Connecticut Medical Assistance Program

Policy Transmittal 2014-05

PB 2014-12 March 2014



Roderick L. Bremby, Commissioner

Effective Date: February 18, 2014 Contact: C. LaVigne @ 860-424-5719

TO: Nursing Facilities, ICF/IID (formerly ICF/MR)

RE: Amended Pages to Annual Report of Long-Term Care Facility

This notice is being sent to clarify the Department's procedures on submitting amended cost report pages. In an effort to emphasize accuracy and integrity of the timely submitted *Annual Report of Long-Term Care Facility cost reports*, the Department will apply the following policy regarding amended cost report pages:

- Amended pages to the cost report year ending 9/30/2013 must be submitted by 7/1/2014 in order for the Department to consider them. The Department may authorize exceptions to this policy for cause.
- For cost reports prior to the cost report year ending 9/30/2013, effective immediately, amended pages will no longer be accepted, processed, filed or reviewed by DSS Office of Reimbursement or its current contractor, Myers and Stauffer, LLC.
- Exceptions to this policy may be made on a case-by-case basis when amended pages are related to overstated costs that require amendment under the terms of the False Claims Act, or if such amended pages are needed to correct a material misstatement of the provider's rate.

If there are any questions, please contact Christopher LaVigne, Director Reimbursement and Certificate of Need, at 860 424-5719.

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Responsible Unit: DSS, Reimbursement and Certificate of Need.