

# AETNA BETTER HEALTH

Louisiana Medicaid Managed Care Non-Compliance Actions  
January 1, 2020 to December 31, 2022

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
AET2-32	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">1/10/2020</a>	\$50,000			
AET2-33	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">2/14/2020</a>						<a href="#">7/31/2020</a>
AET2-35	[Services and Benefits] Failure to provide non-emergency medical transportation to eligible enrollees.	<a href="#">2/24/2020</a>		<a href="#">7/22/2020</a> <a href="#">11/10/2020</a> <a href="#">2/3/2021</a> <a href="#">2/10/2021</a> <a href="#">3/29/2021</a> <a href="#">5/6/2021</a> <a href="#">7/16/2021</a> <a href="#">10/1/2021</a> <a href="#">12/9/2021</a> <a href="#">1/28/22</a> <a href="#">3/23/2022</a> <a href="#">4/18/2022</a> <a href="#">5/13/2022</a> <a href="#">6/7/2022</a> <a href="#">9/15/2022</a> <a href="#">11/10/2022</a> <a href="#">12/15/2022</a> <a href="#">5/1/2023</a>	\$10,000 \$35,000 \$10,000 \$5,000 \$5,000 \$5,000 \$5,000 \$5,000 \$25,000 \$25,000 \$30,000 \$40,000 \$5,000 \$50,000 \$20,000 \$40,000 \$5,000 \$35,000			
AET2-36	[Quality Management] Failure to conduct quarterly Member Advisory Council meetings.	<a href="#">3/30/2020</a>					<a href="#">4/29/2020</a>	<a href="#">5/12/2020</a>

<b>AET2-37</b>	[Claims and Encounter Management] Engaging in the payment of prohibited fees to pharmacy benefits manager.	<a href="#">5/15/2020</a>						
<b>AET2-38</b>	[Claims and Encounter Management] Failure to reprocess claims within contract timeframe.	<a href="#">6/30/2020</a>						<a href="#">7/9/2020</a>
<b>AET2-39</b>	[Services and Benefits] Failure to implement drug utilization program edits within the contract timeframe.	<a href="#">9/16/2020</a>						
<b>AET2-40</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">10/16/2020</a>	\$50,000			
<b>AET2-41</b>	[Core Benefits; Marketing and Member Education] Failure to meet the provider call center performance standards in the contract.	<a href="#">1/27/2021</a>						
<b>AET2-42</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">2/4/2021</a>	\$50,000			
<b>AET2-43</b>	[Reporting] Failure to submit complete and accurate provider credentialing and contracting reports.	<a href="#">2/10/2021</a>						
<b>AET2-44</b>	[Program Integrity] Failure to Timely Void Encounters FWA	<a href="#">3/10/2021</a>						
<b>AET2-45</b>	[Claims and Encounter Management] Failure to Implement Pharmacy Diagnosis Codes	<a href="#">3/17/2021</a>				<a href="#">4/16/2021</a>	<a href="#">5/10/21</a>	
<b>AET2-46</b>	[Claims and Encounter Management] Failure to adhere to pharmacy prior authorization resolution requirements			<a href="#">4/7/2021</a>	\$5,000			
<b>AET2-47</b>	[Provider Network]			<a href="#">4/27/2021</a>	\$50,000			

	Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.							
<b>AET2-48</b>	[Claims and Encounter Management] Performing recoupments without the required written prior Notification.			<a href="#">5/5/2021</a>	\$10,000			
<b>AET2-49</b>	[Reporting] Failure Timely Submit Ad Hoc Reports	<a href="#">7/9/2021</a>						<a href="#">7/13/2021</a>
<b>AET2-50</b>	[Services and Benefits] Failure to follow credentialing requirements for non-emergency medical transportation providers	<a href="#">8/18/2021</a>						<a href="#">12/30/2021</a>
<b>AET2-51</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">9/29/2021</a> <a href="#">11/2/2021</a>	\$50,000 \$3,000			
<b>AET2-52</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">10/6/2021</a> <a href="#">12/10/2021</a>	\$50,000 \$4,000			
<b>AET2-53</b>	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">10/15/2021</a>						<a href="#">12/23/2021</a>
<b>AET2-54</b>	[Claims and Encounters] Failure to implement pharmacy diagnosis codes per LDH directives.	<a href="#">11/10/2021</a>						
<b>AET2-55</b>	[Services and Benefits] Failure to adhere to directives associated with community case management implementation.			<a href="#">12/16/2021</a>	\$165,000	<a href="#">12/23/2021</a> <a href="#">3/11/2022</a>	<a href="#">3/3/2022</a> <a href="#">3/30/2022</a>	
<b>AET2-56</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of			<a href="#">12/22/2021</a> <a href="#">3/2/2022</a>	\$50,000 \$1,000			

	at least 75% or 50% with 2% improvement.							
<b>AET2-57</b>	[Claims and Encounter Management] Failure to program denials of 340B claims for Hepatitis C direct acting anti-viral agents.			<a href="#">12/28/2021</a>	\$55,000	<a href="#">1/6/2022</a>	<a href="#">1/31/2022</a>	
<b>AET2-58</b>	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			<a href="#">12/29/2021</a>	\$50,000			
<b>AET2-59</b>	[Reporting] Failure to timely submit required reports.	<a href="#">12/29/2021</a>						
<b>AET2-60</b>	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			<a href="#">3/8/2022</a>	\$50,000			
<b>AET2-61</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">4/22/2022</a> <a href="#">7/28/2022</a>	\$50,000 \$1,000			
<b>AET2-62</b>	[Administration] Failure to obtain prior written approval for sponsorships.	<a href="#">4/27/2022</a>						
<b>AET2-63</b>	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			<a href="#">5/19/2022</a>	\$50,000			
<b>AET2-64</b>	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			<a href="#">5/26/2022</a>	\$50,000			
<b>AET2-65</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">6/15/2022</a>	\$50,000			
<b>AET2-66</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of			10/18/2022	<a href="#">\$50,000</a>			

	at least 75% or 50% with 2% improvement.							
<b>AET2-67</b>	[Provider Services] Failure to timely post information on the provider website.	<a href="#">11/1/2022</a>						
<b>AET2-68</b>	[Services and Benefits] Failure to provide medically necessary NEMT timely.	<a href="#">11/10/2022</a>						
<b>AET2-69</b>	[Reporting] Pattern of a failure to meet deadlines.			<a href="#">12/2/2022</a>	<del>\$34,000</del> \$22,000	<a href="#">12/9/2022</a> <a href="#">3/6/2023</a>	<a href="#">2/24/2023</a> <a href="#">4/5/2023</a>	
<b>AET2-70</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">2/2/2023</a>	\$50,000			
<b>AET2-71</b>	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">3/17/2023</a>						
<b>AET2-73</b>	[Enrollee Services] Failure to provide MCO Member ID cards timely.			<a href="#">4/19/2023</a>	\$6,000			

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

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