



# Itemized Bill Review (IBR) Optum FAQ's

Dear Network Providers,

Our business partner, Optum (formerly Equian), will be helping Aetna Better Health of CA ensure consistency in claim review, adjudication, and reimbursement practices with our hospital partners by reviewing inpatient high dollar claims submitted to Optum for review. If Optum identifies any potentially non-reimbursable charges during its claim review, it will send the billing hospital a Report that identifies the charges at issue, specifies the reason each charge has been questioned and provides contact information for discussion/resolution of the questioned charges. Should you receive any inquiries regarding a claim that was reviewed by Optum, please refer them to Optum's dedicated Resolution team at the contact information below.

Criteria to refer Facility Claims for pre-payment Itemized Bill Review (IBR):

- Prospective, inpatient hospital claims: DRG outliers with an expected reimbursement of \$25,000 and above,
- Prospective, inpatient hospital claims that reimburse @ a percentage (%) of billed charges with an expected reimbursement of \$50,000 and above, will require a complete Inpatient Itemization (Itemized Bill)

We understand that questions may arise from our hospital partners; however, please rest assured that Optum is here to support this program and are the experts in working with providers to ensure savings for our organization as well as preserving those relationships with our providers. We appreciate your anticipated cooperation as we roll out this important new process.

### Frequently Asked Questions

#### **Q1: Who is Optum?**

A: Optum (formerly Equian) is a claims pre-payment review service working with Aetna Better Health of California that applies condition specific medical and financial expertise to review hospital bills for clinical appropriateness, billing errors and variances from industry billing practices.

#### **Q2: What is the average turnaround time to complete a Forensic Review Report for a claim?**

A: The turnaround time varies depending on the size and complexity of each claim. Typically, to complete our Review, we take an average of 3-5 business days from receipt of complete referral documentation, including the itemized bill.

November 2, 2021

#### **A QUICK REMINDER:**

HAS YOUR OFFICE RELOCATED OR CHANGED A FAX OR PHONE NUMBER LATELY?

DO YOU OFFER TELEHEALTH SERVICES?

WOULD YOU PREFER TO RECEIVE THESE NOTICES VIA EMAIL RATHER THAN VIA FAX?

#### **FOR QUESTIONS CALL THE PROVIDER EXPERIENCE TEAM AT:**

Toll Free: 855-772-9076

Fax: 844-886-8349

CaliforniaProviderRelationsDepartment@aetna.com

#### **THIS PROVIDER UPDATE HAS BEEN SENT TO:**

##### **PROVIDER TYPE(S):**

- IPA/Medical Groups
- Primary Care Providers
- Specialist Providers
- Hospitals
- Ancillary
- SNF
- DME
- Home Health
- Other

##### **LINE OF BUSINESS:**

- Aetna Medi-Cal Managed Care**

##### **COUNTIES:**

- Sacramento
- San Diego

**Q3: How does Optum communicate their findings with the provider?**

A: Optum will send a Provider Packet to the provider which includes supporting documentation of their Forensic Review after the information has been delivered to Aetna Better Health of CA and the claim has been paid. The provider should expect the Provider Packet around the time payment is received.

**Q4: Who do members of the Optum Resolution team typically work with at providers?**

A: Members of the Resolution team typically speak with members of the provider billing office or patient financial services. If necessary, Optum may request escalation to someone in a position to settle on behalf of the provider. The Resolution team may also speak with members of the contracting team or senior leadership on extremely high dollar/high profile claims. If you have recommended contacts for Optum to work with, please let us know during implementation.

**Q5: There is an outstanding balance on a claim that was reviewed by Optum that needs to be paid. Who can I speak with about this?**

A: Optum has evaluated the claim for inconsistencies and can answer any questions you may have.

**Optum Claims Resolution**

Email: [claimsresolution@equian.com](mailto:claimsresolution@equian.com)

Direct: 866-416-6587

**Q6: If a Claim is denied for Itemization/Itemized Bill, where do I submit the Itemized Bill for claim reconsideration of claim payment.**

- A. Providers can submit just Itemized Bill electronically via the **EDI Dispute** process.
- B. Itemized Bills submitted on paper to the Claims PO Box, must include a claim form and identify claim is a "Resubmission"

**Be well,**

**Aetna Better Health® of California**

(33/21/ss)