



News Flash – As of January 1, 2009, eligible professionals can participate in the E-Prescribing Incentive Program by reporting on their adoption and use of an e-prescribing system by submitting information on one e-prescribing measure on their Medicare Part B claims. For the 2009 e-prescribing reporting year, to be a successful e-prescriber and to qualify to receive an incentive payment, an eligible professional must report one e-prescribing measure in at least 50% of the cases in which the measure is reportable by the eligible professional during 2009. There is no sign-up or pre-registration to participate in the E-Prescribing Incentive Program. For more information, visit <http://www.cms.hhs.gov/PQRI> and select “E-Prescribing Incentive Program” in the left-hand column.

MLN Matters Number: SE0747 **Revised**

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

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

Note: This article was revised on February 20, 2009, to reflect current terminology and processes as reflected on the IACS website. Please note that CMS will notify providers as CMS applications integrated with IACS become available, and provide clear instructions that specify which providers should register in IACS to access those applications. For example, MLN Matters articles SE0830 and SE0831 inform physicians how to register in IACS to access their Physician Quality Reporting Initiative (PQRI) feedback reports. Do not register until you are notified to do so by CMS or one of its contractors 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 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 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-supplied Internet applications. Details of these provider applications that are integrated with IACS 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 (IACS). The IACS web page is at <http://www.cms.hhs.gov/IACS> on the CMS website. The specific community for providers can be accessed by clicking on the "Provider/Supplier Community" in the left margin of the aforementioned website. Or, you can go directly to the "Provider/Supplier Community" page at http://www.cms.hhs.gov/IACS/04_Provider_Community.asp on the CMS website.

Provider Action Needed

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

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

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

11 Questions and Answers to Get You Started

1. What is IACS?

IACS is a security system CMS uses to control issuance of electronic identities and access to new CMS provider web-based applications. Through IACS, provider organizations (and other communities), as defined by IACS (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 whom they authorize to conduct transactions on their behalf, which may include staff and contractors.

Note: IACS is not applicable to FI/Carrier/MAC-sponsored internet applications.

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, the software used for DMEPOS Competitive Bidding has a dedicated version of IACS. (See question # 11 below.)

3. When should I register?

CMS will notify providers as web-based applications integrated with IACS 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 bidding software.

4. How long is my password valid?

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

5. How do I register as an IACS user?

IACS uses a self-registration process. The self-registration process you will follow depends on the type of IACS user you select. There are two categories of user

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types: individual practitioners and provider organizations. There are step-by-step registration instructions to help you through this process.

NOTE: User guides for the IACS 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. 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 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 who have NO staff that will be directed to access 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 providers 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 IACS Individual Practitioner *Quick Reference Guide*, which can be found in the Downloads section of

http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage on the CMS website. (Once at the website, scroll down to the Downloads section.)

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

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

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For IACS registration purposes, "organization" includes providers and suppliers such as hospitals, home health agencies, skilled nursing facilities, 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 or surrogates to conduct transactions on their behalf (office staff, administration support etc.). In this case, for IACS registration purposes, registration must be as an organization.

IACS provider organizations require Security Officials (see question # 9 below) that establish the provider organization in IACS. All users will then be grouped together within IACS under the provider organization's 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 who will have no additional staff directed to access 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 provider organization, the Security Official (SO) of that organization will be the first person to register within IACS and will need to 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
- TIN/EIN (not handwritten).

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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 provider organization in IACS?

IACS is based on a delegated authority model. Each organization must designate an SO who will register the organization via IACS and then be accountable for users in the organization. Using information supplied via the IACS 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 details, please read the Overview section, which follows question #11.

Once you understand IACS user roles, and have designated an SO, the SO should register using the instructions in the IACS *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.

11. Why is registration not available at this time for DMEPOS suppliers in IACS?

DMEPOS suppliers should not register in IACS because CMS does 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 bidding window.

