UNITED HEALTHCARE COMMUNITY PLAN

Louisiana Medicaid Managed Care Non-Compliance Actions January 1, 2023 to Present

Tracking Number	Failed Deliverable or Non-Compliance with Contract Requirements	Notice of Action	Deadline to Cure	Notice of Monetary Penalty	Monetary Penalty Amount	Dispute or Appeal	Responses or Related Correspondence	Closure Date
UHC3-01	[Services and Benefits]			3/29/2023	\$5,000			
	Failure to provide non-emergency			<u>4/19/2023</u>	\$5,000			
	medical transportation to eligible			<u>6/29/2023</u>	\$5,000			
	enrollees timely.			<u>3/22/2024</u>	\$15,000			
				<u>7/15/2024</u>	\$10,000			
				<u>7/18/2024</u>	\$10,000			
				<u>10/28/2024</u>	\$7,500			
UHC3-02	[Services and Benefits]			4/6/2023	\$25,000			
	Failure to provide non-emergency			4/25/2023	\$10,000			
	medical transportation to eligible			<u>6/29/2023</u>	\$25,000			
	enrollees.			7/6/2023	\$120,000			
				<u>8/2/2023</u>	\$25,000			
				<u>8/3/2023</u>	\$105,000			
				<u>8/8/2023</u>	\$105,000			
				<u>8/22/2023</u>	\$15,000			
				<u>12/18/2023</u>	\$5,000			
				<u>12/20/2023</u>	\$30,000			
				<u>12/29/2023</u>	\$75,000			
				<u>12/29/2023</u>	\$15,000			
				<u>1/26/2024</u>	\$135,000			
				<u>1/30/2024</u>	\$40,000			
				<u>2/19/2024</u>	\$30,000			
				<u>3/20/2024</u>	\$40,000			
				<u>3/27/2024</u>	\$5,000			
				<u>4/25/2024</u>	\$5,000			
				<u>5/1/2024</u>	\$5,000			
				<u>5/23/2024</u>	\$10,000			
				<u>7/17/2024</u>	\$20,000			

UHC3-03	[Claims and Encounters]	4/19/2023		7/24/2024 8/19/2024 9/20/2024 10/28/2024 12/27/2024 12/30/2024	\$45,000 \$2,500 \$2,500 \$5,000 \$12,500 \$2,500 \$2,500		
	Improper Reimbursement of Pharmacy Claims						
UHC3-04	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.	<u>5/11/2023</u>	6/1/2023 1/11/2024	<u>12/21/2023</u> <u>2/15/2024</u>	\$50,000 \$50,000		<u>9/13/2023</u>
UHC3-05	[Enrollee Services] Failure to provide MCO Member ID cards timely.			<u>6/23/2023</u> <u>8/8/2023</u> <u>11/30/2023</u> <u>2/1/2024</u>	\$11,500 \$16,500 \$1,000 \$2,000		
UHC3-06	[Administration] Failure to Respond Timely to Request for Information	7/27/2023					
UHC3-07	[Claims and Encounters] Failure to Meet Prompt Pay Performance Standards	<u>9/22/2023</u>					
	[Claims and Encounters] Failure to Update NEAT Ground Mileage Rate			<u>10/2/2023</u>	\$650,000		
UHC3-08	[Services and Benefits] Failure to Meet Case Management Requirements for DOJ Agreement Target Population	<u>11/14/2023</u>					
UHC3-09	[Administration] Failure to Meet Training Requirements			<u>11/15/2023</u>	\$100,000		
UHC3-10	[Quality Management] Failure to demonstrate full compliance in an external quality review	<u>1/12/2024</u>	2/12/2024				<u>5/1/2024</u>
UHC3-11	[Claims and Encounters] Failure to process retroactive disenrollment and recoupment timely	<u>2/28/2024</u>					

UHC3-12	[Reporting] Failure to submit complete,	5/16/2024	9/27/2024	\$380,000	<u>10/8/2024</u>	10/29/2024	
	accurate, and timely reports						
UHC3-13	[Claims and Encounters] Failure to	7/18/2024					
	adhere to LDH directive to implement a						
	rate change and reprocess claims						
UHC3-14	[Enrollee Services] Failure to process	<u>9/19/2024</u>	<u>11/15/2024</u>	\$30,000			
	member grievances and appeals timely		<u>12/27/2024</u>	\$95,000			
			<u>1/3/2025</u>	\$25,000			
UHC3-15	[Provider Reimbursement] Failure to	<u>10/17/2024</u>					
	make incentive payments to NEMT						
	providers timely						
UHC3-16	[Services and Benefits] Failure to meet	<u>10/25/2024</u>					
	case management requirements timely						

Note: Blank cells represent fields that are not applicable as of publication.

United Healthcare Community Plan 3838 N. Causeway Blvd., Suite 2600 Metairie, LA 70002