# STATE OF LOUISIANA DEPARTMENT OF HEALTH MED' HEALTHY LOUISIANA

External Quality Review (EQR) Validation of Encounter Data Submission of Findings

UnitedHealthcare<sup>®</sup> Community Plan Draft August 17, 2022



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## **Executive Summary**

The Louisiana Department of Health (LDH) engaged Myers and Stauffer to perform External Quality Review (EQR) Protocol 5<sup>1</sup> to evaluate the completeness and accuracy of the encounter data submitted by UnitedHealthcare<sup>®</sup> Community Plan (UHC) for members enrolled in the State's Medicaid Managed Care program. The health plan's state fiscal year (SFY) 2021 (i.e., July 1, 2020 through June 30, 2021) encounters were reviewed to determine if the encounters met the State's contract requirements for completeness, accuracy, prompt payment and encounter submission timeliness. The health plansubmitted data and encounters evaluated included the following:

- Monthly cash disbursement journals (CDJ), which included payment dates and amounts paid by the health plan to providers (i.e., the bi-monthly Encounter Data Validation Report).
- Claims sample data which included transactions with payment/adjudication dates within two selected sample months, October 2020 and March 2021.
- Encounter data provided by the fiscal agent contractor (FAC), on a monthly basis, in a standardized data extract and included encounters received and processed by the FAC and transmitted to Myers and Stauffer through March 29, 2022.
- Medical records which were randomly sampled from encounters with dates of service during the measurement period. A sample size of 150 medical records was approved by LDH for review.

A 97 percent completeness, accuracy, and validity threshold was used for comparing the encounters to the CDJs, claims sample data and medical records submitted by the health plan.

Our work was performed in accordance with the American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services. We express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

Observations and findings are based on the information provided and known at the time of the review. The findings and issues noted may reside with the health plan and/or the FAC. The health plan should work with LDH and the FAC to resolve issues noted within the encounter data.

### **Findings**

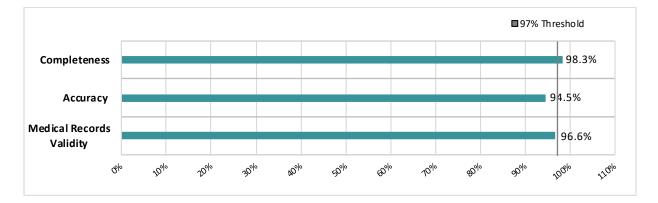
Completeness: The average completion percentage for SFY 2021 was above the 97 percent threshold (99.2 percent) when compared to CDJ paid amounts. Vision and non-emergency medical transportation (NEMT) encounters were at or above the 97 percent threshold when compared to both sample claim counts and paid amounts and Completion percentages for medical, dental and pharmacy encounters were below the 97 percent threshold when compared to sample counts and paid amounts. The average aggregate completion percentage was 98.3

<sup>&</sup>lt;sup>1</sup> In 2019, CMS updated the EQRO protocols and the encounter data validation is now referred to as Protocol 5.

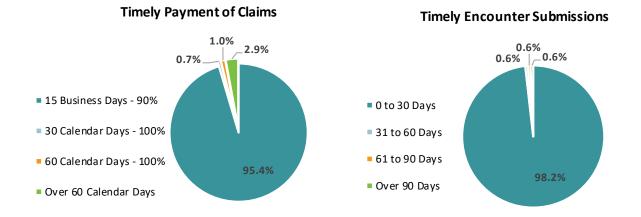


percent.

- Accuracy: The overall accuracy percentage was 94.5 percent for all encounter types and all key data elements reviewed.
- Medical Record Validation Rates: 148 (98.7 percent) of the medical records requested were submitted for review. The validation rate for the medical records tested was slightly less than the 97 percent threshold (96.6 percent).



Timeliness: The required level of timeliness was met for the 15 business days criteria for the payment of claims (95.4 percent). On average, the health plan submitted encounters within 8 days and submitted 98.2 percent of SFY 2021 encounters within 30 days of adjudication.





## Introduction

Louisiana's Medicaid managed care program, known as Healthy Louisiana, is the means by which most of Louisiana's Medicaid and Children's Health Insurance Program (LaCHIP) recipients receive health care services. Medicaid recipients enroll in a managed care plan for health care services. The plans differ from one another by offering diverse provider networks, referral policies, health management programs, and extra services and incentives. The overriding goal is to encourage enrollees to own their own health and the health of their families.<sup>2</sup>

In 2016, the Centers for Medicare and Medicaid Services (CMS) established requirements for states to improve the reliability of encounter data collected from managed care health plans. Under CMS' Medicaid managed care final rule, states are required to conduct an independent audit of encounter data reported by each managed care health plan. CMS indicated that states could fulfill this requirement by conducting an encounter data validation assessment based on EQR Protocol 5<sup>3</sup>. While Protocol 5 is a voluntary protocol, CMS strongly encourages states to contract with qualified entities to implement Protocol 5 to evaluate its Medicaid encounter data and meet the audit requirement of the final rule. Protocol 5 measures the completeness and accuracy of the encounter data that has been adjudicated (i.e., paid or denied) by the health plan and submitted to the State's Fiscal Agent Contractor (FAC). States may be at risk for loss of federal financial participation/reimbursement if the encounter data is incomplete and/or inaccurate.

Encounter data validation can assist states in reaching the goals of transparency and payment reform to support its efforts in quality measurement and improvement. The final Medicaid Managed Care Rule strengthens the requirements for state monitoring of managed care programs. Under the rule, each state Medicaid agency must have a monitoring system that addresses all aspects of the state's managed care program<sup>4</sup>. Additionally, states are required to provide accurate encounter data to the actuaries, as well as to CMS as part of the T-MSIS project. Protocol 5 enables states to meet these data validation and monitoring requirements. Protocol 5 evaluates state/department policies, as well as the policies, procedures, and systems of the health plan, assists states in gauging utilization, identifying potential gaps in services, evaluating program effectiveness, and identifying strengths and opportunities to enhance oversight.

The Louisiana Department of Health (LDH) engaged Myers and Stauffer LC (Myers and Stauffer) to perform Protocol 5 to evaluate the completeness and accuracy of the encounter data submitted by UHC for SFY 2021 members enrolled in the State's Medicaid Managed Care program. CMS guidelines were followed and implemented during the review.

During the measurement period a public health emergency was in effect. On March 11, 2020,

<sup>&</sup>lt;sup>2</sup> https://ldh.la.gov/page/32

<sup>&</sup>lt;sup>3</sup> 81 Fed. Reg. 27,498, 27,603 (May 6, 2016).

<sup>&</sup>lt;sup>4</sup> Electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/text-

idx?SID=888e7bb305afac68ec3793a21b77a4ba&mc=true&node=pt42.4.438&rgn=div5



Louisiana's Governor, John Bel Edwards, declared a public health emergency (PHE)<sup>5</sup>. Federal and state responses to the PHE<sup>6</sup> triggered social and economic disruptions, and periodically limited health care services to essential, emergency services. Although the PHE changed to reflect the fluctuations of the PHE, it remained in effect throughout the measurement period<sup>7</sup>.

Our work was performed in accordance with American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services. We express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

For each activity, a summary of results and observations are presented along with detailed analyses. Observations and findings are based on the information provided, interviews with subject matter experts, and known data limitations at the time of the review. The report is written specific to the health plan; however, the findings and issues noted may reside with the fiscal agent contractor (FAC). The recommendations and findings within this report provide an opportunity for the health plan to review its processes to ensure information and data submitted to the State and/or captured by the FAC is complete and accurate. The expectation is for the health plan to work with LDH and the FAC to resolve issues noted within the encounter data.

 $<sup>^{5}\</sup> https://content.govdelivery.com/accounts/WIGOV/bulletins/280ac92$ 

<sup>&</sup>lt;sup>6</sup> https://content.govdelivery.com/accounts/WIGOV/bulletins/281127d

<sup>&</sup>lt;sup>7</sup> The public health emergency order was in effect for 24 months and expired on March 16, 2022. https://gov.louisiana.gov/index.cfm/newsroom/detail/3589#:~:text=expires%20this%20week.-,Gov.,remained%20in%20effect%20ever%20since.



## **Activity 1: Review State Requirements**

The purpose of Activity 1 is to review information about the State's requirements for collecting and submitting encounter data. This review determines if additional or updated requirements are needed to ensure encounter data is complete and accurate. LDH provided Myers and Stauffer with the State-required items (as listed in Protocol 5), as well as acceptable error rates, and accuracy and completeness thresholds.

In addition to reviewing the State requirements, LDH's contract with the health plan was reviewed in detail. Myers and Stauffer also met with LDH and FAC representatives regularly. Monthly status meetings conducted with LDH and the FAC ensured that our understanding of policies, processes and systems were accurate.

Observations made from the reviews are summarized below along with recommendations for LDH and/or the FAC.

Findings and Recommendations					
Findings Recommendations					
There were no findings related to our review of the State's requirements.					



# **Activity 2: Review Health Plan Capability**

The health plan's information system and controls were evaluated to determine its ability to collect and submit complete and accurate encounter data. A survey was developed, requested documentation was reviewed, and interviews were conducted with health plan personnel to gain an understanding of the health plan's structure and processes. The survey and personnel interviews included questions related to claims processing, data submissions, enrollment, data systems, controls and mechanisms<sup>8</sup>. The requested documentation supported work flows, policies and procedures, and organizational structures.

Observations and findings related to the review and interviews are summarized below along with recommendations for LDH and the health plan.

Findings and Recommendations					
Findings Recommendations					
There were no findings related to our r	review of the health plan's capability.				

<sup>&</sup>lt;sup>8</sup> Questions found in Appendix V, Attachment B of the Validation of Encounter Data protocol were included in the survey. https://www.medicaid.gov/medicaid/quality-of-care/downloads/app5-attachb-isreview.pdf



## **Activity 3: Analyze Electronic Encounter Data**

Activity 3 determines the validity of the encounter data submitted to the State and requires verifying its completeness and accuracy. Health plan-submitted CDJs and claims sample data were compared to the encounter data submitted to the FAC to determine the encounter data's integrity (i.e., completeness and accuracy). Statistics and distributions were also generated on the data for validation.

The health plan contracted with third party vendors to administer its vision, dental, NEMT, and pharmacy benefits. CDJs and claims sample data were also submitted by the third party vendors. These files were separately compared to the encounter data to determine the completeness and accuracy of the data submitted to LDH, via the health plan's delegated vendors.

#### **Completeness**

Complete encounter data is dependent upon the timely submission of encounters. Encounters are a record of claims that have been adjudicated by the health plan to providers that have rendered health care services to members enrolled with the health plan. These encounters are submitted by the Medicaid managed care health plans to LDH via the FAC, Gainwell Technologies.

According to the health plan's contract with LDH, the health plan must submit complete and accurate encounter data at least monthly for all dates of service during the contract period. This includes all claims paid, denied, adjusted, and voided by the health plan and its delegated vendors. Encounters are due in accordance with the encounter reconciliation schedule published by LDH or its contracted review organization (Appendix A). Encounter data completeness is measured by comparing the encounters to cash disbursements within a three (3) percent error threshold (i.e., at least 97 percent and not more than 100 percent of cash disbursements).<sup>9</sup>

#### **Cash Disbursement Journals**

Under the contract with LDH, Myers and Stauffer also performs a bi-monthly reconciliation of the health plan-submitted CDJs to the FAC encounter data to measure the encounter data completeness (i.e., Encounter Data Reconciliation Report). On a monthly basis, Myers and Stauffer receives encounter data from the FAC in a standardized data extract, which includes both paid and denied encounters. The health plan's paid encounters are reviewed to determine if the paid encounters meet the State's contract minimum completeness requirement of 97 percent when compared to the CDJ files, which are submitted monthly to Myers and Stauffer by the health plan and its delegated vendors. For this validation, the encounter extract included encounters received and accepted by the FAC and transmitted to Myers and Stauffer through March 29, 2022.

**Figure 1,** below, shows the monthly completion percentages obtained after the comparison of the CDJ paid amounts to the encounter paid amounts for SFY 2021. A 97 percent threshold was used for validation. Detailed results can be found in the May 2022 Encounter Data Validation Report, Appendix B.

<sup>&</sup>lt;sup>9</sup> Contract Amendment #2, Attachment B2, Section 17.9.3.2, effective July 1, 2020.





**Encounter Data and CDJ Completion Percentages** 

**Figure 1: Encounter Data and CDJ Completion Percentages.** The paid a mount from the CDJs for SFY 2021 were used as the criteria for comparison. A 97 percent threshold was used for validation. For SFY 2021, the health plan's average completion percentage, including delegated vendors, was 99.2 percent.

The health plan's monthly completion percentages were above the 97 percent threshold for all twelve (12) months of the measurement period.

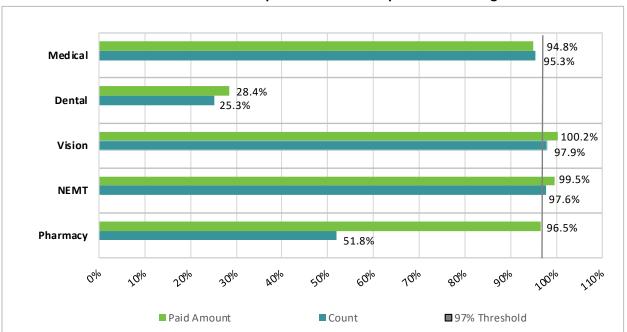
#### **Sample Claims**

The comparison of the claim sample data to the encounter data sought to ensure that all claims are included in the sample claims and/or encounter data. The health plan-submitted claims sample data was traced to encounter data using data elements provided in the claims sample data. The encounters were evaluated against the claims sample data based on the following criteria:

- Sample Claim Count: The number of sample claims that were identified in the encounters.
- Sample Claim Paid Amount: Sample claim paid amounts compared to encounter paid amounts.

**Figure 2** shows the completion percentages obtained after the identification of sample claims in the encounters and the comparison of the sample claim paid amounts to encounter paid amounts for the two sample months combined. A 97 percent threshold was used for validation. Encounter completion percentages, based on claims sample counts and paid amounts, were at or above the 97 percent threshold for vision and NEMT encounters. Completion percentages for medical, dental and pharmacy encounters were below the threshold when compared to sample claims counts and paid amounts. Detailed results can be found in Appendix C and detailed results of the overall completion percentage can be found in Appendix D.





Encounter Data and Sample Claims Data Completion Percentages

**Figure 2: Encounter data and Sample Claims Data Completion Percentages.** The count and paid amounts from the sample claims data were used as the criteria for comparison. A 97 percent threshold was used for validation. Values reflect the two sample months combined.

Completion percentages below 100 percent indicate there are records missing from the encounter data. Missing encounters may be due to incomplete data, timing differences, potential duplicates, or claims, voids, replacements, adjustments and/or other transactions absent from the encounter data.

Low completion percentages for dental and pharmacy encounters in comparison to sample claims data, appear to be attributable to denied and/or (potentially) duplicative claims (i.e., multiple occurrences of the same claim) included in the sample claims data submitted by the health plan's dental and pharmacy vendors. These denied and/or (potentially) duplicative claims did not exist in the encounter data. An example of this is included in the Findings and Recommendations on the following page.

#### Accuracy

For the purpose of validating encounter data accuracy, certain key data elements were selected for testing. The key data elements of the encounters traced to the sample claims data were compared to the corresponding key data elements on the sample claim. Consistency checks on blank or null data element values were also applied. The key data elements were evaluated based on the following criteria:

- Valid Values: The encounter key data element value matched the sample claim key data element value. If the encounter key data element was blank (or NULL) and the data element in the sample claim was also blank (or NULL), it was considered valid.
- Missing Values: The encounter key data element was blank (or NULL) and the data element in



the sample was populated (i.e., had a value).

Erroneous Values: The encounter key data element had a value (i.e., was populated) and the sample claim key data element value was populated, and the values were not the same.

A 97 percent threshold was used as the accuracy goal for each of the key data elements. Encounter data accuracy issues were noted for vision and NEMT vendor billing/service provider NPIs and taxonomy/specialty. Accuracy percentages by encounter type are presented in **Table 1**. The key data elements evaluated and specific testing results are presented in Appendix E.

Accuracy Percentages – Key Data Elements Analysis						
Encounter Type	Valid Values	<b>Erroneous Values</b>				
Inpatient	98.7%	0.0%	1.3%			
Outpatient	99.2%	0.0%	0.8%			
Professional	95.9%	0.0%	4.1%			
Dental	98.4%	0.0%	1.6%			
Vision	80.9%	0.0%	19.1%			
NEMT	85.4%	0.0%	14.6%			
Pharmacy	89.9%	4.4%	5.7%			
Total Average	94.5%	1.3%	4.2%			

**Table 1: Encounter Accuracy Percentages – Key Data Elements Analysis.** Individual key data element validity and accuracy rates were calculated based on the total number of records in the encounter dataset. The encounter data's targeted error rate was expected to be below three percent per key data element.

### **Findings and Recommendations**

The findings from the completeness and accuracy analyses of the encounter data are summarized below, including recommendations for LDH, the FAC and/or the health plan.

	Findings and Rec	ommendations
	Findings	Recommendations
3-A	<b>Completeness – CDJs</b> : The encounter paid a mounts were above the 97 percent threshold for all months during the measurement period.	The health plan/delegated vendor, in conjunction with the FAC, should investigate and identify the causes of surplus and/or missing encounters present
3-В	<b>Completeness - Sample Claims Count:</b> Medical (95.3 percent), dental (25.3 percent) and pharmacy (51.8 percent) encounter counts were below the 97 percent threshold. Vision and NEMT encounters met the 97 percent threshold.	or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions should be accurately addressed and incorporated into the FAC encounter data. Additionally, the health plan/delegated vendor should submit payment adjustments to ensure
3-C	<b>Completeness - Sample Claims Paid Amount:</b> Encounter paid a mounts were below the 97 percent thres hold for medical (94.8 percent),	duplicates, voids and denied claims are a ccurately addressed in the encounter data.



	Findings and Rec	ommendations
	Findings	Recommendations
	dental (28.4 percent) and pharmacy (96.5 percent) encounters.	
3-D	<b>Completeness – Sample Claims:</b> Dental and Pharmacy – The sample claims data included denied and/or (potentially) duplicative claims that did not exist in the encounter data.	
	For example, the dental sample claims data included a claim for which the same procedure was performed on 29 different teeth on the same date of service. This claim was included in the sample claims data 29 times for each of the 29 teeth, a total of 841 claim records (29 records x 29 teeth) all related to the same claim/data of service. This claim was identified in the encounter data, only once for each tooth, for a total of 29 encounters. As a result, the sample claims data included an excess of 812 claim records that were not identified in the encounter data.	The health plan's contract with LDH (17.9.5) requires the health plan/delegated vendor to submit all claims paid, denied or adjusted/void as encounters. The health plan should review its claims/data warehouse/encounter data submission processes to ensure all claim s equences/iterations are captured and stored appropriatel y and are included in the encounter submissions. Collapsing claim sequences/iterations into a single record line, may result in incomplete encounter data, and/or completion percentages below the contract specified threshold (97 percent).
	Si milar situations were noted with the pharmacy sample claims data. For example, 600 transaction for the same prescription number/NDC/date filled claim were identified in the pharmacy sample claims data and only 25 of those transactions were identified in the encounter data, an excess of 575 records in the pharmacy sample claims data.	
3-Е	<ul> <li>Accuracy:</li> <li>Billing Provider NPI – Vision, NEMT</li> <li>Service Provider NPI – Vision, NEMT,</li> <li>Service Provider Specialty/Taxonomy – Professional, Vision and NEMT</li> <li>Basis of Reimbursement – Pharmacy</li> <li>Days Supply – Pharmacy</li> <li>Prescribing Provider NPI - Pharmacy</li> <li>Both the encounter data and the claims sample data reflected valid values and the values did not agree, and/or claims sample values were not populated/ and/or encounter values were not populated.</li> </ul>	The health plan/delegated vendor should ensure it is properly capturing and maintaining encounter data elements within the claims system and data warehouse and be able to submit this information in the encounter submissions and on future claim sample submissions and/or ad hoc reporting. Additionally, the FAC, the health plan and its delegated vendor should work together to ensure key data elements are properly submitted and captured in the encounter data.



	Findings and Rec	ommendations
	Findings	Recommendations
3-F	Accuracy: • Tooth Number and Tooth Surface - Dental • Accuracy – Prescribing Provider NPI – Pharmacy	
	Encounter values were not populated for the non-matching values.	
3-G	Accuracy – Former/Original Claim ICN: Inpatient, Outpatient, Professional, Pharmacy and NEMT – The encounter value is populated and the sample claim is not or vice versa.	The health plan should ensure that appropriate audit trails are in place for all adjusted, replaced and void claims. The original ICN should be linked to the replacement, adjustment and/or void claim and the original ICN information is available to trace the replacement/adjustment back to the original claim.
3-H	Accuracy – MMIS ICN: Pharmacy – The claims sample and the encounters reflected values and the values did not agree.	The health plan/delegated vendors hould ensure it is properly storing the MMISICN as assigned by the FAC and returned to the health plan on the 835 or proprietary response file(s).

### **Statistics and Distributions**

To further support the encounter data validation process, encounters with SFY 2021 dates of service were analyzed for consistency among attributes such as member utilization and paid amounts, timeliness of payments, and encounter submissions timeliness. Health plan statistics were compared to Healthy Louisiana program data to evaluate variances and detect any missing categories of encounter data.

#### Members, Utilization and Paid Amounts

Enrollment data was used to evaluate utilization data on a per member basis. The total number of utilized services (i.e., procedures) and total paid amounts for SFY 2021 were divided by the average number of members for the measurement period to determine per member utilization. **Table 2** shows the resulting utilization and paid amounts per member. Detailed results can be found in Appendix F.

The health plan's membership represented 29.3 percent of Healthy Louisiana's total member population. Per member counts and paid amounts were greater than Healthy Louisiana's, as a whole, per member counts and paid amounts.



Per Member	Per Year l	Jtilization and	l Paid Amo	ounts by Servi	ісе Туре	
	Healthy Louisiana		UHC		Percentage of Healthy Louisiana	
	-	Membe	rs		-	
Total Member Months	18,	18,647,517 1,553,960		5,466,459 455,538		0.20/
Average Number of Members	1,5					9.3%
		PMPY		PMPY	Percent	age Variance
Service Type	PMPY Count	Paid Amount	PMPY Count	Paid Amount	Count	Paid Amount
Ancillary	4.8	\$238	4.9	\$281	2.1%	18.1%
Dental	0.4	\$20	0.4	\$19	0.0%	-5.0%
Inpatient	1.6	\$1,013	1.5	\$984	-6.3%	-2.9%
NEMT	0.6	\$28	0.5	\$19	-16.7%	-32.1%
Outpatient	12.0	\$747	11.9	\$753	-0.8%	0.8%
Pharmacy	17.0	\$1,302	17.9	\$1,240	5.3%	-4.8%
Primary Care	9.9	\$343	10.0	\$358	1.0%	4.4%
Specialty Care	7.9	\$591	8.1	\$572	2.5%	-3.2%
Vision	1.0	\$35	1.0	\$35	0.0%	0.0%
Total Health Plan Services	55.2	\$4,317	56.2	\$4,261	1.8%	-1.3%

**Table 2: Per Member Utilization and Paid Amount Statistics.** Positive percentage variances indicate that the health plan's PMPY counts and/or paid amounts are greater than counts and/or paid amounts of Healthy Louisiana's as a whole. Differences are due to rounding.

