



## **Network Notification**

**Notification Date:** April 10, 2017  
**To:** Ohio Medicaid Health Partners  
**From:** CareSource®  
**Subject:** PY-0128 Three-Day Window Payment Policy  
**Effective Date:** Jan. 1, 2016

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Effective Nov. 30, 2016, CareSource aligned our payment policies and claim payment system to accommodate the three-day rule outlined by the Ohio Administrative Code (OAC) 5160-2-02. The specific OAC rule for outpatient services rendered prior to inpatient services went into effect Jan. 1, 2016.

A specific CareSource payment policy has also been defined to provide clarity on how the edit has been implemented. **Please refer to the specific policy for coding, language and rationale that are not included in the summary below.**

I. Background: The three day window payment policy:

- Provides information regarding the Ohio Medicaid amended Ohio Administrative Code 5160-2-02 to adopt a three-day payment window for outpatient services rendered prior to an inpatient admission occurring on or after Jan. 1, 2016. This includes emergency room and observation services.
- Details CareSource's compliance with the three-day payment rule after the effective date below, including when claims will be denied, approved and retroactively reprocessed.

II. Effective Date: **January 1, 2016**. This [CareSource policy](#) is available on the [Health Partner Policies](#) page on **CareSource.com** and is retroactively effective to align to the OAC rule. To access the policy, select the plan name and state under Reimbursement Policies, then reference the Three-Day Window reimbursement policy.

Thank you in advance for your cooperation in adhering to this new policy requirement. For the most up to date notifications from CareSource, visit the Updates and Announcements page on **CareSource.com**.

OH-P-1267a