

February 1, 2013

Darlene White
Program Manager, Bayou Health Program
Louisiana Department of Health and Hospitals

Ms. White:

We are in receipt of Ms. McAndrew's January 25, 2013 letter. In accordance with her instructions, we are submitting the attached action plans as follows:

Deficiency #1 - Failure to review for and submit required documentation to Molina for manually priced claims

The corrective action plan is attached. All steps to submit required documentation to Molina for claims submitted to UHC to date have been implemented and documentation will be submitted to Molina by February 6, 2013. In addition, our internal Medical Review process will be implemented by February 6, 2013.

Deficiency # 2 - Improper denial of claims involving TPL

The corrective action plan is attached. We have investigated the TPL denials extensively. There were three categories of denials as follows:

- UHC keying errors, (focused retraining effort has been implemented)
- Provider billing errors (findings will be shared with UHC Provider Advocates for the purposes of educating the providers)
- UHC system error where we erroneously overwrote the carrier code

Deficiency # 3 - Improper denial of claims with SSN

The corrective action plan is attached. This issue required multiple correction phases. We have already implemented a process where any claim billed with a SSN for which a provider record does not exist with a SSN, the claim will not reject, but instead will be routed to a processor to build a provider record with the correct information (SSN). In addition, UHC is using the state inbound file to build records for every provider on that file with SSNs for which a provider record does not already exist. Then, going forward should UHC receive a claim for which a provider record does not exist for some other reason (new provider, etc.), the claim will continue to be routed to a processor to build a provider record. Audits are in place to ensure that the process is working as designed.

In addition to the deficiencies identified in your letter, we have included corrective action plans for the following issues that we have also identified:

Bill Type (Adjustment/Void) – Inappropriate claim denials have occurred due to the UHC system adjusting the bill type based on other claim data

The corrective action plan is attached. There are two scenarios that have inaccurately caused denials.

1. Claims submitted with an Adjustment Bill Type, but no reference to a historical claim were assumed to be new-day claims, not adjustments. Result - Bill Type changed from an Adjustment/Void (7, 8) to a non-Adjustment (1) Bill Type.
2. Claims submitted with a non-Adjustment Bill Type, but with a reference to a historical claim are assumed to be an Adjustment, not a new-day claim. Result - Bill Type changed from new-day claim (1) to an Adjustment (7, 8) Bill Type. The required system fix is currently being tested and we anticipate the fix to be implemented February 16, 2013.

Home Health/UB Claims – UHC has been erroneously dropping required modifiers for facility providers who bill via a UB claim format

The corrective action plan is attached. UHC has been dropping required modifiers for facility providers who bill via a UB claim format. The fix is in place, and has been tested with Molina and implemented. Molina has verified that both tested and submitted claims, since our fix was implemented are in a pay status for the next check run (2/5/13). We re-submitted previously denied claims on 1/31/13 and we expect that these claims will process through for the 2/12/13 check date. Our action plan includes steps to follow these claims through to completeness and resolve any issues that might arise.

The steps to ensure that these issues do not recur are in place. Audits are planned to ensure that the submissions are working as designed.

Member Medicaid ID – UHC occasionally drops last digit when submitting claims to Molina

This IT issue has been isolated and fixed. We are in the process of identifying erroneously denied claims for this reason to recycle.

Hot Issue providers – UHC has developed a listing of providers that have urgent claims issues.

The corrective action plan is attached. We are researching each individual provider's claims concerns to ascertain the root cause(s). The categories of these root causes are:

- Known issue that has been resolved
- New issue
- Billing error that identifies an opportunity for provider education

We are then creating an action plan for each provider and will work with our Provider Advocates to communicate with our providers.

I appreciate the collaboration and support that your team has demonstrated throughout this process. We will continue to provide regular updates on the implementation of these corrective action plans. Specifically, we will send an updated action plan on Monday, February 4, 2013 to show the progress we have made over the weekend. Then we will send an updated action plan on Wednesday February 6, 2013 demonstrating completion of the three deficiencies identified in your letter. Finally, we will provide weekly updates until all action items that we included beyond those identified in your letter are closed. Our desire is to regain your trust and commit to you our intention to resolve these long-standing matters once and for all. Please do not hesitate to contact me with any questions or concerns you might have.

Best regards,

A handwritten signature in blue ink that reads "April Golenor". The signature is fluid and cursive, with a long horizontal stroke at the end.

