

Optum Care Network

Payment Integrity Programs

Optum

Table of contents

3 Claims Editing System (CES)

4 Coordination of Benefits (COB) Postpay Program

6 Data Mining

8 Payment Integrity Review

10 Optum Prepayment Review System (OPRS)

12 OptumInsight

18 Payment Resolution Services (PRS)

19 Optum Care Provider Services

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Claims Editing System (CES)

Optum® CES uses logic to check each claim for errors, omissions, and questionable coding relationships by testing the data against an expansive database containing industry rules, regulations and policies governing health care claims.

Services identified to be out of required coding compliance will be administratively denied. Should you disagree with the administrative denial, please submit your payment dispute via the options outlined below.

Phone: See Optum Care Provider Services

Email: claimdispute@optum.com

Mail: **Provider Dispute Resolution**
PO Box 30788
Salt L:ake City, UT 84130

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Coordination of Benefits (COB) Post-pay program

When a person is covered by two health plans, coordination of benefits is the process the insurance companies use to decide which plan will pay first for covered medical services or prescription drugs and what the second plan will pay after the first plan has paid. Insurance companies coordinate benefits for several reasons:

1. To avoid paying twice for the same covered service.
2. To determine which plan is primary, which means the insurer pays for covered services first according to the benefits provided by the plan. The other insurer pays secondary, which means it pays the remaining unpaid balance according to the benefits provided by its plan.
3. To help keep the cost of health and prescription drug costs affordable.

Medical records request

If Optum receives information about other primary insurance, information will be requested. Providers are encouraged to fulfil all medical record requests within the designated timeline communicated within the request.

Please provide all information relevant to the claim and date of service requested. Failure to provide all essential documentation may delay the review or denial of the claim line charges due to services not being supported.

At times there may be a medical record request for a procedure that was authorized prior. OptumInsight requests are separate from prior authorization reviews, as these reviews are an attempt to verify services billed and documented.

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Initial review findings

Upon completing the medical record review, you will receive an initial review findings letter from OptumInsight if any part of the associated claim is denied. This letter will state the reason for denial and provide instructions for filing a reconsideration if you choose to do so. If you are an out-of-network provider and no payment has been made, appeal information will be found on the EOP/ERA sent from the payment vendor.

COB process for submitting overpayment refunds

You can send a refund check to satisfy the overpayment. You can do this by sending your check and the signed letter within 30 days to:

Mail: OptumCare
Claims Investigation and Recovery Dept.
P.O. Box 30539
Salt Lake City, UT 84130

You can choose to initiate the debit process. This process will apply future claims payment against the amount owed until the debt is satisfied. Please sign the letter and return it to the address listed above.

Please be advised that if a refund is not received within 30 days future payments made to you for covered services may be reduced by the overpayment amount to recover over payments.

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Data Mining

Data Mining is an analytic program using intelligence to identify aberrant payments due to various root causes. Services identified as overpayment will be administratively denied.

Process for submitting overpayment refunds

You can send a refund check to satisfy the overpayment. You can do this by sending your check and the signed letter within 30 days to:

Mail: OptumCare
Claims Investigation and Recovery Dept.
P.O. Box 30539
Salt Lake City, UT 84130

You can choose to initiate the debit process. This process will apply future claims payment against the amount owed until the debt is satisfied. Please sign the letter and return it to the address listed above.

Please be advised that if a refund is not received within 30 days future payments made to you for covered services may be reduced by the overpayment amount to recover over payments.

Should you disagree with the overpayment notification, please submit your payment dispute via the options outlined below

Phone: See Optum Care Provider Services

Email: claimdispute@optum.com

Mail: **Provider Dispute Resolution**
PO Box 30788
Salt L:ake City, UT 84130

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Payment Integrity Review

Payment Integrity review is a PI Operations program designed to detect, prevent, and recover funds for services deemed ineligible for payment due to policy and coding non-compliance. The program is comprised of three types of reviews:

1. Post payment review
2. Pre-payment Review
3. Provider Education

Medical record requests

Please provide all information relevant to the claim and date of service requested. Failure to provide all essential documentation may delay the review or potentially deny the claim due to documentation
not received.

