



Indiana Medicaid Proposes Overhaul of Program Integrity Rules

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On June 13, 2018, the Indiana Office of Medicaid Policy and Planning (“OMPP”) published a notice of intent (“NOI”) to adopt an administrative rule (“LSA #18-251”) that overhauls existing program integrity, Medicaid provider appeals, and Medicaid enrollment rules and requirements. The NOI states in general terms that LSA #18-251 proposes to change timely filing dates to match fee-for-service claims and update and streamline program integrity rules.

A copy of the proposed rule is not currently available, and, as such, its details are not yet known. However, according to the NOI, OMPP intends to repeal numerous existing administrative code provisions, namely: Medicaid claim denials due to program abuse or fraud; Medicaid overpayments; provider payments during appeals; Medicaid provider appeals; medical record maintenance and disclosure requirements; and provider enrollment. These repeals suggest that the text of the proposed rule will concern their subject matter. As such, the proposed rule will likely impact all enrolled Indiana Medicaid providers.

OMPP will arrange for a copy of the proposed rule’s text to be published on the Indiana Register when it is available, which will commence the public comment period. Interested providers may submit written comment any time during the public comment period or provide oral comments at a public hearing. We will continue to monitor the status of LSA #18-251 and will provide additional updates.

Providers may monitor the status of LSA #18-251 by viewing OMPP’s rulemaking docket at https://www.in.gov/fssa/files/LSA_18-251_Docket.pdf or checking the Indiana Register at <http://www.in.gov/legislative/iac/irtoc.htm?lsayear=18&lsadoc=251&view=list&ldn=Y>.

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