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February 19, 2016

**Via Hand Delivery and E-mail ([marilyn.bottrell@nebraska.gov](mailto:marilyn.bottrell@nebraska.gov))**

Marilyn Bottrell  
Administrator  
Materiel Division  
Nebraska Department of Administrative Services  
P.O. Box 94847  
1526 K Street, Suite 130  
Lincoln, Nebraska 68509-4847 (68508)

Re: Protest/Grievance of WellCare of Nebraska, Inc. - RFP Number 5151 Z1,  
Full-Risk Capitated Medicaid Managed Care Program for Physical Health,  
Behavioral Health and Pharmacy Services

Dear Administrator Bottrell:

We represent WellCare of Nebraska, Inc. (“WellCare”). Pursuant to Title 9, Chapter 4, Section 005 of the Nebraska Administrative Code, Section III.B. of RFP Number 5151 Z1 (the “RFP”) and the Standard Protest/Grievance Procedures for Vendors referenced in that section of the RFP, WellCare is submitting this Protest/Grievance challenging the State of Nebraska’s intended award of contracts for the State’s full-risk, capitated Medicaid managed care program for physical health, behavioral health, and pharmacy services (“Medicaid Managed Care Contracts”) to UnitedHealthcare of the Midlands, Inc. (“UnitedHealthcare”), Nebraska Total Care, Inc. (“NTC”), and Coventry Health Care of Nebraska, Inc. d/b/a Aetna Better Health of Nebraska (“Aetna”). The point of contact and mailing address to which a response to this Protest/Grievance can be sent is as follows:

Karen D. Walker  
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The RFP indicates that the State intends to award up to three Medicaid Managed Care Contracts to Managed Care Organizations (“MCOs”) and one contract for Fee for Service (“FFS”) Claims Management and Processing (the “FFS Contract”). By including the FFS Claims Management scoring in the award of the Medicaid Managed Care Contracts, however, the State of Nebraska has erroneously proposed to award a contract to the fourth-place bidder. If only the relevant Evaluation Criteria are considered in the scoring of the Medicaid Managed Care Contracts, WellCare came in third with a total of 1542.6 points compared to Aetna’s 1538.3 points. Based on application of the flawed Evaluation Criteria that considers the scope of work of the FFS Contract which is not part of the Medicaid Managed Care Contracts, WellCare scored fourth out of six bidders with 1603.6 total points and Aetna scored third with a total of 1605.6 points -- a difference of just 2 points or .09% (less than one tenth of one percent) of the total available points. The use of a proper scoring methodology would have resulted in WellCare coming in third by 3 points over Aetna and being awarded a Medicaid Managed Care Contract.

As described in detail below, the intended Medicaid Managed Care Contract awards are contrary to Nebraska law<sup>1</sup> and not in the best interest of the State of Nebraska, its taxpayers, and its Medicaid enrollees because: (1) the intended award to Aetna is based on scoring of FFS Claims Management which has no relation to the scope of services of the Medicaid Managed Care Contract; (2) there were numerous irregularities and inconsistencies in the scoring of the proposals, including irregularities resulting from a member of the Evaluation Committee failing to follow the scoring instructions; (3) the Evaluation Committee did not conduct oral interviews to determine the successful bidders where there was not a clear break in scoring, but the third and fourth place bidders’ total scores were separated by just 2 points; and (4) one or more bidders violated the intent of the RFP by not properly disclosing past terminations or sanctions.

## **I. BACKGROUND**

On October 21, 2015, the Nebraska Department of Administration, Materiel Division, State Purchasing Bureau (the “Bureau”) released the RFP “for the purpose of selecting a qualified contractor to provide full-risk, capitated Medicaid managed care program for physical health, behavioral health, and pharmacy services.” [RFP, Scope of Service]. The RFP indicates the intent of the State of Nebraska to award up to three Medicaid Managed Care Contracts with “the scope of work as described in Section IV.A. Program Description through Y. Termination of MCO Contract.” [RFP, Scope of Service; *see also* RFP § IV.Z., p. 191]. The RFP further provides for award of one FFS Contract that will include “the scope of work as described in Section IV.Z. FFS Claims Management and Processing.” [RFP, Scope of Work; *see also* RFP § IV.Z., pp. 191-92].

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<sup>1</sup> Contracts and agreements “relating to the medical assistance program governing at-risk managed care service delivery for behavioral health services” entered into by the Department of Administrative Services on or after July 1, 2012 shall “[b]e reviewed and awarded competitively and in full compliance with the procurement requirements of the State of Nebraska.” Neb. Rev. Stat. § 71-831(7).

According to the RFP, an Evaluation Committee would evaluate the bidders' proposals pursuant to what was to be a "fair, impartial, and comprehensive" process. [RFP § II.L., p. 4; § II.M., p. 5]. See Neb. Rev. Stat. § 73-501 (stating that the purpose of the statutes governing state procurement of contractual services is "to establish a standardized, open, and fair process for the selection of contractual services"). The RFP identifies two general areas to be scored during the evaluation: (1) Corporate Overview, and (2) Technical Approach. [RFP § II.L., p. 4]. On October 21, 2015, the Bureau posted Evaluation Criteria to its webpage for the RFP<sup>2</sup> further breaking the Technical Approach area to be scored into certain subparts each worth a total number of possible points. The RFP also authorized the Evaluation Committee to conduct oral interviews/presentations and/or demonstrations with the top scoring bidders if "required in order to determine the successful bidder." [RFP § II.G., p. 3]. The RFP states that "[t]he scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical Proposals." [RFP § II.G., p. 3]. The Corporate Overview was worth 130 possible points with the Technical Approach worth 2120 possible points for a total of 2250 possible points without oral interviews. The Evaluation Criteria indicate that oral interviews (if required) would be worth an additional 150 possible points bringing the total possible points with oral interviews to 2400.

The Bureau issued 12 addenda to the RFP. Through Addendum Twelve, the Bureau notified prospective bidders that the proposal opening, and therefore the deadline for submission of proposals, would be January 5, 2016 at 2:00 p.m. Central Time.

WellCare Health Care Plans, Inc. and its affiliates have provided Medicaid managed care services since 1994 and currently operate Medicaid plans in nine states covering 2.4 million members. WellCare Health Care Plans, Inc. strongly desires to provide Medicaid managed care services in Nebraska. Accordingly, WellCare Health Care Plans, Inc. formed WellCare of Nebraska, Inc. and spent significant time, effort, and resources in preparing a comprehensive and competitive proposal in response to the RFP.

In addition to WellCare, five other bidders timely submitted proposals in response to the RFP: UnitedHealthcare; NTC; Aetna; AmeriHealth, Inc. (d/b/a Arbor Health Plan) ("Arbor"); and Meridian Health Plan ("Meridian"). None of the six bidders was invited to participate in oral interviews. Rather, on February 5, 2016, the Bureau posted notice of intent to award the Medicaid Managed Care Contracts to UnitedHealthcare, NTC, and Aetna, and the FFS Contract to UnitedHealthcare (the "Intent to Award").<sup>3</sup> A copy of the Intent to Award is attached as Exhibit "A." Along with posting its intended contract awards on February 5, 2016, the Bureau posted a Final Evaluation Document showing the total scores awarded to each bidder's proposal as follows:

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<sup>2</sup> Consistent with page 39 of Materiel Division, State Purchasing Bureau Vendor Manual (2015) (the "Vendor Manual"), the RFP states that "[e]valuation criteria will not be released prior to the proposal opening." [RFP § II.L., p. 5]. The Evaluation Criteria, however, were posted to the Division's website on October 21, 2015, which was prior to proposal opening in violation of the Vendor Manual and the terms of the RFP.

<sup>3</sup> WellCare is not challenging the intended award of the FFS Contract to UnitedHealthcare.

UnitedHealthcare	1680.4
Nebraska Total Care	1669.2
<b>Aetna</b>	<b>1605.6</b>
<b>WellCare</b>	<b>1603.6</b>
Arbor	1509.2
Meridian	1335.2

A copy of the Final Evaluation Document is attached as Exhibit "B." The total scores awarded as reflected in the Final Evaluation Document show that third and fourth place (Aetna and WellCare) were extremely close with a large break between WellCare's score and that of the fifth ranked bidder, Arbor. Moreover, the Final Evaluation Document indicates that Aetna and WellCare received 66.8 and 61.0 points, respectively, for FFS Claims Management. The scope of services for FFS Claims Management is wholly separate from, and has no impact on, the scope of services of the Medicaid Managed Care Contracts being procured. When the points awarded for FFS Claims Management are removed, WellCare outscored Aetna. Thus, it is WellCare (not Aetna) that submitted the better proposal and should be the intended awardee of a Medicaid Managed Care Contract.

In accordance with the Standard Protest/Grievance Procedures, this Protest/Grievance is being submitted in writing to you as the Administrator of the Materiel Division within ten business days of the Bureau's posting of the State's notice of intent to award.<sup>4</sup> For the reasons detailed below, WellCare requests that you: (a) grant this Protest/Grievance; (b) withdraw the Intent to Award as to the Medicaid Managed Care Contracts; and (c) either award a Medicaid Managed Care Contract to WellCare instead of Aetna, add WellCare as a fourth awardee of a Medicaid Managed Care Contract, or reject all proposals and begin the procurement process anew.

## **II. SPECIFIC DISPUTED ISSUES**

### **A. The Evaluation Criteria are Fatally Flawed.**

The stated purpose of the RFP is for the State of Nebraska, through the Bureau, to select qualified contractors to provide a "full-risk, capitated Medicaid managed care program for physical health, behavioral health, and pharmacy services." [RFP § 1, p. 1; RFP § II.A., p. 2]. The scope of work for the services to be provided by an MCO for the State's full-risk, capitated Medicaid managed care program is set forth in Section IV.A. through Y. of the RFP. The RFP

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<sup>4</sup> In its February 9, 2016 letter responding to our February 5, 2016 Public Records Law request, the Department of Administrative Services ("DAS") notified us that certain records requested may be in the possession of the Department of Health and Human Services ("DHHS") and would require a separate Public Records Law request to that agency. We promptly submitted a Public Records Law request to DHHS following receipt of DAS's letter. That Public Records Law request to DHHS remains pending. Accordingly, WellCare reserves the right to supplement or amend this Protest/Grievance based on additional information discovered through records produced by DHHS in response to our pending Public Records Law request.

states that “[t]he State of Nebraska intends to award a . . . maximum of three (3) MCO contracts for the scope of work as described in Section IV.A. Program Description through Y. Termination of MCO Contract.” [RFP, Scope of Services; RFP § IV.Z., p. 191].

Section IV.Z. of the RFP does not include a scope of work that is part of the Medicaid Managed Care Contracts. Instead, Section IV.Z. of the RFP notes that because the State is in the process of replacing its Medicaid Management Information System and moving toward a model of contracting with risk-bearing entities for almost all Medicaid members and services, it will not procure a standalone claims processing system for remaining needs relating to FFS claims, but instead “intends to enter into a services agreement with a MCO” to provide FFS claims broker services. [RFP § IV.Z.1., pp. 191-92]. Thus, the RFP states that “[i]n addition to the MCO responsibilities outlined in this RFP, MLTC<sup>5</sup> will award the processing of the remaining Nebraska Medicaid FFS claims, hereafter referred to as ‘claims broker services,’ to a single MCO.” [RFP § IV.Z.1., p. 192; *see also* RFP, Scope of Service (“One of the awarded contracts will also include the scope of work as described in Section IV.Z. FFS Claims Management and Processing.”)]. Section VI.Z. of the RFP relating to FFS Claims Management and Processing goes on to state that “MLTC will award the claims broker services portion of this contract to the winning MCO with the highest score for Section IV.R. Systems and Technical Requirements, S. Claims Management, and Z. FFS Claims [M]anagement and processing.” [RFP § IV.Z.1., p. 193].<sup>6</sup>

Based on the RFP, it is clear that two of the three bidders awarded Medicaid Managed Care Contracts will only provide the scope of services described in Section VI.A. through Y. of the RFP and will not provide the scope of services for the FFS Contract as described in Section IV.Z. of the RFP relating to FFS Claims Management. The selected claims broker alone will provide the scope of services described in Section IV.Z. of the RFP. The FFS Claims Management work that will be provided by the claims broker has no impact on the work procured under the Medicaid Managed Care Contracts. The Evaluation Criteria, however, provided for all bidders to be evaluated and scored on their response to Section IV.Z. of the RFP relating to FFS Claims Management and for the points awarded for that section to be added to all other points for Technical Approach in determining the Medicaid Managed Care Contract awards. In other words, the Medicaid Managed Care Contract awards to NTC and Aetna are based on point totals that include scores for a scope of services that neither will perform. For this reason, the Evaluation Criteria are fatally flawed.

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<sup>5</sup> MLTC is the Nebraska Department of Health and Human Services, Division of Medicaid and Long-Term Care. [RFP, pp. vi-vii].

<sup>6</sup> In response to a question posed during the Question and Answer process inquiring about how the State would evaluate which MCO would be awarded the FFS Contract, the Bureau simply directed the inquiring bidder to the Evaluation Criteria posted on the Bureau’s webpage. [RFP, Addendum 7, Q&A 278]. The Evaluation Criteria show the score for FFS Claims Management being added with all other Evaluation Criteria to determine the total points and ranking, but make no mention of the criteria or basis for award of the FFS Contract.

The Vendor Manual provides for award to the “highest scoring responsive and responsible bidder.” [Vendor Manual, p. 50; *see also* RFP § III.RR., p. 24 (“The award may be granted to the highest scoring responsive and responsible bidder.”)]. The Vendor Manual and the RFP also provide for the award to be made in a manner that is in the “best interest of the State.” [Vendor Manual, p. 39; RFP §III.B., p. 7]. It is in the best interest of the State as well as its taxpayers and Medicaid enrollees for awards to be made to the bidders that submitted the best proposals for the scope of work to be performed under the contracts awarded. When the FFS Claims Management points are removed so that the evaluation criteria and associated points are consistent with the scope of work for the Medicaid Managed Care Contracts, it is WellCare, not Aetna, that is the third highest scoring responsive and responsible bidder.

The Bureau should have either conducted a separate procurement for the FFS Contract, or established a separate process within the RFP for evaluation of the FFS Claims Management services without affecting the intended Medicaid Managed Care Contract awards. This fatal flaw in the Evaluation Criteria in the RFP resulted in Aetna being selected as a contract awardee, even though it submitted a proposal inferior to that of WellCare for the Medicaid Managed Care Contract services. Remedying this illogical result requires either withdrawing the Intent to Award a Medicaid Managed Care Contract to Aetna and designating WellCare as a successful awardee, or reversing all of the intended contract awards and beginning the procurement process anew.

