

To: AmeriHealth Caritas DC Hospital Providers

Date: June 10, 2024

Subject: Introduction to Optum, LLC's "Prospective review process"

Dear Provider:

As part of the plan's overall program integrity efforts, we are writing to inform you that AmeriHealth Caritas District of Columbia (DC) has engaged Optum to review certain inpatient claims for all providers. As a result, claims submission criteria for certain inpatient claims is changing.

Beginning on July 10, 2024, Optum will begin to review all inpatient DRG facility claims for services performed on or after July 10, 2024, if the expected payment will be greater than \$75,000 with billed cost outliers of \$1,000 or greater. This prospective review service will be conducted to review inpatient hospital bills for billing inconsistencies and variances from industry billing practices. In order to conduct this review, AmeriHealth Caritas District of Columbia will require that you submit an itemized bill with each inpatient DRG facility claim if the expected payment will be greater than \$75,000 with billed cost outliers of \$1,000 or greater. These claims must be submitted with an itemized bill to avoid an upfront denial code: *Pymnt exceeds \$75K resub with itmzd bill.*

If you have already received this type of denial, you may elect to send the itemized bill in one of the following formats:

- Excel format send via secure email to MCA@optum.com (preferred)
- PDF or Word format send via secure email to MCA@optum.com or secure fax to 1-800-435-2049

Standard/USPS mail:	UPS/FedEx packages:
Optum - IBR / PO Box 2469 / Shawnee Mission,	Optum - IBR / 6800 W. 115th St. / Overland Park, KS
KS 66201-2469	66211

Once the claim and itemized bill are received, Optum will conduct a prospective review and submit its findings to AmeriHealth Caritas District of Columbia for claim adjudication. Your remittance advice will reflect any payment differences resulting from Optum's review. If billing issues have been identified, Optum will send you detailed review findings in a packet of materials that will include a Forensic Review Report.

If you are not satisfied with the report findings you can work with Optum to resolve any questions regarding the report's findings. Please review the report and contact Optum's Claim Resolution Team directly via email at <u>claimsresolution@Optum.com</u> or via telephone at 1-888-895-2254 to discuss any inquiries you may have regarding the report's findings or the documentation and explanations necessary to clarify the charges in question.

Alternatively, you can request a dispute. If your facility believes that a billing issue identified by Optum may be

inaccurate, you must dispute the findings directly to Optum, LLC. Your dispute request must be submitted in writing to the address or email listed below within sixty (60) days from the date of the facility packet letter.

Standard/USPS mail:	UPS/FedEx packages:
Optum, LLC	Optum, LLC
Attn: Disputes Department	Attn: Disputes Department
Optum - IBR / PO Box 2469 / Shawnee Mission,	Optum - IBR / 6800 W. 115th St. / Overland Park, KS
KS 66201-2469	66211
Secure Email: reconsiderations@Optum.com	Secure Email: reconsiderations@Optum.com

Optum, LLC is AmeriHealth Caritas DC's business associate, as defined by the regulations implementing the Health Insurance Portability and Accountability Act of 1996. Pursuant to Optum, LLC's agreement with AmeriHealth Caritas District of Columbia, Optum, LLC. is authorized to request, receive, document and discuss any medical information including, but not limited to, itemized bills and medical record information regarding the diagnosis and plan of care for AmeriHealth Caritas District of Columbia members. Please call Optum, LLC at 1-888-895-2254 if you have any questions regarding Optum, LLC's authorization.

Thank you for your cooperation and assistance in our efforts to ensure the integrity of the Medicaid program.

Sincerely, AmeriHealth Caritas DC