Payment Policy: Optum Comprehensive Payment Integrity (CPI)

Reference Number: CC.PP.074
Product Types: ALL
Effective Date: 04/01/2023
Last Review Date: 04/01/2023 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
The purpose of this policy is to describe the Optum Comprehensive Payment Integrity system, hereafter referred to as Optum CPI, that performs claim editing on both a pre-pay and post-pay basis as part of Centene's Fraud, Waste, and Abuse (FWA) program. Optum CPI may refer any aberrant billing patterns or behavior that may be potentially fraudulent to the Special Investigations Unit (SIU), which will then pursue an internal investigation.

Application
This policy applies to facility and professional claims.

Policy Description

Optum CPI ensures that claims process and pay accurately. This may result in a claim denial with a request for 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 to the address in the medical record request letter within 30 calendar days. If Optum does not receive the requested records, Optum will make a determination on the claim based upon the available information which may result in the denial being upheld. Specific provider contract time frames may apply.

Once medical records are received by Optum, trained coding professionals will examine the documentation to determine if the services billed are supported (or not supported) as submitted. Optum makes a recommendation to pay or deny the claim based upon whether or the records support how the claim is billed (**not whether the services are medically necessary**). The provider's submission of medical records is not a guarantee of payment. If payment of the claim line is denied, providers will receive a detailed letter from Optum with the rationale explaining why the services billed were not supported by the medical records.

The Optum CPI program reviews claims for improper billing practices, including waste and error, inappropriate use, excessive use, mishandled services, improper or inaccurate billing, and/or other issues that may result in improper payments. Optum CPI will support Centene's contractual and regulatory obligations related to FWA contract language.

Disputes
Providers have dispute rights on all claim denials. For the CPI program, Optum will perform the first level dispute. Second level disputes are handled by Centene.

Provider Inquiries/Support
Optum's Provider Inquiry Response Team (PIRT) is dedicated specifically to answering questions for this program.

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

The PIRT contact number is 1-877-564-7503. Operational hours are Monday thru Friday 8:00 a.m. to 6:30 p.m. Central Standard Time, excluding holidays.

Revision History	

Important Reminder
For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.