#### **Timeliness**

#### **Timely Payment of Claims**

This analysis measures the compliance of the health plan in paying or denying claims submitted by providers for payment. The contract between LDH and the health plan requires that the health plan perform an initial screening of the claim within five (5) business days of receipt of the claim, and either reject the claim or assign a unique control number and enter it into its system for processing and adjudication. The health plan must process and pay or deny at least 90 percent of all clean<sup>10</sup> claims within 15 business days of receipt, 99 percent within 30 calendar days and fully adjudicate (pay or deny all pended claims within 60 calendar days of the date of receipt<sup>11</sup>. On December 1, 2020, the 30 calendar days percentage requirement increased to 100 percent<sup>12</sup>. **Table 3** shows the results of the analysis. Detailed results can be found in Appendix G.

<sup>&</sup>lt;sup>10</sup> A clean claim is one that can be processed without obtaining additional information from the healthcare provider or a third party. For purposes of this analysis, all claims were considered clean.

 <sup>&</sup>lt;sup>11</sup> Contract Attachment B, Statement of Work, Section 17.2, Claims Processing, contract effective January 1, 2020.
 <sup>12</sup> Contract Amendment #3, Attachment B3, Section 17.2.1.3, effective December 1, 2020.



Timely Payment of Claims					
Encounter Type	15 Business Days 90%	30 Calendar Days 100%	60 Calendar Days 100%	Average Days	
Inpatient	88.5%	90.8%	93.4%	20	
Outpatient	91.8%	93.6%	95.0%	17	
Professional	94.6%	95.3%	96.5%	13	
Dental	99.3%	100.0%	100.0%	7	
Vision	99.7%	99.7%	99.8%	8	
NEMT	85.0%	86.1%	92.5%	17	
Pharmacy	99.2%	99.3%	99.4%	8	
Overall Average	95.4%	96.1%	97.1%	12	

**Table 3: Timely Payment of Claims** measures the percentage of claims paid (adjudicated) by the health plan

 within the designated number of days. Percentages reflect encounters with SFY 2021 dates of service.

The health plan received dates and health plan paid (adjudicated) dates from encounters with SFY 2021 dates of service were used for the analysis. The number of days between these dates were used to determine the percentage of claims paid (adjudicated) by the health plan within the designated timeframes.

Overall, the health plan met the 15 business days required level of timeliness for the payment of claims; however, the health plan's delegated NEMT vendor did not meet the 15 business days requirement. Prior to the measurement period, National MedTrans provided NEMT services on behalf of the health plan. On May 6, 2020 LogistiCare Solutions, LLC acquired National MedTrans<sup>13</sup>. The timing of the acquisition (i.e., two months before the measurement period) and the transitioning of services may have impacted the timely payment of NEMT claims to providers. The health plan should, however, have appropriate oversight activities in place to ensure its delegated vendors are in compliance with contract requirements. The Medicaid Managed Care Final Rule imposes the same expectations for the delegated vendors as it does for the health plan, and holds the health plan ultimately responsible for the activities performed by its delegated vendor(s).

#### **Timely Encounter Submissions**

This analysis measures the percentage of encounters submitted by the health plan to the FAC after adjudicating (i.e., paying or denying) the claim within certain timeframes. The health plan's contract with LDH requires the health plan to submit encounters monthly. As a result, encounters with SFY 2021 dates of service were evaluated based on 30-day increments. The number of days between the health plan paid date and the Julian date (i.e., date the encounter was submitted to the FAC; digits one through four of the FAC assigned ICN number) from the encounters were used to determine the percentage of encounters submitted within the indicated number of days. **Table 4** shows the results of the encounter submission analysis. Detailed results can be found in Appendix H.

<sup>&</sup>lt;sup>13</sup> https://www.logisticare.com/news/logisticare-announces-acquisition-of-national-medtrans



Timely Encounter Submissions						
Encounter Type	30 Days	60 Days	90 Days	120 Days	Average Days	
Inpatient	94.5%	95.8%	97.2%	98.1%	12	
Outpatient	98.0%	98.7%	99.1%	99.9%	9	
Professional	98.6%	99.2%	99.5%	99.8%	7	
Dental	93.7%	98.0%	98.9%	99.9%	10	
Vision	99.6%	99.9%	100.0%	100.0%	10	
NEMT	90.0%	92.8%	93.8%	97.9%	18	
Pharmacy	98.3%	98.6%	99.8%	99.9%	8	
Overall Average	98.2%	98.8%	99.4%	99.8%	8	

**Table 4: Timely Encounter Submissions** measures the percentage of encounters submitted by the health plan to the FAC within the indicated number of days after a djudicating the claim. Percentages reflect encounters with SFY 2021 dates of service.

Although the contract with LDH requires the health plan to submit encounter data at least monthly, encounters are due in accordance with the encounter reconciliation schedule published by LDH or its contracted review organization (Appendix A). This allows encounter data submissions to be made in sufficient time to be extracted from the MMIS for review, analysis and inclusion in the encounter reconciliation reports prepared by Myers and Stauffer.

Of the approximately 31.7 million encounters submitted with SFY 2021 dates of service the health plan submitted 98.2 percent of encounters within 30 days of adjudication. On average, the health plan submitted encounters within 8 days.

### **Findings and Recommendations**

The findings from the timeliness analysis are presented below, including recommendations for LDH, the FAC and/or the health plan.

Findings and Recommendations					
Findings Recommendations					
There were no findings related to the review of the health plan's timeliness.					



# **Activity 4: Review of Medical Records**

Activity 4 attempts to confirm or provide supporting information for the findings detailed in the Activity 3 analysis of encounter data. This is done by tracing certain key data elements from the encounters to the provider medical record. Encounter data with dates of service during the measurement period was used as the population for the selection of records for review. A sample size of 150 records was approved by LDH for testing. A non-statistical<sup>14</sup>, random sampling of records was selected from the encounter data for review.

The encounter records selected for review were forwarded to the health plan on January 28, 2022 for retrieval of the medical records. The notification to the health plan stated that medical records were due to Myers and Stauffer by March 11, 2022. On March 15, 2022, Myers and Stauffer sent an inventory of outstanding medical records to the health plan and extended the due date for submitting the outstanding records to March 31, 2022. The health plan was also informed that due to timelines and deliverables required by the contract with LDH for this engagement, we were unable to further extend the deadline for submitting the requested medical records and that medical records submitted after the extended due date would not be included in the validation.

Medical Records Summary							
Description	Inpatient	Outpatient	<b>Professional</b> (includes Dental, Vision and/or NEMT)	Pharmacy	Total		
Requested	1	36	71	42	150		
Missing	0	1	1	0	2		
Incorrect Record Submitted	0	0	0	0	0		
Replaced	0	0	0	0	0		
Medical Records Received and Tested	1	35	70	42	148		
Percentage of Requested Records Tested	100.0%	97.2%	98.6%	100.0%	98.7%		

**Table 5** below summarizes the number of records requested, received, replaced or missing, and the netnumber of medical records tested.

**Table 5: Medical Records Summary.** 148 of the 150 medical records requested were submitted. The health plan indicated that multiple attempts were made to obtain all of the requested records. The on-going PHE, staffing shortages and an overburdened healthcare community may have prevented the health plan from procuring medical records from providers within the expected timeframe.

### Validation

The medical records were reviewed and compared to the encounter data to validate that the tested key data elements were supported by the medical record documentation. Each key data element was independently evaluated against the medical record and deemed supported or unsupported (i.e., the

<sup>&</sup>lt;sup>14</sup> Non-statistical sampling is the selection of a test group, such as sample size, that is based on the examiner's judgement, rather than a formal statistical method.

https://www.accountingtools.com/articles/non-statistical-sampling.html



medical record supported or did not support the encounter key data element value). The validation was segregated in the following manner:

- > <u>Supported</u>: Encounters for which the medical records supported the key data element(s).
- Unsupported: Encounters for which the medical records included information that was different from the encounter key data element(s) and/or encounters for which the medical records did not include the information to support the encounter key data element(s).

Validity issues were noted with professional and outpatient encounters. Dates of birth were missing from the medical records and/or diagnosis codes were either not supported or missing from the medical record. **Table 6**, below, reflects the validation rates from the medical record key data element review. The detail analysis is included in Appendix I.

Medical Records Validation Rates							
Encounter Types	Supported Validation Rate	Unsupported Validation Rate					
Inpatient	100.0%	0.0%					
Outpatient	97.8%	2.2%					
Professional (includes Dental, Vision and/or NEMT)	94.9%	5.1%					
Pharmacy	100.0%	0.0%					
Total	96.6%	3.4%					

**Table 6: Medical Record Validation Rates.** 148 of the 150 medical records requested were tested. Supported and unsupported determinations were for each key data element tested and not a claim level determination.

### Findings and Recommendations

The findings from the encounter data testing against medical records are presented below, including recommendations for LDH, the FAC and/or the health plan.

	Findings and Recommendations					
	Findings	Recommendations				
4-A	148 of the 150 records requested were submitted resulting in 98.7 percent being tested.	The health plan should continue working with providers to ensure it receives medical records for the requested members and/or dates of service,				
4-B	Validation rate for the 148 medical records tested was at the 97 percent threshold (96.6 percent).	appropriate data element values are submitted and captured in the claims and encounter submissions, and that the data elements submitted are supported by the medical record(s).				



## **Activity 5: Submission of Findings**

Activity 5 summarizes the findings and recommendations identified in Activity 1 through Activity 4. The table below contains finding numbers corresponding to the activity and sequential finding within each section of the report.

	Findings and Rec	ommendations
	Findings	Recommendations
	Activity 1 – Review S	tate Requirements
	There were no findings related to our	review of the State's requirements.
	Activity 2 – Review He	alth Plan Capability
	There were no findings related to our r	eview of the health plan's capability.
	Activity 3 – Analyze Elec	tronic Encounter Data
3-A	<b>Completeness – CDJs</b> : The encounter paid a mounts were above the 97 percent threshold for all months during the measurement period.	The health plan/delegated vendor, in conjunction
3-В	<b>Completeness - Sample Claims Count:</b> Medical (95.3 percent), dental (25.3 percent) and pharmacy (51.8 percent) encounter counts were below the 97 percent threshold. Vision and NEMT encounters met the 97 percent threshold.	with the FAC, should investigate and identify the causes of surplus and/or missing encounters present or absent in the encounter data. Any issues noted during the investigation requiring encounter data revisions should be accurately addressed and incorporated into the FAC encounter data.
3-C	<b>Completeness - Sample Claims Paid Amount:</b> Encounter paid a mounts were below the 97 percent thres hold for medical (94.8 percent), dental (28.4 percent) and pharmacy (96.5 percent) encounters.	Additionally, the health plan/delegated vendor should submit payment adjustments to ensure duplicates, voids and denied claims are accurately addressed in the encounter data.
3-D	<b>Completeness – Sample Claims:</b> Dental and Pharmacy – The sample claims data included denied and/or (potentially) duplicative claims that did not exist in the encounter data.	The health plan's contract with LDH (17.9.5) requires the health plan/delegated vendor to submit all claims paid, denied or adjusted/void as encounters. The health plan should review its claims/data
	For example, the dental sample claims data included a claim for which the same procedure was performed on 29 different teeth on the same date of service. This claim was included in the sample claims data 29 times for each of the 29 teeth, a total of 841 claim records (29 records x 29 teeth) all related to the same claim/data of service. This claim was i dentified in the encounter data, only once for each tooth, for a total of 29 encounters. As a result, the sample claims data included an excess of 812 claim records that were not i dentified in the	warehouse/encounter data submission processes to ensure all claim sequences/iterations are captured and stored appropriately and are included in the encounter submissions. Collapsing claim sequences/iterations into a single record line, may result in incomplete encounter data, and/or completion percentages below the contract specified threshold (97 percent).

encounter data.



	Findings and Reco	ommendations
	Findings	Recommendations
	Similar situations were noted with the pharmacy sample claims data. For example, 600 trans action for the same prescription number/NDC/date filled claim were i dentified in the pharmacy sample claims data and only 25 of those transactions were i dentified in the encounter data, an excess of 575 records in the pharmacy sample claims data.	
3-E	<ul> <li>Accuracy:</li> <li>Billing Provider NPI – Vision, NEMT</li> <li>Service Provider NPI – Vision, NEMT,</li> <li>Service Provider Specialty/Taxonomy – Professional, Vision and NEMT</li> <li>Basis of Reimbursement – Pharmacy</li> <li>Days Supply – Pharmacy</li> <li>Prescribing Provider NPI - Pharmacy</li> <li>Both the encounter data and the claims sample data reflected valid values and the values did not agree, and/or claims sample values were not populated/ and/or encounter values were</li> </ul>	The health plan/delegated vendor should ensure it is properly capturing and maintaining encounter data elements within the claims system and data warehouse and be able to submit this information in the encounter submissions and on future claim sample submissions and/or ad hoc reporting. Additionally, the FAC, the health plan and its
3-F	not populated. Accuracy: • Tooth Number and Tooth Surface - Dental • Accuracy – Prescribing Provider NPI – Pharmacy Encounter values were not populated for the non-matching values.	delegated vendor should work together to ensure key data elements are properly submitted and captured in the encounter data.
3-G	Accuracy – Former/Original Claim ICN: Inpatient, Outpatient, Professional, Pharmacy and NEMT – The encounter value is populated and the sample claim is not or vice versa.	The heal th plan should ensure that a ppropriate a udit trails are in place for all a djusted, replaced and void claims. The original ICN should be linked to the replacement, a djustment and/or void claim and the original ICN information is available to trace the replacement/adjustment back to the original claim.
3-H	Accuracy – MMIS ICN: Pharmacy – The claims sample and the encounters reflected values and the values did not agree.	The health plan/delegated vendors hould ensure it is properly storing the MMIS ICN as assigned by the FAC and returned to the health plan on the 835 or proprietary response file(s).
	There were no findings related to the re	eview of the health plan's timeliness.



	Findings and Recommendations						
	Findings	Recommendations					
	Activity 4 – Review of Medical Records						
4-A	148 of the 150 records requested were submitted resulting in 98.7 percent being tested.	The health plan should continue working with providers to ensure it receives medical records for the requested members and/or dates of service,					
4-B	Validation rate for the 148 medical records tested was at the 97 percent threshold (96.6 percent).	appropriate data element values are submitted and captured in the claims and encounter submissions, and that the data elements submitted are supported by the medical record(s).					



### Glossary

**834 file** – HIPAA-compliant benefit enrollment and maintenance documentation.

**835 file** – HIPAA-compliant health care claim payment/advice documentation.

**837 file** – The standard format used by institutional providers and health care professionals and suppliers to transmit health care claims electronically.

Adjudication – The process of determining whether a claim should be paid or denied.

**American Institute of Certified Public Accountants (AICPA)** – The national professional organization of Certified Public Accountants.

**Capitation** – A payment arrangement for health care services that pays a set amount for each enrolled member assigned to a provider and/or health plan.

**Ancillary Services** – Supplies and equipment, laboratory and diagnostic tests, therapies (i.e., physical, occupational and speech) and home health services requested by a health care provider as a supplement to fundamental services.

**Cash Disbursement Journal (CDJ)** – A journal used to record and track cash payments by the health plan or other entity.

**Centers for Medicare & Medicaid Services (CMS)** – The agency within the United States Department of Health & Human Services that provides administration and funding for Medicare under Title XVIII, Medicaid under Title XIX, and the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act.

**Centers for Medicare & Medicaid Services (CMS) Medicaid and the Children's Health Insurance Program (CHIP) Managed Care Final Rule** – On April 25, 2016 CMS published the Medicaid and CHIP Managed Care Final Rule which modernizes the Medicaid managed care regulations to reflect changes in the usage of managed care delivery systems. The final rule aligns many of the rules governing Medicaid managed care with those of other major sources of coverage; implements statutory provisions; strengthens actuarial soundness payment provisions to promote the accountability of Medicaid managed care program rates; and promotes the quality of care and strengthens efforts to reform delivery systems that serve Medicaid and CHIP beneficiaries. It also ensures appropriate beneficiary protections and enhances policies related to program integrity.

**Certified Public Accountant (CPA)** – A designation given by the AICPA to individuals that pass the uniform CPA examination and meet the education and experience requirements. The CPA designation helps enforce professional standards in the accounting industry.

**CFR** – Code of Federal Regulations.

**Data Warehouse (DW)** – A central repository for storing, retrieving, and managing large amounts of current and historical electronic data. Data stored in the warehouse is uploaded from the operational systems and may pass through additional processing functions before it is stored in the warehouse. Also known as an enterprise data warehouse (EDW).



**Delegated Vendor**– A vendor to whom the health plan has contractually assigned responsibility for the provision and oversight of approval, payment, and administration of medical services to the Medicaid health plan's members. Also known as a subcontractor.

**Dental Services** - Dentistry is the evaluation, diagnosis, prevention, and/or treatment (i.e., non-surgical, surgical, or related procedures) of diseases, disorders, injuries, and malformations of the teeth, gums, jaws, and mouth. Dental services include the removal, correction, and replacement of decayed, damaged, or lost parts, including the filling and crowning of teeth, the straightening of teeth, and the construction of artificial dentures.

**Encounter** – A health care service rendered to a member, by a unique provider, on a single date of service, whether paid or denied by a coordinated care organization. One patient encounter may result in multiple encounter records.

**Encounter Data** – Claims that have been adjudicated by the health plan or subcontracted vendor(s), if applicable, for providers that have rendered health care services to members enrolled with the health plan. These claims are submitted to LDH via the FAC for use in rate setting, federal reporting, program oversight and management, tracking, accountability, and other ad-hoc analyses.

**External Quality Review Organization (EQRO)** – An organization that meets the competence and independence requirements set forth in 42 CFR §438.354, and performs external quality review or other EQR-related activities as set forth in 42 CFR §438.358, or both.

**External Quality Review (EQR)** – The analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that health plans, or its contractors, furnish to Medicaid recipients.

**Fiscal Agent Contractor (FAC)** – A contractor selected to design, develop, and maintain the claims processing Medicaid Management Information System (MMIS). Gainwell Technologies is the current FAC for Louisiana. Also known as a fiscal intermediary (FI).

**Health Plan** – A private organization that has entered into a contractual arrangement with LDH to obtain and finance care for enrolled Medicaid members. Health plans receive a capitation or per member per month (PMPM) payment from LDH for each enrolled member. Also referred to as Managed Care Organization (MCO), Managed Care Plan (MCP) or Managed Care Entity (MCE).

**Health Insurance Portability and Accountability Act (HIPAA)** – A set of federal regulations designed to protect the privacy and maintain security of protected health information (PHI).

**Information Systems Capabilities Assessment (ISCA)** – A tool for collecting facts about a health plan's information system to ensure that the health plan maintains an information system that can accurately and completely collect, analyze, integrate and report data on member and provider attributes, and services furnished to members. An ISCA is a required part of multiple mandatory External Quality Review protocols.

**Internal Control Number (ICN)** - A numerical mechanism used to track health care claims and encounters. Also referred to as Transaction Control Number (TCN) or a Document Control Number (DCN).

**Inpatient Services** - Care or treatment provided to members who are extremely ill, have severe trauma, unable to care for themselves or have physical illnesses whose condition requires admission for at least



one overnight stay. Lengths of stay are generally short and patients are provided 24-hour care in a safe and secure facility.

Julian Date – A continuous count of days in a calendar year. For example, February 1 is 032.

**Key Data Element** – A fundamental unit of information that has a unique meaning and distinct units or values (i.e., numbers, characters, figures, symbols, a specific set of values, or range of values) defined for use in performing computerized processes.

Louisiana Children's Health Insurance Program (LaCHIP) – The Insurance program that provides lowcost health coverage to Louisiana children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance.

**Louisiana Department of Health (LDH)** – The department within the state of Louisiana that oversees and administers Medicaid.

**Medicaid Management Information System (MMIS)** – The claims processing system used by the FAC to adjudicate Louisiana Medicaid claims. Health plan-submitted encounters are loaded into this system and assigned a unique claim identifier.

**Outpatient Services** - Care or treatment that can be provided in a few hours at a facility without an overnight stay. Patients continue working or attend school, interacting and living their lives while receiving treatment. Outpatient services include rehabilitation services such as counseling and/or substance abuse.

**Per Member Per Month (PMPM)** – The amount paid to a health plan each month for each person for whom the health plan is responsible for providing health care services under a capitation agreement.

**Potential Duplicate (PDUP)** – An encounter that Myers and Stauffer LC has identified as being a potential duplicate of another encounter in the FAC's data warehouse.

**Primary Care Services** - Medical providers in family and general practice, obstetrics and gynecology (for preventive and maternity care), pediatrics (without other sub specialties), and internal medicine (without other sub specialties) are generally considered primary care providers. Federally qualified health clinics and rural health clinics are included, as these clinics provide comprehensive primary and preventative care to underserved areas or populations. Primary care services provide a range of preventive and restorative care over a period of time and primary care providers, generally, coordinate all of the care that a member receives.

**Specialty Care Services** - Specialists are medical providers who devote attention to a particular branch of medicine (i.e., any type of medical provider who is not considered a primary care provider) in which they have extensive training and education. Specialty care includes services such as cardiology, diabetes, endocrinology, and behavioral health.

**Sub-Capitated Provider** – A health care provider that is paid on a capitated or per member per month (PMPM) basis that has contracted with a health plan paid under a capitated system and shares a portion of the health plan's capitated premium.

**Validation** – The review of information, data, and procedures to determine the extent to which encounter data is accurate, reliable, free from bias, and in accord with standards for data collection and analysis.



