
Institutional 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 Institutional 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 the original supporting documentation for the requested changes as they may be required to produce it during a Government audit at a later date.

Submitting Institutional Status Changes

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

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 each Institutional status change is as follows:

Organization Name				Contact Name:		
Mailing Address			Phone #:			
City, State, Zip Code			E-Mail Address:			
Institutional						
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	INST Start Date mm/dd/yyyy	INST End Date mm/dd/yyyy

Please note: The "INST Start Date" is defined as the start date of the period for which you are requesting payment at the Institutional rate. In other words, this is not the qualifying period. The "INST End Date" is defined as the end date of the period for which you are requesting payment at the Institutional rate. All fields must be completed.

Submitting Institutional Removal Status Changes

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

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 removal of the Institutional status is as follows:

Organization Name				Contact Name:		
Mailing Address			Phone #:			
City, State, Zip Code			E-Mail Address:			
Institutional Removal						
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	Beginning Month mm/yyyy	Ending month mm/yyyy

Please note: The "Beginning Month" field is defined as the start date of the period for which you are requesting the Institutional payment rate be removed. The "Ending Month" field is defined as the end date of the period for which you are requesting the Institutional payment rate be removed. The Institutional period will be removed through the last day of this month. 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. 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

2. Data specifications for fields specific to the Institutional status category

Inst_Start_Date:	Format as a date field and enter the start date as 03/01/1998
Inst_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

60.2 - Standard Operating Procedures for Processing of Institutional Adjustments (Rev. 54, 05-21-04)

Institutional Description

This applies to MAs, MA-PDs, Demonstrations, and PACE Institutional refers to a health status that is attributed to a beneficiary who is a resident in an institution or distinct part of an institution that has been certified by Medicare or Medicaid. This health status can only be assigned after they have been a resident of a certified institution for a qualifying period. (The definition of certified institution can be found in §§170 and 170.1 of Chapter 7 of the Medicare Managed Care Manual.) The beneficiary is not required to be a member of the organization nor Medicare during the qualifying period.

General Information About Institutional Payments

For the demographic portion of the payment the institutional rate is paid retroactively for those members that meet the criteria for the institutional rate. For the organization to be eligible to receive payment at the institutional rate, the beneficiary must have been a resident in a Medicare certified institution for a 30-day period including the last day of that month. This is referred to as the “qualifying period.” Additionally, the beneficiary must be living and enrolled in the organization the first day of the following month. Once the organization has verified that a beneficiary has met the criteria, including both the qualifying period and enrollment requirements, the organization may request they be paid the institutional rate for that beneficiary for the month following the qualifying period.

The qualifying period must be 30 consecutive days that includes the last day of that month. The organization does not get the institutional rate for the qualifying period; rather they receive the institutional rate for the month following the qualifying period. If a beneficiary resides in a Medicare Certified Institution from April 1 to April 30, then the organization will receive the institutional rate for that beneficiary for the month of May.

In our example the beneficiary must remain enrolled in the organization the first day of May for the plan to receive any payments for this beneficiary, including the institutional rate adjustment.

The normal method for organizations to request the institutional rate for beneficiaries requires the organization to submit electronic records, transaction type “01” to be included in the normal batch processing done by CMS. Each beneficiary record must include the claim number, the beneficiary name, action code “D,” the organization’s contract number (HXXXX), and the transaction code

“01.” The correct layout is found in the Plan Communications User’s Guide. These transactions will be processed during the normal monthly processing for payments, so they must be received by the established cut-off dates indicated on the MARx monthly schedule. These transactions effect payment related to the previous month (e.g., only April’s qualifying period for May 1 payment can be submitted by the May cut-off). If for any reason the entire electronic submission is not processed during the normal period, the organization should contact the Retroactive Processing Contractor for assistance. The Plan Communication User’s Guide provides the specific directions for the organization process.

The following are examples of common situations that are likely to be encountered.

EXAMPLE 1

Institutionalized on February 14.

Resided in the institution on March 31.

Enrolled in the plan on April 1.

The qualifying period: March 1 - March 31.

Institutional payment allowed: April 1 - April 30.

Organization submits the beneficiary information electronically to CMS by April cut-off.

The May monthly payment will include the institutional adjustment for April.

NOTE: The beneficiary could have been, but did not need to be enrolled in the organization or in Medicare during the qualifying period.

CMS will continue to pay the institutionalized rate while an enrolled member is temporarily absent from the facility for hospitalization or therapeutic leave, if the member returns to a certified institution, or distinct part of an institution, as defined in Chapter 7 of the Medicare Managed Care Manual. Temporary absences (less than 15 days) for medical necessity will be counted toward the 30-day requirement. Absences totaling 15 days or more during a month ends the institutional stay and the qualifying period of 30 days, including the last day of the month must be met before institutional status can be reinstated.

EXAMPLE 2

Beneficiary is absent from the institution January 1 through January 4 AND

Beneficiary is absent from the institution January 10 through January 20.