Overview: Registering in IACS as a Provider Organization or a Provider Organization User

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

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I. The Registration Process

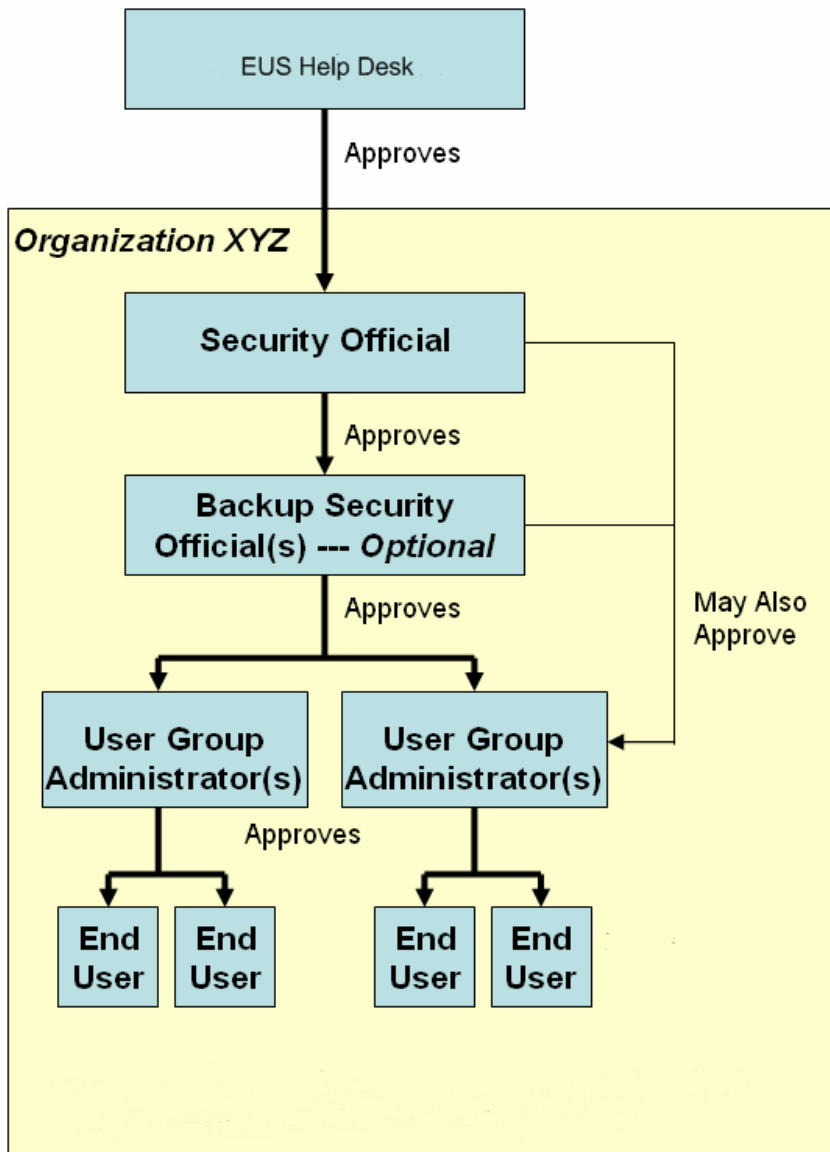
IACS is based on a delegated authority model. Each user self-registers and is approved as shown below. The system is designed for flexibility to meet provider needs while assuring security of computer systems and privileged information. **At this time, a provider organization must have at least 2 users,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

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.

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Provider/Supplier Community: Designated 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 and establishes the organization profile information in IACS. 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 – IACS SO *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 and updating the organization profile. 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 and updates the User Group profile information in IACS. 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 the option to create a "Surrogate User Group"- See Section III. Note that surrogates will not have access to the Provider Statistical and Reimbursement (PS & R) System.

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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 Users cannot register in User Groups 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. As noted above, surrogates will not have access to the PS & R system.

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. 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

The EUS Help Desk will support the provider/supplier community with this process for IACS. It may be reached by email at EUSsupport@cqi.com or by phone on 1-866-484-8049 or TTY/TDD on 1-866-523-4759.

Information on the steps needed for individual eligible professionals to access their 2007 Physician Quality Reporting Initiative (PQRI) Feedback Reports personally is available in MLN Matters article SE0830 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0830.pdf> on the CMS website. Information on the steps for IACS defined "organizations" to access their PQRI Feedback Report is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0831.pdf> on the CMS website.

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