### Appendix A: Encounter Reconciliation Schedule

Description	September 2020	November 2020	January 2021	March 2021	May 2021	July 2021	September 2021
Description	Reconciliation	Reconciliation	Reconciliation	Reconciliation	Reconciliation	Reconciliation	Reconciliation
Overall Encounter Submission Goal (cumulative)*	95%	95%	97% - 100%	97% - 100%	97% - 100%	97% - 100%	97% - 100%
Submission Requirements for Subcontractor Encounters (for delegated vendors only)*	95%	95%	97% - 100%	97% - 100%	97% - 100%	97% - 100%	97% - 100%
Reconciliation Time Period	7/1/2018 - 06/30/2020	9/1/2018 - 08/31/2020	11/1/2018 - 10/31/2020	1/1/2019 - 12/31/2020	3/1/2019 - 2/28/2021	5/1/2019 - 04/30/2021	7/1/2019 - 06/30/2021
MCO Pharmacy Encounter MMIS Submission Cut-off Date (by 12 noon CST/CDT) <sup>1</sup>	6/24/2020 Encounters: May 2020 7/22/2020 Encounters: June 2020	8/19/2020 Encounters: July 2020 9/23/2020 Encounters: August 2020	10/21/2020 Encounters: September 2020 11/18/2020 Encounters: October 2020	12/23/2020 Encounters: November 2020 1/20/2021 Encounters: December 2020	2/17/2021 Encounters: January 2021 3/24/2021 Encounters: February 2021	4/21/2021 Encounters: March 2021 5/19/2021 Encounters: April 2021	6/23/2021 Encounters: May 2021 7/21/2021 Encounters: June 2021
MCO Non-Pharmacy Encounter MMIS Submission Cut-off Date (by 12 noon CST/CDT) <sup>1</sup>	6/25/2020 Encounters: May 2020 7/23/2020 Encounters: June 2020	8/20/2020 Encounters: July 2020 9/24/2020 Encounters: August 2020	10/22/2020 Encounters: September 2020 11/19/2020 Encounters: October 2020	12/24/2020 Encounters: November 2020 1/21/2021 Encounters: December 2020	2/18/2021 Encounters: January 2021 3/25/2021 Encounters: February 2021	4/22/2021 Encounters: March 2021 5/20/2021 Encounters: April 2021	6/24/2021 Encounters: May 2021 7/22/2021 Encounters: June 2021
Cash Disbursement Journal Files due to Myers and Stauffer	expected: 6/15/2020, 7/15/2020	expected: 8/17/2020, 9/15/2020	expected: 10/15/2020, 11/16/2020	expected: 12/15/2020, 1/15/2021	expected: 2/15/2021, 3/15/2021	expected: 4/15/2021, 5/17/2021	expected: 6/15/2021, 7/15/2021
Draft MCO Encounter Reconciliations Due to LDH	9/10/2020	11/5/2020	1/12/2021	3/11/2021	5/6/2021	7/8/2021	9/9/2021
DH to Provide MCOs with Draft Encounter Reconciliations	9/11/2020	11/6/2020	1/13/2021	3/12/2021	5/7/2021	7/9/2021	9/10/2021
Myers and Stauffer to Post Raw Encounter Data Files and Supplemental Duplicates / Calculated Voids Files	9/11/2020	11/6/2020	1/13/2021	3/12/2021	5/7/2021	7/9/2021	9/10/2021
Due from MCOs to be Included in the Next Report: Feedback on (1) Duplicates / /oids File and (2) Encounter Reconciliation	9/18/2020	11/13/2020	1/20/2021	3/19/2021	5/14/2021	7/16/2021	9/17/2021

\* LDH and Myers and Stauffer will not round encounter submission results

<sup>1</sup> The MMIS submission cut-off-date is set by the FAC and is subject to change per changes to the data extract frequency or data processes.

<sup>2</sup> For every day the encounter data from the FAC is delayed, the MCO Encounter Reconciliation report will be delayed by two days.

# Appendix B

Louisiana Department of Health

COMPARISON OF LOUISIANA MANAGED CARE ORGANIZATION ENCOUNTER DATA TO CASH DISBURSEMENTS FOR UNITEDHEALTHCARE COMMUNITY PLAN MARCH 1, 2020 THROUGH FEBRUARY 28, 2022

MED

May 5, 2022



UnitedHealthcare Community Plan Encounter and CDJ Comparison

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### **Study Purpose**

Louisiana Department of Health (LDH) engaged Myers and Stauffer LC to analyze Healthy Louisiana encounter data that has been submitted by the managed care organizations (MCO) to Louisiana's fiscal agent contractor (FAC), Gainwell, and complete a comparison of the encounters to cash disbursement journals provided by each MCO. For purposes of this analysis, "encounter data" are claims that have been paid by MCOs or delegated vendors (e.g., vision and pharmacy) to health care providers that have provided health care services to members enrolled with the MCO. Encounter data is submitted to LDH via the FAC for LDH's use in rate setting, federal reporting, program management and oversight, tracking, accounting, ad hoc analyses, and other activities.

LDH requested that, for this study, we estimate the percentage of each MCO delegated vendor paid encounters that appear to be included in the FAC's database. This analysis includes these percentages for the entire plan, as well as separate vision, non-emergency transportation (NET), dental value-added service (VAS), and pharmacy delegated vendor encounters paid during the period March 1, 2020 through February 28, 2022. We have also included the percentages for total non-vendor MCO paid encounters.

Our work was performed in accordance with American Institute of Certified Public Accountants (AICPA) professional standards for consulting engagements. We were not engaged to, nor did we perform, an audit, examination, or review services; accordingly, we express no opinion or conclusion related to the procedures performed or the information and documentation we reviewed. In addition, our engagement was not specifically designed for, and should not be relied on, to disclose errors, fraud, or other illegal acts that may exist.

The results of our engagement and this report are intended only for the internal use of the LDH and should not be used for any other purpose.





LDH requested that, for this study, we review the plan's paid encounters to determine if the paid encounters meet the state contract completeness range of **97 percent to 100 percent** when compared to the CDJ files that are submitted by the MCO. The encounters and CDJ file utilized in this study met the following criteria:

- > Encounters were paid within the reporting period of March 1, 2020 through February 28, 2022;
- > CDJ transactions had payment dates within the reporting period of March 1, 2020 through February 28, 2022;
- > Encounters were received and accepted by the FAC and transmitted to Myers and Stauffer LC through March 29, 2022.

		Table A — UHC	Cumulative Compl	etion Totals and Pe	rcentages					
			Delegated Vendor							
Description	Entire Plan	Non-Vendor	National MedTrans (Non- Emergency Transportation)	ModivCare (Non- Emergency Transportation)	MARCH Vision Care (Vision)	Dental Benefit Providers (Dental)	Optum Behavioral Health (Behavioral Health Services)	OptumRx (Pharmacy Benefits)		
Encounter Total (FAC reported)	\$3,910,210,434	\$2,247,593,410	\$6,638,146	\$19,863,114	\$23,655,877	\$15,630,442	\$446,801,290	\$1,150,028,155		
Total Encounter Adjustments (\$)	(\$75,245,240)	(\$42,590,308)	(\$273,501)	(\$1,552,875)	(\$368,296)	(\$705,162)	(\$13,230,395)	(\$16,524,702)		
Total Encounter Adjustments (%)	-1.92%	-1.89%	-4.12%	-7.81%	-1.55%	-4.51%	-2.96%	-1.43%		
Net Encounter Total	\$3,834,965,194	\$2,205,003,102	\$6,364,645	\$18,310,239	\$23,287,581	\$14,925,280	\$433,570,894	\$1,133,503,453		
CDJ Total	\$3,864,061,864	\$2,221,977,926	\$6,658,580	\$18,426,065	\$23,346,009	\$14,963,195	\$437,217,009	\$1,141,473,080		
Variance	(\$29,096,670)	(\$16,974,825)	(\$293,935)	(\$115,827)	(\$58,428)	(\$37,914)	(\$3,646,115)	(\$7,969,627)		
Completion (%)	99.24%	99.23%	95.58%	99.37%	99.74%	99.74%	99.16%	99.30%		
100% Limited Completion (%)										
Contract Minimum Completeness Requirement (%)		97.00%								
Non-Compliant (%)			-1.42%							





**Encounter Data Analysis** 

For this study, Myers and Stauffer analyzes the encounter data that is submitted by the MCO to the FAC and loaded into the FAC MMIS. Encounters submitted by the MCO that were rejected by the FAC for errors in submission or other reasons are not transmitted to Myers and Stauffer.

Furthermore, Myers and Stauffer analyzes the encounter data from the FAC MMIS and makes the following adjustments. Table B below outlines the impact of applying these encounter analysis adjustments to the encounter paid amounts, when compared to the raw data received.

- 1. The payment amounts associated with denied encounters are identified as zero dollars in the encounter reconciliation analysis since they bear no impact on cash disbursements.
- 2. We identified potential duplicate encounters using our encounter review logic. Based on a comparison to the CDJ files, we noted some of these potential duplicates appear to be partial payments, some are actual duplicate submissions, and some are replacement encounters without a matching void. At the direction of LDH, we have attempted to adjust our totals to reflect the actual payment made and have removed duplicate payment amounts from our analysis.

			Paid Amount
Description	Encounter Count	Paid Amount	(% of Total*)
Total Encounter Amount (FAC Reported)	62,937,028	\$3,910,210,434	100.00%
Adjustment Type			
Denied	(13,788,904)	(\$74,676,035)	-1.90%
Calculated Void	(11,186)	(\$184,015)	0.00%
Duplicate	(3,966)	(\$385, 190)	0.00%
Total Adjustments Made	(13,804,056)	(\$75,245,240)	-1.92%
Net Encounter Amounts	49,132,972	\$3,834,965,194	98.08%

\* Percentage ratios are rounded down for each adjustment type and may not add up to the total percentage of adjustments made for this reporting period. Please see data analysis assumption number 7 on page 29 for further explanation



**UnitedHealthcare Community Plan Encounter and CDJ Comparison** 



**Data Issues and Recommendations** 

During this analysis, Myers and Stauffer identified potential data issues that may impact the completion percentages for UnitedHealthcare Community Plan. **Section A** details issues related to non-compliant cumulative completion percentages, while **Section B** notes outstanding data issues that UnitedHealthcare Community Plan may need to work to identify and resolve.

Please reference Tables 1 through 8 starting on page 9 for UnitedHealthcare Community Plan reconciliation period tables. These tables contain detailed reconciliation totals, completion percentages, and encounter analysis adjustments.

## Section A: Data issues that may impact completion percentages outside of the targeted range (below 97 percent or above 100 percent):

- 1. **National MedTrans (Table 3):** The National MedTrans cumulative completion percentage is 95.58 percent. March 2020 through July 2020 and November 2020 through March 2021, all have monthly completion percentages that are less than 97 percent. The months, October 2020 and April 2021 through August 2021, all have completion percentages above 100 percent.
  - The monthly completion percentages below 97 percent appear to be due to voiding of encounters without corresponding voiding in the CDJ transactions.

## We recommend UnitedHealthcare Community Plan work with National MedTrans, LDH, and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

#### Section B: Data issues and notes that currently may not impact compliance:

2. **Dental Benefit Provider (Table 6):** The Dental Benefit Provider completion percentage is in compliance at 99.74 percent. There are several months where the completion percentage is over 100 percent including April 2020 at 118.81 percent.

# We recommend UnitedHealthcare Community Plan work with DBP, LDH and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

3. **OptumRx (Table 7):** OptumRx completion cumulative completion percentage is in compliance at 99.30 percent. The February 2022 monthly completion percentage is over 100 percent at 101.04 percent.

We recommend UnitedHealthcare Community Plan work with Optum RX, LDH and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.

4. **Non-Vendor (Table 8):** UHC's Non-Vendor cumulative completion percentage is in compliance at 99.23 percent. There are several months where the completion percentage is over 100 percent.

We recommend UnitedHealthcare Community Plan work with LDH and Gainwell to identify and correct any CDJ file and/or encounter data submission issues.



### Value-Added Services (VAS) Summary

Value-added services are included in the MCO's vision, dental, and non-vendor<sup>1</sup> CDJ and encounter totals. VAS CDJ data is identified based on the activity type field of the CDJ files received from the MCO and VAS encounter data is identified based on the first two characters of the Plan ICN field.

Below is a summary of the cumulative completion percentages for all delegated vendor and non-vendor paid VAS encounters submitted to Gainwell, for the reporting period of March 1, 2020 through February 28, 2022. The VAS CDJ and encounter totals in the table below are included in the entire plan, non-vendor and delegated vendor completion percentage tables as well.

Tab	le C — UHC VAS C	umulative Complet	ion Totals and Perce	ntages		
				Delegated		
Description	Entire Plan	Non-Vendor	National MedTrans (Non- Emergency Transportation)	ModivCare (Non- Emergency Transportation)	MARCH Vision Care (Vision)	Dental Benefit Providers (Dental)
Encounter Total (FAC reported)	\$27,794,544	\$2,803,484	\$91,804	\$52,820	\$9,214,754	\$15,630,442
Total Encounter Adjustments (\$)	(\$815,766)	(\$38,127)	(\$5,792)	(\$4,605)	(\$61,943)	(\$705,162)
Total Encounter Adjustments (%)	-2.93%	-1.35%	-6.30%	-8.71%	-0.67%	-4.51%
Net Encounter Total	\$26,978,778	\$2,765,357	\$86,011	\$48,215	\$9,152,811	\$14,925,280
CDJ Total	\$27,044,842	\$2,790,338	\$79,814	\$39,795	\$9,171,701	\$14,963,195
Variance	(\$66,065)	(\$24,981)	\$6,198	\$8,420	(\$18,890)	(\$37,914)
Completion (%)	99.75%	99.10%	107.76%	121.15%	99.79%	99.74%
100% Limited^ Completion (%)	99.70%		100.00%	100.00%		
Contract Minimum Completeness Requirement (%)	97.00%					
Non-Compliant (%)			7.76%	21.15%		

^ – To avoid overstating the VAS Entire Plan results in situations when the MCO or an individual vendor's cumulative completion percentage exceeds 100 percent, we reduced such encounter totals by the period's variance in comparison with the CDJs. Please see data analysis assumption number 9 on page 28 for further explanation.

1 – Since all dental services are VAS, the VAS dental totals indicated on this page are identical to the totals shown in Table 6 – UHC Dental Benefit Providers (Dental).

UHC reported a Behavioral Health VAS amount of \$1,240.00 during the reporting period.



Potential issues that may cause a significant impact on the VAS completion percentages are listed below:

- 1. Non-Vendor VAS (Table 6V): UHC's Non-Vendor VAS cumulative percentage is in compliance at 99.10 percent. However, there are several months with completion percentages above 100 percent.
- 2. National MedTrans VAS (Table 2V); National MedTrans VAS cumulative completion percentage is out of compliance at 107.76 percent. There are several months with completion percentages above 100 percent.
- **3.** ModivCare VAS (Table 3V): ModivCare VAS cumulative completion percentage is out of compliance at 121.15 percent. There are several month with completion percentages above 100 percent.





### 🥸 | UnitedHealthcare Entire Plan Monthly Table

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$157,295,820	(\$8,926,701)	-6%	\$148,369,118	\$146,390,341	\$1,978,777	101.35%
April 2020	\$138,761,976	(\$2,047,488)	-1%	\$136,714,488	\$137,203,116	(\$488,628)	99.64%
May 2020	\$128,676,836	(\$2,055,544)	-2%	\$126,621,293	\$127,617,428	(\$996,135)	99.21%
June 2020	\$131,960,805	(\$2,812,649)	-2%	\$129,148,155	\$130,003,208	(\$855,053)	99.34%
July 2020	\$152,000,509	(\$2,755,546)	-2%	\$149,244,962	\$149,797,750	(\$552,788)	99.63%
August 2020	\$155,337,225	(\$3,172,027)	-2%	\$152,165,198	\$152,947,725	(\$782,527)	99.48%
September 2020	\$149,129,977	(\$2,267,581)	-2%	\$146,862,395	\$147,698,908	(\$836,513)	99.43%
October 2020	\$161,968,709	(\$2,450,057)	-2%	\$159,518,652	\$160,698,837	(\$1,180,184)	99.26%
November 2020	\$159,873,263	(\$2,278,877)	-1%	\$157,594,386	\$158,614,973	(\$1,020,587)	99.35%
December 2020	\$172,415,162	(\$4,544,901)	-3%	\$167,870,261	\$169,085,553	(\$1,215,292)	99.28%
January 2021	\$151,231,593	(\$2,328,210)	-2%	\$148,903,383	\$150,067,734	(\$1,164,351)	99.22%
February 2021	\$155,214,431	(\$5,208,400)	-3%	\$150,006,031	\$150,967,992	(\$961,960)	99.36%
March 2021	\$171,171,869	(\$1,770,158)	-1%	\$169,401,711	\$170,776,044	(\$1,374,333)	99.19%
April 2021	\$172,447,685	(\$2,866,135)	-2%	\$169,581,550	\$171,978,395	(\$2,396,845)	98.60%
May 2021	\$163,430,825	(\$2,499,893)	-2%	\$160,930,932	\$162,961,889	(\$2,030,957)	98.75%
June 2021	\$170,657,620	(\$3,687,422)	-2%	\$166,970,198	\$169,533,004	(\$2,562,806)	98.48%
July 2021	\$176,946,701	(\$4,640,017)	-3%	\$172,306,683	\$174,832,368	(\$2,525,685)	98.55%
August 2021	\$175,543,546	(\$3,649,923)	-2%	\$171,893,623	\$174,263,924	(\$2,370,301)	98.63%
September 2021	\$178,531,238	(\$3,126,753)	-2%	\$175,404,485	\$178,460,104	(\$3,055,618)	98.28%
October 2021	\$195,387,642	(\$2,854,365)	-1%	\$192,533,277	\$195,658,708	(\$3,125,432)	98.40%
November 2021	\$163,907,386	(\$2,447,838)	-1%	\$161,459,548	\$163,507,206	(\$2,047,657)	98.74%
December 2021	\$184,853,807	(\$2,865,437)	-2%	\$181,988,371	\$183,407,397	(\$1,419,026)	99.22%
January 2022	\$172,764,290	(\$2,140,192)	-1%	\$170,624,098	\$170,242,767	\$381,332	100.22%
February 2022	\$170,701,519	(\$1,849,126)	-1%	\$168,852,393	\$167,346,494	\$1,505,899	100.89%
umulative Totals	\$3,910,210,434	(\$75,245,240)	-2%	\$3,834,965,194	\$3,864,061,864	(\$29,096,670)	99.24%
100% Limited Cumulative Total				ate Contract Minimur			97.00%

 $\mathbf{\hat{s}}^{\dagger}$  UnitedHealthcare Optum Behavioral Health Monthly Table

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completior Percentage
March 2020	\$18,187,395	(\$554,662)	-3%	\$17,632,733	\$17,823,334	(\$190,601)	98.93%
April 2020	\$16,734,757	(\$328,042)	-2%	\$16,406,715	\$16,482,039	(\$75,323)	99.54%
May 2020	\$15,516,213	(\$371,241)	-2%	\$15,144,973	\$15,208,883	(\$63,910)	99.57%
June 2020	\$15,980,006	(\$346,042)	-2%	\$15,633,964	\$15,662,177	(\$28,213)	99.81%
July 2020	\$19,037,128	(\$430,360)	-2%	\$18,606,768	\$18,655,492	(\$48,725)	99.73%
August 2020	\$19,426,589	(\$467,116)	-2%	\$18,959,473	\$19,058,871	(\$99,398)	99.47%
September 2020	\$16,234,089	(\$315,813)	-2%	\$15,918,276	\$15,946,204	(\$27,927)	99.82%
October 2020	\$18,546,806	(\$428,637)	-2%	\$18,118,169	\$18,147,096	(\$28,927)	99.84%
November 2020	\$18,673,353	(\$282,205)	-2%	\$18,391,148	\$18,502,374	(\$111,225)	99.39%
December 2020	\$19,805,008	(\$356,471)	-2%	\$19,448,537	\$19,590,679	(\$142,141)	99.27%
January 2021	\$18,551,539	(\$507,894)	-3%	\$18,043,646	\$18,203,377	(\$159,731)	99.12%
February 2021	\$17,610,970	(\$473,933)	-3%	\$17,137,038	\$17,268,370	(\$131,332)	99.23%
March 2021	\$20,442,574	(\$451,207)	-2%	\$19,991,367	\$20,164,644	(\$173,277)	99.14%
April 2021	\$19,457,306	(\$511,210)	-3%	\$18,946,097	\$19,028,077	(\$81,980)	99.56%
May 2021	\$18,752,800	(\$802,052)	-4%	\$17,950,748	\$18,074,479	(\$123,731)	99.31%
June 2021	\$20,344,196	(\$1,089,400)	-5%	\$19,254,796	\$19,427,032	(\$172,236)	99.11%
July 2021	\$20,077,258	(\$1,587,478)	-8%	\$18,489,780	\$18,698,368	(\$208,588)	98.88%
August 2021	\$18,583,411	(\$1,034,826)	-6%	\$17,548,584	\$17,717,214	(\$168,630)	99.04%
September 2021	\$18,758,571	(\$628,653)	-3%	\$18,129,918	\$18,420,564	(\$290,646)	98.42%
October 2021	\$20,056,712	(\$485,138)	-2%	\$19,571,574	\$19,819,012	(\$247,438)	98.75%
November 2021	\$17,619,081	(\$389,254)	-2%	\$17,229,827	\$17,451,126	(\$221,299)	98.73%
December 2021	\$20,965,920	(\$567,174)	-3%	\$20,398,746	\$20,796,133	(\$397,387)	98.08%
January 2022	\$18,742,320	(\$374,372)	-2%	\$18,367,949	\$18,607,187	(\$239,238)	98.71%
February 2022	\$18,697,285	(\$447,216)	-2%	\$18,250,069	\$18,464,279	(\$214,210)	98.83%
Cumulative Totals	\$446,801,290	(\$13,230,395)	-3%	\$433,570,894	\$437,217,009	(\$3,646,115)	99.16%



### See I UnitedHealthcare National MedTrans Monthly Table

	Monthly Encounter		Percentage of				Monthly
Paid Month	Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Completion Percentage
March 2020	\$1,006,347	(\$12,374)	-1%	\$993,973	\$1,087,382	(\$93,409)	91.40%
April 2020	\$708,376	(\$1,781)	0%	\$706,595	\$758,062	(\$51,467)	93.21%
May 2020	\$733,603	(\$3,479)	0%	\$730,123	\$786,315	(\$56,191)	92.85%
June 2020	\$770,941	(\$1,682)	0%	\$769,259	\$827,371	(\$58,112)	92.97%
July 2020	\$1,017,923	(\$3,493)	0%	\$1,014,429	\$1,048,240	(\$33,811)	96.77%
August 2020	\$928,406	(\$4,628)	0%	\$923,778	\$928,610	(\$4,832)	99.47%
September 2020	\$637,619	(\$6,100)	-1%	\$631,519	\$683,830	(\$52,311)	92.35%
October 2020	\$342,720	(\$54,650)	-16%	\$288,070	\$267,929	\$20,141	107.51%
November 2020	\$72,218	(\$579)	-1%	\$71,640	\$81,124	(\$9,484)	88.30%
December 2020	\$92,515	(\$2,499)	-3%	\$90,016	\$96,675	(\$6,660)	93.11%
January 2021	\$74,024	(\$32,546)	-44%	\$41,478	\$50,690	(\$9,212)	81.82%
February 2021	\$15,317	(\$3,088)	-20%	\$12,229	\$13,096	(\$867)	93.37%
March 2021	\$8,660	(\$2,803)	-32%	\$5,858	\$6,465	(\$607)	90.61%
April 2021	\$8,054	(\$628)	-8%	\$7,426	\$4,932	\$2,493	150.55%
May 2021	\$9,500	\$0	0%	\$9,500	\$9,062	\$438	104.83%
June 2021	\$4,301	(\$1,959)	-46%	\$2,342	\$2,151	\$191	108.89%
July 2021	\$67,581	(\$27,312)	-40%	\$40,269	\$28,731	\$11,538	140.15%
August 2021	\$23,806	(\$1,703)	-7%	\$22,103	\$13,978	\$8,125	158.12%
September 2021	\$116,237	(\$112,198)	-97%	\$4,039	(\$36,063)	\$40,102	-11.20%
October 2021	\$0	\$0		\$0	\$0	\$0	
November 2021	\$0	\$0		\$0	\$0	\$0	
December 2021	\$0	\$0		\$0	\$0	\$0	
January 2022	\$0	\$0		\$0	\$0	\$0	
February 2022	\$0	\$0		\$0	\$0	\$0	

