

Division of Medical Assistance Non-State ICF-IID Assessment Procedures



This Package Contains:

- A. Overview of History
- B. The Current Monthly Provider Assessment payment Process
- C. Instructions on Completing the Monthly Assessment Provider Tax Form
- D. Auditing Assurance Process

A. Overview of History

Effective July 1, 2004 a provider assessment for all Non State-Owned Intermediate Care Facility for the Mentally Retarded (ICF-MR), which is now known as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) was implemented based on the approval received from CMS March 21, 2005. This assessment was for the primary purpose of providing the ICF-MR providers with a needed rate increase in order for them to hire and retain adequate staff to provide direct care service to Medicaid clients. This assessment increased both direct and indirect rates per day and involved the payment of a daily occupied bed day provider assessment. The provider assessment was calculated and due on a monthly basis. The complete monthly assessment fee process is explained in the monthly provider tax fee payment process section.

B. The Current Monthly Provider Assessment payment Process

The provider assessment should be calculated and paid on a monthly basis for non-state owned ICF-IID providers. The assessments are based on reported bed days, but do not include adult care homes, independent living or rest homes. The Division of Medical Assistance has created a database called the WIRM Portal that allows providers to electronically complete their monthly assessments via the internet. Providers are able to file monthly assessments that are currently due and manage historical transactions by viewing completed or still pending assessments for previous months of all facilities within their management company. Providers are able to access this database by logging on to the provider assessment application at <http://providerassessment.dhhs.state.nc.us> and using their User ID and password. To gain access to the WIRM Portal, the provider must submit a WIRM Portal Request form which can be obtained by contacting Stacey Crute via email @ Stacey.Crute@dhhs.nc.gov or phone 919-814-0050. The assessments that are completed for the month need to be printed from the database and attached to the payment when submitting to the Division of Medical Assistance. Provider assessments and payments are due by the 15th of each month which means the current month assessment and payments are due the 15th of the next month. Assessment and payments that are not received by the due date will receive two letters stating that the provider is delinquent and for which month. The first letter which is a reminder letter, will also state that a 10% reduction can be placed against the facility's rate if facility does not become current. A second letter will be sent stating a 10% reduction is being placed on the facility's account if the provider is not current within 30 days from the first letter. Please see below the state regulations for providers that fail to comply and submit the required assessment and payment:

Pursuant to Subchapter 22G.01019 (b) of the North Carolina Administrative Code the assessment is payable monthly with 15 days of the last day of the reporting month. Facilities shall submit payment and an account of all actual inpatient days during the month.

The Medicaid Provider Participation Agreement, Section A.1 requires the provider to: *“Comply with federal and state laws, regulations, state reimbursement plan and policies governing the services authorized under the Medicaid Program (including, but not limited to, Medicaid provider manuals and Medicaid bulletins published by the Division of Medical Assistance and/or its fiscal agent).”*

C. 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.

Assessment Sample

NON STATE OWNED INTERMEDIATE CARE FACILITY MONTHLY ASSESSMENT FEE STATEMENT

Assessment Number: (8)

- Assessment for month: (1)
- Statement due no later than: (2)
- Intermediated Care Facility Name: (3)
- NPI Number: (4)
- Medicaid Provider Number: (5)
- Federal Tax Identification Number: (6)
- Management Group: (7)

Please make Check Payable to:
Division of Medical Assistance
 (Please write in the Memo Field
 "Provider Fee Assessment")

Mailing Address:
 DHHS Accounts Receivable
 2022 Mail Service Center
 Raleigh, NC 27699-2022

Overnight Address:
 DHHS Accounts Receivable
 1050 Umstead Drive
 Dorothea Dix Campus
 Raleigh, NC 27603

ICF-IID Provider Assessment Worksheet Fiscal Year 14-15

- A. Total Medicaid Patient Days (less Behavioral Health HMO Days):**
- B. Total Behavioral Health HMO Medicaid Days :**
- C. Total Private Days:**
- D. Total Occupied Days (A + B + C) :**
- E. Provider Assessment Daily Rate :**
- F. Monthly Provider Fee Due (D x E) :**

Current Month Ended Total	Documented Prior Month Adjustments	Adjusted Monthly Total
0 (9)	0 (13)	0 (17)
0 (10)	0 (14)	0 (18)
0 (11)	0 (15)	0 (19)
0 (12)	0 (16)	0 (20)
		\$20.36 (21)
		(22)

- Signature: (23)
- Printed Name: (24)
- Title: (25)
- Telephone Number: (26)

D. The Auditing Assurance Process

The Division of Medical Assistance maintains a database of all delinquent ICF-IID providers for audit trails and history. At the Fiscal Year End, all information collected by the database is provided to the Audit Section to be used in the review and cost settlement process.