At times there may be a medical record request for a procedure that was previously authorized. Optum Care requests are separate from prior authorization reviews, as these reviews are an attempt to verify that services billed are supported by documentation.

Initial review findings

Upon completing the medical record review, you will receive an initial review findings letter from Optum Care if any part of the associated claim is denied. This letter will state the reason for denial and provide instructions for filing a reconsideration if you choose to do so. If you are an out-of-network provider and no payment has been made, appeal information will be found on the EOP/ERA sent from the payment vendor.

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Process for submitting medical records

Medical records may be sent by paper copy or CD/DVD. Instructions on how to submit by each method will be included with each medical record request.

Mail: **Optum Care Payment Integrity**
PO Box 30773
400 S 500 West
Salt L:ake City, UT 84123

Should you disagree with the overpayment notification, please submit your payment dispute via the options outlined below

Phone: See Optum Care Provider Services

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Optum Prepayment Review System (OPRS)

OPRS is a predictive analytic tool for professional and institutional medical claims. The OPRS review identifies aberrant behavior requiring additional review prior to payment. Post- adjudication, pre-pay claims will be reviewed by OPRS coding review nurse team. OPRS returns a process recommendation for each service line. One of four recommendations will be applied:

1. Allow
2. Deny
3. Pend (for medical records)
4. Hold (48hr hold for additional internal review)

OPRS is managed by OptumInsight, a vendor partner to the Optum Care Payment Integrity (OCPI) program.

Medical record requests

Pend recommendations will trigger a medical record request from OptumInsight, all reviews are validated by Optum Care Payment Integrity. Providers are encouraged to fulfil all medical record requests within the designated timeline communicated within the request.

Please provide all information relevant to the claim and date of service requested. Failure to provide all essential documentation may delay the review or result in a denial of the claim line charges due to services not being supported.

At times there may be a medical record request for a procedure that received prior authorization. OptumInsight requests are separate from prior authorization reviews, as these reviews are an attempt to verify that services billed are supported documentation.

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Corrected claims submission

Upon receiving a medical record request, you may also realize that you would like to submit a corrected claim in lieu of medical records. Corrected claims appropriately billed should follow the normal claim resubmission process to Optum Care via Payor ID: LIFE1 or the Optum Care claims address.

Initial review findings

Upon completing the medical record review, you will receive an initial review findings letter from OptumInsight if any part of the associated claim is denied. This letter will state the reason for denial and provide instructions for completing a reconsideration if you choose to do so. If you are an out-of-network provider and no payment has been made, appeal information will be found on the EOP/ERA sent from the payment vendor.

OPRS process for submitting medical records

Instructions on how to submit by each method will be included with each medical record request. Online submission is preferred for accuracy, speed & security.



Online: databankimx.com



Mail: Optum
PO Box 51056
Philadelphia, PA 19115



Delivery: FedEx/UPS
Optum
458 Pike Road
Huntingdon Valley, PA 19006

Provider Inquiry Resolution Team (PIRT)

Should you need to call and discuss a medical record request or review findings, please get in touch with OptumInsight at the number listed below:

Phone: 1-800-940-5732

Hours: Monday through Friday, 8:00 a.m. – 8:00 p.m. ET

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OptumInsight

Optum® is a vendor partner to the Optum Care Payment Integrity program, providing pre and post-pay reviews on DRG Coding and Compliance™, Outpatient Facility™, Itemized Bill Review™, Short Stay Hospital Bill Validation™ and Hospital Bill Audit™.

DRG Coding and Compliance™
DRG Coding and Compliance™ is a coder driven, post-claim-payment process of reviewing claims and matching to medical records to ensure the DRG, diagnosis and procedures are aligned with the services rendered.

Outpatient Facility™
Outpatient Facility™ is a post-claim-payment process of reviewing claims and matching to medical records to ensure the billed services are aligned with the services rendered.

Itemized Bill Review (IBR)™
Pre-pay claim reviews for DRG claims which have hit an outlier status. Optum works directly with the Facility providers to obtain the itemized bill and assures all outlier charges are billed appropriately.

