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## SCC 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 State and County Code (SCC) 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 IntegriGuard 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 State and County Code Status Changes**

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

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 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 SCC change is as follows:

Organization Name				Contact Name:				
Mailing Address			Phone #:					
City, State, Zip Code			E-Mail Address:					
<b>State and County Code</b>								
H#	CMS Region #	HIC #	Beneficiary's Last Name	Beneficiary's First Name	Start Date mm/dd/yyyy	End Date mm/dd/yyyy	Req SCC	Req Zip Code

Please note: If the organization does not have the end date because the beneficiary still resides in the SCC requested, please leave the End Date field blank. Also, please enter dates as mm/dd/yyyy (example, 01/01/2002).

### 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

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

SCC_Start_Date:	Format as a date field and enter the date as 03/01/1998
SCC_End_Date:	Format as a date field and enter the date as 03/31/1998
Req_SCC :	Format as a text field. Field is limited to 5 characters EXAMPLE: 01234
(Please note it is always necessary to put in the leading zero)	
Req_Zip:	Format as a text field. Field is limited to 5 characters EXAMPLE: 35405

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 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

## **60.1 - Standard Operating Procedures for State and County Code Adjustments (Rev. 46, 02-13-04)**

### **State and County Code Description**

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

Beneficiaries' state and county of residence is an enrollment eligibility requirement and has a direct effect on the capitation rate regardless of health status. The initial source of the state and county code of residence is the Social Security Administration.

### **General Information about the State and County Code Designation and its Effect on Organization Payments**

The beneficiary's state and county code is transmitted from Social Security Administration (SSA) to the CMS Medicare Beneficiary Data Base (MBD) via the Enrollment Database (EDB). The SSA systems interface with the CMS' systems daily. The managed care system accepts and updates the state and county code information on managed care beneficiaries that it receives from SSA. The CMS regional offices can update a beneficiary's SCC information in the MBD, which will block the update from the EDB. If an SCC has been updated in MBD, MARx will use the updated SCC.

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

The organization must submit requests for adjustments within 45 days of receiving their monthly reports from CMS. The organization may request a retroactive adjustment changing the state and county code when the beneficiary's state and county code included in the monthly membership report is different from the state and county of residence the organization has on file for that beneficiary. The organization would identify this during the normal monthly reconciliation process of comparing the Monthly Membership Report and Transaction Reply Report with the organization's records.

Before submitting the requests to the Retroactive Processing Contractor to retroactively adjust the SCC, the organization must complete the following actions:

- Notify the beneficiary that the residence SCC information given to the organization differs from the residence SCC information on record with the Social Security Administration; and
- Request the beneficiary notify SSA of his/her current residence address by calling the SSA 800 number - ((800) 772-1213). If the residence address is different from their mailing address, they should notify SSA of both addresses.

The organizations must obtain documentation verifying the residence information the organization has in their records, as described in Chapters 2 and 17 of this Medicare Managed Care Manual or the PDP Guidance.

A SCC adjustment will be made retroactively for the dates requested, however, payment adjustments will be made for no more than 36 months from the date the request is received by the Retroactive Processing Contractor.

The organization should never submit duplicate information unless the CMS central office, Regional Office or the Retroactive Processing Contractor specifically requests 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 adjustment requests. 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 state and county code, the period involved and the date the original adjustment(s) was submitted.

### **Documentation Required to Retroactively Change a Beneficiary's State and County Code**

- Organization Contract Number (H#, R# or S#);
- Beneficiary Name and Claim Number;
- Verification of Residence including starting/ending dates;
- One or more of the following constitutes acceptable documentation:
  - Survey signed by the beneficiary (sample attached);
  - Copy of the beneficiary's enrollment form, if within 45 days of initial enrollment.
  - Copy of property tax statement;
  - Copy of income tax return;
  - Copy of voter's registration card;
  - Copy of a utility bill; and/or
- Document showing the address and county from an internet mapping utility which is based on the U.S. Postal service data (i.e. MapQuest, Mapblast). This must show the time and date that it was printed.

## **Retroactive Processing Contractor Review and Processing of 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 without action if the documentation is not complete.

The Retroactive Processing Contractor will return the request without action if none of the dates of the revised state and county codes 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 for the discrepancy period. The Retroactive Processing Contractor will validate the requested change and then enter the revised SCC information into MBD. The Retroactive Processing Contractor may have to correct all the information or just the effective date of the SCC. The Retroactive Processing Contractor may have to correct previous SCC information to effect the necessary changes.

When the transaction has been completed it will appear on the organization's next Transaction Reply Report and Monthly Membership Report.