTATION OR FALSIFICATION OF ANY	INFORMATION CONTA	INED IN THIS COST R	EPORT MAY BE PUN	ISHABLE BY CRIMIN.	AL, CIVIL AND ADMIN	ISTRATI	
ACTION	FINE AND/OR IMPRISONMENT UNDER FEI	DERAL LAW. FURTHER	MORE, IF SERVICES I	DENTIFIED IN THIS F	CEPORT WERE PROVI	DED OR PROCURED TH	IROUGF	
THE PAY	MENT DIRECTLY OR INDIRECTLY OF A KI	CKBACK OK WERE OTI	HERWISE ILLEGAL, CI	KIMINAL, CIVIL AND	ADMINISTRATIVE A	CTION, FINES AND/OK		
IMPRISC	NMENT MAT RESULT.							
	FRITIFICATION BY CHIEF FINANCIAL OFFI	CER OR ADMINISTRAT	OR OF PROVIDER(S)					
		CER OR IDIAL ISING	on of the the the					
1	HEREBY CERTIFY that I have read the above ce	rtification statement and th	at I have examined the ac	companying electronical	lv filed or manually subm	nitted cost report and		
-	ubmitted cost report and the Balance Sheet and Sta	atement of Revenue and Exp	penses 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 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.								
L	SIGNATURE OF CHIEF FINANCIAL OFFICE	R OR ADMINISTRATOR	CHECKBOX		ELECTRONIC			
	1		2	S	IGNATURE STATEME	2NT		
1				I have read and agree v	with the above certificatio	n statement. I certify	1	
	Andrew Smith Michaelson	III		that I intend my electro	nic signature on this cert	fication be the legally		
	Signatory Drinted Name: Androw Smith Michael	loon III		omong equivalent of n	ny original signature.		2	
2	Signatory Title: CEO	ISUITIII					2	
4	Signature date: 4/1/2023						4	
т	Signature Guile. 4/ 1/2023							

Invalid use of e-signature

Signature must contain First and Last Name

07-23	FORM CMS-2552-10				4090 (C	ont.)	
This report payments n	is required by law (42 USC 1395g, 42 CFR 413.20(b)). Failure to report can result in all in nade since the beginning of the cost reporting period being deemed overpayments (42 USC 1	nterim 1395g).			FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-202:) 5	
HOSPITA COMPLE	AL AND HOSPITAL HEALTH CARE EX COST REPORT CERTIFICATION THEMENT SUMMARY		PROVIDER CCN:	PERIOD FROM	WORKSHEET S PARTS I, II & III		
AND SE	TILEMENT SOMMART			10			
PART I -	COST REPORT STATUS						
Provider	 [] Electronically prepared cost report [] Manually prepared cost report [] If this is an amended report enter the number of times the p [] Medicare Utilization. Enter "F" for full, "L" for low, or "N 	Date: provider resubmitted this " for no.	Time:				
Contracto	r 5. [] Cost Report Status 6. Date Received:		10. NPR Date:				
use only	(1) As Submitted 7. Contractor No.:		11. Contractor's Vendor Code:			l	
	(2) Settled without audit 8. [] Initial Report for t	his Provider CCN	12. [] If line 5, colum	of			
	(3) Settled with audit 9. [] Final Report for th	us Provider CCN	times reopened	eopened = 0-9.			
	(4) Reopened (5) Amended						
	(5) Finelises						
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATI 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.							
	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX		ELECTRONIC			
	1	2	S	IGNATURE STATEM	ENT		
1	X123	*	I have read and agree to that I intend my electro binding equivalent of n	with the above certificati mic signature on this cer ny original signature.	on statement. I certify tification be the legally	1	
2	Signatory Printed Name:					2	
3	Signatory Title: CFO					3	
4	Signature date: 4/1/2023					4	



Tips for Accelerating Cost Report Processing

e-Filing Tips for Accelerating CR Processing

- Use MCReF
- e-Sign through the ECR software
- Categorize files appropriately
- Submit exhibits using the optional electronic specifications/templates
- Pay attention to warnings



Future MCReF Enhancements

Continuing Improvements to MCReF

- Simplifying Cost Report Revisions/Amendments
- Save and Resume
- Display of Non-claims Payments Information (e.g. Lump Sum Adjustments)
- Opt-In Push Notifications (e.g. e-mails, texts) about Status Changes and Newly Available Documentation
- e-Filing Reopening Requests
- Simplified reporting of warnings related to cost report and exhibit agreement



MCReF Feedback and Suggestion Poll

Q&A Up Next!



Question & Answer Session

Resources

• E-mail questions or ideas for improvements relating to MCReF to:

OFMDPAOQUESTIONS@CMS.HHS.GOV

- For any questions relating to your IDM account (role requests, passwords, annual certifications, login, etc...) contact PS&R/MCReF IDM support desk:
 - Website: <u>https://eus.custhelp.com/app/home</u>
 - e-mail: <u>EUSSupport@cgi.com</u>
 - Phone: 1-866-484-8049 (TTY/TDD: 866-523-4759)

Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – complete in-webinar poll

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