

Effective April 1, 2024, [Plan name] is implementing two new claim review processes, which are highlighted below:

1. AmeriHealth Caritas VIP Care Plus has contracted with OptumInsight, Inc. (“Optum”) for payment integrity services, which include the periodic review of claims and related documentation to validate coding practices, payment accuracy, regulatory compliance, and adherence to our plan’s payment policies, utilization standards, and provider contract requirements.

In this role, Optum acts as our plan’s business associate, as defined by the implementing regulations of the Health Insurance Portability and Accountability Act of 1996, whereby the business associate is held to the same standards related to the use and disclosure of protected health information as the plan. Pursuant to Optum’s agreement with us, they are authorized to request, receive, document, and discuss protected health information of our members in connection with conducting the activities described in this notice.

AmeriHealth Caritas VIP Care Plus will implement a prospective medical record review process for professional and outpatient claims. In this process, if an irregularity, coding error or other defect is detected, the claim will be denied and a request for medical records to validate billed services will occur. If medical records received do not support the billed service, the claims will remain denied subject to the appropriate appeal. If medical records received support the claims, the claims will be automatically processed for payment without being resubmitted. Instructions for providing medical records will be included in each Optum medical record request letter.

2. In addition, we will be transitioning to a new claim editing software. Therefore, you may begin to see additional remittance explanation codes on zero paid lines. In the past, edits were applied after the payment was calculated. The new process applies correct coding and billing edits before pricing. This change requires the creation of a new set of remittance codes, which will all start with a lower-case alpha value. Please see the list of new and current remittance codes associated with this transition at:

[www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com) > Provider Resources

Effective April 1, 2024, you will begin to see claims with the “new” remittance codes, such as “p01”, instead of many of the “H” and “N” codes you currently receive. We are sharing this information with you so that you can familiarize yourself with the new codes and make any applicable changes as needed.

Thank you for your participation in the network and your continued commitment to the care of our Members. If you have any question regarding this notice, please contact Provider Services at 1-888-667-0318.