Cumulative Totals	\$6,638,146	(\$273,501)	-4%	\$6,364,645	\$6,658,580	(\$293,935)	95.58%
100% Limited Cumulative Total							
			State	e Contract Minimum Com	pleteness Percen	tage Requirement	97.00%
						Non-Compliant	<b>-1.42%</b>







# UnitedHealthcare ModivCare Monthly Table

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$0	\$0		\$0	\$0	\$0	
April 2020	\$0	\$0		\$0	\$0	\$0	
May 2020	\$0	\$0		\$0	\$0	\$0	
June 2020	\$0	\$0		\$0	\$0	\$0	
July 2020	\$0	\$0		\$0	\$0	\$0	
August 2020	\$0	\$0		\$0	\$0	\$0	
September 2020	\$128,399	(\$105)	0%	\$128,294	\$129,309	(\$1,015)	99.21%
October 2020	\$604,260	(\$1,475)	0%	\$602,785	\$612,277	(\$9,492)	98.44%
November 2020	\$521,942	(\$4,483)	-1%	\$517,459	\$529,470	(\$12,011)	97.73%
December 2020	\$1,955,150	(\$604,322)	-31%	\$1,350,828	\$1,382,126	(\$31,298)	97.73%
January 2021	\$1,464,683	(\$110,922)	-8%	\$1,353,762	\$1,373,213	(\$19,452)	98.58%
February 2021	\$1,207,870	(\$73,501)	-6%	\$1,134,369	\$1,142,547	(\$8,178)	99.28%
March 2021	\$1,160,432	(\$168,266)	-15%	\$992,166	\$994,711	(\$2,545)	99.74%
April 2021	\$1,123,661	(\$5,296)	0%	\$1,118,365	\$1,119,070	(\$705)	99.93%
May 2021	\$896,356	(\$21,323)	-2%	\$875,033	\$876,933	(\$1,900)	99.78%
June 2021	\$971,037	(\$4,647)	0%	\$966,390	\$971,969	(\$5,578)	99.42%
July 2021	\$1,356,538	(\$393,205)	-29%	\$963,333	\$965,974	(\$2,641)	99.72%
August 2021	\$1,471,276	(\$149,249)	-10%	\$1,322,027	\$1,326,422	(\$4,395)	99.66%
September 2021	\$779,287	(\$2,497)	0%	\$776,790	\$779,287	(\$2,497)	99.67%
October 2021	\$1,252,601	(\$1,583)	0%	\$1,251,019	\$1,253,137	(\$2,118)	99.83%
November 2021	\$1,305,301	(\$1,835)	0%	\$1,303,466	\$1,305,301	(\$1,835)	99.85%
December 2021	\$1,566,818	(\$2,970)	0%	\$1,563,848	\$1,566,818	(\$2,970)	99.81%
January 2022	\$945,411	(\$4,193)	0%	\$941,217	\$945,411	(\$4,193)	99.55%
February 2022	\$1,152,092	(\$3,005)	0%	\$1,149,087	\$1,152,092	(\$3,005)	99.73%

Cumulative Totals	\$19,863,114	(\$1,552,875)	-8%	\$18,310,239	\$18,426,065	(\$115,827)	99.37%
100% Limited Cumulative Total							
			State	Contract Minimum C	completeness Perc	entage Requirement	97.00%





#### **UnitedHealthcare March Vision Monthly Table**

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$1,081,843	(\$2,675)	0%	\$1,079,168	\$1,081,957	(\$2,789)	99.74%
April 2020	\$221,267	(\$716)	0%	\$220,551	\$220,773	(\$222)	99.89%
May 2020	\$317,473	(\$2,212)	-1%	\$315,260	\$317,169	(\$1,909)	99.39%
June 2020	\$828,696	(\$3,117)	0%	\$825,579	\$828,391	(\$2,813)	99.66%
July 2020	\$938,351	(\$2,011)	0%	\$936,341	\$938,514	(\$2,173)	99.76%
August 2020	\$1,020,322	(\$1,685)	0%	\$1,018,637	\$1,020,071	(\$1,434)	99.85%
September 2020	\$1,055,453	(\$1,905)	0%	\$1,053,548	\$1,054,562	(\$1,014)	99.90%
October 2020	\$1,144,161	(\$3,709)	0%	\$1,140,452	\$1,142,522	(\$2,070)	99.81%
November 2020	\$900,023	(\$1,171)	0%	\$898,852	\$899,748	(\$896)	99.90%
December 2020	\$1,115,297	(\$1,767)	0%	\$1,113,530	\$1,115,386	(\$1,856)	99.83%
January 2021	\$1,073,469	(\$2,248)	0%	\$1,071,221	\$1,073,007	(\$1,787)	99.83%
February 2021	\$1,097,815	(\$1,672)	0%	\$1,096,142	\$1,098,273	(\$2,131)	99.80%
March 2021	\$1,332,972	(\$2,193)	0%	\$1,330,778	\$1,333,266	(\$2,488)	99.81%
April 2021	\$1,187,112	(\$3,206)	0%	\$1,183,906	\$1,186,845	(\$2,939)	99.75%
May 2021	\$979,450	(\$1,638)	0%	\$977,812	\$980,020	(\$2,208)	99.77%
June 2021	\$999,113	(\$3,410)	0%	\$995,703	\$999,792	(\$4,089)	99.59%
July 2021	\$981,877	(\$3,063)	0%	\$978,814	\$980,776	(\$1,962)	99.79%
August 2021	\$1,141,280	(\$3,341)	0%	\$1,137,939	\$1,141,394	(\$3,455)	99.69%
September 2021	\$770,266	(\$2,067)	0%	\$768,198	\$771,838	(\$3,640)	99.52%
October 2021	\$1,086,148	(\$74,492)	-7%	\$1,011,656	\$1,014,075	(\$2,419)	99.76%
November 2021	\$1,290,060	(\$201,198)	-16%	\$1,088,862	\$1,091,598	(\$2,736)	99.74%
December 2021	\$932,964	(\$24,999)	-3%	\$907,965	\$912,171	(\$4,206)	99.53%
January 2022	\$1,001,965	(\$13,294)	-1%	\$988,670	\$991,056	(\$2,386)	99.75%
February 2022	\$1,158,501	(\$10,505)	-1%	\$1,147,996	\$1,152,803	(\$4,807)	99.58%
Cumulative Totals	\$23,655,877	(\$368,296)	-2%	\$23,287,581	\$23,346,009	(\$58,428)	99.74%
100% Limited Cumulative Total							

State Contract Minimum Completeness Percentage Requirement



97.00%



#### **UnitedHealthcare Dental Benefit Providers Monthly Table**

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$750,567	(\$12,607)	-2%	\$737,960	\$723,427	\$14,533	102.00%
April 2020	\$98,445	(\$411)	0%	\$98,034	\$82,509	\$15,525	118.81%
May 2020	\$301,660	(\$106)	0%	\$301,554	\$301,660	(\$106)	99.96%
June 2020	\$415,224	(\$35,035)	-8%	\$380,189	\$382,077	(\$1,888)	99.50%
July 2020	\$869,164	(\$10,143)	-1%	\$859,021	\$860,842	(\$1,821)	99.78%
August 2020	\$524,618	(\$2,434)	0%	\$522,184	\$523,564	(\$1,380)	99.73%
September 2020	\$520,263	(\$2,555)	0%	\$517,708	\$508,687	\$9,021	101.77%
October 2020	\$850,675	(\$494)	0%	\$850,182	\$850,857	(\$675)	99.92%
November 2020	\$660,652	(\$17,063)	-3%	\$643,590	\$645,168	(\$1,578)	99.75%
December 2020	\$588,058	(\$1,681)	0%	\$586,377	\$587,240	(\$863)	99.85%
January 2021	\$819,467	(\$5,929)	-1%	\$813,537	\$814,565	(\$1,028)	99.87%
February 2021	\$640,658	(\$26,802)	-4%	\$613,856	\$614,649	(\$793)	99.87%
March 2021	\$756,301	(\$30,812)	-4%	\$725,489	\$727,979	(\$2,491)	99.65%
April 2021	\$868,655	(\$20,757)	-2%	\$847,897	\$849,530	(\$1,633)	99.80%
May 2021	\$763,610	(\$57,926)	-8%	\$705,683	\$706,188	(\$505)	99.92%
June 2021	\$840,268	(\$179,991)	-21%	\$660,278	\$680,494	(\$20,216)	97.02%
July 2021	\$1,017,949	(\$253,651)	-25%	\$764,299	\$777,485	(\$13,187)	98.30%
August 2021	\$664,598	(\$16,239)	-2%	\$648,358	\$659,656	(\$11,298)	98.28%
September 2021	\$559,537	(\$9,787)	-2%	\$549,751	\$556,145	(\$6,394)	98.85%
October 2021	\$598,688	(\$16,131)	-3%	\$582,557	\$592,371	(\$9,814)	98.34%
November 2021	\$565,627	(\$403)	0%	\$565,224	\$569,670	(\$4,446)	99.21%
December 2021	\$620,993	(\$617)	0%	\$620,377	\$626,936	(\$6,559)	98.95%
January 2022	\$661,039	(\$755)	0%	\$660,284	\$648,595	\$11,689	101.80%
February 2022	\$673,725	(\$2,833)	0%	\$670,893	\$672,900	(\$2,007)	99.70%

Cumulative Totals	\$15,630,442	(\$705,162)	-5%	\$14,925,280	\$14,963,195	(\$37,914)	99.74%
100% Limited Cumulative Total							
			State Con	ntract Minimum Comp	leteness Percenta	ge Requirement	97.00%







### Second Se

	Monthly Encounter Total	Manthly Francistan	Percentage of	Monthly			Monthly
Paid Month	(FAC Reported)	Monthly Encounter Total (Adjustments)	Encounters Adjusted	Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Completion Percentage
March 2020	\$50,950,918	(\$6,806,865)	-13%	\$44,144,052	\$44,321,569	(\$177,516)	99.59%
April 2020	\$42,693,995	(\$208,038)	0%	\$42,485,957	\$42,525,502	(\$39,546)	99.90%
May 2020	\$42,292,019	(\$116,702)	0%	\$42,175,317	\$42,516,925	(\$341,607)	99.19%
June 2020	\$42,290,827	(\$816,255)	-2%	\$41,474,572	\$41,587,195	(\$112,622)	99.72%
July 2020	\$43,341,281	(\$1,025,229)	-2%	\$42,316,052	\$42,696,924	(\$380,872)	99.10%
August 2020	\$46,421,024	(\$1,195,258)	-3%	\$45,225,766	\$45,772,771	(\$547,005)	98.80%
September 2020	\$43,451,707	(\$635,167)	-1%	\$42,816,540	\$42,985,629	(\$169,089)	99.60%
October 2020	\$46,867,519	(\$345,061)	-1%	\$46,522,458	\$46,941,589	(\$419,131)	99.10%
November 2020	\$50,023,782	(\$974,569)	-2%	\$49,049,213	\$49,394,692	(\$345,479)	99.30%
December 2020	\$46,420,510	(\$2,530,756)	-5%	\$43,889,755	\$44,300,071	(\$410,317)	99.07%
January 2021	\$46,368,183	(\$175,506)	0%	\$46,192,676	\$46,614,397	(\$421,721)	99.09%
February 2021	\$39,220,411	(\$43,731)	0%	\$39,176,679	\$39,441,461	(\$264,782)	99.32%
March 2021	\$52,259,634	(\$85,485)	0%	\$52,174,150	\$52,428,122	(\$253,972)	99.51%
April 2021	\$50,708,814	(\$176,076)	0%	\$50,532,738	\$51,392,182	(\$859,444)	98.32%
May 2021	\$50,621,236	(\$78,287)	0%	\$50,542,950	\$51,376,515	(\$833,565)	98.37%
June 2021	\$48,275,316	(\$169,555)	0%	\$48,105,761	\$48,590,798	(\$485,037)	99.00%
July 2021	\$46,930,181	(\$96,657)	0%	\$46,833,524	\$47,012,891	(\$179,367)	99.61%
August 2021	\$54,351,879	(\$144,982)	0%	\$54,206,897	\$54,630,396	(\$423,499)	99.22%
September 2021	\$47,111,187	(\$176,075)	0%	\$46,935,112	\$47,550,191	(\$615,079)	98.70%
October 2021	\$51,582,515	(\$168,151)	0%	\$51,414,364	\$51,864,099	(\$449,734)	99.13%
November 2021	\$55,594,138	(\$126,032)	0%	\$55,468,106	\$55,601,370	(\$133,265)	99.76%
December 2021	\$56,347,929	(\$240,351)	0%	\$56,107,578	\$56,354,135	(\$246,556)	99.56%
January 2022	\$45,687,080	(\$85,042)	0%	\$45,602,038	\$45,981,840	(\$379,802)	99.17%
February 2022	\$50,216,071	(\$104,872)	0%	\$50,111,199	\$49,591,818	\$519,381	101.04%

Cumulative Totals	\$1,150,028,155	(\$16,524,702)	-1%	\$1,133,503,453	\$1,141,473,080	(\$7,969,627)	99.30%
100% Limited Cumulative Total							
				State Contract Minim	um Completeness Perce	entage Requirement	97.00%





Table 8 — UnitedHealthcare Community Plan - Non-Vendor											
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage				
March 2020	\$85,318,751	(\$1,537,519)	-2%	\$83,781,232	\$81,352,673	\$2,428,559	102.98%				
April 2020	\$78,305,136	(\$1,508,500)	-2%	\$76,796,636	\$77,134,231	(\$337,594)	99.56%				
May 2020	\$69,515,869	(\$1,561,803)	-2%	\$67,954,065	\$68,486,477	(\$532,412)	99.22%				
June 2020	\$71,675,111	(\$1,610,518)	-2%	\$70,064,593	\$70,715,998	(\$651,405)	99.07%				
July 2020	\$86,796,661	(\$1,284,309)	-1%	\$85,512,352	\$85,597,738	(\$85,386)	99.90%				
August 2020	\$87,016,267	(\$1,500,905)	-2%	\$85,515,362	\$85,643,839	(\$128,477)	99.84%				
September 2020	\$87,102,446	(\$1,305,936)	-1%	\$85,796,509	\$86,390,688	(\$594,179)	99.31%				
October 2020	\$93,612,569	(\$1,616,032)	-2%	\$91,996,537	\$92,736,567	(\$740,030)	99.20%				
November 2020	\$89,021,291	(\$998,807)	-1%	\$88,022,485	\$88,562,398	(\$539,913)	99.39%				
December 2020	\$102,438,624	(\$1,047,406)	-1%	\$101,391,218	\$102,013,376	(\$622,157)	99.39%				
January 2021	\$82,880,228	(\$1,493,165)	-2%	\$81,387,063	\$81,938,483	(\$551,420)	99.32%				
February 2021	\$95,421,391	(\$4,585,673)	-5%	\$90,835,718	\$91,389,595	(\$553,876)	99.39%				
March 2021	\$95,211,296	(\$1,029,392)	-1%	\$94,181,904	\$95,120,858	(\$938,954)	99.01%				
April 2021	\$99,094,083	(\$2,148,963)	-2%	\$96,945,121	\$98,397,758	(\$1,452,637)	98.52%				
May 2021	\$91,407,873	(\$1,538,667)	-2%	\$89,869,205	\$90,938,693	(\$1,069,488)	98.82%				
June 2021	\$99,223,389	(\$2,238,460)	-2%	\$96,984,929	\$98,860,768	(\$1,875,840)	98.10%				
July 2021	\$106,515,317	(\$2,278,652)	-2%	\$104,236,665	\$106,368,143	(\$2,131,478)	97.99%				
August 2021	\$99,307,296	(\$2,299,581)	-2%	\$97,007,715	\$98,774,864	(\$1,767,149)	98.21%				
September 2021	\$110,436,153	(\$2,195,476)	-2%	\$108,240,677	\$110,418,141	(\$2,177,464)	98.02%				
October 2021	\$120,810,977	(\$2,108,870)	-2%	\$118,702,108	\$121,116,015	(\$2,413,908)	98.00%				
November 2021	\$87,533,178	(\$1,729,114)	-2%	\$85,804,064	\$87,488,140	(\$1,684,076)	98.07%				
December 2021	\$104,419,183	(\$2,029,327)	-2%	\$102,389,856	\$103,151,204	(\$761,348)	99.26%				
January 2022	\$105,726,475	(\$1,662,536)	-2%	\$104,063,939	\$103,068,678	\$995,261	100.96%				
February 2022	\$98,803,845	(\$1,280,696)	-1%	\$97,523,149	\$96,312,602	\$1,210,547	101.25%				
Cumulative Totals	\$2,247,593,410	(\$42,590,308)	-2%	\$2,205,003,102	\$2,221,977,926	(\$16,974,825)	99.23%				
00% Limited Cumulative Total											



97.00%

State Contract Minimum Completeness Percentage Requirement

UnitedHealthcare Community Plan Encounter and CDJ Comparison



**UnitedHealthcare Summary Reporting Charts** 

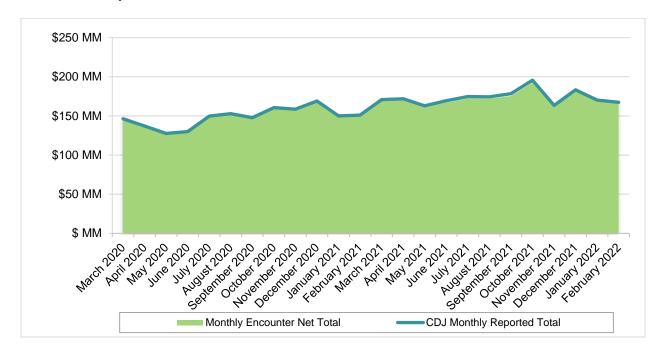
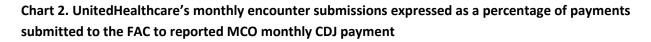


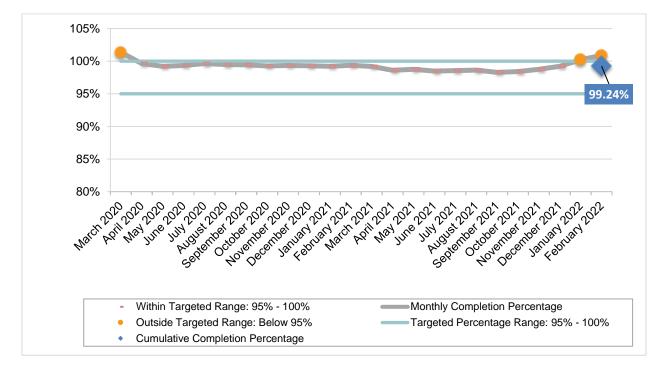
Chart 1. Monthly CDJ totals and encounter submission for UnitedHealthcare



#### UnitedHealthcare Community Plan Encounter and CDJ Comparison











# Appendix A – Value Added Services (VAS) Tables

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$1,267,897	(\$14,434)	-1%	\$1,253,463	\$1,234,564	\$18,900	101.53%
April 2020	\$240,315	(\$3,444)	-1%	\$236,871	\$221,498	\$15,373	106.94%
May 2020	\$490,205	(\$1,830)	0%	\$488,375	\$488,811	(\$436)	99.91%
June 2020	\$850,101	(\$36,968)	-4%	\$813,133	\$815,687	(\$2,555)	99.68%
July 2020	\$1,345,066	(\$12,005)	-1%	\$1,333,060	\$1,336,192	(\$3,132)	99.76%
August 2020	\$1,065,120	(\$4,103)	0%	\$1,061,017	\$1,063,284	(\$2,267)	99.78%
September 2020	\$1,054,645	(\$4,547)	0%	\$1,050,098	\$1,041,850	\$8,248	100.79%
October 2020	\$1,419,705	(\$8,092)	-1%	\$1,411,613	\$1,409,982	\$1,631	100.11%
November 2020	\$1,100,471	(\$20,632)	-2%	\$1,079,839	\$1,082,369	(\$2,531)	99.76%
December 2020	\$1,065,706	(\$8,578)	-1%	\$1,057,128	\$1,055,622	\$1,506	100.14%
January 2021	\$1,361,295	(\$8,291)	-1%	\$1,353,003	\$1,359,220	(\$6,216)	99.54%
February 2021	\$1,233,772	(\$28,049)	-2%	\$1,205,723	\$1,207,322	(\$1,599)	99.86%
March 2021	\$1,487,234	(\$31,862)	-2%	\$1,455,372	\$1,459,525	(\$4,153)	99.71%
April 2021	\$1,489,683	(\$22,156)	-1%	\$1,467,527	\$1,469,939	(\$2,412)	99.83%
May 2021	\$1,289,573	(\$59,819)	-5%	\$1,229,754	\$1,231,821	(\$2,067)	99.83%
June 2021	\$1,395,245	(\$181,659)	-13%	\$1,213,587	\$1,235,908	(\$22,322)	98.19%
July 2021	\$1,547,347	(\$258,009)	-17%	\$1,289,337	\$1,303,690	(\$14,352)	98.89%
August 2021	\$1,150,058	(\$18,853)	-2%	\$1,131,205	\$1,146,705	(\$15,500)	98.64%
September 2021	\$945,733	(\$14,026)	-1%	\$931,707	\$939,477	(\$7,771)	99.17%
October 2021	\$1,270,630	(\$25,502)	-2%	\$1,245,128	\$1,260,945	(\$15,817)	98.74%
November 2021	\$1,190,794	(\$21,020)	-2%	\$1,169,774	\$1,177,964	(\$8,190)	99.30%
December 2021	\$1,029,581	(\$13,793)	-1%	\$1,015,788	\$1,022,076	(\$6,288)	99.38%
January 2022	\$1,209,530	(\$8,694)	-1%	\$1,200,836	\$1,191,875	\$8,961	100.75%
February 2022	\$1,294,841	(\$9,400)	-1%	\$1,285,440	\$1,288,516	(\$3,076)	99.76%
Cumulative Totals	\$27,794,544	(\$815,766)	-3%	\$26,978,778	\$27,044,842	(\$66,065)	99.75%
0% Limited^ Cumulative Total				\$26,964,159.45	\$27,044,842	(\$80,683)	99.70%
			State C	Contract Minimum Co	ompleteness Percenta	ge Requirement	97.00%

