



MedReview, Inc. to Conduct Claims Reviews for Hospitals

UnitedHealthcare Community Plan sometimes uses third-party vendors to help us conduct claims reviews to ensure you're reimbursed appropriately and timely. Starting June 1, 2018, we will begin using MedReview, Inc., a wholly-owned subsidiary of New York County Health Services Review Organization, to help us validate diagnosis related group (DRG) coding on hospital claims. All coding reviews conducted by MedReview, Inc. will comply with the terms of hospitals' Participation Agreements and the requirements of all applicable state and federal laws.

Here's What to Expect

If your hospital is included in a claim review conducted by MedReview, Inc., here's what will happen:

- If the DRG coding for a submitted claim is incorrect, UnitedHealthcare Community Plan will issue payment according to the reassigned DRG based on the recommendation by MedReview, Inc.
- You'll receive a notice that includes your appeals rights for the reassigned DRG determination.
- If a reassigned DRG is modified or reversed and underpayment is determined, UnitedHealthcare Community Plan will pay the remaining amount.

What You'll Need to Do

- If you're contacted for additional medical information by MedReview, Inc., please provide it to them so they can complete the claims review on our behalf.
- If MedReview, Inc. doesn't receive the requested documentation, we will make a determination of payment based on the available information at the time the DRG was billed. If needed, we'll make a corresponding adjustment to the payment.

Need Help?

If your hospital is selected for a claims review and you have questions, please contact MedReview, Inc. directly at **212-897-6027** or contact your Provider Advocate.

Thank you.