



News Flash – Medicare Remit Easy Print (MREP) – Still using Standard Paper Remittance Advices (SPRs)? Did you know that with the new MREP software that is available to you (for free!), you can view and print as many or as few claims as needed? With the MREP software, you can navigate and view an Electronic Remittance Advice (ERA) using your personal computer. This is especially helpful when you need to print only one claim from the Remittance Advice (RA) when forwarding a claim to a secondary payer. CMS developed the MREP software to enable you to read and print the HIPAA-compliant ERA, also known as Transaction 835 or “the 835”. Contact your carrier, A/B MAC or DME MAC to find out more about MREP and/or for information on how to receive HIPAA compliant ERAs.

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Individuals Authorized Access to CMS Computer Services (IACS)- Provider/Supplier Community (IACS-PC): THE FIRST IN A SERIES OF ARTICLES

Note: This article was revised on July 30, 2008, to reflect current processes and provide the Web address for the new IACS website which contains user reference guides. Please note that CMS will notify providers as internet applications become available, and provide clear instructions that specify which providers should register in IACS-PC. Do not register until you are notified by CMS or one of its contractors to do so and only if you meet the criteria in the notice.

These articles will help providers to register for access to CMS online computer services when directed to do so by CMS. This article contains:

- 11 questions and answers to get you started and
- Overview of the registration process for IACS-PC defined provider/supplier organization users.

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Provider Types Affected

Medicare physicians, providers, and suppliers who submit fee-for-service claims to Medicare contractors (carriers, fiscal intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and Medicare Administrative Contractors (A/B MACs)).

Special Note: Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers should not register for IACS -PC at this time. DMEPOS suppliers may want to review question # 11 below.

What Providers Need to Know

The Centers for Medicare & Medicaid Services (CMS) will be announcing new online enterprise applications that will allow Medicare fee-for-service providers to access, update, and submit information over the Internet. CMS enterprise applications are those hosted and managed by CMS and do not include FI/Carrier/MAC Internet applications. Details of these provider applications will be announced as they become available.

CMS will inform providers or appropriate staff when they should begin to register for access in the CMS security system known as the Individuals Authorized Access to CMS Computer Services – Provider/Supplier Community (IACS-PC). .

Provider Action Needed

CMS will notify providers as internet applications become available, and provide clear instructions that specify which providers should register in IACS-PC. **Do not register until you are informed by CMS or one of its contractors to do so and only if you meet the criteria in the notice.** This article and other articles in the IACS-PC series will help you navigate this process when directed to do so by CMS. The other articles currently available are:

- SE0753 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf> on the CMS website; and
- SE0754 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf> on the CMS website.

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11 Questions and Answers to Get You Started

1. What is IACS-PC?

IACS-PC is a security system CMS uses to control issuance of electronic identities and access to new CMS provider web-based applications. Through IACS-PC, provider organizations, as defined by IACS-PC (See question # 7 below), and their staff, as well as individual practitioners, will be able to access new CMS applications. Through IACS, provider organizations will also be able to manage users who they authorize to conduct transactions on their behalf, which may include staff and contractors.

Note: IACS-PC is not applicable to FI/Carrier/MAC internet applications or the DME Competitive Bidding System (DBidS) application.

2. Who can use this system?

Medicare providers and their designated representatives (e.g. clearinghouses, credentialing departments) may request access to CMS enterprise applications. At this time, DBidS has a dedicated version of IACS outside of IACS-PC. (See question # 11 below.)

3. When should I register?

CMS will notify providers as web-based applications become available and provide clear instructions that specify which providers should register in IACS.

Do not register unless you fit the criteria in the CMS notice. For example, DMEPOS suppliers interested in becoming a contract supplier under the Medicare Competitive Bidding Program will receive explicit instructions on how and when to register for access to bid software.

4. How long is my password valid?

Passwords expire in 60 days. After that point, when you log into IACS-PC, you will be prompted to create a new password to re-activate your account. Therefore, we recommend that once registered, you sign on periodically to IACS-PC to keep your current password active.

5. How do I register as an IACS-PC user?

IACS-PC uses a self-registration process. The self-registration process that you will follow will depend on the type of IACS-PC user you are. There are two categories of user types: individual practitioners and provider organizations. There are step-by-step registration instructions to help you through this process.

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NOTE: User guides for the IACS-PC community may be found at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website.

The External User Services (EUS) Help Desk will support this process for IACS-PC. It may be reached by email at EUSsupport@cgi.com or by phone on 1-866-484-8049 or TTY/TDD on 1-866-523-4759.

6. When would I register as an individual practitioner?

An individual practitioner (IP) is defined by IACS-PC as a solo physician or non-physician practitioner; who has not reassigned Medicare payments to a group practice. This designation is intended for practitioners who will be conducting transactions with online applications personally and have no staff who will be accessing the applications on their behalf. If you will have staff or other practitioners who will need to access CMS applications, you should register as a provider Organization (not as an individual practitioner). Please see #7.