April Golenor

President & CEO, UnitedHealthcare Community Plan of Louisiana

United Healthcare Community Plan
Action Plan
Original Date: 2/1/2013 Updated as of 2/6/13 10:00pm
April Golenor

Deficiency	Actions to be taken	Start Date	Due Date	Completion Date	Status	Status Notes	Accountable Owner	DHH Response	UHC Response
1. Failure to review for and submit required documentation to Molina for manually priced claims	Analyze Molina Pend List (1/29/13) to Resolve Backlog								
	Identify claims with Attachments	1/8/2013	2/6/2013	1/31/2013	C		Malorie Hrdlicka		
	Locate 20-digit ICN	1/30/2013	2/6/2013	2/4/2013	C	1/31/13 1pm change per Molina. Implementing modifications 2/4 Jeff confirmed he received, was able to view, and the documents worked with their application.	Jiten Vaswani COSMOS SS&S	Indication of "At Risk" in the Status Field is contradictory to a due date of 2/6/13. UHC must provide further explanation.	This file (2162438-21373000852365902304-OTH.pdf. the original filename was 085236590.1151213560444.04.pdf.) was sent at 4:16 Friday. When Tina Clark or Jeff Raymond can confirm it's receipt & validity at Molina, then we can change status from Yellow to Green
	Save document as pdf	1/29/2013	2/6/2013	1/31/2013	C		Malorie Hrdlicka		
	Save with required Naming Convention	1/29/2013	2/6/2013	2/4/2013	C		Jiten Vaswani COSMOS SS&S		
	Transmit to Molina sftp site	1/30/2013	2/6/2013	2/6/2013	C	2/6 Discussing with Molina - how can we confirm which doc was missing (submitted 32 but only 31 rec'd.) Per Jeff, contact Tina. Spoke with Tina, Peggy, & Gillis, and were able to account for the missing file. Resent missing file on 2/6/13	Jiten Vaswani COSMOS SS&S		
	Notify Molina when all pdfs are posted		2/6/2013	2/6/2013	C		Jiten Vaswani COSMOS SS&S		
	Develop process for daily flow going forward								
	Implement COSMOS Review	1/14/2013	2/6/2013	1/30/2013	C		Kellie Roberts		
	Expand Medical Review process post service	1/2/2013	2/6/2013	2/6/2013	C		Lori Olson Linda Rintala		
	Implement COSMOS Rejection	1/28/2013	2/6/2013	1/31/2013	C		Kellie Roberts		
	Finalize SOPs for working COSMOS Review	1/14/2013	2/6/2013	1/31/2013	C		Caroline Isaksson		
	Stop all claims with MP Codes for Review	1/14/2013	2/6/2013	1/31/2013	C		Caroline Isaksson	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	Reject claims with no Attachments	1/14/2013	2/6/2013	1/31/2013	C		Caroline Isaksson	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	Daily transition of claims with Attachments to Molina via sftp	1/31/2013	2/6/2013	2/6/2013	C		Jiten Vaswani COSMOS SS&S		
	Test process	1/30/2013	2/6/2013	2/4/2013	C		Jiten Vaswani COSMOS SS&S	Test results from Molina may not be available in the same day the test is performed. Therefore UHC may need to submit test one day prior to ensure due date of 2/6/13 is achieved.	Understood.
	Implement process	2/1/2013	2/6/2013	2/6/2013	C		Jiten Vaswani COSMOS SS&S		
	How UHC will prevent a recurrence of this or similar deficiencies?								
	Monitor Review status on a daily basis	1/30/2013	2/6/2013	1/30/2013	C	Ongoing, daily	Steve Johnson, Claims Mgr	The listed completion date of 1/30/13 is not correct. As of 2/1/13, Molina has not received documents that they can access, due to an incomplete ICN submitted by UHC.	This is not the step of sending the documentation to Molina. This is the step of UHC monitoring documents received to ensure they are properly handled. We implemented this ongoing process 1/30/13.
	Confirm all claims with Attachments were posted to Molina sftp site for Manual Pricing Review	1/31/2013	2/6/2013	2/6/2013	C	Ongoing, daily	Jiten Vaswani COSMOS SS&S	The listed completion date of 1/30/13 is not correct. As of 2/1/13, Molina has not received documents that they can access, due to an incomplete ICN submitted by UHC.	Agreed. Adjusted completion date to be blank until complete.
	If all claims with Attachments were accurately posted to Molina sftp site, the process is functioning correctly	1/31/2013	2/6/2013	2/6/2013	C	Ongoing, daily		How will UHC identify if this process is successful?	Molina has agreed to notify UHC and provide acknowledgement via e-mail. In addition, the number of claims stopped for document required will correspond to the number of documents sent to and acknowledged by Molina.
	If any claims with Attachments are <u>not</u> posted to Molina's sftp site signifies a likely process error	1/31/2013	2/6/2013	2/6/2013	C	Ongoing, daily		How will UHC identify if this process is successful?	Molina has agreed to notify UHC and provide acknowledgement via e-mail. In addition, the number of claims stopped for document required will correspond to the number of documents sent to and acknowledged by Molina.
	Research all questionable claims	1/31/2013	2/6/2013	2/6/2013	C	Ongoing	Carolyn Antonie, Claims QA		
	Review existing process	1/31/2013	2/6/2013	2/6/2013	C	Ongoing			
	Modify process as necessary	1/31/2013	2/6/2013	2/6/2013	C	Ongoing			