B-19 DEDICATED TO GOVERNMENT HEALTH PROGRAMS





# Appendix A – Value Added Services (VAS) Tables

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$9,635	(\$24)	0%	\$9,612	\$5,254	\$4,357	182.93%
April 2020	\$6,654	(\$699)	-11%	\$5,955	\$5,835	\$120	102.04%
May 2020	\$6,102	\$0	0%	\$6,102	\$5,886	\$216	103.66%
June 2020	\$15,585	(\$16)	0%	\$15,569	\$15,106	\$463	103.06%
July 2020	\$14,884	(\$62)	0%	\$14,821	\$14,624	\$197	101.34%
August 2020	\$21,038	(\$352)	-2%	\$20,686	\$20,658	\$29	100.13%
September 2020	\$9,050	\$0	0%	\$9,050	\$9,625	(\$574)	94.03%
October 2020	\$2,348	(\$545)	-23%	\$1,802	\$1,812	(\$10)	99.47%
November 2020	\$444	\$0	0%	\$444	\$444	\$0	100.00%
December 2020	\$484	\$0	0%	\$484	\$484	\$0	100.00%
January 2021	\$0	\$0		\$0	\$0	\$0	
February 2021	\$0	\$0		\$0	\$0	\$0	
March 2021	\$0	\$0		\$0	\$0	\$0	
April 2021	\$0	\$0		\$0	\$0	\$0	
May 2021	\$0	\$0		\$0	\$0	\$0	
June 2021	\$0	\$0		\$0	\$0	\$0	
July 2021	\$2,248	(\$1,124)	-50%	\$1,124	\$567	\$557	198.20%
August 2021	\$361	\$0	0%	\$361	\$0	\$361	
September 2021	\$2,970	(\$2,970)	-100%	\$0	(\$483)	\$483	0.00%
October 2021	\$0	\$0		\$0	\$0	\$0	
November 2021	\$0	\$0		\$0	\$0	\$0	
December 2021	\$0	\$0		\$0	\$0	\$0	
January 2022	\$0	\$0		\$0	\$0	\$0	
February 2022	\$0	\$0		\$0	\$0	\$0	

Cumulative Totals	\$91,804	(\$5,792)	-6%	\$86,011	\$79,814	\$6,198	107.76%
100% Limited <sup>A</sup> Cumulative Total				\$79,814	\$79,814	\$0	100.00%
			Sta	te Contract Minimum Co	ompleteness Percel	ntage Requirement	97.00%





# 🔅 | Appendix A – Value Added Services (VAS) Tables

Paid Month	Monthly Encounte r Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$0	\$0		\$0	\$0	\$0	
April 2020	\$0	\$0		\$0	\$0	\$0	
May 2020	\$0	\$0		\$0	\$0	\$0	
June 2020	\$0	\$0		\$0	\$0	\$0	
July 2020	\$0	\$0		\$0	\$0	\$0	
August 2020	\$0	\$0		\$0	\$0	\$0	
September 2020	\$1,452	(\$24)	-2%	\$1,428	\$937	\$491	152.39%
October 2020	\$4,372	(\$14)	0%	\$4,359	\$1,668	\$2,690	261.26%
November 2020	\$4,490	(\$76)	-2%	\$4,415	\$1,171	\$3,243	376.93%
December 2020	\$9,843	(\$2,293)	-23%	\$7,550	\$2,975	\$4,575	253.75%
January 2021	(\$1,088)	(\$165)	15%	(\$1,253)	\$2,092	(\$3,346)	-59.88%
February 2021	\$2,205	\$0	0%	\$2,205	\$1,356	\$848	162.55%
March 2021	\$2,115	\$0	0%	\$2,115	\$2,198	(\$83)	96.23%
April 2021	\$3,399	\$0	0%	\$3,399	\$3,399	\$0	100.00%
May 2021	\$1,281	\$0	0%	\$1,281	\$1,281	\$0	100.00%
June 2021	\$2,749	\$0	0%	\$2,749	\$2,660	\$90	103.36%
July 2021	\$5,666	(\$1,326)	-23%	\$4,340	\$4,340	\$0	100.00%
August 2021	\$3,148	(\$619)	-20%	\$2,529	\$2,529	\$0	100.00%
September 2021	\$1,627	\$0	0%	\$1,627	\$1,627	\$0	100.00%
October 2021	\$2,062	\$0	0%	\$2,062	\$2,062	\$0	100.00%
November 2021	\$3,103	\$0	0%	\$3,103	\$3,103	\$0	100.00%
December 2021	\$3,199	\$0	0%	\$3,199	\$3,199	\$0	100.00%
January 2022	\$1,477	(\$89)	-6%	\$1,388	\$1,477	(\$89)	93.98%
February 2022	\$1,720	\$0	0%	\$1,720	\$1,720	\$0	100.00%
Cumulative Totals	\$52,820	(\$4,605)	-9%	\$48,215	\$39,795	\$8,420	121.15%
0% Limited <sup>^</sup> Cumulative Total				\$39,795	\$39,795	\$0	100.00%
	1	1			1		1

State Contract Minimum Completeness Percentage Requirement



97.00%



# 🔅 | Appendix A – Value Added Services (VAS) Tables

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$438,306	(\$960)	0%	\$437,346	\$438,382	(\$1,037)	99.76%
April 2020	\$76,172	(\$286)	0%	\$75,886	\$76,006	(\$120)	99.84%
May 2020	\$123,109	(\$552)	0%	\$122,557	\$122,895	(\$338)	99.72%
June 2020	\$342,915	(\$697)	0%	\$342,218	\$342,915	(\$696)	99.79%
July 2020	\$370,418	(\$421)	0%	\$369,997	\$370,684	(\$687)	99.81%
August 2020	\$353,154	(\$328)	0%	\$352,825	\$353,037	(\$212)	99.93%
September 2020	\$382,213	(\$331)	0%	\$381,882	\$381,912	(\$30)	99.99%
October 2020	\$401,130	(\$403)	0%	\$400,727	\$401,105	(\$378)	99.90%
November 2020	\$325,298	(\$183)	0%	\$325,115	\$325,462	(\$347)	99.89%
December 2020	\$380,618	(\$381)	0%	\$380,237	\$380,991	(\$754)	99.80%
January 2021	\$477,434	(\$681)	0%	\$476,753	\$477,153	(\$400)	99.91%
February 2021	\$518,257	(\$696)	0%	\$517,561	\$518,944	(\$1,383)	99.73%
March 2021	\$593,127	(\$360)	0%	\$592,767	\$593,749	(\$982)	99.83%
April 2021	\$525,489	(\$777)	0%	\$524,713	\$525,446	(\$733)	99.86%
May 2021	\$451,085	(\$557)	0%	\$450,528	\$451,450	(\$922)	99.79%
June 2021	\$421,800	(\$1,089)	0%	\$420,711	\$422,197	(\$1,486)	99.64%
July 2021	\$389,630	(\$892)	0%	\$388,738	\$388,892	(\$154)	99.96%
August 2021	\$366,932	(\$645)	0%	\$366,287	\$366,925	(\$638)	99.82%
September 2021	\$265,685	(\$685)	0%	\$264,999	\$266,101	(\$1,102)	99.58%
October 2021	\$338,656	(\$7,440)	-2%	\$331,216	\$331,490	(\$274)	99.91%
November 2021	\$394,230	(\$19,085)	-5%	\$375,146	\$375,890	(\$744)	99.80%
December 2021	\$322,850	(\$12,051)	-4%	\$310,799	\$312,599	(\$1,800)	99.42%
January 2022	\$432,070	(\$6,892)	-2%	\$425,178	\$427,276	(\$2,098)	99.50%
February 2022	\$524,174	(\$5,551)	-1%	\$518,624	\$520,199	(\$1,576)	99.69%

Cumulative Totals	\$9,214,754	(\$61,943)	-1%	\$9,152,811	\$9,171,701	(\$18,890)	99.79%
100% Limited^ Cumulative Total							
			State	e Contract Minimum C	completeness Perc	entage Requirement	97.00%





### Appendix A – Value Added Services (VAS) Tables

			Percentage				Monthly
Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Completio n Percentage
March 2020	\$750,567	(\$12,607)	-2%	\$737,960	\$723,427	\$14,533	102.00%
April 2020	\$98,445	(\$411)	0%	\$98,034	\$82,509	\$15,525	118.81%
May 2020	\$301,660	(\$106)	0%	\$301,554	\$301,660	(\$106)	99.96%
June 2020	\$415,224	(\$35,035)	-8%	\$380,189	\$382,077	(\$1,888)	99.50%
July 2020	\$869,164	(\$10,143)	-1%	\$859,021	\$860,842	(\$1,821)	99.78%
August 2020	\$524,618	(\$2,434)	0%	\$522,184	\$523,564	(\$1,380)	99.73%
September 2020	\$520,263	(\$2,555)	0%	\$517,708	\$508,687	\$9,021	101.77%
October 2020	\$850,675	(\$494)	0%	\$850,182	\$850,857	(\$675)	99.92%
November 2020	\$660,652	(\$17,063)	-3%	\$643,590	\$645,168	(\$1,578)	99.75%
December 2020	\$588,058	(\$1,681)	0%	\$586,377	\$587,240	(\$863)	99.85%
January 2021	\$819,467	(\$5,929)	-1%	\$813,537	\$814,565	(\$1,028)	99.87%
February 2021	\$640,658	(\$26,802)	-4%	\$613,856	\$614,649	(\$793)	99.87%
March 2021	\$756,301	(\$30,812)	-4%	\$725,489	\$727,979	(\$2,491)	99.65%
April 2021	\$868,655	(\$20,757)	-2%	\$847,897	\$849,530	(\$1,633)	99.80%
May 2021	\$763,610	(\$57,926)	-8%	\$705,683	\$706,188	(\$505)	99.92%
June 2021	\$840,268	(\$179,991)	-21%	\$660,278	\$680,494	(\$20,216)	97.02%
July 2021	\$1,017,949	(\$253,651)	-25%	\$764,299	\$777,485	(\$13,187)	98.30%
August 2021	\$664,598	(\$16,239)	-2%	\$648,358	\$659,656	(\$11,298)	98.28%
September 2021	\$559,537	(\$9,787)	-2%	\$549,751	\$556,145	(\$6,394)	98.85%
October 2021	\$598,688	(\$16,131)	-3%	\$582,557	\$592,371	(\$9,814)	98.34%
November 2021	\$565,627	(\$403)	0%	\$565,224	\$569,670	(\$4,446)	99.21%
December 2021	\$620,993	(\$617)	0%	\$620,377	\$626,936	(\$6,559)	98.95%
January 2022	\$661,039	(\$755)	0%	\$660,284	\$648,595	\$11,689	101.80%
February 2022	\$673,725	(\$2,833)	0%	\$670,893	\$672,900	(\$2,007)	99.70%
February 2022	\$673,725 <b>\$15,630,442</b>	(\$2,833) ( <b>\$705,162)</b>	0%	\$670,893 <b>\$14,925,280</b>	\$672,900 <b>\$14,963,195</b>	(\$2,007) (\$37,914)	9

Cumulative Totals	\$15,630,442	(\$705,162)	-5%	\$14,925,280	\$14,963,195	(\$37,914)	99.74%
100% Limited^ Cumulative Total							
			State	e Contract Minimum C	Completeness Perc	entage Requirement	97.00%





# Appendix A – Value Added Services (VAS) Tables

Paid Month	Monthly Encounter Total (FAC Reported)	Monthly Encounter Total (Adjustments)	Percentage of Encounters Adjusted	Monthly Encounter Net Total	CDJ Monthly Reported Total	Monthly Variance	Monthly Completion Percentage
March 2020	\$69,389	(\$843)	-1%	\$68,546	\$67,500	\$1,046	101.54%
April 2020	\$59,044	(\$2,048)	-3%	\$56,996	\$57,148	(\$151)	99.73%
May 2020	\$59,334	(\$1,172)	-2%	\$58,162	\$58,369	(\$207)	99.64%
June 2020	\$76,377	(\$1,220)	-2%	\$75,156	\$75,590	(\$433)	99.42%
July 2020	\$90,599	(\$1,378)	-2%	\$89,221	\$90,041	(\$820)	99.08%
August 2020	\$166,310	(\$988)	-1%	\$165,322	\$166,025	(\$703)	99.57%
September 2020	\$141,666	(\$1,637)	-1%	\$140,029	\$140,689	(\$660)	99.53%
October 2020	\$161,179	(\$6,636)	-4%	\$154,543	\$154,541	\$2	100.00%
November 2020	\$109,586	(\$3,311)	-3%	\$106,275	\$110,124	(\$3,849)	96.50%
December 2020	\$86,703	(\$4,223)	-5%	\$82,480	\$83,931	(\$1,451)	98.27%
January 2021	\$65,482	(\$1,516)	-2%	\$63,966	\$65,409	(\$1,442)	97.79%
February 2021	\$72,653	(\$551)	-1%	\$72,101	\$72,373	(\$271)	99.62%
March 2021	\$135,691	(\$689)	-1%	\$135,002	\$135,600	(\$598)	99.55%
April 2021	\$92,140	(\$621)	-1%	\$91,518	\$91,564	(\$46)	99.94%
May 2021	\$73,597	(\$1,336)	-2%	\$72,261	\$72,902	(\$640)	99.12%
June 2021	\$130,428	(\$579)	0%	\$129,849	\$130,558	(\$709)	99.45%
July 2021	\$131,854	(\$1,017)	-1%	\$130,836	\$132,405	(\$1,568)	98.81%
August 2021	\$114,881	(\$1,349)	-1%	\$113,532	\$117,595	(\$4,063)	96.54%
September 2021	\$115,638	(\$584)	-1%	\$115,054	\$116,086	(\$1,032)	99.11%
October 2021	\$330,948	(\$1,793)	-1%	\$329,155	\$335,022	(\$5,867)	98.24%
November 2021	\$227,420	(\$1,532)	-1%	\$225,888	\$229,302	(\$3,414)	98.51%
December 2021	\$82,539	(\$1,126)	-1%	\$81,414	\$79,342	\$2,071	102.61%
January 2022	\$114,944	(\$959)	-1%	\$113,986	\$114,527	(\$542)	99.52%
February 2022	\$95,083	(\$1,017)	-1%	\$94,066	\$93,697	\$369	100.39%

Cumulative Totals	\$2,803,484	(\$38,127)	-1%	\$2,765,357	\$2,790,338	(\$24,981)	99.10%
100% Limited <sup>^</sup> Cumulative Total							
			State C	Contract Minimum Co	mpleteness Perce	ntage Reguirement	97.00%



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#### Appendix B – DEFINITIONS AND ACRONYMS

The following terms are used throughout this document:

- **Bayou Health** The state of Louisiana's Medicaid managed care program name from inception through April 2016. Starting in February 2012, many members of the traditional Medicaid "delivery system" were transitioned from fee-for-service to Bayou Health. Prior to February 1, 2015, Bayou Health's executed contracts included three risk-based prepaid health plans and two non-risk based shared savings plans (**Bayou Health 1.0**). Beginning February 1, 2015, the prepaid risk bearing managed care organization (MCO) model became the only delivery system for the Bayou Health program (**Bayou Health 2.0**). Effective May 2016, the Louisiana Medicaid managed care program was rebranded and became **Healthy Louisiana**.
- Cash Disbursement Journal (CDJ) Monthly Reported Total The sum of all payments from an MCO or delegated vendor to service providers for a given month as reported by the MCO to the Louisiana Department of Health (LDH).
- **CDJ Cumulative Reported Total** The sum of all payments from an MCO or delegated vendor to service providers for the reconciliation period as reported by the MCO to the LDH. This amount is inclusive of all amounts within the reporting period.
- Cumulative Encounter Total The sum of all paid amounts on the encounters submitted to and stored in the fiscal agent contractor's (FAC) system. This amount is inclusive of all amounts within the reporting period.
- **Cumulative Variance** The difference between the cumulative encounter total and the CDJ cumulative reported total.
- **DXC Technology (DXC)** State fiscal agent contractor prior to October 1, 2020. Now known as Gainwell.
- Fiscal Agent Contractor (FAC) A contractor selected to design, develop and maintain the claims processing system (Medicaid Management Information System); Gainwell is the current FAC.
- **Gainwell Technologies (Gainwell)** State fiscal agent contractor, known as DXC Technology prior to October 1, 2020.
- **Healthy Louisiana** The state of Louisiana's Medicaid managed care program name as of May 2016, formerly Bayou Health.
- Louisiana Department of Health (LDH) The agency in charge of overseeing the health services for the citizens of the state of Louisiana.
- Managed Care Organization (MCO) A private organization that has entered into a riskbased contractual arrangement with LDH to obtain and finance care for enrolled Medicaid or Louisiana Children's Health Insurance Program (LaCHIP) members. MCOs receive a capitation or per member, per month (PMPM) payment from LDH for each enrolled member. During the reporting period, five MCOs were operating in Louisiana. They are Healthy Blue – formerly Amerigroup Louisiana, Inc., AmeriHealth Caritas Louisiana (ACLA), Louisiana Healthcare Connections (LHCC), Aetna Better Health of Louisiana (Aetna), and United Healthcare Community Plan (UHC).



- **Medicaid Management Information System (MMIS)** The claims processing system used by the FAC to adjudicate Louisiana Medicaid and LaCHIP claims. MCO submitted encounters are loaded into this system and assigned a unique claim identifier.
- Molina Medicaid Solutions (MMS) State fiscal agent contractor prior to October 1, 2018. Now known as Gainwell.
- **Monthly Encounter Total** The sum of all paid amounts for a given month on the encounters submitted to and stored in the FAC's system.
- **Monthly Variance** The difference between the monthly encounter total and the CDJ monthly reported total.
- Value-Added Services (VAS) A covered service provided by the MCO to its members that is currently a non-covered service in the state's fee-for-service plan, for which the MCO received no additional capitated payment. Also known as Expanded Services.



#### UnitedHealthcare Community Plan Encounter and CDJ Comparison



Appendix C- Analysis

Encounters from institutional, medical and pharmacy claim types were combined on like data fields. We analyzed the line reported information of each encounter to capture the amount paid on the entire claim. Encounter totals were calculated by summarizing the data by the MCO paid date, MCO identification number (ID) and specific delegated vendor criteria. MCO submitted cash disbursements were summarized by paid date, MCO ID and specific delegated vendor criteria to create a matching table. These matching tables were combined using common fields between the tables and were used to produce the results.

Based on criteria provided by the MCO, we identified UHC encounters as follows:

- Optum Behavioral Health Behavioral Health Services (BHS)
  - Plan ICN field prefix contains 'BH' in the third and fourth positions.
- \* National MedTrans Non-Emergency Transportation (NET)<sup>2</sup>
  - Plan ICN field prefix contains 'NM' in the third and fourth positions.
- ModivCare (formerly known as LogistiCare) Non-Emergency Transportation (NET)<sup>1</sup>
  - Plan ICN field prefix contains 'LG' in the third and fourth positions.
- **\*** MARCH Vision Care Vision Services
  - Plan ICN field prefix contains 'MV' in the third and fourth positions.
- UHC Dental Benefit Providers (DBP) Dental Services
  - Plan ICN field prefix contains 'DB' in the third and fourth positions.
- OptumRx Pharmacy Benefits
  - Claim type code of '12'.
- UHC Non-Vendor
  - All other plan submitted encounters that do not meet the listed criteria.
- 1 Replaced by National MedTrans Effective April 1, 2018
- 2 ModivCare (formerly known as LogistiCare) acquired National MedTrans Effective May 2020





UnitedHealthcare Community Plan Encounter and CDJ Comparison Appendix D – Data Analysis Assumptions

- 1. This analysis is performed on encounter data that was submitted by the MCOs to the FAC and loaded into the FAC MMIS. Encounters submitted by any MCO that were rejected by the FAC for errors in submission or other reasons are not being transmitted to Myers and Stauffer LC.
- 2. For the purposes of this study, the payment amounts associated with denied encounters are identified as zero dollars in the encounter reconciliation analysis since they bear no impact on cash disbursements.
- 3. A voiding encounter has the same paid date as the original/voided encounter, which may differ from when the void or adjustment occurred. Therefore, the voiding encounters were coded to match the adjustment claim's paid date to allow for the proper matching of cash disbursements that occurred due to these void transactions. However, we were unable to reallocate the void encounters in which there was not an associated adjustment claim.
- 4. Instances were noted where a record's transaction type implied a specific sign valuation for the MCO paid amount (e.g., a void implied that the amount should be negative). However, the data submitted for these records did not accurately reflect the correct sign valuation. In addition, the paid amounts of certain void and backout encounters did not accurately reflect the paid amount of the corresponding encounter being adjusted. Where possible, these CDJ and/or encounter payment amounts were adjusted to reflect the expected sign and amount of the payment in accordance with the transaction type.
- 5. We instructed the MCOs to exclude referral fees, management fees, and other non-encounter related fees from the CDJ data that is submitted to Myers and Stauffer LC. We reviewed the CDJs for these payments and removed them from the analysis when they were identified.
- 6. Separately itemized interest expenses are excluded from the CDJ and encounter totals when the interest amounts are included in the MCO paid amounts on the encounters and/or CDJ transactions.
- 7. Percentage ratios noted in this report are rounded down. The sum of the percentages may not add up to the percentage sum total (Tables A, B and C).
- 8. The short run-out period for encounter submissions may not allow sufficient time for the MCOs to resolve encounter submission issues noted in previous reconciliation reports. This may result in lower completion percentages when reconciling the encounters to CDJ totals.
- 9. Cumulative completion percentages exceeding 100 percent were noted for value-added services (VAS) for National MedTrans and ModivCare. So that the impacted amounts do not overstate the Entire Plan and VAS results, we have decreased the applicable encounters' monthly reported totals by the variances between the encounter data and cash disbursement journals. Therefore, the cumulative completion percentages were decreased to a maximum of 100 percent.
- 10. Opportunities for improving the encounter reconciliation process have been identified during analysis of the encounter data and cash disbursement journals, as well as frequent interactions with the MCOs, their delegated vendors, LDH, and the FAC. While we have attempted to account for these situations, other potential issues within the data may exist that have not yet been identified which may require us to restate a report or modify reconciliation processes in the future.





