Dear Administrator,

We appreciate the cooperation from your facility during the follow-up Medicaid Case Mix Documentation Review completed on [Date of Review].

As discussed during the exit conference, both this review as well as the preceding review had results that exceeded the greater than 25% unsupported threshold. A facility exceeding this threshold in the preceding as well as the follow-up review may be required to enter into an MDS Documentation Improvement Plan with the Department of Health and Hospitals.

The Department of Health and Hospitals is requesting that you complete the enclosed Medicaid Case Mix Documentation Improvement Plan (DIP) form; the Area of Insufficient Documentation column has been completed based on the review findings. The facility must complete the Documentation Improvement Plan and Implementation Date columns. Following completion, the Administrator or designee must sign and date the form(s).

For each area of insufficient documentation noted, you must include the following information:

- How will you correct the insufficient documentation?
- What system(s) will you put in place?
- How will you monitor the system to assure that the changes made will stay in place?
- It is expected that the implementation date will not exceed 45 days from the exit conference date as noted above.

As specified in LAC 50:VII.20013 (formerly LAC 50:VII:1313) Case-Mix Minimum Data Set Documentation Reviews and Case-Mix Index Reports, a follow-up review may be performed at the discretion of the department at least 30 days after the facility’s 90 day correction period; in other words, no sooner than 120 days following the review exit date.

The DIP response must be received by the Department’s contractor, Myers and Stauffer LC, at the address below within 30 days of receipt of this letter.

Myers and Stauffer LC
Attn: Cynthia Smith, RN
9265 Counselors Row, Suite 100
Indianapolis, IN 46240

The Medicaid Case Mix Documentation Improvement Plan will serve to guide the next review and verify that corrections have been implemented.

Please feel free to contact me with any questions.

Sincerely,

Cynthia Smith, RN, RAC-CT
Health Care Manager
cindys@mslc.com
State of Louisiana  
Department of Health and Hospitals  
Medicaid Case Mix Documentation Review Improvement Plan (DIP)

Facility Name  
Address  
Previous Review Exit Date:  
Follow-up Review Exit Date:  
% Unsupported  
% Unsupported

Instructions: The Area of Insufficient Documentation column has been completed based on review findings. The facility is responsible for completing the Documentation Improvement Plan and Anticipated Implementation Date columns. Please use reverse side of this form if additional room is needed. The Administrator or designee must sign and date the DIP. Facility response is due no later than 30 days from receipt; anticipated implementation date must not exceed 45 days from exit conference date. See enclosed letter for additional instructions.

<table>
<thead>
<tr>
<th>Area of Insufficient Documentation</th>
<th>Documentation Improvement Plan</th>
<th>Anticipated Implementation Date</th>
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<tbody>
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<td>1.</td>
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Facility Administrator or Designee  
Title  
Date

Prepared by Myers and Stauffer LC  
DEDICATED TO GOVERNMENT HEALTH PROGRAMS