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Special Investigations Unit Timeline for Medical Record Request and Review

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This policy defines the process Network Health Plan/Network Health Insurance Corporation/ Network Health Administrative Services, LLC (NHP/NHIC/NHAS) Special Investigations Unit (SIU) utilizes during a claims review to determine provider compliance with Medicare coverage, coding and billing rules and the corrective action steps taken, as appropriate, when providers are found to be non-compliant.

The goal of NHP/NHIC/NHAS SIU is to correct and prevent inappropriate and/or fraudulent billing practices and to minimize any financial losses.

Policy Detail:

NHP/NHIC/NHAS SIU will follow the procedures below when requesting medical records and associated documentation to assist in the investigation process to detect fraud, waste and abuse. Review of potentially fraudulent claims submitted by verifying potential errors and taking appropriate corrective actions will occur as needed in response to documentation received.

Providers, physicians, and suppliers are responsible for providing the information needed to adjudicate their claims and to support what has been billed. If no response is received within the specified timeframe, NHP/NHIC/NHAS SIU will deny the claim(s) for the lack of requested documentation. NHP/NHIC/NHAS SIU will not reopen claims for review when documentation is submitted after the forty-five (45) days from date of request has lapsed.

NHP/NHIC/NHAS SIU is not required from a regulatory or contractual standpoint, and will not pay for medical records documentation for either prepayment or post payment review when documentation is requested to determine if claims submitted are compliant with coverage, coding, and billing rules.

Procedure Detail:

I. Submission and Review Time Frames

A. When additional documentation is needed to make a claims determination for payment review, NHP/NHIC/NHAS SIU shall notify providers that the requested documentation is to be submitted within forty-five (45) calendar days of the notice of request. NHP/NHIC/NHAS SIU will not grant extensions to providers who need more time to comply with the request.

B. NHP/NHIC/NHAS SIU will have sixty (60) days from the date of receipt of the claim to review and notify the provider of its review determination based on coverage, coding, and billing rules and regulations.

II. Insufficient Response:

A. If the documentation submitted does not support the services billed and/or physician's certification, the claim(s) will be denied. If additional documentation is necessary for payment determination and the submitted documentation is still insufficient to make a payment determination, NHP/NHIC/NHAS SIU will issue a denial.

III. No Response:

A. If no response is received within forty-five (45) calendar days after the date of notice of the request, NHP/NHIC/NHAS SIU will deny the claim(s) for which the requested documentation was not received. NHIC SIU will not reopen the case for any documentation submitted after the forty-five (45) days have lapsed. Documentation will be retained for future access and reference for a maximum period of ten (10) years.

IV. In cases where the denial is appealed, reviewers will reopen the claim(s) in accordance with NHP/NHIC/NHAS current appeal process.

Regulatory Citations:

Medicare Managed Care Manual Chapter 11, section 100.2
42 CFR § 422.520

Origination Date: 12/03/2013	**Approval Date:** 09/09/2022	**Next Review Date:** 09/09/2023
Regulatory Body: CMS	**Approving Committee:** Privacy & Compliance Committee	**Policy Entity:** NHAS, NHIC, NHP
Policy Owner: Raychel Piencikowski	**Department of Ownership:** Payment Integrity	**Revision Number:** 4
Revision Reason: 9-22-21 - Consent, no changes. Annual Review. 8-22-22- Annual Review, Change Policy owner from Jeanne Skinner to Raychel Piencikowski.		