

## Optum Process Frequently Asked Questions

**Q: What is the time period to respond to Optum reviews as their reports do not include the time frame to respond?**

A: Standard appeals process time frames are used.

**Q: Are the Optum reviews considered a claim denial or a clinical denial?**

A: Claim denial

**Q: All appeals should go to CareSource, not Optum?**

A: Correct

**Q: Optum has given time extension to review findings for some claims. Is that communicated to CareSource by Optum?**

A: Yes

**Q: What logic is being utilized by Optum to deny charges?**

A: Optum utilizes both state and federal guidelines, as well as proper billing guidelines, and CareSource policy to review the itemized bill.

**Q: Network notifications have stated that the Optum reviews are different from medical necessity review, they are denying experimental items, which is truly a medical necessity issue. Is Optum also conducting medical necessity audits?**

A: Optum reviews claims for billing accuracy per the itemized bill and does not review claims for medical necessity. Optum follows applicable CareSource policies located at CareSource.com. If the claim is appealed, medical records are then reviewed to determine if the service is appropriate.

**Q: How does the provider contact Optum? Per their contract with CareSource, what is the turnaround time to respond? Who should providers contact at CareSource with issues/concerns similar to this with Optum?**

A: Providers may contact Optum at Email: [claimsresolution@optum.com](mailto:claimsresolution@optum.com). The phone number is 888-895-2254. Optum will answer inquiries regarding general questions, but will defer to CareSource for details. Appeals regarding the Optum payment reductions are submitted to CareSource Appeals through the Provider Portal. If at any time your questions are not answered through the above resources, please contact your CareSource health partner representative and they will assist you.

**Q: Optum is removing charges that Medicare will reimburse for. What is the rationale used by Optum to deny a charge that Medicare will pay for?**

A: Optum utilizes state and federal guidelines, as well as proper billing guidelines. Please refer to the forensic review report (FRR) for further details. If you have supporting information/documentation, this should be submitted to CareSource through the appeals process.

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