

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201336 JULY 9, 2013



Date extended for nursing facility audit appeals eligible under the QAF appeal reduction plan

Pursuant to *IC 16-28-15-8*, the Office of Medicaid Policy and Planning (OMPP) is required to use portions of the increased quality assessment fee (QAF) collected from nursing facilities to discharge provider liability for certain pending administrative appeals. Accordingly, under a QAF Appeals Reduction Plan, the OMPP offers to discharge nursing facilities' potential liability arising from audit adjustments in exchange for the withdrawal of specified Medicaid audit and rate appeals. In addition, the OMPP would permit certain historically denied costs, many of which were the subject of appeals, to be reimbursed as allowable costs as of July 1, 2012.

House Enrolled Act 1001 2013 modified this legislation. The modification extended the eligibility date of the audit appeals that could be included in the QAF Appeals Reduction Plan.

- Previously, outstanding rate appeals before the rate effective date (RED) of October 1, 2011, and **audit appeals before the draft audit report date of July 1, 2011**, were eligible for resolution.
- As modified, outstanding rate appeals before the RED of October 1, 2011, and **audit appeals before the RED of July 1, 2011**, regardless of when the draft audit report was issued, are eligible for resolution.

As outlined in *Indiana Health Coverage Programs (IHCP) Bulletin [BT201254](#)*, the Family and Social Services Administration (FSSA) Office of General Counsel (OGC) will notify nursing facility providers that are eligible to settle outstanding audit and rate appeals through this appeal reduction plan. Because the liability from the audit will be satisfied from a portion of the statewide QAF collections, no additional payments are necessary from individual providers that enter into agreements to settle the liability. To participate in this offer, nursing facilities must withdraw all identified rate appeals and audit appeals.

Please see [BT201254](#) for details about the resolution process. Providers are reminded that withdrawal of appeals in no way discharges the provider's liability with regard to any current or future civil and administrative matters for fraudulent activity, or any other improper conduct or overpayment unrelated to the subject matter of the appeals. Further, this decision does not affect any action the OMPP may initiate against the provider in matters or claims arising under federal or state law unrelated to the subject matter of the appeals.

QUESTIONS?

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