C Complete
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Deficiency	Actions to be taken	Start Date	Due Date	Completion Date	Status	Status Notes	Accountable Owner	DHH Response	UHC Response
2. Improper denial of claims involving TPL	Analysis of Molina CP90 Report for Denial Code 273 to Resolve Backlog								
	Identify claims for Provider Education	1/22/2013	2/6/2013	2/6/2013	C		Diane Johnson		
	Coordinate Provider Education so they can re-bill	2/1/2013	2/6/2013	2/6/2013	C	All needed resolutions based on reason for denial will be identified by 2/6/13. Educational session planned with Provider Advocates on 2/5 to ensure clear communication to provider community. 2/5 Conducted educational session with Provider Advocates.	Deb Tillman		
	Identify claims processed inappropriately for potential reprocessing	1/22/2013	2/6/2013	2/6/2013	C		Diane Johnson		
	UHC keying errors	1/22/2013	2/6/2013	2/4/2013	C	2/4 Keying vendor confirmed correct process is in place going forward	Diane Johnson	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	UHC system error - overriding carrier code	1/22/2013	2/6/2013	2/6/2013	C	2/6 Pending list from Claims Hwy to ID historical errors. 2/6 Rec'd confirmation that deployment of system fix was successful.	Diane Johnson	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	Determine if claims can be reprocessed	1/22/2013	2/6/2013	2/6/2013	C		Diane Johnson		
	Reprocess applicable claims	2/16/2013	2/26/2013		G		Kellie Roberts	Is UHC planning to submit test files to Molina for a confirmation of UHC system fixes prior to a full reprocessing of claims? UHC must provide a more detailed explanation of this process.	UHC will submit test files to Molina for a confirmation of UHC system fix success prior to a full reprocessing. Additional steps have been added to the action plan to reflect this process. Additionally, please note that the system fix will be in place by 2/6/13. Beginning 2/7/13, all new-day claims being sent to Molina will be accurate. All historical claims impacted by this defect will be resubmitted by 2/26/13.
	Monitor for completeness	2/26/2013	3/12/2013		G		Kellie Roberts		
	Develop process for daily flow going forward								
	1. Confirm UHC Keying Vendor is entering Carrier Code & Primary Payor \$\$ of provided on original claim	12/19/2012	2/6/2013	2/4/2013	C	2/4 Keying vendor confirmed correct process is in place going forward	Kellie Roberts Kim Johnson		
	Test any process changes	12/19/2012	2/6/2013	2/6/2013	C	2/6 Will continue to monitor process to ensure accuracy	Kellie Roberts Johnson Kim	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	Revise existing SOP(s) as necessary	12/19/2012	2/6/2013	2/4/2013	C	2/4 Keying vendor confirmed correct process is in place going forward	Kellie Roberts Johnson Kim	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	2. Confirm UHC Adjustment Team is entering Carrier Code & Primary Payor \$\$ when processing paper adjustments	1/29/2013	2/6/2013	1/30/2013	C		Caroline Isaksson		
	Test any process changes	1/29/2013	2/6/2013	1/30/2013	C			No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	Revise existing SOP(s) as necessary	1/29/2013	2/6/2013	1/30/2013	C			No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	3. Confirm Carrier Code & Primary Payor \$\$ are being loaded when claims are submitted electronically	9/7/2012	2/6/2013	12/8/2012	C		Kellie Roberts	I believe the completion date is incorrect. UHC was notified by providers in late December of inappropriate denials when submitting electronically. UHC recently advised DHH that this was under review.	The completion date for phase 1 TPL fix is accurate. Notifications were from providers for claims submitted prior to this fix. A 2nd, new fix was identified during war-room research and is scheduled to be remediated 2/6/13
	Test any process changes	9/7/2012	2/6/2013	12/8/2012	C		Kellie Roberts	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	Revise existing SOP(s) as necessary	9/7/2012	2/6/2013	12/8/2012	C		Kellie Roberts	No Start or Due Date Given	These are sub-items - the start date and due date are the above item, copied the dates down for clarification.
	How UHC will prevent a reoccurrence of this or similar deficiencies?								
	Follow workflow outlined in above 3 processes to ensure claims submitted with TPL are submitted with the billed TPL information	9/7/2012	2/6/2013	2/6/2013	C	ongoing, daily			
	Quality Assurance audits of TPL Claims per Processor on a weekly basis	2/4/2013	2/6/2013	2/6/2013	C	ongoing, weekly			
	Continue monitoring CP90 report on a weekly basis	4/1/2012	2/6/2013	2/6/2013	C	ongoing, weekly			

