



COLORADO

Department of Health Care
Policy & Financing

Community Living Office
1570 Grant Street
Denver, CO 80203

To: Provider Agency Directors and Administrators

From: **(Customized: Insert Appropriate Contact)**

Date: May 6, 2016

Subject: Notify Provider Agencies of Fiscal Year 2014-15 post payment waiver claim review by Myers and Stauffer, LLC

Purpose: To inform all Provider Agencies that a post payment waiver claim review as required by the waiver agreement is being performed on a sampling of waiver claims for all Home and Community Based Services Waivers.

Background: In order to operate the HCBS waivers, and receive federal financial participation for these services, the Department enters into waiver agreements with the federal Centers for Medicare and Medicaid Services (CMS). As a part of these agreements, the Department provides assurances of financial accountability for HCBS services, which may include documentation substantiating claims billed paid by the Department's Medicaid Management Information System (MMIS). The Department is conducting this post payment review to provide CMS with required assurances regarding financial accountability and programmatic oversight.

Providers agree to the following when signing the Department's Provider Participation Agreement (the Agreement), which is necessary to serve clients on HCBS Medicaid waivers:

- Maintenance of records that fully and accurately disclose the nature and extent of benefits provided to eligible clients for a minimum of six years.
- Disclosure of ownership and provision of access to medical records and billing information to the Department, or its designees.
- Agreement that the Department or its designees have the right to review any claim documentation records, to include original source documentation.

Procedure or Information: The Department of Health Care Policy and Financing is contracting with Myers and Stauffer, LLC (the contractor) to perform a post payment review of a randomly selected, representative sample of Medicaid Waiver claims for the HCBS waivers. The time period for this review is FY 2014-15.

The contractor will be sending formal requests to Service Agencies for information confirming that the services that were billed were rendered. Required information includes, but may not be limited to:

- Employee Timesheets



- Supervisory visit notes
- Invoices for products and services
- Email from clients, case managers, or other contacts substantiating service delivery
- Other documents supporting service delivery

The contractor will be contacting agencies in writing to request documentation. The request for information will include all necessary identifying claim information to ensure that agencies can identify and produce the requested information.

The contractor will communicate all timeframes and deadlines for agencies to provide the requested information. Further, the contractor will define how the requested information is to be returned to the contractor.

Contact

Person:

(Customized: Insert Appropriate Contact)

Contact

Information:

(Customized: Insert Appropriate Contact)