Short Stay Hospital Bill Validation™
Short Stay Hospital Bill Validation™ (SSBV) is a nurse driven, post-claim-payment, audit to determine if an inpatient intensity was provided appropriately. The nurse auditor will compare the medical record against the claim submission.

Hospital Bill Audit™
Hospital Bill Audit™ (HBA) is the post-claim-payment process of reviewing claims and matching to medical record to ensure physician orders, nursing documentation, provider contracts, payments are aligned and consistent with CMS guidelines. Registered nurses are responsible for the review of these audits and use historical data to conduct focused reviews.

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Medical record requests
You will receive a medical record request letter for all reviews conducted by Optum Care Payment Integrity. Providers are encouraged to fulfil all medical record requests within the designated timeline communicated within the request.

Please provide all information relevant to the claim and date of service requested. Failure to provide all essential documentation may delay the review or potentially deny the claim due to documentation not received.

At times there may be a medical record request for a procedure that was authorized prior. Optum Care requests are separate from prior authorization reviews, as these reviews are an attempt to verify services billed and documented.

Process for Submitting Medical Records and Disputes

DRG Coding and Compliance

Submitting Medical Records:
Phone: 1-877-787-2310
Fax: 1-646-349-2406
Email: recordsintake@optum.com

Mailing Address:
Optum
DRG Validation
PO Box 31338
Salt Lake City, UT 84131

Ground (FedEx/UPS):
Optum
DRG Validation
1355 S 4700 West
Salt Lake City, UT 84104

It is requested you do not submit records to Optum Care directly. Records submission to Optum DRG directly via the above submission options is required to ensure delivery to the correct department and assigned reviewer.

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Review Dispute Resolution

Phone: 1-877-787-2310
Fax: 1-781-240-0509

Mailing Address:
Optum
Attn: DRG Appeal Dept
PO Box 31338
Salt Lake City, UT 84131

Ground (FedEx/UPS):
Optum
Attn: DRG Appeal Dept
1355 S 4700 West
Salt Lake City, UT 84104

Please identify the correspondence as a formal dispute, include the documentation and explanations necessary to clarify the questioned charges, and send the formal written dispute via the submission options listed above.

Itemized Bill Review

Submitting Medical Records
Fax: 1-866-700-5769

Mailing Address:
Optum - IBR
IBR Claims Disputes
PO Box 1090
Draper, UT 84020-1090

Ground (FedEx/UPS):
Optum - IBR
12921 S Vista Station Blvd
Draper, UT 84020

It is requested you do not submit records to Optum Care directly. Records submission to Optum IBR directly via the above submission options is required to ensure delivery to the correct department and assigned reviewer.

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Review Dispute Resolution
Phone: 1-888-895-2254
Fax: 1-866-700-5769
Email: reconsiderations@optum.com

Mailing Address:
Optum - IBR
IBR Claims Disputes
PO Box 1090
Draper, UT 84020-1090

Ground (FedEx/UPS):
Optum – IBR
IBR Claims Disputes
12921 S Vista Station Blvd
Draper, UT 84020

It is requested you do not submit records to Optum Care directly. Records submission to Optum IBR directly via the above submission options is required to ensure delivery to the correct department and assigned reviewer.

Outpatient Facility

Submitting Medical Records
Phone: 1-877-787-2310
Fax: 1-646-349-2406
Email: recordsintake@optum.com

Mailing Address
Optum
Outpatient Validation
PO Box 31338
Salt Lake City, UT 84131

Ground (FedEx/UPS):
Optum
Outpatient Validation
1355 S 4700 West
Salt Lake City, UT 84104

It is requested you do not submit records to Optum Care directly. Records submission to Optum Outpatient directly via the above submission options is required to ensure delivery to the correct department and assigned reviewer.