**B. The Scoring of the Proposals Was Irregular and Inconsistent.**

The fact that the Evaluation Criteria upon which the Medicaid Managed Care Contract awards are based include points for a scope of work that those contractors will never perform is not the only reason the intended contracts awards cannot stand. There were also numerous errors, irregularities and inconsistencies in the scoring process.

The Nebraska Legislature has stated that the purposes in creating the Bureau include increasing “public confidence in the procedures followed in public procurement” and providing “safeguards for the maintenance of a procurement system of quality and integrity.” Neb. Rev. Stat. § 81-1118.06(1), (5). To that end, the Vendor Manual with which any competitive bidding process for the procurement of services by the Bureau must comply,<sup>7</sup> requires that “[s]coring will be verified for accuracy.” [Vendor Manual, p. 38]. It is clear from a review of the records relating to the RFP produced by the Bureau, however, that the scoring of the proposals submitted in response to the RFP was not verified for accuracy.<sup>8</sup> Had the Bureau verified scoring for accuracy, it would have discovered that at least one evaluator did not follow the scoring instructions. In addition, there are numerous other inconsistencies in the scoring of the proposals

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<sup>7</sup> *See* Neb. Rev. Stat. § 73-504(2) (“All proposed state agency contracts for services in excess of fifty thousand dollars shall be bid in the manner prescribed by the division procurement manual . . .”).

<sup>8</sup> Noticeably absent from the Bureau’s webpage for the RFP is an “Evaluation Scoring Verification” even though there is a place for such verification to be posted to the website under “Project Documents.”

that call into question the accuracy of the scoring and the quality and integrity of the competitive bidding process.

1. Team 1, Evaluator 2 Did Not Following the Scoring Instructions.

The Bureau's records reflect that five different teams of evaluators scored various aspects of the proposals. Team 1, the Organization Team, was charged with evaluating and scoring Part 1.0 of the Evaluation Criteria, the Corporate Overview, among other things. Team 1 had five evaluators. Each evaluator completed the same form score sheet. Evaluator 2 on Team 1, however, failed to comply with the scoring instructions as follows:

- Financial Statements and Information (RFP Reference V.A.2.b., Corporate Overview). The score sheet provides only three score possibilities: "0 if no response, 3 if partial response, 5 if complete response." Evaluator 2 did not follow the instructions on the score sheet and awarded WellCare a score of "2."<sup>9</sup> Aetna received a score of "5" from Evaluator 2. Because WellCare completely responded, WellCare should have also received a "5" from Evaluator 2.<sup>10</sup>
- Contract Performance (RFP Reference V.A.2.g., Corporate Overview). The score sheet provides only two score possibilities: "0 for no response, 5 for response." Evaluator 2 did not follow the instructions on the score sheet and awarded WellCare a score of "4." Aetna received a score of "5" from Evaluator 2. Because WellCare responded, it should have also received a "5" from Evaluator 2 as it did from all of the other evaluators on Team 1.
- Past Regulatory Actions, Sanctions, or Deficiencies. The score sheet provides only two score possibilities: "0 for no response, and 5 for response." Evaluator 2 did not follow the instructions on the score sheet and awarded WellCare a score of "1."<sup>11</sup> Because WellCare responded, it should have received a "5" from Evaluator 2 as it did from all of the other evaluators on Team 1.
- Criminal or Civil Investigation History. The score sheet provides only two score possibilities: "0 for no response, 5 for response." Evaluator 2 did not follow the instructions on the score sheet and awarded WellCare a score of "1." Because WellCare responded, it should have received a "5" from Evaluator 2 as it did from all of the other evaluators on Team 1.

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<sup>9</sup> Evaluator 2 also gave NTC a score of "2."

<sup>10</sup> Evaluator 3 gave WellCare a score of 3 which indicates that Evaluator 3 also did not follow the scoring rubric on the score sheet because WellCare fully responded to the section of the RFP requiring submission of financial statements and related information and, therefore, should have received a score of "5."

<sup>11</sup> Evaluator 2 also gave Aetna and NTC scores of "1."

A copy of the WellCare score sheet completed by Evaluator 2 on Team 1 is attached as Exhibit "C."

2. *The Scoring of Risk Bearing Relationships Was Inconsistent Across Evaluators.*

The score sheet completed by Team 1 includes as a component "risk bearing relationships" with the score possibilities ranging from 0 to a maximum of 15 points. This component appears to be based on No. 1 of Attachment 19 to the RFP, Proposal Statements and Questions which provides: "***If applicable***, describe the MCO's proposed risk bearing partnerships/relationships including designated functions of each entity, and how delegated functions will be overseen." [RFP, Attachment 19]. Although the RFP is not clear about the types of proposed risk bearing partnership/relationships to be described in response to Item No. 1 of Attachment 10, the RFP is clear that no qualitative judgment would be made about a bidder's proposed risk bearing partnerships/relationships and that they should only be listed "if applicable." The score sheet, however, dropped the "if applicable" language which appears in the RFP. In accordance with the RFP, WellCare's proposal included a response to Item No. 1 of Attachment 19 stating that it was not applicable to WellCare.

The scoring of this component by the members of Evaluation Team 1 was wholly inconsistent as demonstrated by the fact that Evaluators 4 and 5 gave WellCare the maximum number of points (15) while Evaluator 1 gave WellCare "0" points. Copies of the pages from the WellCare score sheets completed by the Team 1 evaluators in scoring WellCare's proposed risk bearing relationships are attached as Composite Exhibit "D." Because the RFP only required a bidder to describe its proposed risk bearing partnership/relationships to the extent applicable, and WellCare fully responded to this section of the RFP by indicating that it was not proposing any risk bearing partnerships/relationships, WellCare should have received the maximum of 15 available points as awarded by Evaluators 4 and 5.

3. *There Are Numerous Other Inconsistencies in Scoring.*

Review of the score sheets completed by the evaluators show numerous other scoring inconsistencies. For example, Team 1 scored experience (RFP Reference V.A.2.h., Corporate Overview) with score possibilities ranging from 0 points to a maximum of 80 points. The scores awarded to WellCare for experience ranged from a high of the maximum of 80 points (given to WellCare by two of the five evaluators) to a low of 35 points. Evaluator 2 gave WellCare only 40 points, but gave Aetna and NTC scores of 70 points notwithstanding the fact that the experience sections of the proposals submitted by these three bidders is effectively equivalent. See Exhibit "D."

As noted above, FFS Claims Management should not have been scored in awarding the Medicaid Managed Care Contracts that do not include FFS Claims Management scope of work. Not only was the scoring of FFS Claims Management for the Medicaid Managed Care Contract awards inherently improper, but the scores awarded for FFS Claims Management were also

inconsistent and irregular. Team 5, the Technical Team, completed the "Score Sheet for Claims-Systems." One component on this score sheet is "FFS claims functionality overview" with score possibilities ranging from 0 points to a maximum of 20 points. WellCare received scores for "FFS claims functionality overview" ranging from the maximum of 20 points from Evaluator 5, to just 4 points awarded by Evaluator 2 and 5 points awarded by Evaluator 1. It is inexplicable how evaluators scoring the same proposal pursuant to identical criteria could reach such divergent results. Copies of the pages from the WellCare score sheets completed by the Team 5 evaluators in scoring WellCare's FFS claims functionality overview are attached as Composite Exhibit "E."

The failure of all members of the Evaluation Committee to score the proposals consistently and pursuant to the scoring instructions in a manner that is not arbitrary and capricious, coupled with the apparent failure of the Bureau to verify the accuracy of the scoring, damages public confidence in the procedures followed in this RFP and undermines the safeguards for maintenance of a quality and reliable procurement process. This is particularly true when: (a) just 2 points out of a total of 2250 points, or less than one tenth of one percent, separate which bidder is the intended awardee of a contract (Aetna) and which is not (WellCare); and (b) WellCare, not Aetna, submitted the better proposal for the Medicaid Managed Care Contract services.

**C. The Evaluation Committee Should Have Conducted Oral Interviews.**

As previously noted, the RFP gave the Evaluation Committee the option to conduct oral interviews/presentations and/or demonstrations if "required in order to determine the successful bidder." [RFP § II.G., p. 3; *see also* Vendor Manual, pp. 38, 58]. If the Evaluation Committee determined that it needed to conduct oral interviews to select the successful bidders, it was not required to conduct oral interviews of all of the bidders. Instead, the RFP reserved the right for the State to select only the top scoring bidders for oral presentations. [RFP, Addendum 6, Q&A 122; *see also* Vendor Manual, p. 38]. If oral interviews had been conducted, each bidder could have earned up to an additional 150 points. The Evaluation Committee, however, did not conduct any oral interviews nor did it ask any of the bidders to make presentations or provide demonstrations.

There was no clear break in scores between the first three highest ranked bidders and the other three bidders. Aetna and WellCare were separated by a mere 2 points (0.09%), and WellCare outscored Aetna when considering the scores for the scope of work under the Medicaid Managed Care Contracts. This is exactly the type of situation contemplated by the RFP in providing for oral interviews to determine the successful bidder. Considering the closeness of the scores, the Evaluation Committee should have conducted oral interviews to determine the successful bidder.

The overall effort required in connection with this procurement was significant. Conducting oral interviews would have required minimal additional effort, but would have

yielded several benefits critical to ensuring that the purposes of competitive procurement have been achieved. First, oral interviews would have provided additional information to the Evaluation Committee in making this important decision so that there would be no doubt that the intended contract awards are those that are in the best interest of the State. Additionally, conducting oral interviews would have provided a means to verify scoring accuracy. If the Evaluation Committee had conducted oral interviews, the evaluators presumably would have reviewed the score sheets across all evaluators in preparing for the oral interviews and likely would have discovered the above-described scoring errors and inconsistencies.

**D. Certain Bidders Did Not Comply With the Spirit and Intent of the RFP With Respect to Disclosure of Contract Terminations and Sanctions.**

Section V.A.2.g. of the RFP required bidders to disclose and describe the circumstances of any contract the bidder or a proposed subcontractor had terminated for default within the past five years and any contract the bidder had terminated for any reason during the same five year period. [RFP § V.A.2.g., p. 197]. NTC responded to this section of the RFP by focusing exclusively on its newly-formed Nebraska subsidiary, stating that “Nebraska Total Care and its subcontractors have performed successfully in accord with contract requirements in all engagements defined in the RFP and have not had a contract terminated for default except in the following circumstances during the previous five years.” However, NTC neglected to state that it is a wholly-owned subsidiary of Centene Corporation and that an affiliate had a Medicaid managed care contract terminated in Kentucky in 2013.<sup>12</sup> While NTC indicates in this section that “it is a newly formed entity for the sole purpose of responding to the statewide Medicaid Integrated Managed Care RFP,” NTC fails to inform the Bureau of the obvious point that, as a new entity specifically formed for purposes of responding to this RFP, NTC would not, and could not, have any contract terminations for default or otherwise as NTC has not performed any contracts. A copy of the portion of NTC’s proposal regarding contract terminations is attached as Exhibit “F.”

Ironically, and to underscore the point, in the very next section of its proposal, NTC describes in detail the experience of Centene and its affiliated health plans to show the experience of NTC. A copy of the “Summary of Bidder’s Corporate Experience” from the NTC proposal is attached as Exhibit “G.” Obviously, termination of Medicaid managed care contracts involving a bidder or its affiliates is the information the State of Nebraska was seeking in Section V.A.2. Any similar agency would want to know about such history before awarding a Medicaid managed care contract and, based on each bidders’ experience with similar RFPs in other states, this is a fact of which all bidders are aware. Thus, although NTC’s conveniently narrow reading of the word “bidder” and associated response may have complied with the letter of the RFP, it clearly violated the spirit of the RFP and withheld the information that the Bureau was clearly seeking.

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<sup>12</sup> While NTC did reference the Kentucky termination in other areas of the RFP, it was not included in this section which specifically asked for such disclosures.

In addition, UnitedHealthcare did not comply with the RFP in identifying any regulatory actions or sanctions against its organization (which specifically includes the parent, companies, affiliates and subsidiaries) in its narrative response to Item No. 2 on Attachment 19 to the RFP. [See RFP, Attachment 19, No. 2]. A copy of this portion of the UnitedHealthcare proposal is attached as Exhibit "H." In its narrative response, UnitedHealthcare only included two brief paragraphs with limited and non-specific information about regulatory actions and sanctions as well as a short paragraph referencing "Attachment 19 Q2 Regulatory Actions and Sanctions." It is only in this 57 page attachment to its proposal that UnitedHealthcare identifies and describes with any specificity numerous regulatory actions and sanctions imposed against entities in UnitedHealthcare's organization. A copy of Attachment 19 Q2 Regulatory Actions and Sanctions from the UnitedHealthcare proposal is attached as Exhibit "I." The RFP (through Addendum 6), instructed bidders that "[a]ttachments that are not specifically requested may not be considered in the evaluation process." [RFP, Addendum 6, Q&A 173]. It appears that UnitedHealthcare may have intentionally not completely answered the question asked in the narrative and instead buried the relevant information in an attachment with the hope that such information would not be considered in the State's evaluation of the UnitedHealthcare proposal. That hope appears to have been fulfilled as UnitedHealthcare was the only winning bidder to receive a score of "5" from Evaluator 2 for this component of the evaluation while several other bidders with comparable sanctions received scores of "1" from Evaluator 2.

### **III. CONCLUSION**

As stated in the Vendor Manual, "[t]he spending of public tax dollars is an issue that ranks high in public opinion and sentiment." [Vendor Manual p. 1]. Thus, it is not surprising that the Nebraska Legislature created the Bureau for the following purposes:

- (1) To increase public confidence in the procedures followed in public procurement;
- (2) To insure the fair and equitable treatment of all persons who deal with the procurement system of [the State of Nebraska];
- (3) To provide increased economy in state procurement activities and maximize to the fullest extent practicable the purchasing value of the public funds of the state;
- (4) To foster effective broad-based competition within the free enterprise system; and
- (5) To provide safeguards for the maintenance of a procurement system of quality and integrity.

