

## AUDIT PROCESS TIMELINES

### Provider Audits

Medical records request provides 30 business days from date of letter for providers to submit documentation.

If no response, on the 31 business day, a second medical record request will be sent out.

Second medical record request provides 15 business days from the date of the letter.

If no response to the second medical record request, on business day 46, the claims attached to the request will be sent to claims for reversal and denied permanently. A letter will also be sent to the provider stating that they have waved all reconsideration and appeal rights.

If an audit has been completed, a findings letter will be sent to the provider allowing a reconsideration for any disputed findings. Provider has 30 business days to submit a reconsideration.

On the 31 business day, staff will send claims for appropriate adjustment if no reconsideration was received. A letter will also be sent to the provider stating that they have waved all reconsideration and appeal rights.

If a reconsideration audit has been completed, a findings letter will be sent to the provider allowing an appeal for any disputed findings. Provider has 30 business days to submit an appeal.

On the 31 Business day, staff will send claims for appropriate adjustment if no appeal was received. A letter will also be sent to the provider stating that they have waved all appeal rights.

If the provider's error rate is 33% or greater a CAP will be sent with the final appeal letter.