



Network Notification

Notice Date: May 27, 2026
To: Senior Care Options and One Care Providers
From: Commonwealth Care Alliance® (CCA)
Subject: Upcoming Changes to Claims Review Vendors and Processes
Effective Date: July 1, 2026

Summary

At Commonwealth Care Alliance® (CCA), we are committed to maintaining efficient and accurate claims processes for our provider network. This notice is to inform you of upcoming changes to our claims review vendors and processes, effective **July 1, 2026**.

Impact

CCA will transition to new vendor partners to support claims review activities previously performed by Zelis. These vendors will assist with validating billing accuracy, coding, and payment integrity.

Vendor Partners and Scope of Work Include:

- **Cotiviti**
 - Prepayment editing and coding validation
 - Retrospective Diagnosis Related Group (DRG) validation and readmission reviews
- **Optum Equian and 6 Degrees**
 - Itemized bill reviews (pre- and post-pay)
- **DRG Claims Management (DCM)**
 - Retrospective SNF payment validation reviews
- **Optum FCR**
 - Medical chart reviews (pre- and post-pay)

These reviews may include itemized bills, medical records, and other pertinent patient encounter documentation to validate appropriate coding, billing accuracy, and correct reimbursement.

Please note that these vendors are “business associates” of CCA and, as such, are provided the same rights and obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as CCA to receive and safeguard protected health information (PHI).



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In addition to vendor changes, CCA will implement enhancements to claims editing processes. These updates align with industry standards and guidelines, including the Centers for Medicare & Medicaid Services (CMS), American Medical Association (AMA), ICD-10 Guidelines, Current Procedural Terminology (CPT) guidelines, National Uniform Billing Committee (NUBC), Uniform Billing (UB) Editor, and other federal and state guidelines.

Examples of areas impacted include:

- Never Events
- Ambulance
- Medicare Annual Visit
- Assistant and Co-Surgeon
- Always Therapy Codes
- Technical Components
- Shared or Split Services
- Multiple Evaluation and Management (E/M) Services
- Local Coverage Determination (LCD)/National Coverage Determination (NCD)
- Revenue Codes, Type of Bill, Occurrence Codes
- Proper Diagnosis Guidelines
- Correct Facility Billing Guidelines
- National Correct Coding Initiative (NCCI)/Correct Coding Initiative (CCI)
- Standard Billing Guidelines/Practices
- Proper Modifier Usage
- Skilled Nursing Facility (SNF) and Facility Billing Practices

Importance

These changes may affect how certain claims are reviewed and may increase requests for records or additional documentation beginning July 1, 2026. To help avoid delays or unnecessary follow-up, providers should review billing and documentation practices and ensure appropriate staff are aware of the new review processes. This includes teams responsible for claims submission, coding, and medical record requests.

Questions?

For more information, please contact CCA Provider Services at 1-866-420-9332. Hours of availability are 8 a.m. to 5 p.m. Eastern Time (ET) Monday through Wednesday and Friday, and on Thursdays from 8:30 a.m. to 5 p.m. ET.