Neb. Rev. Stat. § 81-1118.06. In addition, the Nebraska Legislature has indicated that a purpose of the statutory provisions governing services procurements is to “promote a standardized method of selection for state contracts for services, assuring a fair assessment of qualifications and capabilities for project completion.” Neb. Rev. Stat. § 73-501. These purposes, however, can only be achieved if: (a) proposals in services procurements are evaluated based on the actual scope of services being procured; (b) those evaluating the proposals consistently score the proposals in accordance with the scoring instructions; and (c) the evaluators obtain all information that the solicitation allows them to consider in determining what contract awards will be in the best interest of the State, particularly where the scoring is close. Here, none of that occurred.

Accordingly, for all of the reasons stated above, WellCare requests that you:

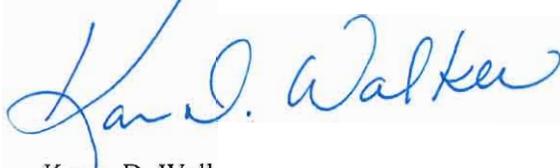
- (a) grant this Protest/Grievance;
- (b) withdraw the Intent to Award to the Medicaid Managed Care Contracts; and
- (c) either
  - (i) correct the fatal flaw in the Evaluation Criteria and reissue a notice of intent to award a Medicaid Managed Care Contract to WellCare instead of Aetna because WellCare submitted the better and higher scoring proposal when considering the Medicaid Managed Care Contract scope of work,
  - (ii) award a fourth Medicaid Managed Care contract to WellCare, or
  - (iii) reverse all of the intended contract awards, reject all proposals and begin the procurement process anew.

Thank you for your consideration.

WellCare reserves all of its rights, none of which are waived.

Sincerely yours,

HOLLAND & KNIGHT LLP



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Phil Bisesi, VP, Assistant General Counsel, WellCare

# EXHIBIT A



DATE: February 5, 2016  
TO: All Vendors  
FROM: Michelle Thompson / Teresa Fleming, Buyers  
State Purchasing Bureau  
SUBJECT: RFP Number 5151 Z1

This is to notify all vendors who responded to the above-referenced Request for Proposal that the State of Nebraska intends to award the contract for Full-risk, capitated Medicaid managed care program for physical health, behavioral health, and pharmacy services to UnitedHealthcare of the Midlands, Inc., Nebraska Total Care, Inc., and Coventry Health Care of Nebraska, Inc. d/b/a Aetna Better Health of Nebraska.

The scope of work of the Claims Broker Services as described in Section IV. Z. FFS Claims Management and Processing will be awarded to UnitedHealthcare of the Midlands, Inc.

Thank you for your interest in doing business with the State of Nebraska.

# **EXHIBIT B**

**FINAL EVALUATION DOCUMENT**

RFP Number 5151 Z1

**Full-risk, capitated Medicaid managed care program for physical health, behavioral health, and pharmacy services**

**Opening Date: Tuesday, December 22, 2015**

Evaluation Criteria	Possible Points	AmeriHealth, Inc. (d/b/a Arbor Health Plan)	Coventry Health Care of Nebraska, Inc. d/b/a Aetna Better Health of Nebraska	Meridian Health Plan	Nebraska Total Care, Inc.	UnitedHealthcare of the Midlands, Inc.	WellCare of Nebraska, Inc
Part 1.0 Corporate Overview	130	97.4	104.8	91.8	99.4	106.2	94.2
Part 2.0 Technical Approach							
B. Eligibility and Enrollment	65	45.8	42.4	36.8	48.4	47.8	48.6
C. Business Requirements	70	46.2	50.6	39.0	53.0	59.2	51.4
D. Staffing Requirements	105	76.8	79.0	77.8	80.6	88.2	75.6
E. Covered Services and Benefits, excluding Value-added Services	95	51.6	70.2	55.4	74.8	64.8	68.2
E. Value-added Services	130	89.4	105	50.0	112.8	95.4	111.4
F. Member Services and Education	100	70.0	70.8	62.2	80.6	77.8	74.2
H. Grievances and Appeals	20	14.4	15.8	11.6	15.8	15.6	15.0
I. Provider Network Requirements	150	93.8	96.2	83.8	93.8	101.2	93.2
J. Provider Services	105	67.2	66.4	64.6	68.0	71.4	66.2
K. Subcontracting Requirements	25	17.6	19.4	17.2	20.2	21.2	18.0
L. Care management	235	158.8	161.4	144.2	175.4	175.8	163.0
M. Quality Management	200	131.6	142.2	122.2	145.8	143.8	137.8
N. Utilization management	175	120.6	130.2	111.4	126.6	127.8	126.0
O. Program Integrity	60	43.6	43.2	37.6	49.0	47.4	44.6
Q. Provider Reimbursement	65	41.2	42.8	37.0	39.4	45.2	42.6
R. System and Technical Requirements	145	97.2	105.2	92.0	109.4	111.8	105.4
S. Claims Management	120	80.4	77.8	71.6	85.6	87.8	82.2
T. Reporting and Deliverables	40	30.6	28.8	27.4	32.2	32.6	31.0
X. Transition and Implementation	120	84.4	86.6	63.2	94.2	86.0	94.0
Z. FFS Claims Management	95	50.6	66.8	38.4	64.6	73.4	61.0
<b>Total Points without Oral Interviews</b>	<b>2250</b>	<b>1509.2</b>	<b>1605.6</b>	<b>1335.2</b>	<b>1669.6</b>	<b>1680.4</b>	<b>1603.6</b>
Oral interviews, if required	150						
<b>Total Points with Oral Interviews</b>	<b>2400</b>						
<b>Ranking</b>		<b>5</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>4</b>

# EXHIBIT C

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
<b>Corporate Overview (including financial information)</b>					
bidder identification and information	V.A.2.a Corporate Overview	The bidder must provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.	not scored	na	
financial statements and information	V.A.2.b Corporate Overview	<ul style="list-style-type: none"> <li>•three years of independently audited financial statements and associated enrollment figures</li> <li>•if not publicly held, reports and statements required of a publicly-held corporation, or a description of the organization provided in such a manner that evaluators may formulate a determination about financial stability and strength; and a banking reference</li> <li>•disclosure of any and all judgments, litigation, or other real or potential reversals (More information is in the RFP.)</li> </ul>	0 if no response, 3 if partial response, 5 if complete response	5	2
change of ownership	V.A.2.c Corporate Overview	If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder must describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded vendor(s) will require notification to the State.	not scored	na	
office location	V.A.2.d Corporate Overview	The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.	not scored	na	
relationships with the State	V.A.2.e Corporate Overview	The bidder shall describe any dealings with the State over the previous (number) (##) years. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, the bidder shall identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.	not scored	na	
employee relations to the State	V.A.2.f Corporate Overview	<ul style="list-style-type: none"> <li>•naming any party in the proposal who is or was an employee of the State (More information is in the RFP.)</li> </ul>	not scored	na	
contract performance	V.A.2.g Corporate Overview	If the bidder or any proposed sub-contractor has had a contract terminated for default, all such instances must be described. (More information is in the RFP.)	0 for no response, 5 for response	5	4

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
experience	V.A.2.h Corporate Overview	<ul style="list-style-type: none"> <li>•Summary matrix listing the bidder's previous projects similar to this RFP in size, scope and complexity.</li> <li>•Narrative descriptions should highlight similarities between the bidder's experience and this RFP.</li> <li>•A maximum of 3 narrative project descriptions will be used by the State.</li> </ul> (More information is in the RFP.)	0-maximum points	80	40
summary of bidders proposed approach to management of the project	V.A.2.i Corporate Overview	<ul style="list-style-type: none"> <li>•identification of specific individuals to work on the project</li> <li>•resumes for all personnel proposed</li> </ul> (More information is in the RFP.)	not scored	na	
subcontractor identification and hours	V.A.2.j Corporate Overview	If the bidder intends to Sub-Contract any part of its performance hereunder, the bidder must provide the name, address, and telephone number of the Sub-Contractor(s);	not scored	na	
risk bearing relationships	na	1. Describe proposed risk bearing partnerships/relationships, function, and oversight.	0-maximum points	15	10
past regulatory actions, sanctions, or deficiencies history	na	2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	1
criminal or civil investigation history	na	3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	1
reinsurance arrangements	III.G.3	4. Describe risk analysis, assumptions, cost estimates, and rationale for MCO's proposed reinsurance arrangements.	0-maximum points	15	10
<b>subtotal</b>				<b>130</b>	<b>68</b>

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
<b>Business Requirements (including statement of project understanding)</b>					
project understanding	V.A.3.a, Understanding of Project Requirements	The technical approach section of the Technical Proposal must consist of the following subsections: a. Understanding of the project requirements (3 pages maximum);	0-maximum points	10	8
CFR and NAC compliance	IV.C Business Requirements	10. Describe the approach the MCO will take to ensure compliance with all relevant provisions of Part 438 of Chapter 42 of the CFR, Title 471, 477, and 482 NAC.	0-maximum points	20	10
MCO licensure	IV.C Business Requirements	11. Describe how the bidder meets the Federal definition of a MCO. Include a copy of the COA from the Department of Insurance.	0-maximum points	5	3
collaboration	IV.C Business Requirements	12. Describe the MCO's proposed approach for collaboration with other entities and programs, as required in Section IV.C.6.	0-maximum points	20	13
accreditation	IV.C Business Requirements	13. Describe if any of the MCO's Medicaid MCOs are accredited by NCQA and, if not currently accredited in Nebraska, how it will attain accreditation for its Nebraska MCO. Please describe any unsuccessful accreditation attempts in other states.	0-maximum points	15	10
restrictions	IV.C Business Requirements	14. If applicable, describe any restriction of coverage for counseling or referral services the MCO is required to provide because of moral or religious obligation. Describe how the MCO will provide members with access to those services.	not scored	na	
<b>subtotal</b>				<b>70</b>	<b>44</b>
<b>Subcontracting</b>					

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
subcontractor description		<p>provide the organization's role in this project, corporate background, size, resources and details addressing the following:</p> <ul style="list-style-type: none"> <li>• The date the company was formed, established or created.</li> <li>• Ownership structure (whether public, partnership, subsidiary, or specified other).</li> <li>• Organizational chart.</li> <li>• Total number of employees.</li> <li>• Whether the subcontractor is currently providing services for the MCO in other states and the subcontractor's location.</li> </ul>	0-maximum points	10	7
subcontractor monitoring		<p>57. For subcontracted roles included in the proposal, describe the MCO's process for monitoring and evaluating performance and compliance, including but not limited to how the MCO will:</p> <ul style="list-style-type: none"> <li>• Ensure receipt of all required data including encounter data.</li> <li>• Ensure that utilization of health care services is at an appropriate level.</li> <li>• Ensure delivery of administrative and health care services at an acceptable or higher level of care to meet all standards required by this RFP.</li> <li>• Ensure adherence to required grievance policies and procedures.</li> <li>• Ensure that subcontracts do not contain terms for reimbursement at rates that are less than the published Medicaid FFS rate in effect on the date of service unless a request has been submitted to and approved by MLTC.</li> </ul>	0-maximum points	15	6
<b>subtotal</b>				<b>25</b>	<b>13</b>
<b>Staffing Requirements</b>					
organizational structure	IV.D Staffing Requirements	<p>15. Describe the organization's number of employees, lines of business, and office locations. Submit an organizational chart showing the structure and lines of responsibility and authority in the company. Include the organization's parent organization, affiliates, and subsidiaries that will support this contract.</p>	0-maximum points	20	10

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
staffing structure for contract	IV.D Staffing Requirements	16. Provide an organizational chart for this contract, including but not limited to key staff and additional required staff. Label this "Nebraska Organizational Chart."	0-maximum points	20	10
FTE's by time period	IV.D Staffing Requirements	17. In table format, indicate the proposed number of FTEs for each key staff and additional required staff for discrete time periods (no longer than 3 month intervals) from contract award through 6 months after the start date of operations and whether or not positions are located in Nebraska. Label this table "Proposed FTEs by Time Period."	0-maximum points	25	7
key staff job descriptions	IV.D Staffing Requirements	18. Provide job descriptions (including education and experience qualifications) of employees in key staff positions.	0-maximum points	5	5
organizational structure and practices support for integrated services	na	19. Describe how the MCO's administrative structure and practices will support the integration of the delivery of physical health, behavioral health, and pharmacy services.	0-maximum points	15	8
staff training, social issues, risk factors, community resources, LTSS population	IV.D.6 Staffing Requirements	20. Describe how the MCO will train staff on issues that affect its members, including: issues related to housing, education, food, physical and sexual abuse, violence, food security; behavioral health risk and protective factors; finding community resources and making referrals to these agencies and other programs; and meeting the needs of the LTSS population, including individuals with developmental disabilities and mental health concerns.	0-maximum points	15	10
DBM coordination accountability	IV.D Staffing Requirements	21. Describe how the MCO will coordinate with the MLTC Dental Benefits Manager, including processes for reciprocal referral for needed services. Include the MCO's plan to identify a dental services liaison.	0-maximum points	5	4
<b>subtotal</b>				<b>105</b>	<b>54</b>
<b>Program Integrity</b>					
PI program overview	IV.O Program Integrity	93. Describe the MCO's approach for meeting the Program Integrity requirements described in the RFP, including but not limited to a compliance plan for the prevention, detection, reporting, and implementation of corrective actions for suspected cases of FWA and erroneous payments. Include best practices the MCO has utilized in other states.	0-maximum points	20	13

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
collaboration with other entities	IV.O Program Integrity	94. Describe how the MCO currently works with other entities that investigate and prosecute provider and member fraud, waste, and abuse.	0-maximum points	10	8
member and provider education	IV.O Program Integrity	95. Currently, how does the MCO educate members and providers to prevent fraud, waste, abuse, and erroneous payments?	0-maximum points	15	10
TPL	IV.O Program Integrity	96. Describe the MCO's method and process for capturing TPL and payment information from its claims system. Explain how the MCO will use this information.	0-maximum points	15	10
<b>subtotal</b>				<b>60</b>	<b>41</b>
<b>Reporting and Deliverables</b>					
dashboards		114. Provide an example of dashboards that the MCO will use to track MCO performance for MCO leadership and the QAPI Committee.	0-maximum points	15	8
example reports		115. Provide examples of the following reports: Member Grievance System Performance Improvement Projects Care Management How will the MCO use required reports in its day to day management and operations?	0-maximum points	25	20
<b>subtotal</b>				<b>40</b>	<b>28</b>

