

Instructions on Completing the Monthly Assessment Provider Tax Form

These instructions along with explanations should be used in assisting to the accuracy of completing the monthly assessment form.

- Provider Assessment is based on all ICF-IID Non-Medicare Occupied bed Days
 - The Provider's year-end cost report as well as the total month end must all agree.
 - After July 1, 2013, service paid by Medicaid (children age 0 – 3).
- 1-8: Are generated by the database. After you have been granted access to the WIRM Portal, the information for your facility will be displayed.
9. Total Medicaid Patient Days, Current Month Ended Total: Enter the number of ICF-IID occupied bed days payable by Medicaid through the ICF-IID reimbursement program (NCTracks) for the current month based on dates of service. (children age 0 – 3)
 10. Total Behavioral Health HMO LME/MCO, Current Month Ended Total: Enter the number of ICF-IID occupied bed days payable by the LME/MCO/HMO for the current month based on dates of service.
 11. Total Private Days, Current Month Ended Total: Enter the number of any ICF-IID occupied bed days not paid or payable by Medicaid as an ICF-IID day for the current month based on date of service.
 12. Total Occupied Days, Current Month Ended Total: Database calculates lines 9, 10, and 11.
 13. Total Medicaid Patient Days, Documented Prior Monthly Adjustments: Enter the net number of previously unreported Medicaid patient day adjustments from prior periods. These adjustments would include patient days classified as Medicaid days that has been reclassified to non-Medicaid days as well as days that were previously classified as non-Medicaid that was classified to Medicaid days.
 14. Total Behavioral Health HMO LME/MCO, Documented Prior Month Adjustments: Enter the net number of previously unreported patient day adjustments paid or payable by the LME/MCO/HMO from prior periods.
 15. Total Private Days, Documented Prior Month Adjustments: Enter the number of previously unreported Private patient day adjustments for prior periods. These adjustments would include patient days classified as private days but are reclassified as to Medicaid. Also, Medicaid days that should be reclassified to private from prior periods.

16. Total Occupied Days, Documented Prior Month Adjustments: Database calculates lines 13, 14, and 15.
17. Total Medicaid Days, Adjusted Monthly Total: Database calculates lines 9 and 13.
18. Total Behavioral Health HMO LME/MCO Days, Adjusted Monthly Total: Database calculates lines 10 and 14.
19. Total Private Days, Adjusted Monthly Total: Database calculates lines 11 and 15.
20. Total Occupied Days, Adjusted Monthly Total: Database calculates lines 12 and 16.
21. Provider Assessment Daily Rate: This is the provider tax rate that is calculated by Provider Reimbursement.
22. Monthly Provider Fee Due: The database calculates by multiplying lines 20 and 21. This is the amount that is due by the 15th of the month following the reporting period. (Please see page 7 for penalty on failing to submit an assessment and full payment.)
23. Signature: Upon completion, this form should be printed from the database and signed by an Owner, Partner, Officer or Administrator of the reporting facility.
24. Printed Name: Generated by database. This information is given to DMA's administrator to add to the contact section in the database of the provider's account.
25. Title: Generated by database. This information is given to DMA's administrator to add to the contact section in the database of the provider's account.
26. Telephone Number: This information is given to DMA's administrator to add to the contact section in the database of the provider's account.