The temporary absence is 15 days, which totals more than 14 days in the month.

The organization is not eligible to receive the institutional rate for this beneficiary.

The qualifying period must be met before the institutional rate can begin.

EXAMPLE 3

Institutionalized on September 16 through November 29.

Beneficiary is temporarily absent (hospitalized) from October 5-21.
The beneficiary did not meet the qualifying period in October because the beneficiary was absent from the institution for more than 14 days during October.
The beneficiary did not meet the qualifying period for November because the beneficiary did not remain in the institution the last day of November.

The organization is not eligible to receive the institutional rate because the beneficiary did not meet the 30-day qualifying period.

EXAMPLE 4

Institutionalized on January 7.

Hospitalized on February 15-27.

Returns to the institution.

Enrolled in the plan on March 1.

The beneficiary was absent from the institution for 13 days during February.

The qualifying period was January 29 - February 28.

Institutional payment allowed: March 1 - March 30.

Organization submits the beneficiary electronically to the CMS.

The April monthly payment will include the institutional payment adjustment for March.

EXAMPLE 5

Institutionalized on January 7.

Hospitalized on February 14-27.

Discharged from the institution on May 13.

The qualifying period: January 30 - February 28 institutional stay
(Temporary absence was less than 15 days)

Institutional Payment allowed: March 1 - March 31

Qualifying Period: March 1 to March 30

Institutional payment allowed: April 1 - April 30

Qualifying Period: April 1 to April 30

Institutional Payment allowed: May 1 - May 31

The payment for the entire period is entered in McCoy as "Start 3/01/YYYY and End 05/31/YYYY."

EXAMPLE 6

Institutionalized on June 6.

Died on November 13.

The qualifying period: July 1- July 31

Institutional payment allowed: August 1 - August 31

The qualifying period: August 1 - August 31

Institutional payment allowed: September 1 - September 30

The qualifying period: September 1 - September 30

Institutional payment allowed: October 1 - October 31

The qualifying period: October 1 - October 31

Institutional payment allowed: November 1 - November 30

The payment for the entire period is entered in McCoy as "Start 08/01/YYYY and End 11/30/YYYY"

Although the member died in the middle of the month, the organization would not receive the institutional rate due to death. The member was not enrolled in the organization the first day of December.

General Guidelines for Organizations Requesting Institutional Adjustments for Other than the Preceding Month

It is the organization's responsibility to verify whether a beneficiary has met the criteria for institutional status and to submit the required documentation to the Retroactive Processing Contractor within 45 days of the monthly reports in becoming available via GROUCH to the organizations.

The organization may submit requests for the institutional rate for periods other than the preceding month including both a single month and multiple months. The Retroactive Processing Contractor will review the request and may make the change in status directly in MARx. The retroactive adjustments will be processed in the next normal payment cycle.

If the documentation submitted by the organization is incomplete, it will be returned without action.

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.

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

If the organization is following up on specific previously submitted adjustments, the letter of inquiry should be sent separately from other adjustments and clearly indicate that it is a follow-up to request(s) previously submitted. It must include the claim number of the individual, the period involved, and the date the original request(s) was submitted.

Documentation Required by the Retroactive Processing Contractor to Change the Institutional Health Status Retroactively

Organization Contract Number (H#);
Beneficiary Name and Claim Number;

Period that the Beneficiary resided at the Institution;
Months to be affected for institutional payment by this request;
Periods of Absence from the institution, including attestation that it was for hospitalization or therapeutic reasons;
Verification of the institutional stay including:

The name of the facility;
The date the verification with the facility was accomplished by the organization;
The name and phone number (or e-mail/fax) of the person who was contacted at the facility;
The name of the person who did the verification at the organization; and

Attestation that the facility is certified and the member resided in a certified part of the facility. (The organization does not have to provide the certification number, but should assure the certification documentation to support this attestation is available upon request.)

Retro Processing Contractor Review and Processing of the Institutional Status 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 without action if the documentation is not complete.

The Retroactive Processing Contractor will return the request without action if none of the dates of institutional residence are within the 36 months prior to the request. The Retroactive Processing Contractor will return the request without action if the total days of temporary absence were 15 days or more, during the period for which institutional status is requested.

The Retroactive Processing Contractor will return the request without action if the beneficiary was not a member of the plan for the period the institutional payment rate is requested.

If the institutional period requested in the adjustment request reflects the institutional period already in the Managed Care Systems, it will be returned to the organization without action.

The Retroactive Processing Contractor will validate the requested change and enter the period that the organization will receive the institutional capitation rate for that

beneficiary into MARx. Note that the organization does not receive the increased capitation rate for the qualifying period, and that the start date should always be the first day of the month following the month during which the qualifying period ended.

Adjustments to the payment will be made during the 45 days following receipt of the requested adjustment. Payment will be processed in accordance with the normal MARx cut-off cycles.