Team 1 Total

430 248

# **COMPOSITE EXHIBIT D**

Score Sheet for Organization Team

T1E1

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
experience	V.A.2.h Corporate Overview	<ul style="list-style-type: none"> <li>•Summary matrix listing the bidder's previous projects similar to this RFP in size, scope and complexity.</li> <li>•Narrative descriptions should highlight similarities between the bidder's experience and this RFP.</li> <li>•A maximum of 3 narrative project descriptions will be used by the State.</li> </ul> (More information is in the RFP.)	0-maximum points	80	50
summary of bidders proposed approach to management of the project	V.A.2.i Corporate Overview	<ul style="list-style-type: none"> <li>•Identification of specific individuals to work on the project</li> <li>•resumes for all personnel proposed</li> </ul> (More Information is in the RFP.)	not scored	na	
subcontractor identification and hours	V.A.2.j Corporate Overview	If the bidder intends to Sub-Contract any part of its performance hereunder, the bidder must provide the name, address, and telephone number of the Sub-Contractor(s);	not scored	na	
risk bearing relationships	na	1. Describe proposed risk bearing partnerships/relationships, function, and oversight.	0-maximum points	15	0
past regulatory actions, sanctions, or deficiencies history	na	2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
criminal or civil investigation history	na	3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
reinsurance arrangements	III.G.3	4. Describe risk analysis, assumptions, cost estimates, and rationale for MCO's proposed reinsurance arrangements.	0-maximum points	15	10
<b>subtotal</b>				130	80

Score Sheet for Organization Team

T1E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
experience	V.A.2.h Corporate Overview	<ul style="list-style-type: none"> <li>•Summary matrix listing the bidder's previous projects similar to this RFP in size, scope and complexity.</li> <li>•Narrative descriptions should highlight similarities between the bidder's experience and this RFP.</li> <li>•A maximum of 3 narrative project descriptions will be used by the State.</li> </ul> (More information is in the RFP.)	0-maximum points	80	40
summary of bidders proposed approach to management of the project	V.A.2.i Corporate Overview	<ul style="list-style-type: none"> <li>•identification of specific individuals to work on the project</li> <li>•resumes for all personnel proposed</li> </ul> (More information is in the RFP.)	not scored	na	
subcontractor identification and hours	V.A.2.j Corporate Overview	If the bidder intends to Sub-Contract any part of its performance hereunder, the bidder must provide the name, address, and telephone number of the Sub-Contractor(s);	not scored	na	
risk bearing relationships	na	1. Describe proposed risk bearing partnerships/relationships, function, and oversight.	0-maximum points	15	10
past regulatory actions, sanctions, or deficiencies history	na	2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	1
criminal or civil investigation history	na	3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	1
reinsurance arrangements	III.G.3	4. Describe risk analysis, assumptions, cost estimates, and rationale for MCO's proposed reinsurance arrangements.	0-maximum points	15	10
<b>subtotal</b>				<b>130</b>	<b>68</b>

Score Sheet for Organization Team

T1E3

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
experience	V.A.2.h Corporate Overview	<ul style="list-style-type: none"> <li>•Summary matrix listing the bidder's previous projects similar to this RFP in size, scope and complexity.</li> <li>•Narrative descriptions should highlight similarities between the bidder's experience and this RFP.</li> <li>•A maximum of 3 narrative project descriptions will be used by the State.</li> </ul> (More information is in the RFP.)	0-maximum points	80	35
summary of bidders proposed approach to management of the project	V.A.2.i Corporate Overview	<ul style="list-style-type: none"> <li>•identification of specific individuals to work on the project</li> <li>•resumes for all personnel proposed</li> </ul> (More information is in the RFP.)	not scored	na	
subcontractor identification and hours	V.A.2.j Corporate Overview	If the bidder intends to Sub-Contract any part of its performance hereunder, the bidder must provide the name, address, and telephone number of the Sub-Contractor(s);	not scored	na	
risk bearing relationships	na	1. Describe proposed risk bearing partnerships/relationships, function, and oversight.	0-maximum points	15	6
past regulatory actions, sanctions, or deficiencies history	na	2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
criminal or civil investigation history	na	3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
reinsurance arrangements	III.G.3	4. Describe risk analysis, assumptions, cost estimates, and rationale for MCO's proposed reinsurance arrangements.	0-maximum points	15	4
<b>subtotal</b>				<b>130</b>	<b>63</b>

Score Sheet for Organization Team

T1E4

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
experience	V.A.2.h Corporate- Overview	<ul style="list-style-type: none"> <li>•Summary matrix listing the bidder's previous projects similar to this RFP in size, scope and complexity.</li> <li>•Narrative descriptions should highlight similarities between the bidder's experience and this RFP.</li> <li>•A maximum of 3 narrative project descriptions will be used by the State.</li> </ul> (More information is in the RFP.)	0-maximum points	80	80
summary of bidders proposed approach to management of the project	V.A.2.i Corporate Overview	<ul style="list-style-type: none"> <li>•identification of specific individuals to work on the project</li> <li>•resumes for all personnel proposed</li> </ul> (More information is in the RFP.)	not scored	na	
subcontractor identification and hours	V.A.2.j Corporate Overview	If the bidder intends to Sub-Contract any part of its performance hereunder, the bidder must provide the name, address, and telephone number of the Sub-Contractor(s);	not scored	na	
risk bearing relationships	na	1. Describe proposed risk bearing partnerships/relationships, function, and oversight.	0-maximum points	15	15
past regulatory actions, sanctions, or deficiencies history	na	2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
criminal or civil investigation history	na	3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
reinsurance arrangements	III.G.3	4. Describe risk analysis, assumptions, cost estimates, and rationale for MCO's proposed reinsurance arrangements.	0-maximum points	15	15
<b>subtotal</b>				<b>130</b>	<b>130</b>

Score Sheet for Organization Team

T1E5

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max. Points	Score
experience	V.A.2.h Corporate Overview	<ul style="list-style-type: none"> <li>•Summary matrix listing the bidder's previous projects similar to this RFP in size, scope and complexity.</li> <li>•Narrative descriptions should highlight similarities between the bidder's experience and this RFP.</li> <li>•A maximum of 3 narrative project descriptions will be used by the State.</li> </ul> (More information is in the RFP.)	0-maximum points	80	80
summary of bidders proposed approach to management of the project	V.A.2.i Corporate Overview	<ul style="list-style-type: none"> <li>•Identification of specific individuals to work on the project</li> <li>•resumes for all personnel proposed</li> </ul> (More information is in the RFP.)	not scored	na	
subcontractor identification and hours	V.A.2.j Corporate Overview	If the bidder intends to Sub-Contract any part of its performance hereunder, the bidder must provide the name, address, and telephone number of the Sub-Contractor(s);	not scored	na	
risk bearing relationships	na	1. Describe proposed risk bearing partnerships/relationships, function, and oversight.	0-maximum points	15	15
past regulatory actions, sanctions, or deficiencies history	na	2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
criminal or civil investigation history	na	3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.	0 for no response, 5 for response	5	5
reinsurance arrangements	III.G.3	4. Describe risk analysis, assumptions, cost estimates, and rationale for MCO's proposed reinsurance arrangements.	0-maximum points	15	15
<b>subtotal</b>				<b>130</b>	<b>130</b>

# **COMPOSITE EXHIBIT E**

Score Sheet for Claims-Systems-Technical Team

TSE1

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max.	Score
FFS claims functionality overview	IV.Z FFS Claims Management	117. Provide a detailed description of the MCO's approach to implementing the necessary functionality to support FFS claims processing.	0-maximum points	20	5
level of effort	IV.Z FFS Claims Management	118. Describe the level of effort necessary to support Nebraska program and policy changes, including but not limited to new covered services, prior authorization requirements, or additional populations.	0-maximum points	15	8
FFS - managed care distinction	IV.Z FFS Claims Management	119. Describe how the MCO will maintain a distinction between FFS and managed care processing rules, claims transactions, providers, members and prior authorizations within the system.	0-maximum points	15	12
FFS - managed care operations	IV.Z FFS Claims Management	120. Provide an explanation of the MCO's plan and approach for business operations to support the FFS volume vs. the risk-based volume. Will the plan have separate or joint business operations units for some or all processes?	0-maximum points	15	10
risks and mitigation strategies	IV.Z FFS Claims Management	121. Provide an explanation of the significant risks associated with the implementation and ongoing operation of claims broker services, and provide mitigation strategies for those risks.	0-maximum points	15	8
timeline	IV.Z FFS Claims Management	122. Provide a timeline for implementation of claims broker functionality, including the number of months that it will take to pay FFS claims.	0-maximum points	15	12
<b>subtotal</b>				<b>95</b>	<b>55</b>
<b>Systems and Technical Requirements</b>					

Score Sheet for Claims-Systems-Technical Team

T5E2

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max.	Score
FFS claims functionality overview	IV.Z FFS Claims Management	117. Provide a detailed description of the MCO's approach to implementing the necessary functionality to support FFS claims processing.	0-maximum points	20	4
level of effort	IV.Z FFS Claims Management	118. Describe the level of effort necessary to support Nebraska program and policy changes, including but not limited to new covered services, prior authorization requirements, or additional populations.	0-maximum points	15	3
FFS - managed care distinction	IV.Z FFS Claims Management	119. Describe how the MCO will maintain a distinction between FFS and managed care processing rules, claims transactions, providers, members and prior authorizations within the system.	0-maximum points	15	8
FFS - managed care operations	IV.Z FFS Claims Management	120. Provide an explanation of the MCO's plan and approach for business operations to support the FFS volume vs. the risk-based volume. Will the plan have separate or joint business operations units for some or all processes?	0-maximum points	15	3
risks and mitigation strategies	IV.Z FFS Claims Management	121. Provide an explanation of the significant risks associated with the implementation and ongoing operation of claims broker services, and provide mitigation strategies for those risks.	0-maximum points	15	6
timeline	IV.Z FFS Claims Management	122. Provide a timeline for implementation of claims broker functionality, including the number of months that it will take to pay FFS claims.	0-maximum points	15	8
<b>subtotal</b>				<b>95</b>	<b>32</b>
<b>Systems and Technical Requirements</b>					

Score Sheet for Claims-Systems-Technical Team

T5E3

Bidder Name **WellCare**

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max.	Score
FFS claims functionality overview	IV.Z FFS Claims Management	117. Provide a detailed description of the MCO's approach to implementing the necessary functionality to support FFS claims processing.	0-maximum points	20	<b>10</b>
level of effort	IV.Z FFS Claims Management	118. Describe the level of effort necessary to support Nebraska program and policy changes, including but not limited to new covered services, prior authorization requirements, or additional populations.	0-maximum points	15	<b>10</b>
FFS - managed care distinction	IV.Z FFS Claims Management	119. Describe how the MCO will maintain a distinction between FFS and managed care processing rules, claims transactions, providers, members and prior authorizations within the system.	0-maximum points	15	<b>13</b>
FFS - managed care operations	IV.Z FFS Claims Management	120. Provide an explanation of the MCO's plan and approach for business operations to support the FFS volume vs. the risk-based volume. Will the plan have separate or joint business operations units for some or all processes?	0-maximum points	15	<b>13</b>
risks and mitigation strategies	IV.Z FFS Claims Management	121. Provide an explanation of the significant risks associated with the implementation and ongoing operation of claims broker services, and provide mitigation strategies for those risks.	0-maximum points	15	<b>12</b>
timeline	IV.Z FFS Claims Management	122. Provide a timeline for implementation of claims broker functionality, including the number of months that it will take to pay FFS claims.	0-maximum points	15	<b>13</b>
<b>subtotal</b>				<b>95</b>	<b>71</b>
<b>Systems and Technical Requirements</b>		<b>[WC 2 of 2, pgs. 287 – 411]</b>			

Score Sheet for Claims-Systems-Technical Team

T5E4

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max.	Score
FFS claims functionality overview	IV.Z FFS Claims Management	117. Provide a detailed description of the MCO's approach to implementing the necessary functionality to support FFS claims processing.	0-maximum points	20	12
level of effort	IV.Z FFS Claims Management	118. Describe the level of effort necessary to support Nebraska program and policy changes, including but not limited to new covered services, prior authorization requirements, or additional populations.	0-maximum points	15	9
FFS - managed care distinction	IV.Z FFS Claims Management	119. Describe how the MCO will maintain a distinction between FFS and managed care processing rules, claims transactions, providers, members and prior authorizations within the system.	0-maximum points	15	9
FFS - managed care operations	IV.Z FFS Claims Management	120. Provide an explanation of the MCO's plan and approach for business operations to support the FFS volume vs. the risk-based volume. Will the plan have separate or joint business operations units for some or all processes?	0-maximum points	15	9
risks and mitigation strategies	IV.Z FFS Claims Management	121. Provide an explanation of the significant risks associated with the implementation and ongoing operation of claims broker services, and provide mitigation strategies for those risks.	0-maximum points	15	9
timeline	IV.Z FFS Claims Management	122. Provide a timeline for implementation of claims broker functionality, including the number of months that it will take to pay FFS claims.	0-maximum points	15	9
<b>subtotal</b>				<b>95</b>	<b>57</b>
<b>Systems and Technical Requirements</b>					

Score Sheet for Claims-Systems-Technical Team

T5E5

Bidder Name WellCare

Component	RFP Reference	Question or Information Evaluated	Score Possibilities	Max.	Score
FFS claims functionality overview	IV.Z FFS Claims Management	117. Provide a detailed description of the MCO's approach to implementing the necessary functionality to support FFS claims processing.	0-maximum points	20	20
level of effort	IV.Z FFS Claims Management	118. Describe the level of effort necessary to support Nebraska program and policy changes, including but not limited to new covered services, prior authorization requirements, or additional populations.	0-maximum points	15	15
FFS - managed care distinction	IV.Z FFS Claims Management	119. Describe how the MCO will maintain a distinction between FFS and managed care processing rules, claims transactions, providers, members and prior authorizations within the system.	0-maximum points	15	15
FFS - managed care operations	IV.Z FFS Claims Management	120. Provide an explanation of the MCO's plan and approach for business operations to support the FFS volume vs. the risk-based volume. Will the plan have separate or joint business operations units for some or all processes?	0-maximum points	15	13
risks and mitigation strategies	IV.Z FFS Claims Management	121. Provide an explanation of the significant risks associated with the implementation and ongoing operation of claims broker services, and provide mitigation strategies for those risks.	0-maximum points	15	12
timeline	IV.Z FFS Claims Management	122. Provide a timeline for implementation of claims broker functionality, including the number of months that it will take to pay FFS claims.	0-maximum points	15	15
<b>subtotal</b>				<b>95</b>	<b>90</b>
<b>Systems and Technical Requirements</b>					

# **EXHIBIT F**



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## 2. CONTRACT PERFORMANCE

*If the bidder or any proposed Sub-Contractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance/delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.*

Nebraska Total Care and its subcontractors have performed successfully in accord with contract requirements in all engagements defined in the RFP and have not had a contract terminated for default, except in the following circumstances during the previous five years.