# **Appendix C: Claims Sample Completeness**

			Inp	oatient					Ou	tpatient		
	Octo	October 2020		rch 2021	٦	Fotal	Octo	ber 2020	Ma	rch 2021	Т	otal
Description	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount	Count	Paid Amount
Claims Sample Data												
Claims Sample Total	78,624	\$37,851,676	71,364	\$37,239,056	149,988	\$75,090,732	567,865	\$33,396,019	551,002	\$31,062,719	1,118,867	\$64,458,738
Reconciling Adjustment	(71,144)	(\$420,667)	(64,447)	\$420,667	(135,591)	\$0	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	7,480	\$37,431,010	6,917	\$37,659,722	14,397	\$75,090,732	567,865	\$33,396,019	551,002	\$31,062,719	1,118,867	\$64,458,738
Encounter Data												
Total Matched Encounters	6,851	\$36,373,948	5,164	\$29,558,750	12,015	\$65,932,698	531,489	\$32,215,568	502,852	\$29,463,249	1,034,341	\$61,678,817
Less Surplus Encounters	0	\$0	(39)	\$34,425	(39)	\$34,425	(115)	\$0	(227)	\$32,428	(342)	\$32,428
Payment Adjustments	0	(\$208,423)	0	\$325,284	0	\$116,861	0	\$2,821	0	\$1,613	0	\$4,434
Net Matched Encounters	6,851	\$36,165,525	5,125	\$29,918,459	11,976	\$66,083,985	531,374	\$32,218,389	502,625	\$29,497,290	1,033,999	\$61,715,679
Encounter Completeness Percentage	91.6%	96.6%	74.1%	79.4%	83.2%	88.0%	93.6%	96.5%	91.2%	95.0%	92.4%	95.7%



			Prof	essional			Total Medical						
	Octo	ber 2020	Mar	ch 2021		Total	Octo	ber 2020	Mai	rch 2021		Total	
Description	Count	Paid Amount	Count	Paid Amount	Count	Paid	Count	Paid	Count	Paid	Count	Paid	
	Count	Amount	Count	Amount	Count	Amount	count	Amount	Count	Amount	Count	Amount	
Claims Sample Data													
Claims Sample Total	1,114,583	\$59,863,913	1,146,541	\$53,440,577	2,261,124	\$113,304,490	1,761,072	\$131,111,609	1,768,907	\$121,742,352	3,529,979	\$252,853,960	
Reconciling Adjustment	0	\$0	0	\$0	0	\$0	(71,144)	(\$420,667)	(64,447)	\$420,667	(135,591)	\$0	
Net Claims Sample Total	1,114,583	\$59,863,913	1,146,541	\$53,440,577	2,261,124	\$113,304,490	1,689,928	\$130,690,942	1,704,460	\$122,163,018	3,394,388	\$252,853,960	
Encounter Data													
Total Matched Encounters	1,081,817	\$59,086,450	1,107,488	\$52,672,983	2,189,305	\$111,759,433	1,620,157	\$127,675,965	1,615,504	\$111,694,982	3,235,661	\$239,370,948	
Less Surplus Encounters	(58)	\$0	(377)	\$29,564	(435)	\$29,564	(173)	\$0	(643)	\$96,418	(816)	\$96,418	
Payment Adjustments	0	\$17,943	0	\$8,245	0	\$26,188	0	(\$187,659)	0	\$335,141	0	\$147,482	
Net Matched Encounters	1,081,759	\$59,104,392	1,107,111	\$52,710,792	2,188,870	\$111,815,184	1,619,984	\$127,488,306	1,614,861	\$112,126,541	3,234,845	\$239,614,847	
Encounter Completeness Percentage	97.1%	98.7%	96.6%	98.6%	96.8%	98.7%	95.9%	97.5%	94.7%	91.8%	95.3%	94.8%	



			D	ental					V	ision		
	October 2020		Mar	ch 2021	Т	otal	Octo	ber 2020	Mar	ch 2021	Т	otal
Description		Paid		Paid		Paid		Paid		Paid		Paid
	Count	Amount	Count	Amount	Count	Amount	Count	Amount	Count	Amount	Count	Amount
Claims Sample Data												
Claims Sample Total	81,943	\$2,962,455	68,982	\$2,559,642	150,925	\$5,522,098	38,294	\$1,150,509	44,000	\$1,343,505	82,294	\$2,494,014
Reconciling Adjustment	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Net Claims Sample Total	81,943	\$2,962,455	68,982	\$2,559,642	150,925	\$5,522,098	38,294	\$1,150,509	44,000	\$1,343,505	82,294	\$2,494,014
Encounter Data												
Total Matched Encounters <sup>1</sup>	20,719	\$851,475	17,501	\$717,786	38,220	\$1,569,262	37,495	\$1,153,982	43,034	\$1,343,885	80,529	\$2,497,867
Less Surplus Encounters	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Payment Adjustments	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0
Net Matched Encounters	20,719	\$851,475	17,501	\$717,786	38,220	\$1,569,262	37,495	\$1,153,982	43,034	\$1,343,885	80,529	\$2,497,867
Encounter Completeness Percentage	25.3%	28.7%	25.4%	28.0%	25.3%	28.4%	97.9%	100.3%	97.8%	100.0%	97.9%	100.2%



			N	EMT					Pha	rmacy			
	October 2020		Mar	ch 2021	٦	lotal	Octo	ber 2020	Mar	ch 2021	Т	otal	
Description		Paid		Paid		Paid		Paid		Paid		Paid	
	Count	Amount	Count	Amount	Count	Amount	Count	Amount	Count	Amount	Count	Amount	
laims Sample Data													
Claims Sample Total	37,436	\$916,054	27,137	\$1,517,474	64,573	\$2,433,528	1,393,529	\$41,217,139	1,452,976	\$47,127,897	2,846,505	\$88,345,036	
Reconciling Adjustment	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0	
Net Claims Sample Total	37,436	\$916,054	27,137	\$1,517,474	64,573	\$2,433,528	1,393,529	\$41,217,139	1,452,976	\$47,127,897	2,846,505	\$88,345,036	
Encounter Data													
Total Matched Encounters <sup>1</sup>	36,449	\$894,470	26,552	\$1,518,092	63,001	\$2,412,562	706,711	\$40,658,779	771,856	\$46,692,390	1,478,567	\$87,351,169	
Less Surplus Encounters	0	\$0	(5)	\$571	(5)	\$571	(3,193)	(\$182,919)	(1,600)	(\$112,298)	(4,793)	(\$295,217)	
Payment Adjustments	0	\$7,098	0	\$114	0	\$7,212	0	(\$730,738)	0	(\$1,047,404)	0	(\$1,778,142)	
Net Matched Encounters	36,449	\$901,567	26,547	\$1,518,777	62,996	\$2,420,345	703,518	\$39,745,121	770,256	\$45,532,689	1,473,774	\$85,277,810	
Encounter Completeness Percentage	97.4%	98.4%	97.8%	100.1%	97.6%	99.5%	50.5%	96.4%	53.0%	96.6%	51.8%	96.5%	



### Appendix D: Overall Completeness

	CDJs					Claims S	ample						Total	
	Total	N	Aedical	De	ntal	Vi	sion	NE	IMT	Pha	rmacy			
Description	Paid	Total	Total Paid Amount	Total	Total Paid	Total	Total Paid	Total	Total Paid	Total	Total Paid	Total		Overall
	Amount	Count	Total Fald Amount	Count	Amount	Count	Amount	Count	Amount	Count	Amount	Count	Total Paid Amount	Average <sup>+</sup>
Health Plan-Submitted Data														
Total Health Plan Data	\$1,915,128,804	3,529,979	\$252,853,960	150,925	\$5,522,098	82,294	\$2,494,014	64,573	\$2,433,528	2,846,505	\$88,345,036	6,674,276	\$2,266,777,440	\$2,273,451,716
Reconciling Adjustment	\$0	(135,591)	\$0	0	\$0	0	\$0	0	\$0	0	\$0	(135,591)	\$0	(\$135,591)
Net Health Plan Data	\$1,915,128,804	3,394,388	\$252,853,960	150,925	\$5,522,098	82,294	\$2,494,014	64,573	\$2,433,528	2,846,505	\$88,345,036	6,538,685	\$2,266,777,440	\$2,273,316,125
Encounter Data														
Total Matched Encounters	\$1,934,878,868	3,235,661	\$239,370,948	38,220	\$1,569,262	80,529	\$2,497,867	63,001	\$2,412,562	1,478,567	\$87,351,169	4,895,978	\$2,268,080,674	\$2,272,976,652
Surplus/Duplicative Adjustments	\$0	(816)	\$96,418	0	\$0	0	\$0	(5)	\$571	(4,793)	(\$295,217)	(5,614)	(\$198,228)	(\$203,842)
Payment Adjustments	(\$35,829,207)	0	\$147,482	0	\$0	0	\$0	0	\$7,212	0	(\$1,778,142)	0	(\$37,452,655)	(\$37,452,655)
Net Matched Encounters	\$1,899,049,661	3,234,845	\$239,614,847	38,220	\$1,569,262	80,529	\$2,497,867	62,996	\$2,420,345	1,473,774	\$85,277,810	4,890,364	\$2,230,429,792	\$2,235,320,156
Encounter Completeness Percentage	99.2%	95.3%	94.8%	25.3%	28.4%	97.9%	100.2%	97.6%	99.5%	51.8%	96.5%	74.8%	98.4%	98.3%

<sup>1</sup> Overall Average equals Total Count plus Total Paid Amount



### **Appendix E: Key Data Element Matching**

								Inpa	tient								
		Octobe	er 2020					March	n 2021					То	tal		
				(Non-m	atching/			-		(Non-m	atching/					(Non-m	us Values atching/ alid)
Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
6,851	100.0%	0	0.0%	0	0.0%	5,164	100.0%	0	0.0%	0	0.0%	12,015	100.0%	0	0.0%	0	0.0%
6,788	99.1%	0	0.0%	63	0.9%	5,035	97.5%	0	0.0%	129	2.5%	11,823	98.4%	0	0.0%	192	1.6%
6,560	95.8%	0	0.0%	291	4.2%	4,939	95.6%	0	0.0%	225	4.4%	11,499	95.7%	0	0.0%	516	4.3%
6,850	100.0%	0	0.0%	1	0.0%	5,163	100.0%	0	0.0%	1	0.0%	12,013	100.0%	0	0.0%	2	0.0%
6,851	100.0%	0	0.0%	0	0.0%	5,164	100.0%	0	0.0%	0	0.0%	12,015	100.0%	0	0.0%	0	0.0%
6,831	99.7%	0	0.0%	20	0.3%	5,138	99.5%	0	0.0%	26	0.5%	11,969	99.6%	0	0.0%	46	0.4%
5,601	81.8%	N,	/Α	1,250	18.2%	3,792	73.4%	N,	/A	1,372	26.6%	9,393	78.2%	N,	/Α	2,622	21.8%
6,660	97.2%	0	0.0%	191	2.8%	5,099	98.7%	0	0.0%	65	1.3%	11,759	97.9%	0	0.0%	256	2.1%
6,787	99.1%	0	0.0%	64	0.9%	5,069	98.2%	0	0.0%	95	1.8%	11,856	98.7%	0	0.0%	159	1.3%
6,629	96.8%	0	0.0%	222	3.2%	5,127	99.3%	0	0.0%	37	0.7%	11,756	97.8%	0	0.0%	259	2.2%
6,851	100.0%	0	0.0%	0	0.0%	5,164	100.0%	0	0.0%	0	0.0%	12,015	100.0%	0	0.0%	0	0.0%
6,850	100.0%	0	0.0%	1	0.0%	5,164	100.0%	0	0.0%	0	0.0%	12,014	100.0%	0	0.0%	1	0.0%
6,831	99.7%	0	0.0%	20	0.3%	5,140	99.5%	0	0.0%	24	0.5%	11,971	99.6%	0	0.0%	44	0.4%
6,851	100.0%	0	0.0%	0	0.0%	5,156	99.8%	0	0.0%	8	0.2%	12,007	99.9%	0	0.0%	8	0.1%
6,836	99.8%	N,	/A	15	0.2%	5,114	99.0%	N,	/A	50	1.0%	11,950	99.5%	N,	/A	65	0.5%
100,627	97.9%	0	0.0%	2,138	2.1%	75,428	97.4%	0	0.0%	2,032	2.6%	176,055	97.7%	0	0.0%	4,170	2.3%
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		Count	Dorcont	Count	Porcont	,		Count	Porcont	Count	Porcont	,		Count	Porcont	Count	Percent
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				2,200					0.070	_,	1.0,0			-	0.070	.,	
	(Matu Count 6,851 6,788 6,560 6,850 6,851 6,831 5,601 6,660 6,787 6,629 6,851 6,851 6,851 6,851 6,851 6,851	6,851         100.0%           6,788         99.1%           6,560         95.8%           6,850         100.0%           6,851         100.0%           6,851         100.0%           6,851         99.7%           5,601         81.8%           6,660         97.2%           6,787         99.1%           6,629         96.8%           6,851         100.0%           6,851         100.0%           6,851         100.0%           6,851         100.0%           6,851         99.7%           6,851         100.0%           6,851         100.0%           6,851         100.0%           6,851         100.0%           70,627         97.9%           70         100.2%           70,265         100.0%           71,290         100.0%           71,290         100.0%	Valid ∨lues (Mat≻ing)         Missing (Inv.           Count         Percent         Count           6,851         100.0%         0           6,851         100.0%         0           6,560         95.8%         0           6,561         100.0%         0           6,851         100.0%         0           6,850         100.0%         0           6,851         100.0%         0           6,660         97.2%         0           6,661         97.2%         0           6,629         96.8%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           6,851         100.0%         0           71,260         100.0%         0           71,290         100.0%         0           71,290         100.0%         0     <	(Matching)         (Invition)           Count         Percent         Count         Percent           6,851         100.0%         0         0.0%           6,788         99.1%         0         0.0%           6,788         99.1%         0         0.0%           6,788         99.1%         0         0.0%           6,560         95.8%         0         0.0%           6,850         100.0%         0         0.0%           6,851         100.0%         0         0.0%           6,660         97.2%         0         0.0%           6,661         97.2%         0         0.0%           6,652         96.8%         0         0.0%           6,851         100.0%         0         0.0%           6,851         100.0%         0         0.0%           6,851         100.0%         0         0.0%           6,851         100.0%         0         0.0%           6,851         100.0%         0         0.0%           6,851         100.0%         0         0.0%           15         102,765         100.0%         0           102,765	Valid ∨lues (Matching) <b>Brone of</b> (Non-m (Non-m (Non-m (Non-m) (Non-m)           Count         Percent         Count (Non-m)         Percent         Count (Non-m)           6,851         100.0%         0         0.0%         0           6,851         100.0%         0         0.0%         63           6,560         95.8%         0         0.0%         291           6,850         100.0%         0         0.0%         1           6,851         100.0%         0         0.0%         201           6,851         100.0%         0         0.0%         1           6,851         100.0%         0         0.0%         20           5,601         81.8%         N/→         1,250           6,660         97.2%         0         0.0%         64           6,629         96.8%         0         0.0%         20           6,851         100.0%         0         0.0%         20           6,851         100.0%         0         0.0%         20           6,851         100.0%         0         0.0%         2,138           6,851         100.0%         0         0.0% <td< td=""><td>Valid ∨⊥ues (Matching)         Missing ∨⊥lues (Invalid)         Erroneous Values (Non-matching/ Invalid)           Count         Percent         Count         Percent         Count         Percent           6,851         100.0%         0         0.0%         0         0.0%           6,788         99.1%         0         0.0%         63         0.9%           6,560         95.8%         0         0.0%         291         4.2%           6,850         100.0%         0         0.0%         1         0.0%           6,851         100.0%         0         0.0%         291         4.2%           6,851         100.0%         0         0.0%         201         0.3%           5,601         81.8%         N/×         1,250         18.2%           6,660         97.2%         0         0.0%         64         0.9%           6,661         97.2%         0         0.0%         202         3.2%           6,662         96.8%         0         0.0%         202         3.2%           6,651         100.0%         0         0.0%         10         0.0%           6,851         100.0%         0         0.0%</td><td>Valid Value (Matching)         Missing Value (Invalid)         Fromeous Value (Non-matching/ Invalid)         Valid Value (Non-matching/ Invalid)         Value (Non-matching/ Invalid)         Value (Matching)           Count         Percent         Count         Percent         Count         Percent         Count           6,851         100.0%         0         0.0%         0         0.0%         5,164           6,788         99.1%         0         0.0%         63         0.9%         5,035           6,560         95.8%         0         0.0%         291         4.2%         4,939           6,851         100.0%         0         0.0%         1         0.0%         5,163           6,851         100.0%         0         0.0%         20         0.3%         5,138           5,601         81.8%         N/<math>\rightarrow</math>         1,250         18.2%         3,792           6,660         97.2%         0         0.0%         191         2.8%         5,069           6,787         99.1%         0         0.0%         222         3.2%         5,127           6,851         100.0%         0         0.0%         1         0.0%         5,164           6,851</td><td>Valid Value (Matching)         Missing Value (Invalid)         Erroneous Values (Mon-matching/ Invalid)         Valid Value (Matching)           Count         Percent         Count         Percent         Count         Percent         Count         Percent           6,851         100.0%         0         0.0%         0         0.0%         5,164         100.0%           6,788         99.1%         0         0.0%         291         4.2%         4,939         95.6%           6,560         95.8%         0         0.0%         291         4.2%         4,939         95.6%           6,550         100.0%         0         0.0%         1         0.0%         5,163         100.0%           6,851         100.0%         0         0.0%         20         0.3%         5,138         99.5%           5,601         81.8%         M/¥         1,250         18.2%         3,792         73.4%           6,685         99.7%         0         0.0%         20         0.3%         5,069         98.2%           6,660         97.2%         0         0.0%         222         3.2%         5,164         100.0%           6,851         100.0%         0         0.0%</td><td>Octobe 2020         Marce           Valid <math>\forall \exists ues</math> (Matching)         Missing <math>\forall alues</math> (Invaild)         Erroneous <math>\forall alues</math> (Non-matching/ Invaild)         Valid <math>\forall \exists ues</math> (Matching)         Missing (Inv           Count         Percent         Coun</td><td>Valid <math>\forall \exists ues</math> (Matching)         Missing <math>\forall ues</math> (Invalid)         Froneous local (Non-matching/ Invalid)         Valid <math>\forall \exists ues</math> (Matching)         Missing <math>\forall \exists ues</math> (Matching)           Count         Percent         Count         Percent</td><td>Valid Values (Matching)         Missing Values (Invalid)         Fromeoux Values (Non-matching)/         Valid Values (Invalid)         Missing Values (Invalid)         Fromeoux (Invalid)         Fromeoux (Invalid)         Fromeoux (Invalid)         Missing Values (Invalid)         Fromeoux (Invalid)           Count         Percent         Count         Count         &lt;</td><td>Variable Variable Var</td><td>Valid Value (Matching)         Missing Value (mixelid)         Frome-value (mo-matching)/ (matching)         Valid Value (Matching)         Missing Value (Matching)         Frome-value (Matching)         Missing Value (matching)/ (matching)         Frome-value (mo-matching)/ (matching)         Valid Value (matching)         Frome-value (matching)/ (matching)         Valid Value (matching)         Frome-value (matching)/ (matching)         Valid Value (matching)           6,560         95.8%         0         0.0%         1         0.0%         5,163         100.0%         0         0.0%         1,0373         26.6%         9,393           6,661         97.2%         0         0.0%         1         22.8%         5,069         98.7%         0</td><td>Valid \u03bb Line \u03bb Line</td><td>Valid ¥les (Matching)         Missing ¥les (mwalid)         Erroneous ¥les (mwalid)         Valid ¥les (Matching)         Missing ¥les (Matching)         Erroneous ¥les (Matching)         Missing ¥les (Matching)         Erroneous ¥les (Matching)         Missing ¥les (Matching)         Erroneous ¥les (Matching)         Missing ¥les</td><td>Valid Values (Matking)         Toronous Values (Monematching) (Matking)         Value Values (Matking)         Value Values (Matking)         Value Values (Matking)         Value Value (Matking)         Value Value         Value Va</td><td>Valid Valid Value         <t< td=""></t<></td></td<>	Valid ∨⊥ues (Matching)         Missing ∨⊥lues (Invalid)         Erroneous Values (Non-matching/ Invalid)           Count         Percent         Count         Percent         Count         Percent           6,851         100.0%         0         0.0%         0         0.0%           6,788         99.1%         0         0.0%         63         0.9%           6,560         95.8%         0         0.0%         291         4.2%           6,850         100.0%         0         0.0%         1         0.0%           6,851         100.0%         0         0.0%         291         4.2%           6,851         100.0%         0         0.0%         201         0.3%           5,601         81.8%         N/×         1,250         18.2%           6,660         97.2%         0         0.0%         64         0.9%           6,661         97.2%         0         0.0%         202         3.2%           6,662         96.8%         0         0.0%         202         3.2%           6,651         100.0%         0         0.0%         10         0.0%           6,851         100.0%         0         0.0%	Valid Value (Matching)         Missing Value (Invalid)         Fromeous Value (Non-matching/ Invalid)         Valid Value (Non-matching/ Invalid)         Value (Non-matching/ Invalid)         Value (Matching)           Count         Percent         Count         Percent         Count         Percent         Count           6,851         100.0%         0         0.0%         0         0.0%         5,164           6,788         99.1%         0         0.0%         63         0.9%         5,035           6,560         95.8%         0         0.0%         291         4.2%         4,939           6,851         100.0%         0         0.0%         1         0.0%         5,163           6,851         100.0%         0         0.0%         20         0.3%         5,138           5,601         81.8%         N/ $\rightarrow$ 1,250         18.2%         3,792           6,660         97.2%         0         0.0%         191         2.8%         5,069           6,787         99.1%         0         0.0%         222         3.2%         5,127           6,851         100.0%         0         0.0%         1         0.0%         5,164           6,851	Valid Value (Matching)         Missing Value (Invalid)         Erroneous Values (Mon-matching/ Invalid)         Valid Value (Matching)           Count         Percent         Count         Percent         Count         Percent         Count         Percent           6,851         100.0%         0         0.0%         0         0.0%         5,164         100.0%           6,788         99.1%         0         0.0%         291         4.2%         4,939         95.6%           6,560         95.8%         0         0.0%         291         4.2%         4,939         95.6%           6,550         100.0%         0         0.0%         1         0.0%         5,163         100.0%           6,851         100.0%         0         0.0%         20         0.3%         5,138         99.5%           5,601         81.8%         M/¥         1,250         18.2%         3,792         73.4%           6,685         99.7%         0         0.0%         20         0.3%         5,069         98.2%           6,660         97.2%         0         0.0%         222         3.2%         5,164         100.0%           6,851         100.0%         0         0.0%	Octobe 2020         Marce           Valid $\forall \exists ues$ (Matching)         Missing $\forall alues$ (Invaild)         Erroneous $\forall alues$ (Non-matching/ Invaild)         Valid $\forall \exists ues$ (Matching)         Missing (Inv           Count         Percent         Coun	Valid $\forall \exists ues$ (Matching)         Missing $\forall ues$ (Invalid)         Froneous local (Non-matching/ Invalid)         Valid $\forall \exists ues$ (Matching)         Missing $\forall \exists ues$ (Matching)           Count         Percent         Count         Percent	Valid Values (Matching)         Missing Values (Invalid)         Fromeoux Values (Non-matching)/         Valid Values (Invalid)         Missing Values (Invalid)         Fromeoux (Invalid)         Fromeoux (Invalid)         Fromeoux (Invalid)         Missing Values (Invalid)         Fromeoux (Invalid)           Count         Percent         Count         Count         <	Variable Var	Valid Value (Matching)         Missing Value (mixelid)         Frome-value (mo-matching)/ (matching)         Valid Value (Matching)         Missing Value (Matching)         Frome-value (Matching)         Missing Value (matching)/ (matching)         Frome-value (mo-matching)/ (matching)         Valid Value (matching)         Frome-value (matching)/ (matching)         Valid Value (matching)         Frome-value (matching)/ (matching)         Valid Value (matching)           6,560         95.8%         0         0.0%         1         0.0%         5,163         100.0%         0         0.0%         1,0373         26.6%         9,393           6,661         97.2%         0         0.0%         1         22.8%         5,069         98.7%         0	Valid \u03bb Line	Valid ¥les (Matching)         Missing ¥les (mwalid)         Erroneous ¥les (mwalid)         Valid ¥les (Matching)         Missing ¥les (Matching)         Erroneous ¥les (Matching)         Missing ¥les (Matching)         Erroneous ¥les (Matching)         Missing ¥les (Matching)         Erroneous ¥les (Matching)         Missing ¥les	Valid Values (Matking)         Toronous Values (Monematching) (Matking)         Value Values (Matking)         Value Values (Matking)         Value Values (Matking)         Value Value (Matking)         Value Value         Value Va	Valid Valid Value         Value <t< td=""></t<>



