

## QHA Retrospective Review of Claims Where Preauthorization Was Not Obtained

Self-Pay Patient: In the event a provider has a patient who is admitted under one of the preauthorization areas and is designated as self-pay upon admission and at a later date applies for and receives Medicaid benefits, the process should be as follows:

The provider should copy and mail the entire medical record to QHA for review to obtain an authorization number to submit the claim.

QHA would monitor the providers/clinics to determine if a pattern is developing for noncompliance with the Medicaid preauthorization process. If required, a corrective action plan would be implemented.

Late Pick Up of a Medicaid Beneficiary: The provider should copy and mail the entire medical record to QHA for review to obtain an authorization number to submit the claim.

Requests for Preauthorization: QHA will allow the requests for preauthorization to be faxed to our office within a timely manner. Request for preauthorization should be in writing or fax two weeks prior to the proposed procedure/admission date. This will allow for proper review of the submitted documentation and follow-up.