*The following Proposed Subcontractors have had zero terminations for reason of default:*

- Cenpatico Behavioral Health
- Centene Management Company
- National Imaging Associates
- Nurtur Health, Inc.
- Opticare Managed Vision
- US Medical Management
- US Script
- LifeShare

Our affiliated subcontractor NurseWise has had the following terminations for default within the past five years. Please see table on the following page for a detailed description.



Client	Termination Date	Client Contact	Client Address	Client Phone	Reason for Termination/ Non-renewal
<b>Boston University</b>	5/2/2011	Dr. David McBride	881 Commonwealth Ave, Boston, MA 02215	617-353-3575	Contract fully terminated with cause. Client dissatisfied with the engagement of on-call providers for Behavioral Health Calls by call center staff. Improper paging of University Behavioral Health on-call provider by Nurse Advice Line Staff. Resolution - Nurse Response developed several processes to ensure the proper utilization of on-call providers. The Quality Department, along with Call Center Operations Management team developed a plan to move the Behavioral Health Calls to a defined pod of representatives to handle the specialized Behavioral Health calls. As well, Nurse Response increased auditing to monitor process.
<b>California Polytechnic – Pomona</b>	6/30/2015	Becky Pepping, Procurement Buyer California State Polytechnic University, Pomona	3801 West Temple Ave., Pomona, CA 91768	909-869-6842	Canceled due to concerns regarding overall responsiveness and late or missing monthly reports.



*It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.*

Nebraska Total Care is a newly formed entity for the sole purpose of responding to the statewide Medicaid Integrated Managed Care RFP. Nebraska Total Care has not incurred any contract terminations due to default in the past five years.

*If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting party.*

Nebraska Total Care and its subcontractors declare that we have not incurred any contract terminations due to convenience, or non-allocation of funds. As noted above, NurseWise contracts with Boston University and California Polytechnic – Pomona, were terminated due to performance issues within the past five years.

# EXHIBIT G



**nebraska  
total care™**

**H. SUMMARY OF BIDDER'S  
CORPORATE EXPERIENCE**

**H. SUMMARY OF BIDDER'S  
CORPORATE EXPERIENCE**



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#### **II. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

*The bidder shall provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.*

*The bidder must address the following:*

*i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Request for Proposal. These descriptions must include:*

- a) The time period of the project;*
- b) The scheduled and actual completion dates;*
- c) The Contractor's responsibilities;*
- d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and*
- e) Each project description shall identify whether the work was performed as the prime Contractor or as a Sub-Contractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget*

*ii. Contractor and Sub-Contractor(s) experience must be listed separately. Narrative descriptions submitted for Sub-Contractors must be specifically identified as Sub-Contractor projects.*

*iii. If the work was performed as a Sub-Contractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, Sub-Contractors shall identify what share of contract costs, project responsibilities, and time period were performed as a Sub-Contractor.*

Nebraska Total Care (NTC) is a wholly-owned subsidiary of Centene Corporation (Centene). NTC is a Nebraska-based company established for the sole purpose of providing Medicaid managed care services through the Heritage Health program. Centene and its affiliated health plans are recognized leaders in government sponsored managed care programs. NTC will utilize and expand upon Centene's national expertise and best practices for our health plan in Nebraska. With the wealth of experience and the support of our corporate team as well as that of our affiliated health plans and specialty companies, we have tailored our approach to service delivery to maximize effectiveness, efficiency and accountability. We look forward to bringing this experience to the Heritage Health program to implement innovative programs that will meet the unique needs of our members, providers and community stakeholders.

Our experience includes serving members in all aid categories. We currently provide services to similar populations as those covered by the Heritage Health program, including integrated behavioral health and pharmacy in California, Florida, Illinois, Indiana, Kansas, Louisiana, Mississippi, New Hampshire, Ohio, Oregon, South Carolina, Washington, Wisconsin and Texas. Please see the figure below for more details



on our experience in serving all aid categories. **Figure 1: Categories of Aid Covered by Centene**

	AZ	AR	CA	FL	GA	IL	IN	KS	LA	MA	MI	MN	MS	MO	NH	OH	OR	SC	TN	TX	VT	WA	WI
<b>Categories of Aid</b>																							
TANF																							
Medicaid Expansion																							
CHIP																							
ABD (non-duals)																							
ABD (Medicaid only dual-eligibles)																							
Dual Demonstrations (including LTSS)																							
Intellectually/Developmentally Disabled																							
Long-Term Services and Supports																							
Foster Care																							
Medicare Special Needs Plan																							
Health Insurance Marketplaces																							
Correctional Healthcare																							
<b>Specialty Services</b>																							
Pharmacy Benefits																							
Behavioral & Specialty Therapies																							
Life & Health Management																							
Primary Care Solutions for Complex Populations																							
Managed Vision																							
Dental Benefits																							
Telehealth (Nurse Triage and Education Line)																							

NH: Waiver HCBS services and nursing facility services are anticipated to go-live January 1, 2016 and July 1, 2016, respectively.  
Dental Benefits: Centene is in process of transitioning dental services from external vendors to our new dental benefit management subsidiary.

In addition to the experience of our affiliate health plans, NTC will draw on the experience and services of our affiliate specialty companies. The ability to rely on affiliated specialty companies to perform our subcontracted activities leads to a seamless service delivery system for our members. A full list of our specialty health solutions and the markets where they are contracted with our affiliate health plans is presented in the figure below.

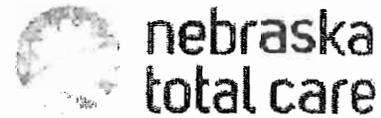
**Figure 2: Health Services Corporate Experience**

Specialty Health Solutions	AZ	AR	CA	FL	GA	IL	IN	KS	LA	MA	MI	MN	MS	MO	NH	OH	OR	SC	TN	TX	VT	WA	WI
Pharmacy Benefits																							
Behavioral & Specialty Therapies																							
Life & Health Management																							
Primary Care Solutions for Complex Populations																							
Managed Vision																							
Dental Benefits <sup>1</sup>																							
Telehealth (Nurse Triage and Education Line)																							

<sup>1</sup> Centene is in process of transitioning dental services from external vendors to our new dental benefit management subsidiary.

**Centene: A Veteran with Broad Medicaid Expertise**

Centene is a veteran leader in providing managed care services to and improving health outcomes for Medicaid and other public sector populations (such as children and adults with complex/special needs and child/youth in Child Welfare or receiving adoption assistance). With over 30 years of experience, Centene currently serves more than 4.8 million individuals enrolled in government funded programs in rural/urban and underserved markets. We also have built and retained contracted partnerships with more than 248,000 physicians and 2,300 hospitals (many of them academic institutions) nationwide.



We are solely focused on Medicaid and other government sponsored health programs, allowing us to bring a full compendium of best practices to Nebraska. Centene provides Medicaid and Medicaid-related health plan coverage to individuals through government-subsidized programs, including Temporary Assistance for Needy Families (TANF), the Children's Health Insurance Program (CHIP), Supplemental Security Income (SSI)/Aged, Blind and Disabled (collectively ABD), Foster Care/Adoption Assistance, Long Term Services and Supports (LTSS), subsidized commercial health insurance for uninsured (Exchange) and Medicare enrollees (the latter through Special Needs Plans).

Centene Specialty Services include pharmacy benefits management, behavioral health, dental benefits administration, vision care, life and health management, a 24/7 nurse advice line, medication treatment compliance and in-home health services. Through our internal Specialty Services, NTC brings a comprehensive solution designed for integrated health care solutions that address the often complex needs of Medicaid Members.

*Comprehensive Experience Serving Different Populations* Centene affiliates successfully manage all populations and services nationwide, and we bring deep organizational expertise serving individuals with complex needs as well as supporting the providers who serve them. We especially bring Nebraska significant knowledge and expertise based on serving children, adults and their families enrolled in the following programs:

- **TANF:** 3.5 million
- **ABD and Dual Eligibles:** 445,000
- **CHIP & Foster Care:** 245,200
- **LTSS:** 74,000

In addition, we bring experience and best practices from Kansas, New Hampshire and Texas from our plans that are working with the Intellectually and Developmentally Disabled populations, providers and support services. Our Arizona affiliate is working with Native American Tribes with a focus on behavioral health, substance abuse and social determinant related care. Their Tribal Liaison, Sheina Yellowhair, has partnered with the Arizona tribal communities to adapt the state's Meet Me Where I Am (MMWIA) best practice for tribal communities. This is a key differentiator amongst the competitors in the market. In all aspects of these and the more traditional populations we have been working to build strong support and community based services to strengthen the coordination and levels of care to our members.

*Child Welfare* Centene plans are the **sole source health plan** for children/youth in foster care and/or adoption assistance in three states (Texas, Florida, Mississippi and most recently a soon-to-be fourth in Washington state), and provide managed care services to children/youth in a total of 10 states. Our Texas affiliate has managed the first fully integrated, sole source managed care program for children in foster care in the country since 2008, and created the national gold standard for Foster Care provider networks, including a trauma-informed specialty network. Our award-winning Health Passport community health record ensures that all key stakeholders have access to the most critical information about each child when placements change.

**We also have developed national expertise in trauma training.** We were the first MCO in the nation to hire 1 of only 50 Trauma Focused-Cognitive Behavioral Therapy model experts in the country as a full-time dedicated Director of Trauma and Evidence-Based Intervention. NTC's behavioral health affiliate has been offering Foster Care training to Nebraska providers and caregivers over the past couple of years. Through Centene, NTC will bring unparalleled expertise with the child welfare population and look forward to sharing the many best practices we have developed and/or experienced over the years.



NTC affiliates encompass a broad diversity of experience across the country, from California to New Hampshire, with unique and diverse programs served by state contract. Because of this broad experience in multiple states, serving multiple populations, we can customize national best practices and bring fresh ideas and innovation to the Heritage Health Program. Centene and NTC affiliates have extensive experience in implementing new and expanded Medicaid programs and invest in dedicated and experienced project management leadership to oversee start-up activities.

*Similar to the size, scope, and complexity Highlights*

For our three previous projects similar to this Request for Proposal in size, scope, and complexity, we have selected our health plans in **New Hampshire, Kansas, and Florida**, to highlight our experience and preparation for serving as an MCO for Heritage Health. In each of these states, the contracts have evolved over time to include additional higher acuity populations and services. Changes of this magnitude require a health plan partner that is flexible and can leverage lessons learned from affiliate health plans in other states; better anticipating needs and proactively addressing those needs before they become issues.

*New Hampshire*

Our New Hampshire affiliate, New Hampshire (NH) Healthy Families is one of two managed care organizations in the state of New Hampshire. The New Hampshire program, with the same population to Heritage Health in size, complexity, and urban/rural landscape, has phased populations into the managed care program. Residents in New Hampshire experience the same lack of services and access while having concern over higher acuity populations being moved into managed care.

*NH Healthy Families earmarked \$500,000 for the PCA to fund the "Capacity Access Initiative", which supports recruitment of physicians into rural areas.*

NH Healthy Families went live in 2014 with the goal of additional populations being phased in over time. Currently the health plan manages approximately 72,000 TANF, CHIP, ABD (dual and non-dual) members. Similar to Nebraska, the last phase of integration will be adding acute and LTSS for all nursing home eligible and waiver recipients as well as I/DD (acute only) for those that have not already opted in to managed care. To prepare for these populations to integrate, NH Healthy Families has partnered with the state to ensure a smooth transition. For example, NH Healthy Families is participating in care coordination case reviews with the state, as well as participating in high-touch meetings with area and individual case management agencies to ensure collaboration and to review current complex cases.

NH Healthy Families has contracts with all Acute Care Hospitals as well as the FQHCs and RHCs and direct contracts with providers in bordering states, such as Vermont and New York. Like all affiliate health plans, NH Healthy Families contracts with any willing provider and provides support and funding to increase access for members. For example, NH Healthy Families earmarked \$500,000 for the Primary Care Association to fund the "Capacity Access Initiative", which supports recruitment of physicians into rural areas. We anticipate similar opportunities in Nebraska as we partner with providers.

*Kansas*

In Kansas, our affiliate Sunflower Health has successfully faced and addressed many of the same challenges that Nebraska faces, including a shortage of providers and a large portion of the state being rural/frontier. Kansas and Nebraska have similar member demographics and state size. Like Nebraska, the state of Kansas began with lower acuity populations in managed care with the goal of moving higher acuity populations into managed care. The state of Kansas' Medicaid Program, KanCare, brought separate

*Sunflower Health is the largest Medicaid plan in the state of Kansas, including 47% of the IDD waiver population.*



contracts for physical and behavioral health managed care into one integrated contract, just like what is occurring with the Heritage Health Program. Sunflower Health has managed to bring many innovations and best practices to Kansas, which has led to being the largest managed care plan in the state of Kansas with 47% of the managed care population of people on the I/DD waiver and 64% of persons in Intermediate Care Facilities.

Sunflower Health began operations in 2013 while achieving network adequacy statewide. Sunflower Health is a leader in the state of Kansas in working with providers to expand services in rural areas and expand their capabilities to provide tailored services to communities. NTC will also look at non-traditional provider sources, partner with key organizations, and consistently forge relationships and collaborate with all provider types.

Florida

Our affiliate Sunshine Health has been a managed care contractor in the state of Florida since 2009. During this time, Sunshine Health has partnered with the state to implement new delivery systems and integrate additional populations, similar to the Heritage Health program. In 2010, Sunshine Health acquired a health plan providing services in the Nursing Home Diversion Waiver program. The state redesigned the entire LTSS program with an RFP issued in 2012. Sunshine Health won 10 out of 11 regions to manage long term services and supports in the State of Florida. Similarly, in 2013 the state redesigned their Medicaid program, and Sunshine health now provides the full range of Medicaid services (including integrated medical and behavioral health services) to TANF, ABD, Dual-Eligible and Foster Care populations. Sunshine Health started as a health plan that served approximately 100,000 members and has grown to serving over 485,000 members today.

*Today, Sunshine Health is the second largest Medicaid plan and the largest LTSS plan in the State of Florida.*

All of our affiliate plans have brought quality health care, improved outcomes and innovative solutions to their State partners, members and providers. We look forward to successful outcomes with Nebraska as we partner with MLTC to bring a fresh and innovative approach to the Heritage Health program. Please see the following for a summary matrix listing for Nebraska Total Care's similar affiliate experience.