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3. Improper denial of claims with SSN	Develop process for daily flow going forward								
	Implement Process Changes to eliminate claim rejections (send-backs)	1/30/2013	2/6/2013	1/30/2013	C		Lori Olson Susan Mieras		
	Reach out to impacted teams	1/30/2013	2/6/2013	1/30/2013	C		Lori Olson		
	1. Provider Claim & Information Systems (PCIS)	1/30/2013	2/6/2013	1/30/2013	C				
	2. Claims Processing Workstation team (CPW)	1/30/2013	2/6/2013	1/30/2013	C				
	Review existing SOPs for non-compliance	1/30/2013	2/6/2013	1/30/2013	C		Lori Olson		
	Revise SOPs	1/30/2013	2/6/2013	1/31/2013	C		Lori Olson		
	Meet with Team Leads & SMEs to communicate revisions	1/30/2013	2/6/2013	1/31/2013	C		Lori Olson		
	Confirm Employee Education occurred	1/30/2013	2/6/2013	1/31/2013	C		Lori Olson		
	Identify any resource needs	1/30/2013	2/6/2013	1/31/2013	C		Lori Olson		
	Provide missing resources	1/30/2013	2/6/2013	1/31/2013	C	ongoing	Lori Olson		
	Assign SME for final review of any claims falling to a send back	1/30/2013	2/6/2013	1/31/2013	C	ongoing	Lori Olson		
	How UHC will prevent a reoccurrence of this or similar deficiencies?								
	Follow workflow outlined above to ensure claims submitted with SSN are processed against that provider's SSN	1/30/2013	2/6/2013	1/30/2013	C	ongoing	Carolyn Antonie, Claims QA		
	Pro-actively build SSN records from State Inbound File that do not have an existing provider record	12/14/2012	2/28/2013		G	ongoing	Heidi Kemmer		
	Re-analyze State Inbound File annually to identify probable SSN billers	1/1/2014	1/31/2014		G	annually	Heidi Kemmer	A process for this file exchange does not currently exist. If needed, UHC must request that a file be created at that time.	We receive the State Inbound File weekly, and will use that file to reconcile it with our system & identify providers who may bill with SSN.

