Indiana Title XIX



MEDICAID BULLETIN

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SEPTEMBER 10, 1999

To: All Indiana Medicaid Long Term Care Providers and

Interested Parties

Subject: Procedures for Obtaining Medicaid Cost Reports or

Cost Profiles

Overview

The purpose of this bulletin is to advise providers and interested parties of the policies and procedures for obtaining copies of Medicaid cost reports or cost profiles for nursing facilities, community residential facilities for the developmentally disabled, intermediate care facilities for the mentally retarded, home health agencies, and hospitals.

Access to Public Records Law

Pursuant to *IC 5-14-3* (Access to Public Records Law), effective immediately, please use the following procedures when requesting cost report or cost profile information.

• All requests for copies of Medicaid cost reports or cost profiles should be submitted in writing to Myers and Stauffer LC, the Office of Medicaid Policy and Planning's rate-setting contractor, at the following address:

Myers and Stauffer LC Attention: Request for Public Records 8555 North River Road, Suite 360 Indianapolis, Indiana 46240 Note: Faxed or verbal requests received by either the Office of Medicaid Policy and Planning or Myers and Stauffer LC will not be processed and the requestor will be directed to submit the request in writing.

• The attached request form must accompany the written request. Failure to submit the form or failure to complete all information on the form may result in a delayed response. Blank forms are available upon request from Myers and Stauffer LC, but should be reproduced locally whenever possible.

Myers and Stauffer LC will process information without undue delay. Processing time may depend on the size and nature of the request. Reasonable effort will be made to honor complete and valid requests within 30 days.

Myers and Stauffer LC will mail requested copies to the requestor. There will be a \$0.15 charge per page and an invoice may be attached to the completed request. Payments are due upon receipt. Checks should be made payable to Myers and Stauffer LC and promptly forward to the address shown above.

If you have any questions regarding this bulletin, please contact Myers and Stauffer LC at (317) 846-9521 or (800) 877-6927.

Please send this completed request to the following address:

Office of Medicaid Policy and Planning Request for Copies of Cost Reports/Cost Profiles

Date of Request: Name: Address:			Atter 8555	Myers and Stauffer, LC Attention: Request for Public Records 8555 North River Road, Suite 360 Indianapolis, IN 46240			
Phone:					Are you request	ing copies of:	
Provider Number	Provider Name	Address of Facility		<u>FYE</u> MM/DD/YY	Cost Report YES NO	Cost Profile YES NO	

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