

Optum Pre-Payment Communication

POSITION STATEMENT

Passport Health Plan by Molina Healthcare (Passport) has partnered with Optum to capture opportunities related to FWAE (Fraud, Waste, Abuse, and Error). Optum's program may refer any aberrant billing patterns or behavior that may be potentially fraudulent to the Special Investigations Unit (SIU). SIU will then pursue an internal investigation using current processes

PROGRAM DESCRIPTION

Passport ensures that claims process and pay accurately. Passport may deny a claim and request medical records from the provider or supplier who submitted the claim to support the services submitted on the claim. Providers should submit adequate medical record documentation that supports the services billed.

Once medical records are received by Optum, trained coding professionals will examine the documentation to determine if the services billed are supported as submitted and process the claim accordingly. Optum decides to pay or deny the claim based upon whether or not the records support how the claim is billed. The provider's submission of medical records is not a guarantee of payment.

Passport uses claims editing software programs to assist in determining proper coding for provider claims payment. Such software programs use industry standard coding criteria and incorporate guidelines established by CMS such as the National Correct Coding Initiative (NCCI) and the National Physician Fee Schedule (NPFS) database, the American Medical Association (AMA), the Specialty Society correct coding guidelines, and state-specific regulations. These claim edits are also approved by the Kentucky Department for Medicaid Services prior to implementation

These software programs may result in claim edits for specific procedure code combinations. These claim edits may also result in adjustments to the provider's claims payment or a request for review of medical records prior to or subsequent to payment. Providers may request reconsideration of any adjustments produced by the claims editing software programs by submitting a timely request to Passport.

Optum CPI Claims Process

Passport receives notification from Optum indicating which claims are tagged for review. Depending on the review type, Optum may or may not require medical records to complete the claim review. If the review requires medical records, Optum sends communication directly to Passport providers.

Passport sends an electronic Explanation of Payment (EOP) to providers with a message indicating the claim has been tagged for medical record review.

The provider's submission of medical records is not a guarantee of payment. Optum reviews the medical records within 10 business days of receipt of complete Provider Record and may conclude that the billed code(s) will be denied. Optum will then communicate to the provider the reason(s) for the denial in the Optum initial review findings letter. Passport sends the denial to the provider via EOP. If Optum does not receive the requested records, they will make a determination on the claim based upon the available information which may result in the denial being upheld.

Letters

Optum will auto-generate a medical records request letter and will send the letter directly to providers. The request will include directions on how or where to submit the records.

Optum sends the initial letter to the provider that requests medical records. If more than one claim is tagged in a day, the provider will receive one letter with a list of claims.

Provider has 45 calendar days from the date you receive the notice to submit medical records. If a provider does not respond within 45 days, the provider may receive one follow-up letter and one final letter, informing the provider that the claim will remain denied due to lack of response.

Once records are reviewed by Optum, decisions to overturn the denial will be rendered. If at least one line on a claim is denied, the provider will receive a denial letter explaining the rationale for the denial and instructions for submitting an appeal should the provider disagree.

All communications sent by Optum are shared with Passport for record retention

Medical Record Review - Timely Submissions

Providers are expected to respond promptly. If records have not been received 45 days after the initial Medical Record Request, the provider will receive a Follow-Up Medical Record Request letter.

If records have not been received 90 days after the initial Medical Record Request, the provider will receive a Technical Denial letter indicating records have not been received.

If the provider does NOT submit the requested medical records, Optum would not be able to make a reasonable determination and the claim will remain denied/upheld. This denial is referred to as a technical denial.

Document submission options include electronically via secured internet upload, fax, or US Mail:

1. Providers have the option to upload medical records via secure Internet upload. Using a web browser, go [here](#).
2. **FAX:** 267-687-0994
3. **HARD COPY** (i.e., paper copy) using one of the following addresses:

Mail (US Postal Service):

Optum on behalf of **Passport**
P.O. Box 51456
Philadelphia, PA 19115

Delivery Services (FedEx, UPS):

Optum on behalf of **Passport**
458 Pike Road
Huntingdon Valley, PA 19006

Appeals Process

If a provider does not agree with Optum's decision, he/she may appeal. Appeals may be submitted in the following ways: URL upload, fax, mail. See section above **Medical Record Review, Timely Submissions** for details.

Optum will perform the appeal on behalf of Passport. If the provider submits an appeal, the provider will receive a letter acknowledging the appeal request. Once an appeal is received, Optum will render a final decision within 30 days. If a provider does not agree with the final appeal decision, he/she may file for independent external review. The appeal response letter will provide instructions on how to submit a **Kentucky Independent External Review Request** (see below).

Kentucky Independent External Review Requests

In accordance with 907 KAR 17:035, if a provider receives an adverse final decision of a denial, in whole or in part of a health service or claim for reimbursement related to this service, a provider may request an external independent third-party review. Providers may only do so after first completing an internal appeal process with Passport of Kentucky. Provider requests for external review will only be considered for dates of service on or after December 1, 2016.



5100 COMMERCE CROSSINGS DRIVE, LOUISVILLE, KY 40229
(800) 578-0603 (MEMBERS) / (800) 578-0775 (PROVIDERS)
WWW.PASSPORTHEALTHPLAN.COM

Providers must submit their request for external independent third-party review within 60 days from the date of receipt of the notice. Providers may submit their request to Passport of Kentucky via one of the following methods:

1) Email: ReviewRequests@passporthealthplan.com

2) Fax: (502) 585-8334

3) Mail:

Passport Health Plan by Molina Healthcare

Attention: Provider Review Requests

5100 Commerce Crossings Drive

Louisville, KY 40229

Provider Inquiries/Support

Optum's Provider Inquiry Response Team (PIRT) is dedicated specifically to answering question.

Optum's provider inquiry team is equipped to educate providers on submitting medical records for initial review or if the provider has an appeals question.

The PIRT contact number is (877) 244-0403. Operational hours are Monday thru Friday 8:00 a.m. to 6:30 p.m., Central Standard Time, excluding holidays.