

Shortened process for auditing diagnostic-related group claims

UnitedHealthcare Community Plan of Nebraska

Effective July 1, 2024, our process for auditing diagnostic-related group (DRG) claims is changing. Currently, our third-party vendor, MedReview, audits DRG facility claims on our behalf after we pay providers. Starting with July 1 dates of service and beyond, MedReview will validate DRG facility claims before we make payments.

What this means for you

Under the current post-pay method, you might receive a payment adjustment or request for payment recovery to an audited claim that we've already processed. With the new pre-pay method, claims flagged for audit will be pended and reviewed before we make any payments. If the result of the audit affects the payment, we'll adjust the claim and release it for payment. This new process will help ensure payment accuracy upfront.

Help avoid payment delays

Instead of sending one letter requesting medical records for that month's audited claims, MedReview will send a letter as soon as a claim is flagged for review. This will help expedite the payment process. In addition, we've reduced the claim timelines to the following:

- Providers must respond **within 30 days** to the requests for medical records
- MedReview must complete the audit **15 days after** receiving the requested medical records

Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.