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4. Accurately Process Form 213 Claims/Adjustments (paper claims)	Develop process for daily flow going forward							Adjustments and Voids may be submitted by providers utilizing Form 202, and UB's. Further clarification is need to ensure that UHC will process all adjustments and/or voids received by providers in the same manner as described for Form 213.	Agreed. This process will apply to Form 202 in addition to Form 213. UHC will process all adjustments/voids in the same manner as described for Form 213.
	Implement process changes to ensure claims submitted with Form 213 are accurately processed as Adjustments or Voids	1/28/2013	2/1/2013	2/1/2013	C		Caroline Isaksson Sandra Auvin		
	Reach out to impacted teams	10/31/2012	2/1/2013	1/29/2013	C		Susan Mieras		
	Regional Mail Office (RMO)	10/31/2012	2/1/2013	1/29/2013	C		Susan Mieras		
	Adjustment Team	10/31/2012	2/1/2013	1/29/2013	C		Susan Mieras		
	Review existing SOPs for non-compliance	10/31/2012	2/1/2013	1/29/2013	C		Caroline Isaksson		
	Revise SOPs to ensure claims submitted with Form 213 are routed to Adjustment Team by the RMO, and processed as Adjustments or Voids	1/29/2013	2/1/2013	2/1/2013	C		Caroline Isaksson		
	Meet with Team Leads & SMEs to communicate revisions	1/31/2013	2/1/2013	1/31/2013	C		Susan Mieras		
	Confirm Employee Education occurred	1/31/2013	2/1/2013	1/31/2013	C		Caroline Isaksson Sandra Auvin		
	How UHC will prevent a reoccurrence of this or similar deficiencies?								
	Follow permanent workflow outlined above to ensure claims submitted with Form 213 are accurately processed as Adjustments or Voids	1/31/2013	2/1/2013	2/1/2013	C	ongoing	Carolyn Antonie, Claims QA		
	Quality Assurance audits of Form 213 Claims per Processor on a weekly basis	2/4/2013	2/8/2013		G	ongoing	Carolyn Antonie, Claims QA		
5. Any issues with electronic voids/adjustments? (Bill Type changes?)	System is set up to adjust Bill Types based on other claim data	NA				Description only, FYI			
	2 scenarios:	NA				Description only, FYI			
	1. Claims submitted with an Adjustment Bill Type but no reference to a historical claim were assumed to be new-day claims, not adjustments.	NA	2/16/2013		G	Description only, FYI			
	Result - Bill Type changed from an Adjustment/Void (7, 8) to a non-Adjustment (1) Bill Type	NA				Description only, FYI			
	2. Claims submitted with a non-Adjustment Bill Type, but with a reference to a historical claim are assumed to be an Adjustment, not a new-day claim	NA	2/16/2013		G	Description only, FYI		The UHC response letter provided an implementation date of 2/16/13 which is not reflected on this CAP.	The 2/16/13 implementation date is correct - A temporary fix will be implemented 2/6/13, and then the permanent fix will be implemented 2/16/13
	Result - Bill Type changed from new-day claim (1) to an Adjustment (7, 8) Bill Type	NA				Description only, FYI			
	Resolution:								
	System enhancement request submitted	10/10/2012	10/10/2012	10/10/2012	C		Kellie Roberts		
	System enhancement completed	2/6/2013	2/16/2013		G		Debra L Johnson	The Due Date shown is not representative of the 2/16/13 date given. UHC must provide further clarification.	Due date on the letter is correct. The action plan now also reflects 2/16/13.
6. Dropped Home Health Modifiers	In the process of transmitting facility claims from COSMOS to Molina, modifiers were being dropped.								
	Result - Claims were sent to Molina without Modifiers, causing denials in situations where Modifiers are required								
	Resolution:								
	Short-term Solution - dropped Modifiers being added back to claims as the Molina file is created	1/22/2013	2/5/2013	2/5/2013	C	We consider green if Pathfinders are paid on Molina's 2/5/13 check run. 2/4 submitted 2nd batch with additional UB claims with modifiers.	Kellie Roberts		

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	Testing: 2 small batches of sample claims <u>with</u> Modifiers routed to Molina over the last 7 days. Results appear to be positive. Molina has confirmed claims are in a "Payable" status	1/22/2013	2/5/2013	2/4/2013	C	2/4 Jeff confirmed Pathfinders claims paid		This is not a complete statement - Molina verified on 1/30/13 that 96 lines were in a 'pay' status, but reminded UHC this was only thru the daily process, and could not determine a final outcome until claims passed thru the weekly cycle.	Agreed. All indicators are positive. We will not have final confirmation until 2/6/13 as noted in box G117, unless a confirmation is received from Molina before then.
	Long-term Solution - System to be corrected 2/16/13	10/7/2012	2/16/2013		G		COSMOS SS&S		
	Note: 2700 additional corrected will be routed to Molina on Monday 2/4/13 and we expect those to be processed in the 2/12/13 check write.				G	2/5 2700 claims routed to Molina. Awaiting acknowledgement.		Molina received a file on 1/31/13 at 5:05pm. The outcome of final adjudication will not be available until 2/12/13.	Agreed. We also processed a batch through the test environment that ran successfully. All indicators are positive but we will reserve final status until claims are actually paid.
7. Hot-Issue Providers	UHC & DHH have identified providers with urgent, outstanding issues. We've completed a detailed review of these providers claim denials and identified 3 categories of issues to be addressed.	10/4/2012	2/6/2013	2/6/2013	C	Categories of issues - 1. New issue 2. Existing issue that's already resolved 3. Billing issue			
	Action plans are being developed based on findings	1/30/2013	2/6/2013	2/6/2013	C		Kellie Roberts Chris Slocum Diane Johnson		
	Communicate with Advocates	12/1/2012	2/5/2013	2/6/2013	C		Deb Tillman		
	Advocates to communicate with Providers	2/6/2013	2/13/2013		G	Initial contact will be made by 2/13/13. Additional appointments/discussions will be scheduled & held in the future	Provider Advocates		
8. Member Dropped-digit Issue	System is dropping 13th digit of Member Recipient # when certain types of member system maintenance is performed								
	Source of problem identified	1/14/2013	2/6/2013	1/18/2013	C				
	Problem remediated	1/18/2013	2/6/2013	1/29/2013	C				

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