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## ESRD Status Changes Submission Process and SOPs

### **Overview:**

Organizations must submit requests to the Retroactive Processing Contractor (Reed & Associates and IntegriGuard) either electronically on a CD or diskette. The specific format and required fields for submission of the retroactive status changes for the ESRD status is addressed below. The electronic submission process is outlined at the end of this document. Please note that this information cannot be sent by e-mail as required under HIPAA regulations. A cover letter including the organization number (H#, S#, R#) and certification must be submitted along with the requested changes. An example of appropriate language for the certification is as follows:

“This signature verifies that the information submitted to The Retroactive Processing Contractor on (date) is accurate and complete and that supporting documentation is being maintained at the organization for each request.”

The organization must retain original supporting documentation for requested changes as they may be required to produce it during a Government audit at a later date.

### **Submitting ESRD Status Changes**

*This applies to MAs, MA-PDs, Demonstrations, and PACE Organizations*

Prior to submitting the request to the Retroactive Processing Contractor, the organization should contact its Dialysis Center to confirm that the ESRD 2728 was submitted to the ESRD Network. The Retroactive Processing Contractor does not have the ability to update the CMS systems, as in the other statuses; it reviews the period requested and the data in the CMS systems. If there is a discrepant period, The Retroactive Processing Contractor forwards the request for appropriate action.

The organization will submit its requested changes to the Retroactive Processing Contractor. Requested changes will be processed within 45 days of receipt. Upon completion of processing, the Retroactive Processing Contractor will provide the organization with a report detailing the disposition of the requests. Supporting documentation will be required only as requested by the Retroactive Processing Contractor in conjunction with the probe study (see section below titled “Probe Study”).

The information and column order needed to process ESRD status changes are as follows:

Organization Name					Contact Name:		
Mailing Address					Phone #:		
City, State, Zip Code					E-Mail Address:		
<b>ESRD</b>							
H#	CMS Region #	HIC #	Beneficiary Last Name	Beneficiary First Name	Date Regular Dialysis Began	Beginning Date of Discrepancy Period mm/dd/yyyy	Ending Date of Discrepancy Period mm/dd/yyyy

Please note: The “Discrepancy Beginning Date” field is defined as the start date of the period for which you are requesting payment at the ESRD rate. The “Discrepancy Ending Date” field is defined as the end date of the period for which you are requesting payment at the ESRD rate. All fields must be completed.

### Electronic Submission Data Field Specifications and Instructions

Organizations must submit retroactive payment adjustment requests electronically using a formatted spreadsheet developed by the Retroactive Processing Contractor. Organizations can request a copy of this spreadsheet directly from the Retroactive Processing Contractor or it can be downloaded from its Web site, [www.integriguard.org](http://www.integriguard.org). This spreadsheet has been developed using visual basic code to assist you in making sure that the data is being submitted in the appropriate format. In order to take advantage of this coding, it is necessary to click on the “Enable Macros” button when opening the spreadsheet. A pop up box will appear when the file is opened which will indicate that the file contains macros. If you elect to “Enable Macros,” then you will be able to use the “validate” button. Once pressed, this button runs a program that checks your entire spreadsheet for incorrect entries based on the programming allowed for that cell. If you elect to “Disable Macros,” you will still be able to utilize this spreadsheet to submit your requests to the Retroactive Processing Contractor, but the validation process will not be functional.

The specifications for each data field are as follows:

#### 1. Data specifications for fields that are common to all spreadsheets

H Number:	Format as a text field. Field is limited to 5 characters
Region:	Format as a text field. Field is limited to 2 characters and primary numbers
HIC:	Format as a text field. Field is limited to 15 characters
Last_Name:	Format as a text field. Field is limited to 20 characters

First_Name:	Format as a text field. Field is limited to 20 characters
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## 2. Data specifications for fields specific to each status category

Date_Regular_Dialysis_Began:	Format as a date field and enter the date as 03/01/1998
Discrepancy_Beg_Date:	Format as a date field and enter the start date as 03/01/1998
Discrepancy_End_Date:	Format as a date field and enter the end date as 03/31/1998

## 3. Acceptable Excel Versions:

Microsoft Excel 97-2000  
Microsoft Excel 2003

### Probe Study

In order to assure appropriate oversight, the Retroactive Processing Contractor will periodically conduct a probe study by requesting supporting documentation from various organizations. The purpose of these studies is to review and verify that appropriate documentation is maintained by the organization as defined by CMS. The Standard Operating Procedures (SOP) are a tool that may assist the organizations in identifying the necessary documentation.

