



**P R O V I D E R   B U L L E T I N**

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**To:           All Providers**

**Subject:   Notification of Request for Medical Information for  
Payment Accuracy Measurement Study**

## **Overview**

The Office of Medical Policy and Planning (OMPP) is participating in a national study sponsored by the Centers for Medicare & Medicaid Services (CMS). The study will measure and report on the accuracy of claim payments by examining supporting documentation for the claims. The OMPP has contracted with Myers and Stauffer LC to assist with the study that began October 1, 2003, and continues through December 2004.

## **Requested Documentation**

This informs all Indiana Health Coverage Programs (IHCP) providers that Myers and Stauffer LC, on behalf of the OMPP, will be requesting information from IHCP enrolled providers and facilities to study the accuracy rate of Medicaid payments. All providers enrolled in the IHCP are eligible for selection.

The following documentation may be requested for this study for claims paid between October 1, 2003, and December 31, 2003:

- Medical charts
- Billing information
- Patient notes
- Prescriptions
- Encounter logs
- Any other patient information deemed necessary by the OMPP to support the amount, scope, and duration of services provided

The information requested is for patients enrolled in Traditional Medicaid, not risk-based managed care (RBMC). Although this study will examine capitation payments made to managed care organizations (MCO), that analysis will not involve the review of documentation from providers.

If documentation is requested, the information should be mailed to the following address:

**Myers and Stauffer LC  
Payment Accuracy Measurement Study  
8555 N. River Road  
Suite 360  
Indianapolis IN 46240  
ATTN: Nedra Moran**

This reminds providers that as a condition of participation in the IHCP it is required, as stated in paragraphs 23 and 24 of the *IHCP Provider Agreement*, to provide the OMPP and its agents, any information deemed necessary and essential for the efficient operation and proper administration of the program. Please be advised the OMPP considers the requested information necessary and essential.

Any information submitted, including diagnostic film, will not be returned to providers; therefore, it is suggested that copies of the originals be sent. In accordance with the provider agreement, providers are to submit any and all requested documentation. Any costs for copying is the responsibility of the provider. Information collected will be held in strict confidence in compliance with all applicable policies, requirements, regulations, and statutes. Be advised that undocumented services, or failure to respond to the information request will require full repayment of the service under review.

## **Additional Information**

Provider cooperation is greatly appreciated. For questions, comments, or concerns providers can contact one of the following offices:

**Matthew DeLillo, Director  
Data Management and Analysis  
Office of Medicaid Policy and Planning  
402 W. Washington St.  
Room W382, MS07  
Indianapolis, IN 46204-2739**

**Nedra Moran, Project Manager  
Myers and Stauffer LC  
8555 N. River Rd.  
Suite 360  
Indianapolis, IN 46240**

Nedra Moran can also be reached by telephone at (317) 846-9521 in the Indianapolis local area or 1-800-877-6927.

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