



MISSISSIPPI DIVISION OF
MEDICAID

May 25, 2018

Mr. Jeff Wedin
Chief Executive Officer
UnitedHealthcare Community Plan of Mississippi
795 Woodlands Parkway, Suite 301
Ridgeland, MS 39157

Via Email: jeff_wedin@uhc.com

RE: Mississippi Medicaid Managed Care
EQR Protocol 4 Summary of Findings

Dear Mr. Wedin:

We have completed the review of the EQR Protocol 4 Summary of Findings for UnitedHealthcare Community Plan of Mississippi. Below are the findings from the Division:

- Finding 1.4 DOM will require a standard written attestation from the CCOs for all encounter data submissions, as required by 42 CFR 438.606.
- Finding 1.9 DOM requests that UnitedHealthcare provide the requested information per the Contract. UnitedHealthcare failed to submit the requested CAS Codes to the FAC; which resulted in non-compliance. DOM and Conduent will continue to work with UnitedHealthcare to resolve all issues related to CAS Codes.
- Finding 2.1 DOM and Conduent will continue to work with UnitedHealthcare to resolve all issues related to submission of Control Totals and ensure the accuracy of the number of encounters correctly received and loaded by the FAC.
- Finding 2.2 DOM requests that UnitedHealthcare create and implement a quality assurance process to ensure all updated data from the dashboard are reflected in the reports prepared for and submitted to DOM.
- Finding 2.3 DOM requires that UnitedHealthcare develop and submit a detailed plan and timeline for conducting a more comprehensive audit of delegated vendors, including audits at the claim level detail as part of the audit process.
- Finding 2.4 DOM requires that UnitedHealthcare develop and submit a detailed plan and timeframe to process and ensure the accuracy of encounter data files submitted, particularly the subcontractor data files.
- Finding 3.2 DOM requires that UnitedHealthcare meet the overall 98% encounter submission requirement, as defined in the Contract.
- Finding 3.3 DOM requests that all iterations of a claim from UnitedHealthcare align with the encounters. Surplus encounters were noted in all service types based on the claims sample from UnitedHealthcare. UnitedHealthcare and Conduent should investigate the causes of surplus and missing encounters that appear to be present or missing in the FAC encounter data and ensure encounter data is updated in the FAC data warehouse for any discrepancies identified.

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- Finding 3.5 DOM requires UnitedHealthcare to utilize cash disbursements from its accounting records as a source of its CDJ data and provide documentation regarding how the data is extracted from the system, including what mechanism it utilizes to ensure all transactions are properly included in the CDJ and resolve the issue of excessive completion percentages, particularly dental submissions.
- Finding 3.6 The line level Plan Paid Amounts for outpatient and professional service types were noted as errors in the sample testing on the EDV bi-monthly reporting, which has been corrected by UnitedHealthcare. DOM will continue to work with UnitedHealthcare to resolve all issues related to line level submissions.
- Finding 3.7 DOM, Conduent and UnitedHealthcare should review and update the data dictionary to address errors related to the claims sample data containing values differing from the encounter data.
- Finding 3.8 DOM requires that UnitedHealthcare submit a detailed action plan for improvement of its data oversight, including UnitedHealthcare's subcontractors. Also, UnitedHealthcare is required to address the high error rates and surplus encounters with other service types, particularly dental and pharmacy services.
- Finding 3.9 DOM requires that UnitedHealthcare be responsible to ensure that its subcontractors are processing and paying claims in accordance with the contractual requirements.
- Finding 3.10 DOM will hold UnitedHealthcare responsible for the timeliness of its subcontractors' encounter submissions to the FAC within contractual requirements.
- Finding 4.1 DOM requires UnitedHealthcare to recoup the funds from the providers who do not submit medical record documentation to support the encounter data to the FAC, and hold UnitedHealthcare responsible to ensure that documentation be available for ten (10) years from the final date of the contract period or from the date of the completion of an audit, whichever is later to comply with the contractual requirements.
- Finding 4.2 DOM's and UnitedHealthcare's program integrity divisions should coordinate efforts to ensure that DOM has the ability to direct specific reviews and/or independently review the results from medical records reviews to maintain proper oversight and monitoring in accordance with the contractual requirements.

For each of the items in this letter requiring a documented response from United, DOM requests that response be provided within sixty (60) days from the date of this letter.

If you have any questions regarding our findings and requirements; please submit them in writing, within 15 business days of receipt of this email. For all other questions, contact Keith Heartsill at (601) 359-3904.

Sincerely,



Drew L. Snyder
Executive Director

DLS/tls: EQR Protocol 4 Summary of Findings

cc: Phil Allen, DOM Sharon Jones, DOM
Tara Clark, DOM Rachelle Richardson, DOM
Keith Heartsill, DOM