A five percent random sample of organization status changes will be chosen for inclusion in the study. When an organization is notified of inclusion in the probe study, the organization will have 7 business days from the date of The Retroactive Processing Contractor's request to submit supporting documentation. After review of the documentation, The Retroactive Processing Contractor will send the organization a report of the findings. If the documentation is not received or does not support the requested changes, the changes will be nullified. A report will be sent to the organization and to CMS detailing this action.

### Submission Address

Please send all payment adjustment requests for changes to status categories noted above to:

IntegriGuard  
Attention: Health Status Category Changes  
2121 North 117 Avenue, Suite 200  
Omaha, NE 68164  
Phone: 402.955.2781  
Fax: 402.955.2789

## **60.4 - Standard Operating Procedures for End Stage Renal Disease Retroactive Adjustments (Rev. 46, 02-13-04)**

### **ESRD Description**

A beneficiary receives the End Stage Renal Disease (ESRD) status when a physician prescribes a regular course of dialysis because the member has reached that stage of renal impairment that a kidney transplant or a regular course of dialysis is necessary to maintain life. Medicare will pay the organization at the higher, ESRD capitation rate for that beneficiary (unless they have elected hospice care).

### **General Information About the ESRD Payments**

Payments made based on the ESRD health status are paid prospectively. The process of passing the information through the various databases may take as long as four full months from the time a beneficiary is identified by the physician as having ESRD. Therefore, the organization may not begin receiving the ESRD capitation rate for the beneficiary for at least 4 months.

When the health status is included in the capitation rate for the beneficiary who is already in Medicare, the managed care payment system will automatically pay retroactively to include the first month of ESRD health status within 36 months. However, if the beneficiary is entitled to Medicare as a result of ESRD, there is a 3-month waiting period before Medicare entitlement will begin. Renal Management Information System (REMIS) will automatically adjust for this requirement and organizations receive payment at the ESRD capitation rate of pay. The health status is based on the first date of dialysis as indicated on the End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration (Form CMS-2728). In addition, the physician's signature and signature date must be clearly legible before the Renal Networks can enter any information in the Standard Information Management System (SIMS).

Although, Managed Care staff at the Retroactive Processing Contractor, Regional Office, or Central Office cannot enter ESRD status changes/corrections into the managed care system, they can resynchronize the GHP to the EDB if the systems' data do not match. This process may result in a change in the ESRD status and the associated positive or negative payment. The Renal Networks enter the data from the Form CMS-2728, which is transmitted, to the CMS systems through an automated process. The Form CMS-2728 is the key source of documentation to ensure that a beneficiary will be identified with the ESRD health status indicator and must be completed within 45 days of beginning a regular course of dialysis or receiving a kidney transplant, which was prescribed by a physician.

- The ESRD facility forwards a copy of the Form CMS-2728 to its local Social Security Administration (SSA) Field Office and to its respective ESRD Renal Network organization.
- For individuals diagnosed with ESRD, the SSA determines eligibility for the Medicare ESRD entitlement based on Form CMS-2728 under the end stage renal disease provisions of the law.
- The Renal Network organization inputs the information into its data system, and transmits the information to CMS, Office of Clinical Standards and Quality (OCSQ).
- The CMS, Office of Clinical Standards and Quality (OCSQ), updates the information in the (REBUS). The REBUS is CMS' central repository for beneficiaries with ESRD.
- Daily, REMIS updates the Enrollment Database (EDB) with ESRD health status start and/or ends dates.
- Monthly, the EDB updates the MARx system with ESRD health status start and/or end dates for the organization member. The managed care enrollment and payment system is the source of information used in computing the monthly capitation rates that the organizations receive.

