

ADMINISTRATIVE POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Program Integrity Provider Prepayment Review-OH MCD-AD-0767	1 /01/2023
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry



A. Subject
Program Integrity Provider Prepayment Review

B. Background
CareSource Program Integrity (PI) operates a provider prepayment review program to detect, prevent, and correct fraud, waste, and abuse, and to facilitate accurate claim payments. Physicians and other healthcare professionals may have the right to appeal results of reviews.

C. Definitions
• Provider Prepayment Review - f(m)-5.9 (d)(1)(2) also
reurs sons(-) The (on)-6.6 pu)6.6 ong(r)-4.3 it

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



- G. upcoding
 - H. billing for services outside of provider specialty
- II. Placement on prepayment review will require the provider to submit medical records for all identified claims allowing CareSource to review the medical records in comparison to the billed services. CareSource will provide a written notice to the provider/provider group advising the effective date of prepayment review.
- A. Claims selected for prepayment review will be soft denied.
 - B. Provider must upload medical records to the CareSource Provider Portal. It is not necessary to appeal a soft denial.
 - C. Failure to submit medical records to CareSource

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



and coding specialists who maintain CPC, RHIA, or RHIT designations. The team reviews provider documentation to determine whether the claim is appropriate for payment based on criteria including, but not limited to, provider documentation which establishes the following:

- A. Services were provided according to CareSource policy requirements.
- B. Members were benefit eligible on the date the services were provided.
- C. Prior authorization was obtained, if required by policy.
- D. Providers and staff were qualified, as required by state or federal law.
- E. The provider possessed the proper license, certification, or other accreditation

r

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



- b. claim submission volume during review period is not consistent with the volume before prepayment review

E. Conditions of Coverage

N/A

F. Related Policies/Rules

N/A

G. Review/Revision

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.