

HEALTHY BLUE

Louisiana Medicaid Managed Care Non-Compliance Actions
January 1, 2020 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
HBL2-26	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			1/10/2020	\$50,000			
HBL2-27	[Quality Management] Failure to demonstrate full compliance in an external quality review.	2/14/2020						7/31/2020
HBL2-28	[Services and Benefits] Failure to provide non-emergency medical transportation to eligible enrollees.	2/24/2020		8/10/2020 7/23/2021 8/3/2021 10/6/2021 11/8/2021 4/22/2022 6/23/2022 10/21/2022 3/2/2023 3/24/2023	\$15,000 \$5,000 \$10,000 \$5,000 \$10,000 \$15,000 \$25,000 \$5,000 \$15,000 \$10,000	7/5/2022	8/25/2022	
HBL2-30	[Claims and Encounter Management] Engaging in the payment of prohibited fees to its pharmacy benefits manager.	9/14/2020					MCO Response: 10/2/2020	

HBL2-31	[Claims and Encounter Management] Failure to update increased prospective payment system rates.			9/15/2020	\$5,000			
HBL2-32	[Services and Benefits] Failure to adhere to directives issued in a health plan advisory.	9/25/2020						1/19/2021
HBL2-33	[Enrollee Services] Failure to process member appeals in the timeframes required by its contract with LDH.	10/2/2020						
HBL2-34	[Claims and Encounter Management] Failure to remit payments within the timeframes established for the independent review process.	10/7/2020		11/18/2020	\$5,000			
HBL2-35	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			10/15/2020	\$50,000			
HBL2-36	[Claims and Encounter Management] Inappropriate denials of mental health rehabilitation claims.	11/18/2020						
HBL2-37	[Provider Network] Validating inaccurate provider directory data discovered in Q4 audit.	2/4/2021						

HBL2-38	[Services and Benefits] Failure to conduct assessments for 90% of its members with special health care needs.	2/10/2021					MCO Response: 2/11/2021	
HBL2-39	[Program Integrity] Failure to Timely Void Encounters - FWA	3/10/2021						
HBL2-40	[Services and Benefits] Failure to Monitor PBM			3/16/2021	\$5,000			
HBL2-41	[Claims and Encounter Management] Failure to Implement Pharmacy Diagnosis Codes	3/17/2021						
HBL2-42	[Claims and Encounter Management] Failure to Reprocess Claims Timely	3/26/2021		5/25/2021	\$640,000	6/3/2021 6/17/2021	LDH Response: 6/30/2021	
HBL2-43	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			4/27/2021	\$50,000			
HBL2-44	[Services and Benefits] [Provider Network] Improper use of NEAT and failure to maintain an adequate network of non-emergency medical transportation providers.	8/12/2021		3/10/2022	\$4,187.70			
HBL2-45	[Provider Network] Failure to validate provider directory data and maintain an			9/29/2021	\$50,000			

	accuracy rate of at least 75% or 50% with 2% improvement.							
HBL2-46	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			10/6/2021	\$50,000			
HBL2-47	[Claims and Encounters] Failure to meet the brand-over-generic PDL compliance rate.	10/13/2021		11/1/2022	\$35,000			
HBL2-48	[Quality Management] Failure to demonstrate full compliance in an external quality review.	10/15/2021						12/23/2021
HBL2-49	[Claims and Encounters] Failure to implement pharmacy diagnosis codes per LDH directives.	11/10/2021						
HBL2-50	[Services and Benefits] Failure to provide NEMT timely.	11/10/2021		11/22/2021 2/8/2023 3/9/2023	\$5,000 \$5,000 \$5,000			
HBL2-51	[Services and Benefits] Failure to adhere to directives associated with community case management implementation.			12/16/2021	\$165,000	12/22/2021	3/3/2022	
HBL2-52	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			12/22/2021	\$50,000			

HBL2-53	[Claims and Encounter Management] Failure to program denials of 340B claims for Hepatitis C direct acting anti-viral agents.			12/28/2021	\$30,000			
HBL2-54	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			12/29/2021	\$50,000	1/10/2022	2/18/2022	
HBL2-55	[Reporting] Failure to timely submit required reports.	12/29/2021						
HBL2-56	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			3/8/2022	\$50,000			
HBL2-57	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.	4/22/2022						
HBL2-58	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			5/5/2022	\$50,000			
HBL2-59	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			5/26/2022	\$150,000			
HBL2-60	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			6/15/2022 7/28/2022	\$50,000 \$5,000			

HBL2-61	[Claims and Encounter Management] Failure to meet encounter data submission requirements.			7/7/2022	\$50,000			
HBL2-62	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.	10/18/2022						
HBL2-63	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			2/2/2023	\$50,000			
HBL2-64	[Quality Management] Failure to demonstrate full compliance in an external quality review.	3/17/2023						

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

HEALTHY BLUE
10000 Perkins Rowe Suite G-510
Baton Rouge, LA 70810