CMS will match your IACS registration with Medicare enrollment data before allowing you to access a CMS application. Those registering as an individual practitioner who have not submitted a Medicare enrollment application (CMS-855) since November 2003 will need to update their CMS-855 form.

NOTE: See <http://www.cms.hhs.gov/MedicareProviderSupEnroll/> for more information about the Medicare enrollment process. To facilitate your enrollment into the Medicare program or updating your enrollment with Medicare, you should review the following downloadable file at <http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/Enrollmenttips.pdf> before submitting an enrollment application to a Medicare contractor.

If you enrolled in Medicare after November 2003, or have updated your enrollment since then, register as an individual practitioner following the steps in the Individual Practitioner Registration- *Quick Reference Guide*, which can be found at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website.

7. When would I register as an IACS-PC provider organization?

The term "organization", as defined by IACS-PC, should not be confused with the term organization as it applies to provider enrollment or the NPI.

For IACS-PC registration purposes, "organization" includes providers and suppliers such as hospitals, home health agencies, skilled nursing facilities,

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independent diagnostic testing facilities, ambulance companies, ambulatory surgical centers and physician group practices.

It also includes individual physicians and non-physician practitioners who want to delegate staff to conduct transactions on their behalf (office staff, administration support etc.). In this case, for IACS-PC registration purposes, registration must be as an organization.

IACS-PC provider organizations require Security Officials (see question # 9 below) that establish the provider organization in IACS-PC. All users will then be grouped together within IACS-PC under the provider organization Security Official.

8. What should I have in hand before I register as an IP?

An individual practitioner (who will be conducting transactions with online applications personally and have no additional staff that will be accessing the applications) will need to know their:

- Social Security Number and
- Correspondence Information.

9. What should I have in hand before I register as a Security Official of a Provider Organization?

For an IACS-PC provider organization, the Security Official (SO) of that organization will be the first person to register within IACS and create their organization. The SO should have the following organizational information available before they sign on to register:

- Taxpayer Identification Number (TIN);
- Legal Business Name;
- Corporate Address; and
- Internal Revenue Service (IRS) Issued CP-575 hard copy form.

If the SO does not have the CP-575, a copy of other official IRS documentation may be submitted. An official IRS document should have the following information:

Required:

- IRS letterhead;
- Legal Business Name (not handwritten); and

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- TIN/EIN (not handwritten)..

Examples of acceptable IRS documents include, but are not limited to:

- Copy of IRS CP-575;
- Copy of IRS 147C Letter; or
- Copy of Federal Tax Deposit Coupon.
- **All documents received must be legible.**

10. How do I register my IACS-PC provider organization?

IACS-PC is based on a delegated authority model. Each organization must designate an SO who will register the organization via IACS-PC and then be accountable for users in the organization. Using information supplied via the IACS-PC registration as well as a mailed-in copy of the organization's IRS documentation, CMS will verify the SO's role in the organization, the TIN and the Legal Business Name of the organization. This can take several weeks. Once approved, the SO then has the ability to approve other registrants under the provider organization. For more detail, please read the Overview section, which follows question #11.

Once you understand IACS-PC user roles, and have designated an SO, the SO should register using the instructions in the Security Official Registration - *Quick Reference Guide*, which is available at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website.

The next MLN article in this series of articles provides instructions for additional users to register in IACS-PC.

11. Why are you excluding DMEPOS suppliers from IACS-PC?

DMEPOS suppliers should not register in IACS-PC because we do not have new online applications at this time. DMEPOS suppliers interested in DMEPOS competitive bidding should follow CMS DMEPOS Competitive Bid instructions which would be released closer to the bid window.

OVERVIEW: Registering in IACS-PC as a Provider Organization or a Provider Organization User

For IACS-PC registration purposes, "organization" includes providers and suppliers such as hospitals, home health agencies, skilled nursing facilities,

