# SMMC Managed Care Plan Report Guide Institution for Mental Diseases (IMD) Reimbursement Report Summary

02/01/2025

BENEFIT TYPE(S)
The Managed Care Plan providing the following benefit type(s) must submit this report:
LTC
MMA & MMA Specialty
☐ Dental
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# **REPORT PURPOSE:**

The purpose of this report is to provide the Agency with the total number of inpatient days per calendar month in care in an Institution for Mental Diseases (IMD) for enrollees between the ages of 21 through 64 years of age. If the plan is contracting for inpatient psychiatric services in a facility of 17 or more beds, the purpose of which is to serve primarily persons with mental illness, substance abuse, or eating disorders, the enrollee's stay should be included in the report. Services provided in a psychiatric wing of a medical/surgical hospital do not go on the report.

#### FREQUENCY & DUE DATES:

Report Year Type	Report Year Period	
C = Calendar	01/01 – 12/31	

Report Frequency	Reporting Data Period		
S = Semi-annually	01 or 02 for first or second data period being reported		

The report for the period January 1 through June 30 is due on the 15th of the second month (August 15) following the end of the reporting period. The report for the period July 1 through December 31, with restated data for January 1 through June 30, is due to the agency 90 days after the end of the reporting period (March 31).

### **REPORT CODE & SUBMISSION:**

Report Code	0199

Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the applicable SFTP site:

- > IMD Reimbursement Report using the template provided.
- ➤ A report attestation as described in Chapter 2.

# **INSTRUCTIONS:**

The Managed Care Plan must submit the IMD Reimbursement Report in the format and layout specified in the report template.

#### **VARIATIONS BY MANAGED CARE PLAN TYPE:**

No variations.

# REPORT TEMPLATE:

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter. This is a cumulative report with 4 tabs. The "dates" tabs are for subsequent reporting periods in the year when data is restated.

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# **AMENDMENT HISTORY:**

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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