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Review Dispute Resolution
Phone: 1-877-787-2310
Fax: 1-781-240-0509

Mailing Address:
Optum
Outpatient Appeal Dept
PO Box 31338
Salt Lake City, UT 84131

Ground (FedEx/UPS):
Optum
Outpatient Appeal Dept
1355 S 4700 West
Salt Lake City, UT 84104

Please identify the correspondence as a formal dispute, include the documentation and explanations necessary to clarify the questioned charges, and send the formal written dispute via the submission options listed above.

Short Stay Hospital Bill Validation

Submitting Medical Records
Phone: 1-877-787-2310
Fax: 1-646-349-2406
Email: recordsintake@optum.com

Mailing Address:
Optum
SSBV Appeal Dept
PO Box 31338
Salt Lake City, UT 84131

Ground (FedEx/UPS):
Optum
SSBV Appeal Dept
1355 S 4700 West
Salt Lake City, UT 84104

Please identify the correspondence as a formal dispute, include the documentation and explanations necessary to clarify the questioned charges, and send the formal written dispute via the submission options listed above.

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Hospital Bill Audit

Submitting Medical Records
Phone: 1-800-777-5589
Fax: 1-800-861-9361
Email: Schedulers@optum.com

Mailing Address:
Optum
HBA Validation
PO Box 31338
Salt Lake City, UT 84131

It is requested you do not submit records to Optum Care directly. Records submission to Optum HBA directly via the above submission options is required to ensure delivery to the correct department and assigned reviewer.

Review Dispute resolution
Phone: 1-800-777-5589
Fax: 1-800-861-9361
Email: supportpaymentintegrity@optum.com

Mailing Address:
Optum
HBA Claims Disputes
PO Box 31338
Salt Lake City, UT 84131

Ground (FedEx/UPS):
Optum
Attn: HBA Claims Disputes
1355 S 4700 West
Salt Lake City, UT 84104

Please identify the correspondence as a formal dispute, include the documentation and explanations necessary to clarify the questioned charges, and send the formal written dispute via the submission options listed above.

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Payment Resolution Services (PRS)

Payment Resolution Services is a recovery team within Optum tasked to pursue overpayment recovery efforts for unsatisfied overpayment balances within 150 days of Optum Care's initial requests for refund.

These efforts may be in the form of phone calls or letter correspondence on behalf of Optum Care to reach overpayment recovery resolution.

Initial review findings

Upon overpayment identification, Optum Care adjusts services on the original claim and generates letter correspondence to the provider explaining the request for overpayment refund. Should no refund or overpayment dispute be received from the provider within 150 days, PRS will retain management of all future overpayment recovery for the identified services.

Submitting payment

Submit payment directly to PRS



Phone: 1-615-472-9204



Online: payprs.com
Provide required information located on letter
- PRS Account Number
- Date of Service



Check or Money Order
- Submit to address located on letter

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Optum Care Provider Services

Optum Care provider line:

Should you need to call and discuss an overpayment notification, please contact Optum Care service center at the numbers listed below:

- Arizona/Utah: 1-877-370-2845, Monday through Friday, 8 a.m. - 8 p.m., MT
- Colorado: 1-888-685-8491, Monday through Friday, 8 a.m. - 8 p.m., MT
- Connecticut: 1-888-556-7048, Monday through Friday, 8 a.m. - 8 p.m., ET
- Idaho: 1-855-822-4340, Monday through Friday 8 a.m. – 9 p.m. MT
- Indiana: 1-866-565-3361, Monday through Friday, 8 a.m. - 9 p.m., ET
- Kansas City: 1-855-822-4325, Monday through Friday 8 a.m. – 8p.m. CT
- Nevada: 1-855-893-2297, Monday through Friday, 8 a.m. - 8 p.m., MT
- New Mexico: 1-800-620-6768, Monday through Friday, 8 a.m. - 8 p.m., MT
- New York: 1-866-565-3468, Monday through Friday, 8 a.m. - 8 p.m., ET
- Ohio: 1-866-566-4715, Monday through Friday, 8 a.m. - 8 p.m., ET
- Oregon: 1-866-565-3664, Monday through Friday, 8 a.m. - 5 p.m., PT
- Washington: 1-877-836-6806, Monday through Friday, 8 a.m. - 5 p.m., PT

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