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			Octobe	r 2020					March	2021					Tota	al		
Key Data Element	Valid V (Matcl		Missing (Inv	<b>Values</b> alid)	(Non-m	us Values atching/ alid)	Valid V (Match			<b>y Values</b> alid)	Erroneou (Non-m Inva	0,	Valid Va (Match			g Values alid)	Erroneou (Non-ma Inva	atching/
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Bill Type (digits 1 and 2)	531,489	100.0%	0	0.0%	0	0.0%	502,852	100.0%	0	0.0%	0	0.0%	1,034,341	100.0%	0	0.0%	0	0.0%
Billed Charges	530,239	99.8%	0	0.0%	1,250	0.2%	500,785	99.6%	0	0.0%	2,067	0.4%	1,031,024	99.7%	0	0.0%	3,317	0.3%
Billing Provider NPI/Number	531,463	100.0%	0	0.0%	26	0.0%	502,811	100.0%	0	0.0%	41	0.0%	1,034,274	100.0%	0	0.0%	67	0.0%
Diagnosis Codes	531,489	100.0%	0	0.0%	0	0.0%	502,852	100.0%	0	0.0%	0	0.0%	1,034,341	100.0%	0	0.0%	0	0.0%
First Date of Service	531,489	100.0%	0	0.0%	0	0.0%	502,852	100.0%	0	0.0%	0	0.0%	1,034,341	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	469,076	88.3%	N,	/A	62,413	11.7%	450,003	89.5%	N	/A	52,849	10.5%	919,079	88.9%	N	/A	115,262	11.1%
Health Plan Paid Amount	531,413	100.0%	0	0.0%	76	0.0%	502,578	99.9%	0	0.0%	274	0.1%	1,033,991	100.0%	0	0.0%	350	0.0%
Health Plan Paid Date	529,729	99.7%	0	0.0%	1,760	0.3%	500,387	99.5%	0	0.0%	2,465	0.5%	1,030,116	99.6%	0	0.0%	4,225	0.4%
Last Date of Service	531,248	100.0%	0	0.0%	241	0.0%	502,568	99.9%	0	0.0%	284	0.1%	1,033,816	99.9%	0	0.0%	525	0.1%
MMIS ICN	531,489	100.0%	0	0.0%	0	0.0%	502,852	100.0%	0	0.0%	0	0.0%	1,034,341	100.0%	0	0.0%	0	0.0%
MMIS Member Number (Medicaid ID)	531,489	100.0%	0	0.0%	0	0.0%	502,852	100.0%	0	0.0%	0	0.0%	1,034,341	100.0%	0	0.0%	0	0.0%
Procedure Code	531,485	100.0%	N,	/A	4	0.0%	502,846	100.0%	N	/A	6	0.0%	1,034,331	100.0%	N	/A	10	0.0%
Procedure Code Modifiers	531,489	100.0%	N,	/A	0	0.0%	502,852	100.0%	N	/A	0	0.0%	1,034,341	100.0%	N	/A	0	0.0%
Revenue Code	529,060	99.5%	2,429	0.5%	0	0.0%	499,921	99.4%	2,931	0.6%	0	0.0%	1,028,981	99.5%	5,360	0.5%	0	0.0%
Service Provider NPI/Number	527,362	99.2%	0	0.0%	4,127	0.8%	498,631	99.2%	0	0.0%	4,221	0.8%	1,025,993	99.2%	0	0.0%	8,348	0.8%
Service Provider Specialty/Taxonomy	530,580	99.8%	0	0.0%	909	0.2%	501,322	99.7%	0	0.0%	1,530	0.3%	1,031,902	99.8%	0	0.0%	2,439	0.2%
Total	8,430,589	99.1%	2,429	0.0%	70,806	0.8%	7,978,964	99.2%	2,931	0.0%	63,737	0.8%	16,409,553	99.2%	5,360	0.0%	134,543	0.8%
Total Records in the Encounter Dataset	531.489						502,852						1.034.341				_	
	,												, ,-				_	_
Number of Key Data Element Evaluated	16	100.051					16	400.051					16	100.001				
Maximum Count	8,503,824	100.0%					8,045,632	100.0%					16,549,456	100.0%				



									Profes	ssional								
			Octobe	er 2020					March	2021					То	tal		
Key Data Element	Valid Va (Match			g Values /alid)	(Non-m	us Values hatching/ alid)	Valid Va (Match			g Values alid)	(Non-m	us Values atching/ alid)	Valid Va (Match			g Values <sup>/alid)</sup>	Erroneous (Non-mat Inval	tching/
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	1,079,759	99.8%	0	0.0%	2,058	0.2%	1,093,995	98.8%	0	0.0%	13,493	1.2%	2,173,754	99.3%	0	0.0%	15,551	0.7%
Billing Provider NPI/Number	1,081,325	100.0%	0	0.0%	492	0.0%	1,107,204	100.0%	0	0.0%	284	0.0%	2,188,529	100.0%	0	0.0%	776	0.0%
Diagnosis Codes	1,081,817	100.0%	0	0.0%	0	0.0%	1,107,481	100.0%	0	0.0%	7	0.0%	2,189,298	100.0%	0	0.0%	7	0.0%
First Date of Service	1,081,817	100.0%	0	0.0%	0	0.0%	1,107,488	100.0%	0	0.0%	0	0.0%	2,189,305	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	974,170	90.0%	N	I/A	107,647	10.0%	927,127	83.7%	N	/A	180,361	16.3%	1,901,297	86.8%	N	I/A	288,008	13.2%
Health Plan Paid Amount	1,037,993	95.9%	0	0.0%	43,824	4.1%	1,105,001	99.8%	0	0.0%	2,487	0.2%	2,142,994	97.9%	0	0.0%	46,311	2.1%
Health Plan Paid Date	1,078,289	99.7%	0	0.0%	3,528	0.3%	1,092,183	98.6%	0	0.0%	15,305	1.4%	2,170,472	99.1%	0	0.0%	18,833	0.9%
Last Date of Service	1,081,817	100.0%	0	0.0%	0	0.0%	1,107,488	100.0%	0	0.0%	0	0.0%	2,189,305	100.0%	0	0.0%	0	0.0%
MMIS ICN	1,081,817	100.0%	0	0.0%	0	0.0%	1,107,488	100.0%	0	0.0%	0	0.0%	2,189,305	100.0%	0	0.0%	0	0.0%
MMIS Member Number (Medicaid ID)	1,081,797	100.0%	0	0.0%	20	0.0%	1,107,488	100.0%	0	0.0%	0	0.0%	2,189,285	100.0%	0	0.0%	20	0.0%
Place of Service	1,081,814	100.0%	0	0.0%	3	0.0%	1,107,486	100.0%	0	0.0%	2	0.0%	2,189,300	100.0%	0	0.0%	5	0.0%
Procedure Code	1,081,815	100.0%	0	0.0%	2	0.0%	1,107,488	100.0%	0	0.0%	0	0.0%	2,189,303	100.0%	0	0.0%	2	0.0%
Procedure Code Modifiers	1,081,817	100.0%	N	I/A	0	0.0%	1,107,488	100.0%	N	/A	0	0.0%	2,189,305	100.0%	N	I/A	0	0.0%
Service Provider NPI/Number	1,032,435	95.4%	0	0.0%	49,382	4.6%	1,055,357	95.3%	0	0.0%	52,131	4.7%	2,087,792	95.4%	0	0.0%	101,513	4.6%
Service Provider Specialty/Taxonomy	650,205	60.1%	0	0.0%	431,612	39.9%	661,304	59.7%	0	0.0%	446,184	40.3%	1,311,509	59.9%	0	0.0%	877,796	40.1%
Total	15,588,687	96.1%	0	0.0%	638,568	3.9%	15,902,066	95.7%	0	0.0%	710,254	4.3%	31,490,753	95.9%	0	0.0%	1,348,822	4.1%
Total Records in the Encounter Dataset	1 001 017						1.107.488						2 190 205	1				
	1,081,817	-					, . ,						2,189,305					
Number of Key Data Element Evaluated	15	100.00/					15	100.00/					15	100.00/				_
Maximum Count	16,227,255	100.0%					16,612,320	100.0%					32,839,575	100.0%				



			Tota	al Medica	Invalid         Invalid           Percent         Count         Percent           0.0%         0         0.0%           0.0%         192         0.0%           0.0%         19384         0.6%           0.0%         19,384         0.6%           0.0%         46         0.0%           0.0%         46,917         1.4%           0.0%         23,217         0.7%           0.0%         784         0.0%           0.0%         21         0.0%           0.0%         21         0.0%           0.0%         21         0.0%           0.0%         5         0.0%										
Key Data Elements	Number of Encounters	Valid V (Match			g Values alid)	(Non-ma	tching/								
	Evaluated	Count	Percent	Count	Percent	Count	Percent								
Admission Date	12,015	12,015	100.0%	0	0.0%	0	0.0%								
Bill Type (digits 1 and 2)	1,046,356	1,046,164	100.0%	0	0.0%	192	0.0%								
Billed Charges	3,235,661	3,216,277	99.4%	0	0.0%	19,384	0.6%								
Billing Provider NPI/Number	3,235,661	3,234,816	100.0%	0	0.0%	845	0.0%								
Diagnosis Codes	3,235,661	3,235,654	100.0%	0	0.0%	7	0.0%								
First Date of Service	3,235,661	3,235,615	100.0%	0	0.0%	46	0.0%								
Former/Original Claim ICN	3,235,661	2,829,769	87.5%	N	/A	405,892	12.5%								
Health Plan Paid Amount	3,235,661	3,188,744	98.6%	0	0.0%	46,917	1.4%								
Health Plan Paid Date	3,235,661	3,212,444	99.3%	0	0.0%	23,217	0.7%								
Last Date of Service	3,235,661	3,234,877	100.0%	0	0.0%	784	0.0%								
MMIS ICN	3,235,661	3,235,661	100.0%	0	0.0%	0	0.0%								
MMIS Member Number (Medicaid ID)	3,235,661	3,235,640	100.0%	0	0.0%	21	0.0%								
Place of Service	2,189,305	2,189,300	100.0%	0	0.0%	5	0.0%								
Procedure Code	3,223,646	3,223,634	100.0%	0	0.0%	12	0.0%								
Procedure Code Modifiers	3,223,646	3,223,646	100.0%	N	/A	0	0.0%								
Revenue Code	1,168,178	1,162,788	99.5%	5,360	0.5%	30	0.0%								
Service Provider NPI/Number	3,235,661	3,125,756	96.6%	0	0.0%	109,905	3.4%								
Service Provider Specialty/Taxonomy	3,235,661	2,355,418	72.8%	0	0.0%	880,243	27.2%								
Surgical Procedure Codes	12,015	11,950	99.5%	N	/A	65	0.5%								
Total	49,703,093	48,210,168	97.0%	5,360	0.0%	1,487,565	3.0%								



									De	ntal								
			Octob	er 2020					Marcl	1 2021					Тс	otal		
Key Data Element	Valid (Mate	Values ching)	-	g Values ralid)	(Non-m	us Values atching/ alid)	Valid (Mat	Values ching)		<b>g Values</b> alid)	(Non-m	u <b>s Values</b> atching/ alid)		Values ching)		g Values valid)	(Non-m	us Values natching/ valid)
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	20,704	99.9%	0	0.0%	15	0.1%	17,199	98.3%	0	0.0%	302	1.7%	37,903	99.2%	0	0.0%	317	0.8%
Billing Provider NPI/Number	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
Date of Service	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	20,692	99.9%	N	/A	27	0.1%	17,068	97.5%	N	/A	433	2.5%	37,760	98.8%	N	I/A	460	1.2%
Health Plan Paid Amount	20,714	100.0%	0	0.0%	5	0.0%	17,401	99.4%	0	0.0%	100	0.6%	38,115	99.7%	0	0.0%	105	0.3%
Health Plan Paid Date	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
MMIS ICN	20,714	100.0%	0	0.0%	5	0.0%	17,498	100.0%	0	0.0%	3	0.0%	38,212	100.0%	0	0.0%	8	0.0%
MMIS Member Number (Medicaid ID)	20,713	100.0%	0	0.0%	6	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,214	100.0%	0	0.0%	6	0.0%
Place of Service	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
Procedure Code	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
Service Provider NPI/Number	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
Service Provider Specialty/Taxonomy	20,719	100.0%	0	0.0%	0	0.0%	17,501	100.0%	0	0.0%	0	0.0%	38,220	100.0%	0	0.0%	0	0.0%
Tooth Number	17,702	85.4%	N	/A	3,017	14.6%	14,757	84.3%	N	/A	2,744	15.7%	32,459	84.9%	N	I/A	5,761	15.1%
Tooth Surface	19,659	94.9%	N	/A	1,060	5.1%	16,390	93.7%	N	/A	1,111	6.3%	36,049	94.3%	N	I/A	2,171	5.7%
Total	285,931	98.6%	0	0.0%	4,135	1.4%	240,321	98.1%	0	0.0%	4,693	1.9%	526,252	98.4%	0	0.0%	8,828	1.6%
Total Records in the Encounter Dataset	20,719						17,501						38,220					
Number of Key Data Element Evaluated	14						14						14					
Maximum Count	290,066	100.0%					245,014	100.0%					535,080	100.0%				



									V	ision								
			Octob	er 2020					Marc	h 2021					Tot	al		
Key Data Element		Values ching)	-	<b>g Values</b> /alid)	(Non-m	us Values atching/ alid)		Values ching)		g Values valid)	(Non-m	us Values atching/ alid)	Valid V (Matc			g Values valid)	(Non-m	us Values atching/ alid)
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
Billing Provider NPI/Number	0	0.0%	0	0.0%	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%
Diagnosis Codes	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
First Date of Service	37,494	100.0%	0	0.0%	1	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,528	100.0%	0	0.0%	1	0.0%
Former/Original Claim ICN	37,199	99.2%	N	/A	296	0.8%	42,735	99.3%	N	I/A	299	0.7%	79,934	99.3%	N	/A	595	0.7%
Health Plan Paid Amount	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
Health Plan Paid Date	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
Last Date of Service	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
MMIS ICN	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
MMIS Member Number (Medicaid ID)	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
Place of Service	37,495	100.0%	0	0.0%	0	0.0%	43,024	100.0%	0	0.0%	10	0.0%	80,519	100.0%	0	0.0%	10	0.0%
Procedure Code	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%	0	0.0%	0	0.0%
Procedure Code Modifiers	37,495	100.0%	N	/A	0	0.0%	43,033	100.0%	N	I/A	1	0.0%	80,528	100.0%	N	/A	1	0.0%
Service Provider NPI/Number	4,997	13.3%	0	0.0%	32,498	86.7%	6,183	14.4%	0	0.0%	36,851	85.6%	11,180	13.9%	0	0.0%	69,349	86.1%
Service Provider Specialty/Taxonomy	0	0.0%	0	0.0%	37,495	100.0%	0	0.0%	0	0.0%	43,034	100.0%	0	0.0%	0	0.0%	80,529	100.0%
Total	454,640	80.8%	0	0.0%	107,785	19.2%	522,281	80.9%	0	0.0%	123,229	19.1%	976,921	80.9%	0	0.0%	231,014	19.1%
Total Records in the Encounter Dataset	37,495						43,034						80,529					
Number of Key Data Element Evaluated	15						15						15					
Maximum Count	562,425	100.0%					645,510	100.0%					1,207,935	100.0%				



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			Octob	er 2020					Marc	h 2021					Tot	al		
Key Data Element	Valid (Mat		-	g Values ralid)	(Non-m	us Values atching/ alid)		Values ching)		g Values valid)	(Non-m	us Values atching/ alid)	Valid V (Mato			g Values alid)	(Non-m	us Values atching/ alid)
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Billed Charges	36,446	100.0%	0	0.0%	3	0.0%	26,543	100.0%	0	0.0%	9	0.0%	62,989	100.0%	0	0.0%	12	0.0%
Billing Provider NPI/Number	4,880	13.4%	0	0.0%	31,569	86.6%	5,084	19.1%	0	0.0%	21,468	80.9%	9,964	15.8%	0	0.0%	53,037	84.2%
Diagnosis Codes	36,449	100.0%	0	0.0%	0	0.0%	26,550	100.0%	0	0.0%	2	0.0%	62,999	100.0%	0	0.0%	2	0.0%
First Date of Service	36,449	100.0%	0	0.0%	0	0.0%	26,552	100.0%	0	0.0%	0	0.0%	63,001	100.0%	0	0.0%	0	0.0%
Former/Original Claim ICN	20,422	56.0%	N	/A	16,027	44.0%	22,479	84.7%	Ν	I/A	4,073	15.3%	42,901	68.1%	N	/A	20,100	31.9%
Health Plan Paid Amount	36,383	99.8%	0	0.0%	66	0.2%	26,542	100.0%	0	0.0%	10	0.0%	62,925	99.9%	0	0.0%	76	0.1%
Health Plan Paid Date	36,446	100.0%	0	0.0%	3	0.0%	26,542	100.0%	0	0.0%	10	0.0%	62,988	100.0%	0	0.0%	13	0.0%
Last Date of Service	36,449	100.0%	0	0.0%	0	0.0%	26,552	100.0%	0	0.0%	0	0.0%	63,001	100.0%	0	0.0%	0	0.0%
MMIS ICN	36,449	100.0%	0	0.0%	0	0.0%	26,552	100.0%	0	0.0%	0	0.0%	63,001	100.0%	0	0.0%	0	0.0%
MMIS Member Number (Medicaid ID)	36,449	100.0%	0	0.0%	0	0.0%	26,552	100.0%	0	0.0%	0	0.0%	63,001	100.0%	0	0.0%	0	0.0%
Place of Service	36,445	100.0%	0	0.0%	4	0.0%	26,550	100.0%	0	0.0%	2	0.0%	62,995	100.0%	0	0.0%	6	0.0%
Procedure Code	36,449	100.0%	0	0.0%	0	0.0%	26,552	100.0%	0	0.0%	0	0.0%	63,001	100.0%	0	0.0%	0	0.0%
Procedure Code Modifiers	36,449	100.0%	N	/A	0	0.0%	26,552	100.0%	N	I/A	0	0.0%	63,001	100.0%	N	/A	0	0.0%
Service Provider NPI/Number	4,859	13.3%	0	0.0%	31,590	86.7%	5,024	18.9%	0	0.0%	21,528	81.1%	9,883	15.7%	0	0.0%	53,118	84.3%
Service Provider Specialty/Taxonomy	29,690	81.5%	0	0.0%	6,759	18.5%	21,263	80.1%	0	0.0%	5,289	19.9%	50,953	80.9%	0	0.0%	12,048	19.1%
Total	460,714	84.3%	0	0.0%	86,021	15.7%	345,889	86.8%	0	0.0%	52,391	13.2%	806,603	85.4%	0	0.0%	138,412	14.6%
Total Records in the Encounter Dataset	36,449						26,552						63,001					
Number of Key Data Element Evaluated	15						15						15					
,	546.735	100.0%					398.280	100.0%					945.015	100.0%				
Maximum Count	540,735	100.0%					398,280	100.0%					945,015	100.0%				



