

Notice Date: January 1, 2025
To: Wisconsin Marketplace Providers
From: Common Ground Healthcare Cooperative (CGHC)
Subject: Inpatient Hospital Pre-payment Claims Reviews and High Dollar Claims
Effective Date: January 1, 2025

Inpatient Hospital Pre-payment Claims Reviews

Summary

Thank you for collaborating with CGHC to care for your patients and our members. CGHC strives to offer the best and most efficient care possible for our members. CGHC contracted with Optum to conduct itemized bill reviews of specific claims with diagnosis-related group (DRG), DRG outliers, outpatient grouper pricing, and percent contracts. Together, we conduct pre-payment reviews that will assess claims to identify defects and improprieties. To address questions raised by providers, CGHC has created Optum Process Frequently Asked Questions (FAQs) to guide providers as they work with Optum.

Impact

CGHC and Optum are beginning a pre-payment review that will assess hospital claims to identify defects and improprieties. Optum employs sophisticated technology and data analytics in addition to expert reviews by certified coders to identify errors and compliance issues pre-payment. CGHC or Optum may contact you and request itemized bills. You may receive similar types of requests for itemized bills currently; however, these reviews are different from post-payment and medical necessity reviews.

Importance

Once the itemized bill is received and the review is completed, billing adjustments will be made accordingly and a notice of claims review finding report will be delivered to you. This review report will identify the line items and amounts adjusted. Typical adjustment categories include the following:

- Unbundling
- Billing Errors
- Hospital Acquired Condition
- Experimental Drugs and Procedures
- Implant Markups

Questions?

The Optum Claims Resolution team is available to you during any step of the process. Optum will be evaluating these claims in detail and can answer any questions you may have regarding their findings and supporting CMS guidelines and plan benefit details. You may contact the Optum Claims Resolution team by emailing MCA@Optum.com.

Please reference the [FAQs](#) for more information.

High Dollar Claims

Summary

CGHC is committed to processing your claims as efficiently as possible. When submitting high-dollar claims (allowed amounts over \$500,000), please fill out and attach the itemized bill cover sheet. You may find this cover sheet on CommonGroundHealthcare.org, under the Forms or Claims pages.

Impact

This is required for us to process the request.

Instructions for completion:

- *Section 1* must be complete at the time of submission.
- The sheet should be typed, rather than handwritten.
- Submit the cover sheet and itemized statement using any of the following methods:
 - Email: ClaimsItemizedBills@CareSource.com
 - Fax: 1-937-396-3173
 - Phone (toll free): 1-844-794-1579
- File size is limited to 12MB. Large files can be sent in multiple emails/fax submissions.
 - Please fill out *Section 2* below accordingly.
- Use the cover sheet when submitting itemized bills for both new claims and corrected claims.

Please note: If you are submitting an itemized bill in response to a request from Optum on CGHC's behalf, please submit your itemized bill directly to Optum via email at MCA@Optum.com or via fax at 800-435-2049.

Questions?

If you have questions, we are here to help. Please contact Provider Services at **1-877-514-2442**, Monday through Friday, 8 a.m. through 5 p.m. Central Time (CT).

We appreciate and value your partnership and service provided to your CGHC patients.

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