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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.

Office of Medicaid Policy and Planning

Request for Copies of Cost Reports/Cost Profiles

Date of Request: _____

Name: _____

Address: _____

Phone: _____

Please send this completed request to the following address:

Myers and Stauffer, LC
 Attention: Request for Public Records
 8555 North River Road, Suite 360
 Indianapolis, IN 46240

Are you requesting copies of:

Provider Number	Provider Name	Address of Facility	FYE MM/DD/YY	Cost Report		Cost Profile	
				YES	NO	YES	NO
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Indiana Title XIX
BT19927*

*Procedures for Obtaining Medicaid Cost Reports or Cost Profiles
September 10, 1999*