									Pharr	nacy								
			October	2020					March 2	2021					To	tal		
Key Data Element	Valid Va (Match		Missing (Inv	<b>g Values</b> alid)	(Non-m	us Values atching/ alid)	Valid Va (Match		Missing (Inv		Erroneou (Non-ma Inva	atching/	Valid Va (Match			g Values alid)	<b>Erroneou</b> (Non-ma Inva	tching/
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Amount Health Plan Paid PBM	692,118	97.9%	2,209	0.3%	12,384	1.8%	759,290	98.4%	2,682	0.3%	9,884	1.3%	1,451,408	98.2%	4,891	0.3%	22,268	1.5%
Basis of Reimbursement	376,698	53.3%	238,080	33.7%	91,933	13.0%	406,763	52.7%	251,349	32.6%	113,744	14.7%	783,461	53.0%	489,429	33.1%	205,677	13.9%
Billed Charges	692,620	98.0%	0	0.0%	14,091	2.0%	760,043	98.5%	0	0.0%	11,813	1.5%	1,452,663	98.2%	0	0.0%	25,904	1.8%
Date Filled	706,711	100.0%	0	0.0%	0	0.0%	771,856	100.0%	0	0.0%	0	0.0%	1,478,567	100.0%	0	0.0%	0	0.0%
Days Supply	507,610	71.8%	0	0.0%	199,101	28.2%	566,004	73.3%	0	0.0%	205,852	26.7%	1,073,614	72.6%	0	0.0%	404,953	27.4%
Former MMIS Claim ICN	665,640	94.2%	N,	/A	41,071	5.8%	720,258	93.3%	N,	/A	51,598	6.7%	1,385,898	93.7%	N	/A	92,669	6.3%
Health Plan Paid Amount	678,313	96.0%	0	0.0%	28,398	4.0%	743,604	96.3%	0	0.0%	28,252	3.7%	1,421,917	96.2%	0	0.0%	56,650	3.8%
Health Plan Paid Date	682,079	96.5%	0	0.0%	24,632	3.5%	757,720	98.2%	0	0.0%	14,136	1.8%	1,439,799	97.4%	0	0.0%	38,768	2.6%
MMIS ICN	523,187	74.0%	0	0.0%	183,524	26.0%	569,957	73.8%	0	0.0%	201,899	26.2%	1,093,144	73.9%	0	0.0%	385,423	26.1%
MMIS Member Number (Medicaid ID)	706,711	100.0%	0	0.0%	0	0.0%	771,856	100.0%	0	0.0%	0	0.0%	1,478,567	100.0%	0	0.0%	0	0.0%
National Drug Code (NDC)	705,828	99.9%	19	0.0%	864	0.1%	770,508	99.8%	13	0.0%	1,335	0.2%	1,476,336	99.8%	32	0.0%	2,199	0.1%
Prescribing Provider NPI	467,843	66.2%	237,920	33.7%	948	0.1%	518,520	67.2%	252,539	32.7%	797	0.1%	986,363	66.7%	490,459	33.2%	1,745	0.1%
Prescription Number	706,711	100.0%	0	0.0%	0	0.0%	771,856	100.0%	0	0.0%	0	0.0%	1,478,567	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	693,070	98.1%	0	0.0%	13,641	1.9%	760,797	98.6%	0	0.0%	11,059	1.4%	1,453,867	98.3%	0	0.0%	24,700	1.7%
Refill Number	706,450	100.0%	239	0.0%	22	0.0%	771,651	100.0%	189	0.0%	16	0.0%	1,478,101	100.0%	428	0.0%	38	0.0%
Total	9,511,589	89.7%	478,467	4.5%	610,609	5.8%	10,420,683	90.0%	506,772	4.4%	650,385	5.6%	19,932,272	89.9%	985,239	4.4%	1,260,994	5.7%
Total Records in the Encounter Dataset	706,711						771,856						1,478,567					
Number of Key Data Element Evaluated	15						15						15					
Maximum Count	10,600,665	100.0%					11,577,840	100.0%					22,178,505	100.0%				

				Total			
Key Data Elements	Number of Encounters	Valid V (Mato			<b>g Values</b> /alid)	Erroneou (Non-ma Inva	atching/
	Evaluated	Count	Percent	Count	Percent	Count	Percent
Admission Date	12,015	12,015	100.0%	0	0.0%	0	0.0%
Bill Type (digits 1 and 2)	1,046,356	1,046,164	100.0%	0	0.0%	192	0.0%
Billed Charges	4,895,978	4,850,361	99.1%	0	0.0%	45,617	0.9%
Billing Provider NPI/Number	3,417,411	3,283,000	96.1%	0	0.0%	134,411	3.9%
Diagnosis Codes	3,379,191	3,379,182	100.0%	0	0.0%	9	0.0%
First Date of Service	4,895,978	4,895,931	100.0%	0	0.0%	47	0.0%
Former/Original Claim ICN	4,895,978	4,376,262	89.4%	N	/A	519,716	10.6%
Health Plan Paid Amount	4,895,978	4,792,230	97.9%	0	0.0%	103,748	2.1%
Health Plan Paid Date	4,895,978	4,833,980	98.7%	0	0.0%	61,998	1.3%
Last Date of Service	3,379,191	3,378,407	100.0%	0	0.0%	784	0.0%
MMIS ICN	4,895,978	4,510,547	92.1%	0	0.0%	385,431	7.9%
MMIS Member Number (Medicaid ID)	4,895,978	4,895,951	100.0%	0	0.0%	27	0.0%
Place of Service	2,371,055	2,371,034	100.0%	0	0.0%	21	0.0%
Procedure Code	3,405,396	3,405,384	100.0%	0	0.0%	12	0.0%
Procedure Code Modifiers	3,367,176	3,367,175	100.0%	N	/A	1	0.0%
Revenue Code	1,168,178	1,162,788	99.5%	5,360	0.5%	30	0.0%
Service Provider NPI/Number	3,417,411	3,185,039	93.2%	0	0.0%	232,372	6.8%
Service Provider Specialty/Taxonomy	3,417,411	2,444,591	71.5%	0	0.0%	972,820	28.5%
Surgical Procedure Codes	12,015	11,950	99.5%	N	/A	65	0.5%
Tooth Number	38,220	32,459	84.9%	N	/A	5,761	15.1%
Tooth Surface	38,220	36,049	94.3%	N	/A	2,171	5.7%
Amount MCO Paid Pharmacy Benefits Manager	1,478,567	1,451,408	98.2%	4,891	0.3%	22,268	1.5%
Basis of Reimbursement	1,478,567	783,461	53.0%	489,429	33.1%	205,677	13.9%
Days Supply	1,478,567	1,073,614	72.6%	0	0.0%	404,953	27.4%
National Drug Code (NDC)	1,478,567	1,476,336	99.8%	32	0.0%	2,199	0.1%
Prescribing Provider NPI	1,478,567	986,363	66.7%	490,459	33.2%	1,745	0.1%
Prescription Number	1,478,567	1,478,567	100.0%	0	0.0%	0	0.0%
Quantity Dispensed	1,478,567	1,453,867	98.3%	0	0.0%	24,700	1.7%
Refill Number	1,478,567	1,478,101	100.0%	428	0.0%	38	0.0%
Total	74.569.628	70,452,216	94.5%	990.599	1.3%	3.126.813	4.2%



## **Appendix F: Per Member Utilization and Paid Amounts**

									Perce	ntage of
Description		Health	iy Louisiana				UHC		Healthy	Louisiana
				Men	nbers					
Total member Months		18	,647,517			5,	466,459		n	9.3%
Average Number of Members <sup>1</sup>		1,	553,960			4	55,538		2	9.3%
		PMPY <sup>2</sup>		PMPY <sup>2</sup>		PMPY <sup>2</sup>		PMPY <sup>2</sup>	Percenta	ge Variance
Service Type	Count Count Paid Amount Ar				Count	Count	Paid Amount	Amount	Count	Amount
Ancillary	7,536,454	4.8	\$369,328,879	\$238	2,233,997	4.9	\$127,970,150	\$281	2.1%	18.1%
Dental	675,232	0.4	\$30,378,419	\$20	182,158	0.4	\$8,484,408	\$19	0.0%	-5.0%
Inpatient	2,486,478	1.6	\$1,574,479,956	\$1,013	683,928	1.5	\$448,078,666	\$984	-6.3%	-2.9%
NEMT	964,598	0.6	\$42,755,814	\$28	213,224	0.5	\$8,824,642	\$19	-16.7%	-32.1%
Outpatient	18,571,405	12.0	\$1,160,044,808	\$747	5,438,909	11.9	\$342,856,190	\$753	-0.8%	0.8%
Pharmacy	26,389,256	17.0	\$2,023,521,112	\$1,302	8,159,354	17.9	\$564,647,156	\$1,240	5.3%	-4.8%
Primary Care	15,329,225	9.9	\$533,349,382	\$343	4,570,464	10.0	\$163,287,984	\$358	1.0%	4.4%
Specialty	12,347,345	7.9	\$918,889,789	\$591	3,671,944	8.1	\$260,399,958	\$572	2.5%	-3.2%
Vision	1,539,985	1.0	\$54,406,638	\$35	445,462	1.0	\$15,786,577	\$35	0.0%	0.0%
Total Services <sup>3</sup>	85,839,978	55.2	\$6,707,154,798	\$4,317	25,599,440	56.2	\$1,940,335,732	\$4,261	1.8%	-1.3%

<sup>1</sup>Total member months divided by the number of months in the measurement period.

<sup>2</sup> Per member per year counts and/or paid amount divided by the average number of members.

<sup>3</sup> Differences are due to rounding.



# **Appendix G: Timely Payment of Claims**

	15 Business	Days - 90%	30 Ca	lendar Days ·	· 100%	60 Ca	lendar Days	- 100%	Ονε	er 60 Days - 1	.00%	Тс	otal	
Encounter Type		Percentage		Perce	entage		Perce	entage		Perce	entage		Percentage of	Average Days
	Count	Absolute	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Total Count	Days
Inpatient	83,265	88.5%	2,151	2.3%	90.8%	2,434	2.6%	93.4%	6,198	6.6%	100.0%	94,048	0.3%	20
Outpatient	6,457,809	91.8%	123,094	1.7%	93.6%	99,074	1.4%	95.0%	354,221	5.0%	100.0%	7,034,198	22.2%	17
Professional	12,845,415	94.6%	90,507	0.7%	95.3%	165,256	1.2%	96.5%	476,926	3.5%	100.0%	13,578,104	42.8%	13
Dental	204,809	99.3%	1,496	0.7%	100.0%	10	0.0%	100.0%	0	0.0%	100.0%	206,315	0.7%	7
Vision	423,381	99.7%	151	0.0%	99.7%	421	0.1%	99.8%	696	0.2%	100.0%	424,649	1.3%	8
NEMT	399,983	85.0%	5,042	1.1%	86.1%	30,049	6.4%	92.5%	35,246	7.5%	100.0%	470,320	1.5%	17
Pharmacy	9,847,848	99.2%	7,459	0.1%	99.3%	12,251	0.1%	99.4%	55,713	0.6%	100.0%	9,923,271	31.3%	8
Total	30,262,510	95.4%	229,900	0.7%	96.1%	309,495	1.0%	97.1%	929,000	2.9%	100.0%	31,730,905	100.0%	12



### **Appendix H: Timely Encounter Submissions**

	30 Days		60 Days		90 Days		120 Days		Over 120 Days		Total		_				
Encounter Type		Percentage		Perc	entage		Perc	entage		Perc	entage		Perc	entage		Percentage of Total	Average Days
	Count	Absolute	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Absolute	Cumulative	Count	Count	Duys
Inpatient	88,855	94.5%	1,245	1.3%	95.8%	1,273	1.4%	97.2%	891	0.9%	98.1%	1,784	1.9%	100.0%	94,048	0.3%	12
Outpatient	6,896,496	98.0%	43,417	0.6%	98.7%	34,056	0.5%	99.1%	53,577	0.8%	99.9%	6,652	0.1%	100.0%	7,034,198	22.2%	9
Professional	13,392,595	98.6%	83,500	0.6%	99.2%	37,854	0.3%	99.5%	32,198	0.2%	99.8%	31,963	0.2%	100.0%	13,578,110	42.8%	7
Dental	193,263	93.7%	9,000	4.4%	98.0%	1,809	0.9%	98.9%	2,065	1.0%	99.9%	198	0.1%	100.0%	206,335	0.7%	10
Vision	423,033	99.6%	1,229	0.3%	99.9%	296	0.1%	100.0%	44	0.0%	100.0%	96	0.0%	100.0%	424,698	1.3%	10
NEMT	423,097	90.0%	13,153	2.8%	92.8%	4,901	1.0%	93.8%	19,200	4.1%	97.9%	9,969	2.1%	100.0%	470,320	1.5%	18
Pharmacy	9,752,424	98.3%	33,876	0.3%	98.6%	120,892	1.2%	99.8%	5,286	0.1%	99.9%	10,769	0.1%	100.0%	9,923,247	31.3%	8
Total	31,169,763	98.2%	185,420	0.6%	98.8%	201,081	0.6%	99.4%	113,261	0.4%	99.8%	61,431	0.2%	100.0%	31,730,956	100.0%	8



# Appendix I: Medical Records Validity Rate

	Inpatient							Outpatient	;		<b>Professional</b> (Includes Vision, Dental and NEMT)				
	Total Elements	Supported Elements		Unsupported Elements		Total Elements	Supported Elements		Unsupported Elements		Total Elements	Supported Elements		Unsupported Elements	
Key Data Element	Sampled	Count	Percent	Count	Percent	Sampled	Count	Percent	Count	Percent	Sampled	Count	Percent	Count	Percent
Member Name	1	1	100.0%	0	0.0%	35	35	100.0%	0	0.0%	70	68	97.1%	2	2.9%
Member DOB	1	1	100.0%	0	0.0%	35	33	94.3%	2	5.7%	70	63	90.0%	7	10.0%
Admit Date	1 1 100.0% 0 0.0%			N/A					N/A						
First Date of Service	1	1	100.0%	0	0.0%	35	35	100.0%	0	0.0%	70	70	100.0%	0	0.0%
Last Date of Service	1	1	100.0%	0	0.0%	35	35	100.0%	0	0.0%	N/A				
Billing Provider	1	1	100.0%	0	0.0%	35	35	100.0%	0	0.0%	70	70	100.0%	0	0.0%
Type of Bill Code	1	1	100.0%	0	0.0%	35	35	100.0%	0	0.0%			N/A		
Revenue Code	13	13	100.0%	0	0.0%	35	35	100.0%	0	0.0%			N/A		
Place of Service			N/A					N/A			70	69	98.6%	1	1.4%
Procedure Code			N/A			31	30	96.8%	1	3.2%	70	67	95.7%	3	4.3%
Procedure Modifiers			N/A			8	7	87.5%	1	12.5%	40	37	92.5%	3	7.5%
Diagnosis Codes	4	4	100.0%	0	0.0%	98	93	94.9%	5	5.1%	155	138	89.0%	17	11.0%
Servicing Provider	1	1	100.0%	0	0.0%	35	35	100.0%	0	0.0%	70	68	97.1%	2	2.9%
Surgical Procedure Codes	0	0	100.0%	0	0.0%	N/A					N/A				
Total	25	25	100.0%	0	0.0%	417	408	97.8%	9	2.2%	685	650	94.9%	35	5.1%

Note: 148 medical records were submitted and tested. A total of 150 medical records were requested.



			Pharmacy		Total						
	Total Elements	Supported Elements		-	oported nents	Total Elements	••	orted nents	Unsupported Elements		
Key Data Element	Sampled	Count	Percent	Count	Percent	Sampled	Count	Percent	Count	Percent	
Member Name	42	42	100.0%	0	0.0%	148	146	98.6%	2	1.4%	
Member DOB	42	42	100.0%	0	0.0%	148	139	93.9%	9	6.1%	
Admit Date			N/A			1	1	100.0%	0	0.0%	
First Date of Service	42	42	100.0%	0	0.0%	148	148	100.0%	0	0.0%	
Last Date of Service			N/A			36	36	100.0%	0	0.0%	
Billing Provider	42	42	100.0%	0	0.0%	148	148	100.0%	0	0.0%	
Type of Bill Code			N/A			36	36	100.0%	0	0.0%	
Revenue Code			N/A			48	48	100.0%	0	0.0%	
Place of Service			N/A			70	69	98.6%	1	1.4%	
Procedure Code			N/A			101	97	96.0%	4	4.0%	
Procedure Modifiers			N/A			48	44	0.0%	4	0.0%	
Diagnosis Codes			N/A			257	235	91.4%	22	8.6%	
Servicing Provider			N/A			106	104	0.0%	2	0.0%	
Surgical Procedure Codes			N/A			0	0	0.0%	0	0.0%	
Prescription Number	42	42	100.0%	0	0.0%	1,169	1,125	96.2%	44	3.8%	
National Drug Code	42	42	100.0%	0	0.0%	42	42	100.0%	0	0.0%	
Quantity Dispensed	42	42	100.0%	0	0.0%	42	42	100.0%	0	0.0%	
Days Supply	42	42	100.0%	0	0.0%	42	42	100.0%	0	0.0%	
Prescribing Provider	42	42	100.0%	0	0.0%	42	42	100.0%	0	0.0%	
Total	378	378	100.0%	0	0.0%	1,295	1,251	96.6%	44	3.4%	

Note: 148 medical records were submitted and tested. A total of 150 medical records were requested.



September 22, 2022

Kathy Haley, Principal 800 East 96<sup>th</sup> Street, Suite 200 Indianapolis, IN 46240

Re: UnitedHealthcare Community Plan of Louisiana (UHC) – 2022 External Quality Review (EQR) Validation of Encounter Data Submission of Findings

Dear Kathy:

The following is UHC's response to the findings and recommendations associated the above referenced review. Please do not hesitate to contact us if you have any questions.

Sincerely,

Stephen Long

Stephen Long Compliance Officer UnitedHealthcare Community Plan of Louisiana

#### LA UHC - External Quality Review (EQR) Validation of Encounter Data Submission of Findings

	Findings	Recommendations	MCO Comments
3-A	Completeness – CDJs: The encounter paid	The health plan/delegated vendor, in conjunction	UHC actively works with delegated vendors as well a
	amounts were above the 97 percent threshold	with the FAC, should investigate and identify the	LDH, Myers & Stauffer and Gainwell to accurately
	for all months during the measurement period.	causes of surplus and/or missing encounters present	address any encounter data issues.
8-В	Completeness - Sample Claims Count: Medical (95.3 percent), dental (25.3	or absent in the encounter data. Any issues noted	
	percent) and pharmacy (51.8 percent) encounter counts were below the	during the investigation requiring encounter data	After researching the higher count of transactions in
	97 percent threshold. Vision and NEMT encounters met the 97 percent	revisions should be accurately addressed and	the sample claims data vs the encounters, it was
	threshold.	incorporated into the FAC encounter data.	discovered that the report was duplicating claim lin
3-C	Completeness - Sample Claims Paid Amount: Encounter paid amounts	Additionally, the health plan/delegated vendor	when it was joined to the ICN. This caused the
	were below the 97 percent threshold for medical (94.8 percent), dental	should submit payment adjustments to ensure	percentages to be lower than the 97% threshold. V
	(28.4 percent) and pharmacy (96.5 percent) encounters.	duplicates, voids and denied claims are accurately	will address this issue for future audits.
		addressed in the encounter data.	
3-D	Completeness – Sample Claims: Dental and Pharmacy – The sample claims	The health plan's contract with LDH (17.9.5) requires	After researching the higher count of transactions i
	data included denied and/or (potentially) duplicative claims that did not	the health plan/delegated vendor to submit all claims	the sample claims data vs the encounters, it was
	exist in the encounter data. For example, the dental sample claims data	paid, denied or adjusted/void as encounters. The	discovered that the report was duplicating claim lin
	included a claim for which the same procedure was performed on 29	health plan should review its claims/data	when it was joined to the ICN. This caused the
	different teeth on the same date of service. This claim was included in the	warehouse/encounter data submission processes to	percentages to be lower than the 97% threshold. A
	sample claims data 29 times for each of the 29 teeth, a total of 841 claim	ensure all claim sequences/iterations are captured	will address this issue for future audits.
	records (29 records x 29 teeth) all related to the same claim/data of	and stored appropriately and are included in the	
	service. This claim was identified in the encounter data, only once for each	encounter submissions. Collapsing claim	
	tooth, for a total of 29 encounters. As a result, the sample claims data	sequences/iterations into a single record line, may	
	included an excess of 812 claim records that were not identified in the	result in incomplete encounter data, and/or	
	encounter data.	completion percentages below the contract specified	
		threshold (97 percent).	
	Similar situations were noted with the pharmacy sample claims data. For		
	example, 600 transaction for the same prescription number/NDC/date		
	filled claim were identified		
	in the pharmacy sample claims data and only 25 of those transactions		
	were identified in the encounter data, an excess of 575 records in the		
	pharmacy sample claims data.		
3-E	Accuracy:	The health plan/delegated vendor should ensure it is	UHC is properly capturing and maintaining encoun
	• Billing Provider NPI – Vision, NEMT	properly capturing and maintaining encounter data	data elements within the claims system and data
	• Service Provider NPI – Vision, NEMT,	elements within the claims system and data	warehouse. We also continually work with our
	• Service Provider Specialty/Taxonomy –	warehouse and be able to submit this information in	delegated vendor will ensure that they are also
	Professional, Vision and NEMT	the encounter submissions and on future claim	properly capturing and maintaining encounter data
	Basis of Reimbursement – Pharmacy	sample submissions and/or ad hoc reporting.	elements within the claims system and data
	• Days Supply – Pharmacy	Additionally, the FAC, the health plan and its	warehouse. We will strive to submit this informat
	Prescribing Provider NPI - Pharmacy	delegated vendor should work together to ensure	in the encounter submissions and on future claim
	Both the encounter data and the claims sample	key data elements are properly submitted and	sample submissions and/or ad hoc reporting.
	data reflected valid values and the values did	captured i 3-F Accuracy: n the encounter data.	
	not agree, and/or claims sample values were		
	not populated/ and/or encounter values were		
	not populated.		
3-F	Accuracy:		UHC sends both tooth number and tooth surface,
	Tooth Number and Tooth Surface - Dental		when applicable on their dental encounters sent o
	<ul> <li>Accuracy – Prescribing Provider NPI</li> </ul>		the 837d. The claims audit report did send the too
	<ul> <li>Pharmacy Encounter values were not populated for the non-matching</li> </ul>		numbers but may have missed the tooth surface in
	values		their pull. We will correct that in future audits.
			The Prescribing Provider NPI is always sent on the
			encounters. The duplicate lines as explained about
			could have resulted in not populating for the non-
			matched values.
3-G	Accuracy – Former/Original Claim ICN:	The Health plan should encure that appropriate audit trails	UHC does link ICN's for Inpatient, Outpatient,
	Inpatient, Outpatient, Professional, Pharmacy and NEMT - The encoutner	are in place for all adjusted, replaced and void	Professional, Pharmacy and NEMT encounters that
	value is populated and the sample claim is not or vice versa.	claims. The original ICN should be linked to the	sent and/or received back on the responses. We v
		replacement, adjustment and/or void claim and the	correct the linkage in future audits on the claims a
		original ICN information is available to trace the	sample reports.
		replacement/adjustment back to the original claim.	
3-H	Accuracy – MMIS ICN: Pharmacy – The claims	The health plan/delegated vendor should ensure it is	UHC will correct it's linking on the audit claim repo
	sample and the encounters reflected values and	properly storing the MMIS ICN as assigned by the FAC	to the MMIS ICN for future audits to be able to rep
	the values did not agree.	and returned to the health plan on the 835 or	on it accurately. The encounter system pulls the M
		proprietary response file(s).	ICN from the 835 and properly stores it in our syste
1-A	148 of the 150 records requested were	The health plan should continue working with	UHC will continue working with providers to ensur
	submitted resulting in 98.7 percent being	providers to ensure it receives medical records for	receives medical records for the requested member
		the requested members and/or dates of service,	and/or dates of service, appropriate data element
	tested.	The requested members and/or dates of service,	
4-B	tested. Validation rate for the 148 medical records	4 · · ·	
4-B		appropriate data element values are submitted and captured in the claims and encounter submissions,	values are submitted and captured in the claims an encounter submissions, and that the data elements