



Provider

2/23/2024

Dear Provider,

Thank you for your continued partnership with Wellcare and Trillium Community Health Plan (Trillium). As you know, we are committed to continuously evaluating and improving overall Payment Integrity solutions as required by State and Federal governing entities. As a reminder, we have partnered with Optum who is supporting us in performing prepayment claim auditing. The purpose of our review is to verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services billed.

For claims received on or after **5/24/2024**, providers may experience a slight increase in written requests for medical record submission prior to payment based on the areas outlined below. These requests will come from Optum and will contain instructions for providing the documentation. Should the requested documents not be returned, the claim(s) will be denied. Providers will have the ability to dispute findings through Optum directly in the event of a disagreement.

Editing Area	Description	Lines of Business
<b>Cross-coder Outpatient Facility CTA Claims</b>	The review ensures the facility claim is appropriately coded based on documentation and what is submitted on the professional claim.	Medicaid Medicare

Associated EX Code for EOP	Description
<b>EXbo</b>	DENY: MEDICAL RECORDS AND/OR OTHER SERVICE DOCUMENTATION REQUIRED

Thank you for your continued participation and cooperation in our ongoing efforts to render quality healthcare to our members.

Sincerely,

Wellcare and Trillium