



February 2, 2009

Ref: S-2009-101

Dear EqualityCare Provider:

I am writing today to give you advance information on "The Improper Payments Information Act" of 2002 which directs federal agencies to review programs that are susceptible to significant erroneous payments and report their findings to Congress. Medicaid programs have been identified as being at risk for significant erroneous payments.

The Centers for Medicare and Medicaid Services (CMS) will measure the accuracy of Medicaid payments through the Payment Error Rate Measurement (PERM) Program. Your interactions in this process will be primarily with Livanta, a company engaged by CMS, who will collect claims related records from Wyoming Medicaid/EqualityCare providers.

Medical records will be required for claims selected for audit to determine if payments were accurate and appropriate. It is important that all providers fully comply with the request for documentation. Livanta may contact you to verify contact information and to determine how you want to receive the request for medical records, i.e. facsimile or U.S. mail. Once you receive the request, you must submit the information within 60 days. *Please note:* it is the responsibility of the provider who received payment for the claim under review to ensure that all supporting medical records from all providers who rendered service for the claim are submitted in a timely manner. During the 60-day timeframe, you may be contacted to ensure that all requested documentation is submitted timely. For reviews that require additional information, Livanta will contact you directly and you will have 15 days to respond to the request.

You may be concerned with maintaining the privacy of patient information. You are required to retain records necessary to disclose the extent of services provided to individuals receiving assistance and furnish CMS with information regarding any payments for rendering services. In addition, the collection and review of protected health information contained in individual-level medical records for payment review purposes is permissible by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and implementing regulations at 45 Code of Federal Regulations, parts 160 and 164.

It is important that providers cooperate fully by submitting all requested documentation in a timely manner. *Failure to do so will be measured as an error against the State and ultimately result in recovery of claim payment directly from the provider.*

This project should have positive outcomes that represent the good work performed by each of you, and I urge your cooperation.

Thank you for the services that you provide the EqualityCare clients and the residents of Wyoming. I appreciate your support of this project and the EqualityCare Program. Please contact Christine Bates at (307) 777-3594 or at christine.bates@health.wyo.gov if you have any questions about this matter.

Sincerely,



Brent D. Sherard, M.D., M.P.H., Director
and State Health Officer
Wyoming Department of Health

BS/DP/ct/jg

- c: Christine Bates, Program Integrity Manager, EqualityCare Program, Office of Healthcare Financing
Lee Clabots, M.S.Hyg., M.P.H., Deputy Director of Administration