Optum (formerly Equian) Claims Review Process

Frequently Asked Questions

Q: What is the time frame to respond to Optum reviews?

A: Standard appeals process time frames are used for Optum reviews. For more information about the appeal process, please review the Common Ground Healthcare Cooperative (CGHC) provider manual on the Provider Resources and Training page at **CommonGroundHealthcare.org**.

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

A: Optum reviews are considered a claim denial because they focus on adherence to proper billing guidelines rather than medical necessity.

Q: Should all appeals go to CGHC rather than Optum?

A: Yes, for instructions on how to submit an appeal, please review the CGHC provider manual on the Provider Resources and Training page at **CommonGroundHealthcare.org**.

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

A: Yes, an email will be sent to CGHC for an extension request.

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 CGHC policy to review the itemized bill.

Q: Network notifications have stated that the Optum reviews are different from clinical medical necessity reviews that deny experimental items, which are truly medical necessity issues. Is Optum also conducting medical necessity audits?

A: No, Optum reviews claims for billing accuracy per the itemized bill. Optum does not review claims for medical necessity. Optum follows applicable CGHC policies which are located online at **CommonGroundHealthcare.org**. If the claim is appealed, medical records are then reviewed to determine if the service is appropriate.

Q: How does the provider contact Optum?

A: Providers may contact Optum via email at MCA@Optum.com and via phone at **1-877-514-2442**. Optum will answer inquiries regarding general questions, but will defer to CGHC for details. Appeals regarding the Optum payment reductions are submitted to CGHC Grievance and Appeals through the provider portal located at **CommonGroundHealthcare.org**.

Q: What is the turnaround time for Optum to respond?

A: Standard appeals process time frames for responding are used for Optum reviews three to five business days. For more information about the appeal process, please review the CGHC provider manual on the Provider Resources and Training page at **CommonGroundHealthcare.org**.

Q: Who should providers contact at CGHC with issues/ concerns with Optum's response timeliness?

A: If your questions are not answered through the above resources, please contact your CGHC provider representative at **1-877-514-2442** and they will assist you.

Q: Optum is removing charges that Medicare will reimburse. 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 CGHC through the appeals process.

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