Similar Corporate Experience	a) Time Period of Project	b) Scheduled & Actual Completion Dates	c) Contractor Responsibilities	d) Customer Name, Contact Person, Phone, Fax number & Email Address	e) Prime or Subcontractor	a. Original Scheduled Completion Date /Budget b. Actual (or planned) Completion Date /Budget
<b>NEW HAMPSHIRE</b> TANF, ABD, CHIP, Foster Care	12/2012-12/2018	Scheduled: 7/2012 to 6/2015 Actual: 12/2013 to 12/2018	Medical, BH, Substance Use, pharmacy, vision, NEMT, LTSS & Waiver Services	New Hampshire Department of Health and Human Services Kathleen Dunn Phone: 603-271-9384 Fax: n/a Email: kdunn@dhhs.state.nh.us	Prime Contractor	a. Scheduled 7/2012 to 6/2015 - \$530M b. Actual 12/2013 to 12/2018 - Est \$ 770M
<b>KANSAS</b> TANF, CHIP, ABD, LTSS, Foster Care	1/2013-12/2018	Scheduled: 1/2013 - 12/2015 Actual: 1/2013 - 12/2018	Medical, BH, Substance Use, pharmacy, emergency transportation dental, vision	Kansas Dept. of Health and Environment Susan Mosier, MD Phone: 785-296-0461 Fax: 785-296-7240 Email: smosier@kdheks.gov	Prime Contractor	a. Scheduled 1/2013 to 12/2015 \$2.9B b. Actual 1/2013 to 12/2018 Est: \$5.1B
<b>FLORIDA</b> TANF, SSI, Foster Care, LTSS	Original Contract 9/2012-8/2014; Current Contract; 1/2014 -12/2018; Services began for TANF/SSI members on 5/1/2014 and LTC services on 8/1/2013.	Scheduled: 1/2014 - 12/2018 Actual: 1/2014 - 12/2018	Medical, BH with Substance Abuse, pharmacy, dental, vision	Agency for Health Care Administration Jennifer E. Courtney, FCCM Phone: 850-412-4067 Fax: n/a Email: Jennifer.Courtney@ahca.myflorida.com	Prime Contractor	a. Scheduled 12/31/2018 Est. \$15B b. Actual 12/31/2018 Est. \$15B
<b>FLORIDA</b> Healthy Kids	Original contract 10/2012 - 9/2015 Current contract 10/2015 - 9/2017	Scheduled: 10/2012 - 9/2015 Actual: 10/2012 - 9/30/2017	Medical, BH Substance Use, pharmacy, vision	Florida Healthy Kids Corporation, Frank Fonseca Phone: 850-701-6102 Fax: n/a Email: fonscaf@healthykids.org	Prime Contractor	a. Scheduled 9/30/2017 Est. \$130M b. Actual 9/30/2017 Est. \$130M



Across the nation and across all lines of business, since 2010 Centene \ has achieved an impeccable record of successful implementations that represent more than **2,850,000 new members** across 15 states. This includes new health plans, procurements/service area expansions, and product expansions. Our high-touch, local approach to implementation and state-centered operating models are at the core of our business philosophy and ensure we will become an efficient and transparent partner with the Division of Medicaid and Long Term Care (MLTC). During the last five years alone, Centene has successfully implemented new managed care plans in highly penetrated managed care markets similar to what we will experience in Nebraska, in states as diverse as Washington, Mississippi and Missouri. We have also seamlessly implemented new health plans (network and operations) in multiple markets and we have never delayed an implementation date. Centene also has completed a number of significant program expansions including adding Aging, Blind and Disabled populations and services such as Behavioral Health and Long Term Services and Supports that required extensive network development and staff recruitment. Based on these experiences in implementing our flexible healthcare delivery model, we will tailor our approach to meet/exceed all MLTC requirements and expectations.

*We have never delayed an implementation date.*

Centene's efforts in Nebraska are already well underway. Over the past several years our Business Development team has been on the ground in Nebraska creating strong partnerships across the state that will serve as a strong foundation for our implementation and our ongoing program operations. Immediately following the contract award, as we begin our actual implementation activities we will involve our Provider Engagement (PE) team to continue identifying opportunities to engage providers and community stakeholders to improve our knowledge of and programs in Nebraska. Also post contract award, the PE team will schedule provider trainings and town hall meetings to create a strong handoff, building on the trusted relationships we have established to create tremendous momentum within our implementation process.

				Health Insurance Marketplace products in 9 states	
				California Health & Wellness (Medicaid - SPD)	
CelticCare Health Plan (Commonwealth Choice)	Magnolia Health Plan (Medicaid - ABD)	Superior Health Plan (Medicaid - Expansion 2012)	Sunshine Health (Medicaid - MMA)	Centenico Arizona (South Region Integrated NHA)	
Absolute Total Care (Medicaid - Expansion)	Managed Health Services (Healthy Indiana Plan)	Louisiana Healthcare Connections (Medicaid - TANF, CHIP, ABD)	California Health & Wellness (Medicaid - TANF, CHIP)	Superior Health Plan (ABD Rural) (IDO Acura)	Superior Health Plan (Dual Demonstration) (Nursing Facility Beneficiaries)
Celtic (Healthy Texas)	Bridgeway Health Solutions (Medicaid - LTC Expansion)	Home State Health Plan (Medicaid - TANF, CHIP)	Granite State Health Plan (Medicaid - TANF, CHIP, ABD)	HillCare Health Plan (CountyCare - SD) (Dual Demonstration)	Absolute Total Care (Dual Demonstration)
Sunshine State Health Plan (Medicaid - Expansion) (Medicaid - Acquisition)	Superior Health Plan (Medicaid - Expansion 2011)	Coordinated Care of WA (Medicaid - TANF, CHIP, ABD, Basic Health)	Sunshine Health (Medicaid - LTC)	Duckeye Community Health Plan (Dual Demonstration)	Fidell's SeniorCare (Dual Demonstration)
Centenico Behavioral Health (Medicaid - Expansion)	HillCare Health Plan (Medicaid - ABD)	Sunshine State Health Plan (CHIP)	Sunflower State Health Plan (Medicaid - TANF, CHIP, ABD, LTC)	Sunflower State Health Plan (Medicaid - IDO)	Health Insurance Marketplace in IL and VA

# EXHIBIT H

2. Identify and describe any regulatory action or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against the MCO's organization within the last five years. In addition, identify and describe any letter of deficiency issued, as well as any corrective actions required by any federal or state regulatory entity within the last five years that relate to Medicaid and CHIP contracts. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.

UnitedHealthcare has not had any monetary or non-monetary regulatory actions or sanctions imposed by any federal or state regulatory entity within the last five years. We received one letter of deficiency in January 2014, when our encounter submission rate dropped below 95 percent. Since February 2014, our encounter submission rate has remained at or above the 95 percent threshold.

We received two corrective action plans (CAPs) in the last five years, both of which have been resolved. In August 2011, MLTC issued a CAP related to open or closed panel status of a provider file sent to MLTC. We immediately corrected the issue. In February 2013, MLTC issued a CAP regarding claims payment and network adequacy. We worked collaboratively with MLTC and providers to correct the issue.

Attachment 19 Q2 Regulatory Actions and Sanctions contains all monetary and non-monetary regulatory actions or sanctions and corrective action plans imposed by any federal or state regulatory entity within the past five years for our parent company, affiliates and subsidiaries.

3. State whether or not the MCO is currently, or has been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. If yes, provide an explanation with relevant details and the outcome. If the outcome was against the MCO, provide the corrective action plan or measures taken to prevent such future offenses. Include the organization's parent company, affiliates, and subsidiaries in the response to this question.

UnitedHealthcare of the Midlands, Inc., is not currently, and has not been within the past five years, the subject of a criminal or civil investigation by a state or federal agency. Our parent company, affiliates and subsidiaries likewise are not currently, and have not been within the past five years, the subject of a criminal or civil investigation by a state or federal agency.