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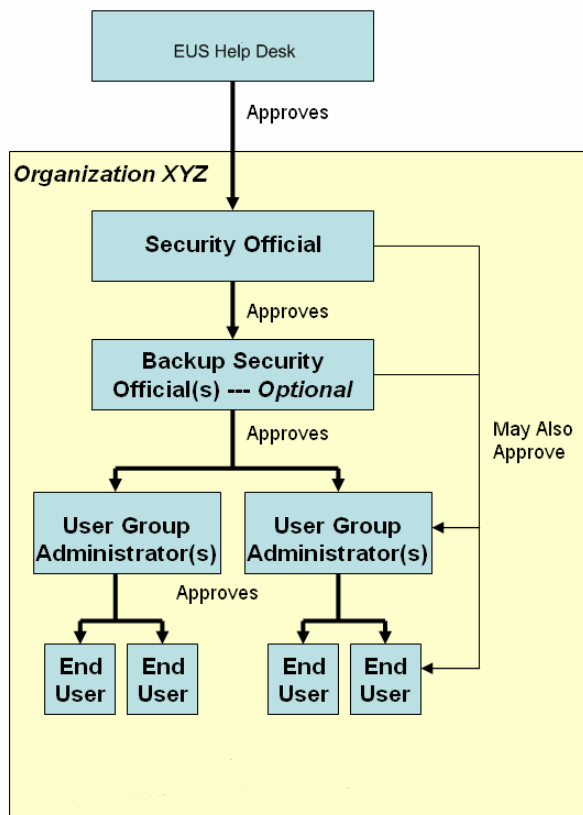
independent diagnostic testing facilities, ambulance companies, ambulatory surgical centers, and physician group practices. It also includes individual physicians and non-physician practitioners who want to delegate employees to conduct transactions on their behalf.

I. The Registration Process

IACS-PC is based on a delegated authority model. Each user self-registers and is approved as shown below. The system is designed for flexibility to meet provider needs while assuring security of computer systems and privileged information. At this time, a provider organization must have at least 2 users, one of whom will be able to access IACS-PC applications.

The “delegated authority model” previously described is shown below. The EUS Help Desk will be responsible for approving the organization’s Security Official. Then the Security Official may approve the Backup Security Official(s) etc.

IACS-PC Community: Delegated Authority Model



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II. REGISTRATION ROLES

1. The first person to register must be the **Security Official**.

The Security Official is the person who registers their organization in IACS-PC and updates the organization profile information in IACS-PC. There can be only one Security Official for an organization. The Security Official is trusted to approve the access request of Backup Security Official(s) and can approve the access requests of User Group Administrators. The Security Official will be approved by CMS through its EUS Help Desk. The Security Official is held accountable by CMS for the behavior of those approved in the organization, including End Users. The Security Official Registration - *Quick Reference Guide* may be found at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website.

Note: Additional employee and contractor users cannot be approved until the security official has been approved by the EUS Help Desk.

2. An organization may choose to have one or more **Backup Security Officials**. (Optional)

This is an optional role. You need not have a Backup Security Official. The Backup Security Official is approved by the Security Official. A Backup Security Official performs the same functions as a Security Official in an organization, with the exception of approving other Backup Security Officials. There can be one or more Backup Security Officials in an organization. The Backup Security Official can approve the access requests of User Group Administrators and may aid the Security Official with the administration of User Groups and User Group Administrators' accounts.

3. The next registrant must be a **User Group Administrator (UGA)**.

The UGA is approved by the Security Official or Backup Security Official. The UGA is trusted to approve the access requests of End Users for that User Group.

A UGA registers the User Group within an organization in IACS-PC and updates the User Group profile information in IACS-PC. There can be multiple UGAs for the same User Group within an organization.

If the UGA is a surrogate user (not part of the organization, but rather a contractor company working on behalf of the organization), they should select to create a "Surrogate User Group"- See Section III.

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4. The Next Registrants are End Users.

An End User is a staff member who is trusted to perform Medicare business and conduct transactions for the provider organization. An End User is part of a User Group within the provider organization. An End User may be an employee of a provider/supplier/practitioner or a contractor working on the behalf of one of these entities. An End User may belong to multiple groups in one or more organizations. The End User is approved by the UGA.

Note: End User requests cannot be approved until after the User Group Administrator has been approved.

III. SURROGATE USER GROUPS

This applies to provider organizations that want to delegate online work to individuals or a company outside of the provider organization. Under this scenario, those working on behalf of the provider organization register as a **Surrogate User Group**. Examples include clearinghouses, credentialing departments, independent contractors. A Surrogate User Group has a direct contractual business relationship with the Medicare provider/supplier, but not with CMS. A Surrogate User Group may be associated with multiple provider organizations.

1. The first contractor employee to register in a Surrogate User Group must be the UGA.

If there will be only one user in a Surrogate Group, that user must register as a UGA. The UGA for the Surrogate User Group will register the Surrogate User Group and update the User Group profile information in IACS-PC. There can be multiple UGAs within the same Surrogate User Group. The UGA is trusted to approve the access requests of End Users for their user group.

The UGA of the Surrogate User Group must be approved by the Security Official or Backup Security Official in the provider organization on whose behalf it performs work. Once approved, the UGA of a Surrogate Group may request to associate with other provider organizations for which it performs work without registering again.

2. A contractor employee may also register as an End User.

An End User is approved to perform Medicare business for a surrogate or provider User Group by their UGA. An End User may belong to multiple groups in one or more organizations.

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ADDITIONAL HELP

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