

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201251 DECEMBER 4, 2012

## The OMPP to emphasize timely submission of audit documentation

The Office of Medicaid Policy and Planning (OMPP) is initiating policies that emphasize the importance of timely submission of documentation and information relating to audits and compliance reviews, pursuant to the provisions of *LSA Document #12-396(E)*. This bulletin, which provides an overview of the procedures and timeline related to enforcement of those policies, applies to the following providers:

- Nursing facilities (NF)
- Community residential facilities for the developmentally disabled (CRFs/DD)
- Intermediate care facilities for the intellectually disabled (ICFs/ID, formerly ICFs/MR)

The OMPP acknowledges and appreciates that the vast majority of providers submit documentation and information relating to audits and compliance reviews in a timely manner. Timely submissions help minimize administrative burdens and delays for all parties. However, the OMPP also recognizes that a few providers do not submit such information in a timely manner. As a result, the OMPP will closely monitor providers' compliance with the timely submission of information requested by the OMPP or its contractors, and will consider further policy refinements to address noncompliance.

### Procedures and timeline

The following procedures and timelines are in place regarding submission of documentation and information relating to audits and compliance reviews. All days in the timeline refer to calendar days:

- At the completion of fieldwork, an exit conference is always conducted. At this time, the provider receives a written summary of outstanding information and documentation required to complete the audit or compliance review. Provision of this summary begins the timeframe established for a provider's response and, if necessary, the imposition of the provisions of *LSA Document #12-396(E)*.
- Within 15 days after the exit conference, the outstanding information request is documented in an *Exit Conference Letter* mailed to the provider.



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- Thirty days after issuing the *Exit Conference Letter*, if a satisfactory response for requested information has not been received, the OMPP issues a *Follow-Up Letter* or email, requesting a response within 30 days. If the OMPP receives a written *Request for Clarification* of requested information from the provider within the 30-day timeframe, the OMPP issues a *Letter of Explanation*, again requesting a response within 30 days.

- Within 30 days after issuing the *Follow-Up Letter*, the *Letter of Explanation*, or a new *Request for Additional Information Letter* (based on information submitted by the provider in response to previous requests), whichever is the latest communication, the OMPP expects the provider to submit the requested documentation and information. If a satisfactory response for requested information is not received within the allotted timeframe, after review and approval by the OMPP, a *Preliminary 30-Day Letter* is issued, documenting outstanding information. The *Preliminary 30-Day Letter* also informs the provider of the provisions of *LSA Document #12-396(E), Sections 22, 23, and 24* (nursing facilities) or *Sections 4, 5, and 6* (group homes), and again requests a response within 30 days.

- Within 30 days after issuing the *Preliminary 30-Day Letter*, or after issuing a new *Request for Additional Information Letter* (based on information submitted by the provider in response to the *Preliminary 30-Day Letter*), whichever is later,

the OMPP expects to receive the requested documentation and information. If a satisfactory response for requested information is not received within the allotted timeframe, after review and approval by the OMPP, a *FINAL 30-Day Letter* is issued, informing the provider that the 10% penalty will be imposed if all requested information is not received within 30 days.

- Within 30 days after issuing the *FINAL 30-Day Letter* (or within 60 days after issuing the *FINAL 30-Day Letter*, if an acceptable *Request for Extension* pursuant to the provisions of *LSA Document #12-396(E), Section 4* or *22*, as applicable, was received from the provider), the OMPP expects to receive the requested documentation and information. If the OMPP does not receive a satisfactory response to its request for information within the allotted timeframe, a *Penalty Letter* is issued, informing the provider that the 10% penalty has been imposed, in accordance with *LSA Document #12-396(E), Section 23* (nursing facilities) or *Section 5* (group homes).

A provider's failure to produce the documentation or information requested by the auditor because the documentation or information is not in the provider's possession, for whatever reason, shall not be deemed an unsatisfactory response to the auditor; nor shall it lead to imposition of the 10% penalty outlined in *LSA Document #12-396(E)*. However, the provider must indicate in writing to the auditor that the documentation or information is not in the provider's possession. Failure to respond to the auditor's request because the documentation or information is not in the provider's possession is unacceptable.

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These procedures allow a minimum of 135 days for providers to submit information required for their audit or compliance review before provisions of *LSA Document #12-396(E), Sections 23 or 5*, and the 10% penalty, are imposed. The 10% penalty is applied to the rate then being paid to the provider, effective the first day of the month following the date the response was due. The 10% penalty remains in place until the first day of the month following receipt of a complete response, or for one year from the date of its imposition, whichever is later.

**QUESTIONS?**

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