# **EXHIBIT I**

**Attachment 19 Q2 Regulatory  
Actions and Sanctions**

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	This CAP is a result of a previously Independent Review response that was submitted by Health Plan	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	missing required language	Medicaid
Nov-10	UnitedHealthcare Insurance Company, (UHC)	MD	Maryland:Department of Health and Mental Hygiene	CAP	Required performance improvement program did not meet state requirements.	Medicaid
Nov-10	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	CAP	MPRO on behalf of DMAHS will be conducting an annual audit	Medicaid
Nov-10	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Grievances & Appeals were not resolved within required timeframes	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Nov-10	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	10000	Failure to resolve grievances and appeals in a timely manner	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	39000	Information not sent	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division at the Bureau of TennCare has completed review of the Behavioral Health Deliverables submitted by AmeriChoice for services provided during the second quarter of 2010. It has been determined that benchmarks were not met.	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division at the Bureau of TennCare has completed review of the Behavioral Health Deliverables submitted by AmeriChoice for services provided during the second quarter of 2010.	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Nov-10	AmeriChoice of Connecticut, Inc	CT	Connecticut:Department of Social Services	CAP	Training, network, report, and contract issues	Medicaid
Nov-10	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	In 2010, plan advised certain providers would be contracted by 3Q10; this did not occur	Medicaid
Nov-10	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania:Department of Public Welfare	4000	Inpatient claims not processed in accordance with timeframes	Medicaid
Nov-10	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	1000	Hancock County Hospital-ABD fine	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Prongs	Medicaid
Nov-10	Unison Health Plan of the Capital Area, Inc.	DC	District of Columbia:Department of Health Care Finance	CAP	CAP to monitor and track timely classification of reporting of critical and sentinel events, notification of births of newborns to DHCF within ten business days, delivery of risk assessment and case management services to members.	Medicaid
Nov-10	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	HSAG, on behalf of ODJFS, will conduct a comprehensive review	Medicaid
Nov-10	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Medical Records/doctor's orders missing	Medicaid
Dec-10	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Dec-10	Unison Health Plan of the Capital Area, Inc	DC	District of Columbia:Department of Health Care Finance	CAP	DHCF will conduct an onsite review to address case management.	Medicaid
Dec-10	UnitedHealthcare of New Mexico, Inc	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	Extension of NMMRA EORO Audit Focusing on Performance	Medicaid
Dec-10	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	TennCare's Provider Network completed their review of the November GeoAccess	Medicaid
Dec-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Dec-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Dec-10	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	CAP	AHCA has identified non-compliance with contract Attachment II Exhibit 6.A.6.c. relating to eligibility for Behavioral Health Services for members in Area 5 who are enrolled in a Child Welfare Prepared Mental Health Plan (CW-PMHP)	Medicaid
Dec-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau has recently communicated to your health plan several critical reporting issues on AmeriChoice's encounter provider enrollment and invoice-like files.	Medicaid
Dec-10	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	1252500	AHCA has indicated that a CAP and fine are to be submitted within 10 calendar days of receipt due to non-compliance in authorization determinations for Speech Therapy	Medicaid
Dec-10	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	UPRV submitted an updated CPA report to DCJ on 12-20-10 wherein CRA measurement requirements were not achieved	Medicaid
Dec-10	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania Department of Public Welfare	2000	Inpatient claims not processed in accordance with required timeframes	Medicaid
Dec-10	Unison Health Plan of Tennessee, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2500	Information Not Sent	Medicaid
Dec-10	Unison Health Plan of Tennessee, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Jan-11	Unison Health Plan of Tennessee, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Provider Network department at TennCare completed their review of the 4Q10 GeoAccess	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Provider Network division at TennCare completed their review of the 4Q10 GeoAccess	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Provider Network completed the review of the Health Plan's 4Q10 Geo Access.	Medicaid
Jan-11	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMHAS)	7226.34	The Plan went above the 2% requirement for dupes	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Medical records/doctor's order missing	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and the results have been received	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and the results have been received	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and the results have been received	Medicaid
Jan-11	Unison Health Plan of the Capital Area, Inc	DC	District of Columbia:Department of Health Care Finance	CAP	Unison is required to develop an Encounter CAP to identify the deficiencies in Unison's encounter data	Medicaid
Jan-11	Unison Health Plan of the Capital Area, Inc	DC	District of Columbia:Department of Health Care Finance	CAP	The expiration of Unison's subcontract with MedStar creates an unfavorable position for District Medicaid beneficiaries. It is the District's hope that Unison is able to reach an agreement with MedStar prior to the expiration of the current agreement.	Medicaid
Jan-11	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	The Plan provided inaccurate information regarding two surgeons	Medicaid
Jan-11	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	ID cards mailed out late	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jan-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	10000	ID cards were mailed out late due to difficulty in processing 834 file	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	An annual Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review is conducted to determine the extent to which medical providers were in compliance with EPSDT standards.	Medicaid
Jan-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	CAP	CAP for not processing 834 files timely	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	NEMT (non-emergency medical transportation) abandonment rates were reported higher than previously submitted stats due to inclement weather conditions for December 2010.	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	TennCare is requesting information to our previous responses on the V-C coding requirements	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	TennCare is requesting an additional follow-up to our previous responses that have been submitted as requested	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	TennCare previously asked each MCO to provide information relating to policy and coding	Medicaid
Jan-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	10000	Inpatient claims not processed in accordance with standards	Medicaid
Jan-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Internal Criteria not sent	Medicaid
Feb-11	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico: New Mexico Human Services Department (HSD)	CAP	Deficiencies identified by ALTSO and HSD/MAD regarding participant assessment records, ISPs, and documentation	Medicaid
Feb-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	TennCare completed the CHOICES Enrollee Record Review and Provider Qualification Review for Health Plan in Middle TN in November 2010.	Medicaid
Feb-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	1000	Failure to meet minimum panel requirements	Medicaid
Feb-11	AmeriChoice of Connecticut, Inc.	CT	Connecticut: Department of Social Services	CAP	EOB Comprehensive Husky B Audit for YE 2009 and re	Medicaid
Feb-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	CAP	Failure to achieve EPSDT and Lead Rates for CY2008	Medicaid
Feb-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas: Health and Human Services Commission	7500	Harris SDA - Acute Appealed Claims - adjudicated claims underperformance within 30 days	Medicaid
Feb-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas: Health and Human Services Commission	5000	Travis SDA - BH Clean Claims - adjudicated claims underperformance within 30 days	Medicaid
Feb-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas: Health and Human Services Commission	5000	Nueces SDA - BH Clean Claims adjudicated claims underperformance within 30 days	Medicaid
Feb-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas: Health and Human Services Commission	50000	Failure to complete 2009 Member Assessment for PAS	Medicaid
Feb-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	15000	PDV Survey	Medicaid
Feb-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	35406	A fine in the amount of \$35406.00 was assessed due to failure to meet compliance levels for EPSDT and Lead rates	Medicaid
Feb-11	UnitedHealthcare of New York, Inc.	NY	New York: New York State Department of Health	CAP	Violation of facilitated enrollment procedures when representative reviewed consumer PHI in an open area visible to others.	Medicaid
Feb-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	COB Criteria incorrectly identified	Medicaid
Feb-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	UPRV received response from the January 2011 Claims Payment Accuracy Results from DCI.	Medicaid
Feb-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Received results for the UPRV Claims Payment Accuracy Report for January 2011 and the Data Request for February 2011.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Mar-11	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico: New Mexico Human Services Department (HSD)	CAP	Adjustments, Payment Delays, Training, Education IHS	Medicaid
Mar-11	UnitedHealthcare of Florida, Inc.	FL	Florida: Agency for Healthcare Administration	CAP	The State AHCA is conducting a review of implement	Medicaid
Mar-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	10000	August 2010 claims not processed on time.	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Missing required language	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Information not sent on time	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Information not sent on time	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Acceptable provider enrollment file not accepted on time	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Encounters rejected encounters	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	15000	PDV Survey - 4th Qtr 2010	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	15000	Provider Data Validation Survey	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Mar-11	UnitedHealthcare of Florida, Inc.	FL	Florida: Agency for Healthcare Administration	CAP	AHCA requires that a CAP be created each year, when the federal screening and/or participation rates are not met	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1672	Proof of Services	Medicaid
Mar-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	CAP	Failure to meet program requirements for clinical measures	Medicaid
Mar-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	10000	Claims not processed in accordance with regulatory requirements	Medicaid
Mar-11	Unison Health Plan of South Carolina, Inc.	SC	South Carolina: Department of Health and Human Services	CAP	Correct claims payment lag of less than 90% clean claims paid within 30 days	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	UPRV submitted the February 2011 Claims Payment Accuracy Reports (CPAR) to the TennCare Division on March 17, 2011 and noted deficiencies have been received.	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3720	Proof of Service	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	6810	Proof of Services	Medicaid
Mar-11	UnitedHealthcare of New York, Inc.	NY	New York: New York State Department of Health	CAP	Failure to ensure providers who are sanctioned by OPMC, do not have valid licenses or who are disciplined are removed from our network.	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Received notification from TennCare, CAP 11144, relating to error rate on CHOICES Group 2 members.	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Received notification from TennCare, CAP 11143, relating to error rates on CHOICES Group 2 patients.	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Received notification from TennCare, CAP 11142, relating to error rate on CHOICES Group 2 patients.	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Provider Data Validation Survey	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3000	Approving Services	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of the Bureau of TennCare has completed review of the Behavioral health Deliverables submitted by UHCCP for services provided during 3Q10. UHCCP West did not achieve certain benchmarks as outlined in CRA.	Medicaid
Mar-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania Department of Public Welfare	1000	Claims not processed in accordance with requirements	Medicaid
Mar-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania Department of Public Welfare	1667	Claims not processed in accordance with requirements	Medicaid
Mar-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Apr-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	CAP	Unapproved letter relating to prescription restrictions sent to member	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Edifices Rejected encounters	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Edifices Rejected Encounters	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	monthly provider file not accepted by due date	Medicaid
Apr-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	CAP	Required file not submitted consistently and correctly	Medicaid
Apr-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	CAP	DMAHS is requesting a CAP due to a configuration issue causing claims to deny incorrectly according to the contract.	Medicaid
Apr-11	Unison Health Plan of South Carolina, Inc.	SC	South Carolina: Department of Health and Human Services	CAP	The Carolinas Center for Medical Excellence has no	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1st Quarter 2011 GeoAccess analysis of Health Plan's provider network has been completed	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1st Quarter 2011 GeoAccess analysis of HP's provider network has been completed and deficiencies have been noted.	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1st Quarter 2011 GeoAccess analysis of MCO's provider network has been completed and noted deficiencies have been indicated	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	20000	Claims Payment Accuracy	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	10000	Claims Payment Accuracy	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	20000	Claims Payment Accuracy	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Claims Payment Accuracy	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	10000	Claims Payment Accuracy	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Prongs	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and deficiencies were noted	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and deficiencies have been noted.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and there were noted deficiencies.	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information not sent	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	4670	Proof of Service	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Grievance Resolution - Behavioral Health	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Medical records/director's order missing	Medicaid
Apr-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Information not sent	Medicaid
Apr-11	UnitedHealthcare Insurance Company (UHC)	MD	Maryland: Department of Medical Assistance and Health Services (DMAHS)	CAP	Clinical and quality focused audit	Medicaid
Apr-11	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	CAP	Plan did not meet the minimum performance standard for the SFY 2010 EMT emergency department diversion performance measure.	Medicaid
May-11	Unison Health Plan of Tennessee, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay	Medicaid
May-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Following a review of the information that HP submitted on 12-3-2009, there were noted deficiencies.	Medicaid
May-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Following a review of the information the UHCCP provided on 12-3-2009, noted deficiencies were provided.	Medicaid
May-11	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	CAP	Grievances and Appeals were not resolved within required timeframes.	Medicaid
May-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	CAP	PCP Error rate above 10% standard at 31.1%	Medicaid
May-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	250	Encounter/FSR Reconciliation non-compliant (over 5% variance)	Medicaid
May-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	3000	Provider Recognition Report submitted in incorrect format	Medicaid
May-11	UnitedHealthcare of Texas, Inc	TX	Texas Health and Human Services Commission	13000	Evercare failed to comply with implementation of Denial of Nursing Services Letter	Medicaid
May-11	UnitedHealthcare of Texas, Inc	TX	Texas Health and Human Services Commission	1000	Provider Recognition Filing in incorrect format	Medicaid
May-11	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	10000	Grievances and Appeals were not resolved within required timeframes.	Medicaid
May-11	UnitedHealthcare of New York, Inc	NY	New York: New York State Department of Health	CAP	Fifteen (15) marketing observations of the health plan were conducted. Monitors identified a problem with two (2) observations. Additionally, there were five (5) No Shows.	Medicaid
May-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The month of April 2011 GeoAccess analysis of Health Plan's provider network has been completed.	Medicaid
May-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The month of April 2011 GeoAccess analysis of Health Plan's provider network has been completed.	Medicaid
May-11	Arizona Physicians IPA, Inc	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	CAP	AHCCCS announced its annual review of APIPA to inc	Medicaid
May-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Health Plan received results for UPRV April 2011 Claims Payment Accuracy.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
May-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	information not sent	Medicaid
May-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
May-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	CAP	Marketing staff member made a "human error" and put the wrong date on the schedule for an event and labeled the location by a different name than the State knows it by	Medicaid
May-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	1000	Failure to meet the provider panel requirements in the regions for which UnitedHealthcare Community Plan of Ohio, Inc. (UCP) holds a Provider Agreement.	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Claims Payment Accuracy	Medicaid
Jun-11	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	ECS encounters following the CMS allowable rate during a validation study, did not meet the allowed rate	Medicaid
Jun-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Submitted incorrect prior authorization requests	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	NEMT Prompt Pay - 60 day clean claims	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	NEMT Prompt Pay - 60 days clean claims	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	Claim Payment Accuracy	Medicaid
Jun-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Hospital Inpatient not meet requirements	Medicaid
Jun-11	UnitedHealthcare of New England, Inc.	RI	Rhode Island:Department of Human Services	CAP	Annual review of Plan for 2010 Performance Measure	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV submitted the March 2011 Claims Payment Accuracy Reports to TennCare on April 18, 2011	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Provider Data Validation Survey	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The month of May 2011 GeoAccess analysis of Health Plan's Provider Network has been completed and deficiencies were noted.	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The month of May GeoAccess analysis of Health Plan's Provider Network has been completed and deficiencies were noted.	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	100	Edifices rejected encounters not corrected within 45 days	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	100	Edifices rejected encounters not corrected within 45 days	Medicaid
Jun-11	UnitedHealthcare of New England, Inc.	RI	Rhode Island:Department of Human Services	CAP	UBH provider was inappropriately credentialed	Medicaid
Jun-11	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	Three consecutive quarters identifying five or more provider gaps in Madison County	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Focused audit associated to Quality Assurance and	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Proof of Service	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jun-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Jun-11	Arizona Physicians IPA, Inc	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	CAP	failure to meet per standards with a dramatic decrease in % rate for EPSDT participation and submit a CAP for review for diabetic members	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	incorrect Usage of Medical Necessity	Medicaid
Jun-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Health Plan received the latest Claims Payment Accuracy request from DCI wherein the medical metrics were not met as outlined in the CRA	Medicaid
Jun-11	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania Department of Public Welfare	11417	Untimely claims processing for November and December 2010	Medicaid
Jun-11	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania Department of Public Welfare	1000	Timeliness standards not met	Medicaid
Jul-11	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania Department of Public Welfare	CAP	Lack of activity on new restrictions, inaccurate data, internal action plan already in place	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of the Bureau of TennCare has completed review of the Behavioral Health Deliverables submitted by United Health Care for services provided during the 4th quarter of 2010	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of the Bureau of TennCare has completed review of the Behavioral Health Deliverables submitted by United Health Care for services provided during the 4th quarter of 2010	Medicaid
Jul-11	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania Insurance Department	105.51	Fine due to process application for Commonwealth employee	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	541.04	Directed - Missed Shifts	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2Q2011 GeoAccess analysis of health plan's provider network has been completed	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2Q11 GeoAccess analysis of HP's provider network has been completed	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct an audit of all	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2Q11 GeoAccess analysis of the provider network has been completed for deficiencies have been noted	Medicaid
Jul-11	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	23261	Sanction totals \$23,261.00 for encounters above the allowable 2% duplicates	Medicaid
Jul-11	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania Department of Public Welfare	6100	Claims not processed in accordance with timeliness standards	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and deficiencies were noted	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and deficiencies were noted	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare and deficiencies were noted	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Internal Criteria Not Sent	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Internal Criteria Not Sent	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	100	Edifices rejected encounters not being corrected within 45 days	Medicaid
Jul-11	UnitedHealthcare Insurance Company	HI	Hawaii:State of HI Department of Human Services	CAP	On behalf of HI DHS, Health Services Advisory Group	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	12500	Quality Assurance/Monitoring	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	13500	Quality Assurance Monitoring	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	12500	Quality Assurance/Monitoring	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV submitted the June 2011 Claims Payment Accuracy Reports (CPAR) to TennCare on July 15, 2011 and a deficiency was noted.	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	38500	Directed	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV submitted a CHOICES data file to determine compliance with the separate TennCare prompt pay contractual requirements for CHOICES claims and deficiencies were noted	Medicaid
Jul-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	On December 17, 2010, TennCare issued a CAP to UHCCP pertaining to provider reporting issues on encounter files	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	Grier Notice not sent	Medicaid
Aug-11	UnitedHealthcare of Pennsylvania, Inc	PA	Pennsylvania:Department of Public Welfare	5833	Claims timeliness processing standards not met	Medicaid
Aug-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Health and Human Services Commission	100000	Two STAR+PLUS members were eligible for waiver services and were denied covered nutritional supplements	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Every year as required by the John B. Consent Decree, TennCare conducts a state wide audit of children's well child visits.	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Each year as required by the John B. Consent Decree, TennCare conducts a state wide audit of children's well child visits	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Claims Payment Accuracy	Medicaid
