



# Medicaid Provider Claim Review

Optum Medicaid Provider Claim Review (PCR) supports claim review for UnitedHealthcare® Community & State (UHC C&S) through its Medicaid retrospective chart review or in-office assessment programs.

## Why claim review is important

To report a more complete picture of member health, Provider Claim Review is performed for risk adjustment purposes to be sure all documented diagnosis codes are accurately reported on claim forms. Medicaid managed care organizations (MCOs) are required to submit complete and accurate claims data to satisfy state agency requirements. As an MCO, UHC C&S has partnered with Optum to identify unreported diagnosis codes identified in the progress note associated with in-office assessments or in member charts during retrospective chart review, that were not reported on the original claim.

## How claim review works

When an unreported diagnosis code(s) from member visits is identified during chart review, the code is added to a Form CMS-1500 as a pseudo claim. Diagnosis codes are only added when appropriate validation occurs from the treating provider or its delegates before being submitted to UHC C&S as a corrected claim. As part of the corrected claim process, PCR enables UHC C&S to receive corrected claims and submit to Medicaid state agencies to report a more complete and accurate picture of member health.

## What PCR does

PCR coordinates provider review and validation of corrected claims when coding results contain unreported risk-adjusted diagnosis codes.

## Your help is needed

When you receive corrected claims, UHC C&S needs your help to review and validate the information on the corrected claim and submit through the PCR process.

For providers in New York state only, no action is needed when you receive corrected claims. UHC C&S is required to notify providers of the coding results.

## Access to corrected claims is changing

Previously, corrected claims were sent to you by fax for review and validation. Faxing is being replaced by a portal so you can access, validate and submit corrected claims back to UHC C&S.

## How to get help

Provider Claim Review is managed by the Optum Outreach Operations team. This team can assist you with questions and solutions and guide you through the review and validation process.

For additional questions, please contact a business operations specialist at 1-866-985-8462, or any of the Optum contacts below.

### Optum contacts:

#### Essy Bragg

Director, Outreach Operations  
1-612-632-6086  
[essy.bragg@optum.com](mailto:essy.bragg@optum.com)

#### Shoshona Barton

Program Manager  
1-763-797-2457  
[shoshona.barton@optum.com](mailto:shoshona.barton@optum.com)

#### Lance Levitan

Program Supervisor  
1-952-205-4029  
[lance.levitan@optum.com](mailto:lance.levitan@optum.com)

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