



Aetna Better Health® of New Jersey

Cotiviti PCCV Implementation

Project Overview

Effective October 1, 2026, we are implementing a new **Cotiviti Prepayment Clinical Chart Validation (PCCV)** solution for Medicaid claims. This solution extends beyond standard coding reviews to ensure that claims reflect accurate, clinically supported documentation.

Cotiviti PCCV

This enhancement builds on the existing pre-payment DRG review process.

- Cotiviti will request medical records directly from the provider
- Claims will be temporarily denied allowing the medical record request and review to occur
- Cotiviti will review submitted information and provide edit recommendations
- Claims will then be reprocessed, including recorded, if appropriate based on Medicaid state guidelines
- **Scope:** Participating facilities submitting inpatient claims

Key Points

- The program requires a review of medical records to evaluate billing accuracy
- Vendor coordinates the request and review of medical records
- When a claim is selected, it will be denied allowing for the request and review of medical records by the vendor

Should your claim get rejected, please forward medical records for that claim to the address provided on the records request letter from the vendor.

Sincerely,

Aetna Better Health® of New Jersey