

# UNITED HEALTHCARE COMMUNITY PLAN

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
UHC2-32	[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			
UHC2-33	[Claims and Encounter Management] Failure to remit payments within the timeframes established for independent review.			<a href="#">2/6/2020</a>	\$120,000			
UHC2-34	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">2/14/2020</a>						<a href="#">7/31/2020</a>
UHC2-35	[Services and Benefits] Failure to provide non-emergency medical transportation to eligible enrollees.	<a href="#">2/24/2020</a>		<a href="#">8/12/2020</a> <a href="#">9/18/2020</a> <a href="#">11/10/2020</a> <a href="#">2/10/2021</a> <a href="#">4/7/2021</a> <a href="#">5/28/2021</a> <a href="#">6/18/2021</a> <a href="#">7/7/2021</a> <a href="#">8/6/2021</a> <a href="#">8/19/2021</a> <a href="#">9/8/2021</a> <a href="#">10/14/2021</a> <a href="#">10/29/2021</a> <a href="#">11/18/2021</a> <a href="#">12/16/2021</a> <a href="#">1/6/2022</a> <a href="#">3/10/2022</a> <a href="#">4/8/2022</a>	\$5,000 \$5,000 \$25,000 \$5,000 \$10,000 \$15,000 \$15,000 \$5,000 \$5,000 \$50,000 \$10,000 \$5,000 \$20,000 \$20,000 \$5,000 \$15,000 \$30,000 \$90,000			

				<a href="#">4/19/2022</a> <a href="#">5/11/2022</a> <a href="#">5/13/2022</a> <a href="#">6/30/2022</a> <a href="#">11/15/2022</a> <a href="#">1/10/2023</a> <a href="#">1/13/2023</a> <a href="#">2/3/2023</a> <a href="#">7/21/2023</a> <a href="#">7/21/2023</a>	\$30,000 \$90,000 \$165,000 \$25,000 \$55,000 \$80,000 \$110,000 \$65,000 \$20,000 \$90,000			
<b>UHC2-36</b>	[Claims and Encounter Management] Subject to more than 100 independent reviews annually and more than 25% of adverse determinations were overturned in favor of the provider.			<a href="#">3/2/2020</a>	\$25,000			
<b>UHC2-37</b>	[Program Integrity] Failure to comply with the federal requirements for provider disclosure of ownership information.	<a href="#">5/6/2020</a> <a href="#">6/16/2020</a>						
<b>UHC2-38</b>	[Claims and Encounter Management] Failure to update coding for prescription drugs on the preferred drug list per LDH directive.	<a href="#">7/23/2020</a>						
<b>UHC2-39</b>	[Services and Benefits] Inappropriate use of non-emergency ambulance transportation and failure to maintain an adequate transportation provider network.	<a href="#">8/11/2020</a>						
<b>UHC2-40</b>	[Services and Benefits] Failure to adhere to directives in a Health Plan Advisory (HPA) issued in response to COVID-19.	<a href="#">9/25/2020</a>						<a href="#">1/19/2021</a>
<b>UHC2-41</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>UHC2-42</b>	[Claims and Encounter Management]			<a href="#">11/18/2020</a> <a href="#">12/29/2020</a>	\$55,000 \$355,000			

