

# UNITED HEALTHCARE COMMUNITY PLAN

Louisiana Medicaid Managed Care Non-Compliance Actions

January 1, 2020 to Present

Tracking Number	Failed Deliverable or Non-Compliance with Contract Requirements	Notice of Action	Deadline to Cure	Notice of Monetary Penalty	Monetary Penalty Amount	Dispute or Appeal	Responses or Related Correspondence	Closure Date
UHC2-32	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">1/10/2020</a>	\$50,000			
UHC2-33	[Claims and Encounter Management] Failure to remit payments within the timeframes established for independent review.			<a href="#">2/6/2020</a>	\$120,000			
UHC2-34	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">2/14/2020</a>						<a href="#">7/31/2020</a>
UHC2-35	[Services and Benefits] Failure to provide non-emergency medical transportation to eligible enrollees.	<a href="#">2/24/2020</a>		<a href="#">8/12/2020</a> <a href="#">9/18/2020</a> <a href="#">11/10/2020</a> <a href="#">2/10/2021</a> <a href="#">4/7/2021</a> <a href="#">5/28/2021</a> <a href="#">6/18/2021</a> <a href="#">7/7/2021</a> <a href="#">8/6/2021</a> <a href="#">8/19/2021</a> <a href="#">9/8/2021</a> <a href="#">10/14/2021</a> <a href="#">10/29/2021</a>	\$5,000 \$5,000 \$25,000 \$5,000 \$10,000 \$15,000 \$15,000 \$5,000 \$5,000 \$50,000 \$10,000 \$5,000 \$20,000			
UHC2-36	[Claims and Encounter Management] Subject to more than 100 independent reviews annually and more than 25% of adverse			<a href="#">3/2/2020</a>	\$25,000			

	determinations were overturned in favor of the provider.							
<b>UHC2-37</b>	[Program Integrity] Failure to comply with the federal requirements for provider disclosure of ownership information.	<a href="#">5/6/2020</a> <a href="#">6/16/2020</a>						
<b>UHC2-38</b>	[Claims and Encounter Management] Failure to update coding for prescription drugs on the preferred drug list per LDH directive.	<a href="#">7/23/2020</a>						
<b>UHC2-39</b>	[Services and Benefits] Inappropriate use of non-emergency ambulance transportation and failure to maintain an adequate transportation provider network.	<a href="#">8/11/2020</a>						
<b>UHC2-40</b>	[Services and Benefits] Failure to adhere to directives in a Health Plan Advisory (HPA) issued in response to COVID-19.	<a href="#">9/25/2020</a>						<a href="#">1/19/2021</a>
<b>UHC2-41</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">10/16/2020</a>	\$50,000			
<b>UHC2-42</b>	[Claims and Encounter Management] Failure to update rates paid to NEMT providers per the NEMT fee schedule.			<a href="#">11/18/2020</a> <a href="#">12/29/2020</a>	\$55,000 \$355,000			
<b>UHC2-43</b>	[Services and Benefits] Failure to properly maintain NEMT and NEAT records in an electronic format.							
<b>UHC2-44</b>	[Administration] Failure to maintain adequate staff.	<a href="#">1/14/2021</a>		<a href="#">9/23/2021</a>	\$5,000			
<b>UHC2-45</b>	[Claims and Encounter Management] Failure to reprocess claims timely and failure to timely address provider complaints.	<a href="#">2/2/2021</a>		<a href="#">8/23/2021</a>	\$610,000			<a href="#">2/12/2021</a>
<b>UHC2-46</b>	[Provider Network]			<a href="#">2/4/2021</a>	\$50,000			

	Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.							
<b>UHC2-47</b>	[Services and Benefits] Failure to conduct assessments for 90 % of its members having special health care needs.	<a href="#">2/10/2021</a>						
<b>UHC2-48</b>	[Program Integrity] Failure to Timely Void Encounters - FWA	<a href="#">3/10/2021</a>						
<b>UHC2-49</b>	[Claims and Encounter Management] Failure to Implement Pharmacy Diagnosis Codes	<a href="#">3/17/2021</a>						
<b>UHC2-50</b>	[Services and Benefits] Failure to Provide NEMT			<a href="#">3/19/2021</a>	\$60,000			
<b>UHC2-51</b>	[Provider Network] Failure to Maintain an Adequate Network of Specialty Providers – Pediatric Surgeons			<a href="#">4/14/2021</a> <a href="#">7/2/2021</a>	\$20,000 \$205,000	<a href="#">5/10/2021</a>	<a href="#">5/28/2021</a>	
<b>UHC2-52</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.			<a href="#">4/27/2021</a> <a href="#">6/15/2021</a>	\$50,000 \$7,000			
<b>UHC2-53</b>	[Reporting] Failure to timely submit quarterly report as required by Act 710.			<a href="#">6/16/2021</a>	\$70,000			
<b>UHC2-54</b>	[Claims and Encounter Management] Failure to meet contractual requirements for post-payment recovery.	<a href="#">7/21/2021</a>						<a href="#">8/18/2021</a>
<b>UHC2-55</b>	[Provider Network] Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.	<a href="#">9/29/2021</a>						
<b>UHC2-56</b>	[Provider Network]			<a href="#">10/6/2021</a>	\$50,000			

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<b>UHC2-57</b>	[Quality Management] Failure to demonstrate full compliance in an external quality review.	<a href="#">10/15/2021</a>						

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

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