



## Ohio Administrative Code Rule 5160-1-27 Review of provider records.

Effective: September 3, 2015

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(A) As specified in Chapter 5160-1 of the Administrative Code, all medicaid providers are required to keep such records as are necessary to establish that conditions of payment for medicaid covered services have been met, and to fully disclose the basis for the type, frequency, extent, duration, and delivery setting of services provided to medicaid recipients, and to document significant business transactions. Medicaid providers are required to provide such records and documentation to the Ohio department of medicaid (ODM) or its designee, the secretary of the federal department of health and human services, or the state medicaid fraud control unit upon request.

(B) For purposes of this rule, the following definitions apply:

(1) "Audit" means a postpayment examination, made in consideration of generally accepted auditing standards, of a medicaid provider's records and documentation to determine program compliance, the extent and validity of services paid for under the medicaid program and to identify any inappropriate payments. The department shall have the authority to use statistical methods to conduct audits and to determine the amount of overpayment. An audit may result in a final adjudication order by the department.

(2) "Hold and Review" means a process of prepayment review of a medicaid provider's claims, including client records, medical records, or other supporting documentation, for determination of appropriate claims payment or reimbursement.

(a) Hold and review administered by ODM will be done in accordance with rule 5160-1-27.1 of the Administrative Code.

(b) Hold and review administered by state agencies other than ODM will be done in accordance with rule 5160-1-27.2 of the Administrative Code.

(3) "Review" means a post-payment examination of a medicaid provider's paid claims to determine



program compliance, validity of payments and identification of recovery of overpayments under the medicaid program. Review also means special projects or analysis to determine quality of care, compliance with accepted standards of care, and general program compliance. A review may result in an educational letter, a request for a corrective action plan subject to department approval, and/or recovery of inappropriate paid claims due to non-program compliance.

(4) "Notice of operational deficiency" means a written notice issued by the department that identifies provider conduct, treatment or practices that are determined by the department not to be in the best interests of the consumer or the medicaid program and/or are noncompliant with the regulations governing the medicaid program and that must be corrected. The notice states the nature of the deficiency, the time period that the provider has to correct the deficiency and the person within the department the provider is to contact to verify that the deficiency has been corrected.

(C) Records, documentation and information must be available regarding any services for which payment has been or will be claimed to determine that payment has been or will be made in accordance with applicable federal and state requirements. For the purposes of this rule, an invoice constitutes a business transaction but does not constitute a record which is documentation of a medical service.

(D) Various methods of audit and review will be utilized in all cases of suspected fraud, waste and abuse, in accordance with rule 5160-1-29 of the Administrative Code. If fraud, waste and abuse are apparent, the department will take action to gain compliance and recoup inappropriate payments.

(E) The provider must maintain all records as stipulated in this rule and rule 5160-1-17.2 or Chapter 5160-3 of the Administrative Code, as applicable.

(F) All records, documentation and/or information requested in accordance with paragraph (B) of this rule shall be submitted to the department or its designee, in an appropriate manner as determined by the department. Records subject to audit and review must be produced at no cost to the department.

(1) Records subject to audit and review must be made available for examination in the time period described in rule 5160-1-17.2 of the Administrative Code, or as determined by the department or its



designee. Failure to supply requested records, documentation and/or information as indicated in this rule will result in no payment for outstanding services.

(2) In all situations, the department has the authority to conduct an on-site visit with the provider at the provider's location for the examination or collection of records, and/or for compliance verification. Upon such occasions, as deemed necessary by the department or its designee, a member of the provider's staff is to be assigned to assist in collecting the information. Upon request from the department, the provider will photocopy or make the applicable records available for photocopying.

(3) Services billed to and reimbursed by the department, which are not validated in the recipients' records, are subject to recoupment through the audit and review process described in this rule.