### **General Guidelines for Organizations Requesting ESRD Retroactive Adjustments**

The organization may request a retroactive adjustment payment at the ESRD capitation rate when the organization has received erroneous payment at the non-ESRD capitation rate for a Medicare beneficiary who is currently receiving maintenance dialysis treatments or has had a successful kidney transplant within the last 36 months. The organization identifies this during the normal monthly reconciliation of the Monthly Membership report, received from CMS, against their own records. (Usually the organizations work along with their medical management department to determine which members are currently receiving dialysis treatment or are within 3 years following a transplant.) By doing this, the organization is able to determine whether they should be receiving the ESRD capitation rate of payment.

The organization must wait at least 4 months from the date the Form CMS-2728 form was signed by the physician to allow for the normal processing of the data before submitting a request for retroactive adjustment. In order to determine when an update will be posted to the managed care payment system, note the "Plan Data Due" dates on the MARx Monthly schedule. If corrections are entered in the system prior to this date, then payment will be made the following month. However, if corrections to the beneficiary's record are after this date, payment will be the month following the next payment month. Keep in mind; the above is based on each system being updated timely. The MARx Monthly schedule is produced annually by staff in the Division of Program Accountability and Payment and is distributed to all organizations and

Retroactive Processing Contractor contacts. A copy of the schedule is also a part of the Plan Communications Guide located at <http://cms.hhs.gov/healthplans/systems/Guides.asp>.

The organization may contact the appropriate Renal Network to verify specific data related to the discrepancy. The Renal Network will only supply the following information:

1. The first date of dialysis or date of transplant;
2. The Date the beneficiary's Form CMS-2728 was submitted to CMS by the Renal Network; and
3. The Current Renal Status (this information is not required for a retroactive adjustment).

The organization should never submit duplicate information unless the CMS Central Office, Regional Office, or Retroactive Processing Contractor specifically requests that the duplicate information be submitted.

CMS allows the organizations 6 months in which to report discrepancies. Any requests with an effective date of greater than 6 months requires additional documentation to substantiate the requested change and to substantiate the delay in submitting the request.

The six-month period begins from the date the submission is received by the Retroactive Processing Contractor.

To follow up on specific previously submitted adjustments, a letter of inquiry should be sent separately from other adjustments. It should clearly state in the subject line that it is a follow-up to request(s) previously submitted. The letter must include the claim number of the individual, the health status, the period involved, and the date the original adjustment(s) was submitted. If the package requesting the retroactive adjustment is not in accordance with the instructions from the Retroactive Processing Contractor, it will be returned to the organization without action.

### **Documentation Required to Retroactively Place a Beneficiary in ESRD Status**

- Organization Contract Number (H#);
- Beneficiary Name and Health Insurance Claim Number;
- First date of dialysis or transplant date;
- Date Enrolled in organization;
- Specific discrepancy period that the organization is requesting the change to ESRD health status;
- Copy of the Form CMS-2728 form, if there is no period of ESRD established. (The organization must request a copy of the Form CMS-2728 from the dialysis facility NOT from the Renal Network organization.); and

- The date Form CMS-2728 was originally sent to CMS.

## **Retroactive Processing Contractor Review and Processing of ESRD the Request**

The Retroactive Processing Contractor will acknowledge receipt of the request for retroactive adjustments within 10 days of receipt. The Retroactive Processing Contractor will process requested adjustments within 45 days of receipt, or return it to the organization including the reason that the adjustment was not processed.

The Retroactive Processing Contractor will return the request to the organization without action if there have not been at least 4 months since the beneficiary began dialysis as a Medicare beneficiary.

The Retroactive Processing Contractor will return the request to the organization without action if all required information has not been submitted. The Retroactive Processing Contractor will return the request without action if none of the dates of the revised ESRD status are within the 36 months prior to the request. The Retroactive Processing Contractor will return the request without action if the beneficiary was not a member of the plan during the discrepancy period. The Retroactive Processing Contractor will return the request without actions if ESRD status is already reflected for the discrepancy period.

The Retroactive Processing Contractor will take appropriate actions such as resynchronize the systems to make the adjustment, or forward the request to CO, Managed Care staff. The CO Managed Care staff will review and make note of any programmatic problems or trends that could be system related. The cases are then forwarded to OCSQ for manual input and update. You will need to take action on problem enrollment and disenrollment cases. These cases will be identified by a variety of means: your review of CMS reports or your internal records and contacts from CMS, providers, or beneficiaries. The CMS Regional Office (RO) can assist you in the resolution of these cases in certain instances