	Failure to update rates paid to NEMT providers per the NEMT fee schedule.							
<b>UHC2-43</b>	[Services and Benefits] Failure to properly maintain NEMT and NEAT records in an electronic format.							
<b>UHC2-44</b>	[Administration] Failure to maintain adequate staff.	<a href="#">1/14/2021</a>		<a href="#">9/23/2021</a>	\$5,000			
<b>UHC2-45</b>	[Claims and Encounter Management] Failure to reprocess claims timely and failure to timely address provider complaints.	<a href="#">2/2/2021</a>		<a href="#">8/23/2021</a>	\$470,000	<a href="#">10/5/2021</a>	<a href="#">12/28/2021</a>	<a href="#">2/12/2021</a>
<b>UHC2-46</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>UHC2-47</b>	[Services and Benefits] Failure to conduct assessments for 90 % of its members having special health care needs.	<a href="#">2/10/2021</a>						
<b>UHC2-48</b>	[Program Integrity] Failure to Timely Void Encounters - FWA	<a href="#">3/10/2021</a>						
<b>UHC2-49</b>	[Claims and Encounter Management] Failure to Implement Pharmacy Diagnosis Codes	<a href="#">3/17/2021</a>		<a href="#">11/12/2021</a>	\$135,000			
<b>UHC2-50</b>	[Services and Benefits] Failure to Provide NEMT timely			<a href="#">3/19/2021</a> <a href="#">12/9/2021</a> <a href="#">5/24/2022</a> <a href="#">2/17/2023</a> <a href="#">3/9/2023</a> <a href="#">5/12/2023</a>	\$60,000 \$5,000 \$5,000 \$5,000 \$15,000 \$5,000			
<b>UHC2-51</b>	[Provider Network]			<a href="#">4/14/2021</a>	\$20,000	<a href="#">5/10/2021</a>	<a href="#">5/28/2021</a>	

	Failure to Maintain an Adequate Network of Specialty Providers – Pediatric Surgeons			<a href="#">7/2/2021</a>	\$205,000			
<b>UHC2-52</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="#">4/27/2021</a> <a href="#">6/15/2021</a>	\$50,000 \$7,000			
<b>UHC2-53</b>	[Reporting] Failure to timely submit quarterly report as required by Act 710.			<a href="#">6/16/2021</a>	\$70,000			
<b>UHC2-54</b>	[Claims and Encounter Management] Failure to meet contractual requirements for post-payment recovery.	<a href="#">7/21/2021</a>						<a href="#">8/18/2021</a>
<b>UHC2-55</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>						
<b>UHC2-56</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>	\$50,000			
<b>UHC2-57</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>UHC2-58</b>	[Program Integrity] Responding to requests for information with redacted records.			<a href="#">11/10/2021</a>	\$5,000			
<b>UHC2-59</b>	[Claims and Encounters] Failure to implement pharmacy diagnosis codes per LDH directives.	<a href="#">11/12/2021</a>						
<b>UHC2-60</b>	[Reporting] Failure to file accurate reports.	<a href="#">12/14/2021</a>						

<b>UHC2-61</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="#">12/22/2021</a>	<a href="#">3/3/2022</a>	
<b>UHC2-62</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="#">12/22/2021</a>						
<b>UHC2-63</b>	[Claims and Encounter Management] Failure to reprocess claims timely.			<a href="#">12/28/2021</a>	\$435,000			
<b>UHC2-65</b>	[Reporting] Failure to timely submit required reports.	<a href="#">12/29/2021</a>						
<b>UHC2-66</b>	[Claims and Encounter Management] Failure to properly identify prescription drug claims.	<a href="#">1/20/2022</a>				<a href="#">2/3/2022</a>	<a href="#">2/10/2022</a> <a href="#">2/17/2022</a>	<a href="#">5/24/2022</a>
<b>UHC2-67</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>	\$50,000			
<b>UHC2--68</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>						
<b>UHC2-69</b>	[Services and Benefits] Failure to provide MCO Member ID cards timely.			<a href="#">6/21/2022</a>	\$2,000			
<b>UHC2-70</b>	[Services and Benefits] Failure to provide MCO Member ID cards timely.			<a href="#">9/8/2022</a>	\$1,000			
<b>UHC2-71</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of			<a href="#">10/18/2022</a>	\$50,000			

	at least 75% or 50% with 2% improvement.							
<b>UHC2-72</b>	[Provider Services] Failure to timely post information on the provider website.	<a href="#">11/1/2022</a>						
<b>UHC2-73</b>	[Claims and Encounters] Failure to meet the brand-over-generic PDL compliance rate.	<a href="#">11/1/2022</a>						
<b>UHC2-74</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>UHC2-75</b>	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">3/17/2023</a>						
<b>UHC2-76</b>	[Enrollee Services] Failure to provide MCO Member ID cards timely.			<a href="#">4/28/2023</a>	\$6,000			

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

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