Aug-11	AmeriChoice of Connecticut, Inc	CT	Connecticut:Department of Social Services	CAP	2011 EQR Audit was a validation of the 2010 EQR CA	Medicaid
Aug-11	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Email verification from the Plan confirming that grievances were submitted as appeals	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2500	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Aug-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	On July 19, 2011, DCI requested certain items including a list of claims processed in July 2011. UPRV transmitted the items timely.	Medicaid
Aug-11	UnitedHealthcare of the Midland	NE	Nebraska Department of Health and Human Services	CAP	To resolve currently and on going provider issues. This regarding errors with members being assigned to open and closed panels.	Medicaid
Aug-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	Medicaid disproportionate share hospital (DSH) audit.	Medicaid
Aug-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	20000	Incomplete/ Invalid information and/ or criteria or required ASM forms.	Medicaid
Aug-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	TennCare reviewed the Behavioral Health deliverables submitted by UPRV for services provided during the 1st quarter of 2011 and discrepancies were noted.	Medicaid
Aug-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Department of Insurance	CAP	Tx Dept. of Insurance HMO Triennial Quality of Care	Medicaid
Aug-11	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	300	Plan filed quarterly report 2 days late in August 2011.	Medicaid
Sep-11	Arizona Physicians PA, Inc.	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	200000	Failure to meet minimum performance standards for Children's/Adolescent's Access to PCPs at 12-24 Months and Well Child visits at 15 Months.	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	13675	Behavioral Health	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	17000	Prompt Pay - LTC CHOICES	Medicaid
Sep-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania Department of Public Welfare	5087	Claims timeliness requirements not met	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validity Survey	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	There were noted coding deficiencies noted in the adult BH code 15 on the previously submitted monthly provider enrollment file.	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	There were noted deficiencies in adult BH code 15 in the previously submitted monthly provider enrollment file.	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	This request is related to the inpatient SA having been incorrectly coded for Adult BH Code 15.	Medicaid
Sep-11	UnitedHealthcare Insurance Company	HI	Hawaii State of HI Department of Human Services	25000	EVC sent out a letter not approved by State	Medicaid
Sep-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	391602.26	UHC did not meet the minimum performance standards for Jan - March 2011 for High Risk Case Management.	Medicaid
Sep-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	CAP	Claims Processing Noncompliance, Encounters, PCP Error Rates	Medicaid
Sep-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	2500	Acute Clean Claims - Clean claims adjudicated underperformance (Nueces)	Medicaid
Sep-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	2500	Acute Clean Claims - Clean claims underperformance (Travis)	Medicaid
Sep-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Department of Health and Family Services	2500	Travis LTC Clean claims - clean claims adjudicated underperformance	Medicaid
Sep-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	2500	Harris LTC Clean Claims - Clean claims adjudicated underperformance	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay	Medicaid
Sep-11	UnitedHealthcare of New York, Inc.	NY	New York New York State Department of Health	CAP	SDDH identified providers that we should have identified and terminated from Plan systems.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Sep-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	Encounter Data volume measurements are below minimum	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	13000	Claims Payment Accuracy	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Claims Payment Accuracy	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	15000	Claims Payment Accuracy	Medicaid
Sep-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1650	Directed - skilled nursing visits	Medicaid
Sep-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAF	UMTD Files Not Submitted Timely or Correct	Medicaid
Oct-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Health	1000	Claims timeliness standards not met	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1500	Information Not Sent	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	On October 7th, received notification of 3Q2011 GeoAccess Deficiency for 030	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	On October 7th, notification received as it relates to the findings within the 3Q2011 GeoAccess report for West TN region	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	750	Network - Provider Enrollment File Deficient	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	250	Network - Deficient Provider Enrollment File	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	250	Network - Provider File Deficient	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	200	IT - Edifices rejected encounters not being corrected within 45 days	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	This CAP results from the recently submitted monthly provider enrollment file to TennCare.	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	This CAP is a result of the recently submitted monthly provider enrollment file to TennCare.	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The CAP is in result to the recently submitted monthly provider enrollment file.	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Oct-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	8901	Sanction for duplicates in excess of allowable percentage	Medicaid
Oct-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Oct-11	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	1000	Claims payments did not meet timeliness standards	Medicaid
Oct-11	Great Lakes Health Plan, Inc.	MI	Michigan: Michigan Department of Health and Human Services	CAP	Comprehensive Plan review in accordance with contract.	Medicaid
Oct-11	Unison Health Plan of Delaware, Inc.	DE	Delaware: Division of Medicaid & Medical Assistance (DMMA)	CAP	Comprehensive EQRO Review of plan year July 1, 2011	Medicaid
Oct-11	UnitedHealthcare of the Mid-Atlantic, Inc.	MD	Maryland: Department of Health and Mental Hygiene	2364846 25	Disincentives for Seven Measures	Medicaid
Nov-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	200	Edifices rejected encounters not being corrected within 45 days (2 encounters)	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Nov-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	A 100% audit of critical incidents during the month	Medicaid
Nov-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	CY2010 CFC Clinical Performance Measures and care areas of noncompliance	Medicaid
Nov-11	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	CY2010 ABO CPM indicated areas of noncompliance	Medicaid
Nov-11	Union Health Plan of the Capital Area, Inc.	DC	District of Columbia Department of Health Care Finance	CAP	During the months of May and June 2011 DMCF Office	Medicaid
Nov-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	FSO	Information Not Sent	Medicaid
Nov-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	43363	Duplicate Encounters over 2% submitted	Medicaid
Nov-11	Union Health Plan of the Capital Area, Inc.	DC	District of Columbia Department of Health Care Finance	CAP	Non-compliance with requirement to provide mail or telephone reminder to every child who is due or overdue for an EPSDT screening visit	Medicaid
Nov-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	FSO	Form not completed	Medicaid
Nov-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	FSO	Information Not Sent	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Member Manuals & Education	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	6500	Griev Denial Notice Not Sent	Medicaid
Dec-11	UnitedHealthcare of Texas, Inc.	TX	Texas Health and Human Services Commission	5300	Encounter to FSR Paid Claims Input Reconciliation Report, Compliant Response	Medicaid
Dec-11	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	70000	LTC Clean Claims	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Prongs	Medicaid
Dec-11	UnitedHealthcare of New York, Inc.	NY	New York New York State Department of Health	CAP	A provider participation rate of 64% was identified which is below the 75% threshold	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed their review of the Behavioral Health deliverables submitted for services provided during 2Q2011	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed review of the Behavioral health deliverables for services provided during 2Q2011	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	\$960	MCO approved services	Medicaid
Dec-11	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	Annual audit of Care and Case Mgmt file document	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Internal Criteria Not Sent	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Form not completed	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Dec-11	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Provider Qualification Review will allow for v	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	CAP for Middle region which details our intended course of action to rectify the identified issues with the Assisted Care Living Facilities Provider Enrollment File.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	CAP for East region which details our intended course of action to rectify the identified issues with the Assisted Care Living Facilities Provider Enrollment File.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The 4Q11 GeoAccess analysis of the Health Plan's provider network / provider enrollment file has been completed.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Medical Records/doctor's order missing	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Based upon feedback in the 1/10/2012 MCC meeting, it was discussed that this MCO did not comply with the directive to implement \$010 for all claims.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Based upon feedback in the 1/10/2012 MCC meeting, it was discussed that this MCO did not comply with the directive to implement \$010 for all claims.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Based upon feedback in the 1-10-2012 MCC meeting, it was discussed that the Health Plan did not comply with the directive to implement \$010 for all claims starting 1-1-2012.	Medicaid
Jan-12	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania Department of Public Welfare	1000	Claims not processed in compliance with timelines standards	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	There were 65 records in the sample with invalid telephone numbers creating a 75.8% accuracy rate.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	There were 55 records in the sample with invalid telephone numbers creating a 75.6% accuracy rate.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	There were 74 records in the sample with invalid telephone numbers creating a 72.5% accuracy rate.	Medicaid
Jan-12	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Health and Human Services Commission	CAP	Performance standards not meeting the benchmarks set.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Medical records/doctor's order missing	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	As the result of data mining activities, the Office of Program Integrity has uncovered an issue pertaining to encounters submitted by the Health Plan.	Medicaid
Jan-12	UnitedHealthcare of Louisiana, Inc.	LA	Louisiana:Department of Insurance	CAP	recipients have enrolled in UnitedHealthcare Community Plan because they incorrectly believed that their current PCP was in the United network.	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	3Q11 Provider Data Validation Survey	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	3Q11 Provider Data Validation	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	3Q11 Provider Data Validation Survey	Medicaid
Jan-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Other - wrong age listed on denial letter	Medicaid
Feb-12	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	CAP	Failure to achieve EPSDT and Lead Rates for CY2009	Medicaid
Feb-12	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	47207	A fine in the amount of \$59,749 was assessed due to failure to meet compliance levels for EPSDT and lead rates.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Feb-12	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services - (ODJFS)	2000	Failure to meet the provider panel requirements in the regions for which UHCU holds a Provider Agreement	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information Unavailable	Medicaid
Feb-12	AmarChoice of Health Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	Annual assessment of the NJ Medicaid Plan performed	Medicaid
Feb-12	Arizona Physicians IPA, Inc.	AZ	Arizona AZ Department of Economic Security (DES), Division of Developmental Disabilities (DD)	CAP	Failure to meet minimum performance standards in quarterly reports	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The January 2012 GeoAccess analysis of the Health Plan's provider network / provider enrollment file has been completed	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The January 2012 GeoAccess analysis of the Health Plan's provider network / provider enrollment file has been completed	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The January 2012 GeoAccess analysis of the Health Plan's provider network /	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed review of the Behavioral Health Deliverables for service provided during 3Q2011	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed review of the Behavioral Health Deliverables for service during 3Q2011	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	4200	MCO approved services	Medicaid
Feb-12	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	CAP	AHCA has required a CAP because the Claims Aging Report did not include Behavioral Health Claims	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	CAP developed by the TennCare Bureau as a part of its 2010 Performance	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	CAP developed by the TennCare Bureau as a part of its 2010 Performance	Medicaid
Feb-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	CAP developed by the TennCare Bureau as a part of its 2010 Performance Error Rate Measurement (PERM) review	Medicaid
Mar-12	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	2000	Claims not paid timely	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Medical Records/Doctor's Order Missing	Medicaid
Mar-12	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	CAP	The plan is required to complete a CAP describing the methods it will take to ensure that complaints are accurately tracked and subsequently reported on the quarterly Complaints, Grievance, and Appeals Report	Medicaid
Mar-12	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	10400	The Bureau has determined that the Plan did not accurately report data. The Agency is fining the Plan the sum total of \$10,400 as a result of the correct report being 52 days late @ \$200/Day.	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	100	Rejected encounter - Edifices	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The February 2012 GeoAccess analysis of the provider network has been completed and deficiencies were noted	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The February 2012 GeoAccess analysis of the provider network has been completed and deficiencies were noted.	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Rejected encounter not submitted within 45 days of rejection from Edifices	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Rejected encounter not submitted within 45 days of rejection from Edifices	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Claims not re-adjusted within timeframe specified by the QRR	Medicaid
Mar-12	Health Plan of Nevada, Inc.	NV	Nevada: Division of Health Care Financing and Policy	CAP	Nevada Division of Health Care Financing and Policy	Medicaid
Mar-12	UnitedHealthcare Community Plan of Texas LLC	TX	Texas: Health and Human Services Commission	5750	Evercare did not meet the 98% performance standard for STAR-PLUS Member Complaints within 30 calendar days from the date the complaint is received. Appealed claims must be adjudicated to a paid or denied status within 30 days of receipt below standard.	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Incorrect usage of medical necessity	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Compliance - In correct form sent	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	2000	Compliance - ASH Audit - Information Deficient	Medicaid
Mar-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1500	Compliance - ASH Audit	Medicaid
Apr-12	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Banking and Insurance (DOB)	324000	Specific to timeliness of authorization turnaround time for Medical Day Care	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	TennCare will cover procedures pursuant to application	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Information not corrected within 45 days of Edifices rejection	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	2500	Information Not Sent	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Provider Validation Survey - Invalid Phone Numbers	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Provider Validation Survey - Incorrect Telephone Numbers	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation - Incorrect Telephone Numbers	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1Q2012 GeoAccess analysis of the Provider Network has been completed and a deficiency was noted.	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1Q2012 Provider Data Validation Report has been completed and deficiencies noted.	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1Q2012 Provider Data Validation Report has been completed and deficiencies were noted.	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1Q2012 Provider Data Validation Report has been completed and deficiencies were noted.	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The 1Q2012 GeoAccess analysis of the Provider Network has been completed and deficiencies noted.	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	100	Acceptable Response to ORR not sent timely	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Apr-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The objective of this audit is to determine contractual standards.	Medicaid
Apr-12	UnitedHealthcare Insurance Company	HI	Hawaii State of HI Department of Human Services	CAP	Med-QUEST division (MQD) indicated that the State wanted to review all HCBS reductions prior to implementation. Most recent information from MQD indicates this was a CAP	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	100	Information not sent - Edifices	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	100	Edifices - Redetected Claims not resubmitted with 45 days	Medicaid
Apr-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	State of Tennessee External Quality Review Organizational standards	Medicaid
May-12	UnitedHealthcare of New York, Inc	NY	New York New York State Department of Health	CAP	The IAD letter did not document correct information. What was required on appeal	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations Missing	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The April 2012 GeoAccess analysis has been completed	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
May-12	Union Health Plan of South Carolina, Inc.	SC	South Carolina Department of Health and Human Services	CAP	Annual EGRO conducted by CFME	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Defective Notice	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The submitted report containing 4Q11 data did not meet all benchmark requirements.	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The report submitted containing data for 4Q11 does not meet benchmark requirements.	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The report submitted containing 4Q11 data did not meet all benchmark requirements	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	30100	Edifices - Information not sent within 45 days	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	16500	Edifices - Information not sent with 45 days	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	126000	Edifices - Information not sent within 45 days	Medicaid
May-12	Arizona Physicians IPA, Inc.	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	CAP	2012 AIPA AHCCCS QFR - Focused on CKs	Medicaid
May-12	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	\$5500	Review of the FFY 2010-2011 CHCUP results demonstrated that the plan failed to meet its projected goals of 80% for both the Federal Participation and Screening Ratios. The fine is calculated at \$100 per day for the 365 days in the year, for a total of \$3	Medicaid
May-12	Arizona Physicians IPA, Inc.	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	CAP	Q:Medicaid Regulatory Audit Medicaid Plan Arizona	Medicaid
May-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	This Audit was used to examine the contractor's doc	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Incomplete Proof of Directive Compliance	Medicaid
Jun-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	13920	Dup rate exceeded for month	Medicaid
Jun-12	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	7269	Encounter dupe rate overrun	Medicaid
Jun-12	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	13135	Encounter Dupe Rate overrun	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jun-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	3598	Encounter Dupe Rate overrun	Medicaid
Jun-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	3136	Capitation Detail Record Denials - overrun	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Jun-12	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Numerous denial PA for Dental, gastric bypass, occupational therapy and nursing facility care	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The May 2012 GeoAccess analysis has been completed	Medicaid
Jun-12	Unison Health Plan of Delaware, Inc	DE	Delaware:Division of Medicaid & Medical Assistance (DMMA)	CAP	This is a review of all information Systems necessary	Medicaid
Jun-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	8846	Encounter dupe Rate overrun	Medicaid
Jun-12	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	618 ID Cards were not delivered to New Members timely June 1, 2012	Medicaid
Jun-12	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	10000	618 ID Cards were not delivered to New Members timely June 1, 2012	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or incorrect	Medicaid
Jun-12	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Appeals and Non-Claims-Related Grievance Statewide Reports showed non-compliance in untimeliness	Medicaid
Jun-12	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	10000	Appeals and Non-Claims-Related Grievance Statewide Reports showed non-compliance in untimeliness	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	TennCare request the Health Plan to perform a systematic review on gaps in administrating the NEMT services regarding transporting recipients with no evidences of services being provided	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	TennCare request the Health Plan perform a systematic review on gaps in administering the NEMT services regarding transporting recipients with no evidences of services being provided	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The CAP asks the Health Plan to perform a systematic review on gaps in administrating the NEMT services regarding transporting recipients with no evidences of services being provided	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	600	Information not Sent	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	600	Information Not Sent	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	600	Information Not Sent	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	600	Information Not Sent	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	600	Information Not Sent	Medicaid
Jun-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	600	Information Not Sent	Medicaid
Jul-12	UnitedHealthcare Insurance Company	HI	Hawaii:State of HI Department of Human Services	50000	A&G Nonperformance	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	Information Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2012 GeoAccess analysis of the provider network has been completed with noted deficiencies.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2012 GeoAccess analysis of the provider network has been completed with noted deficiencies.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2011 GeoAccess analysis of the provider network has been completed with noted deficiencies.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The 2012 GeoAccess analysis of the provider network has been completed with noted deficiencies.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Medical records/ doctor's order missing	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	55500	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	29500	Information Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	24500	Information Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	20500	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Identify Provider missing or incorrect	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	20500	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	21000	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	24000	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Upon review of the NEMT Provider Monitoring Summary Report, it was determined the report was deficient.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Upon review of the NEMT Provider Monitoring Summary, it was determined that the report was deficient.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Upon review of the NEMT Provider Monitoring Summary it was determined that the report was deficient.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	21000	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	24000	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	24000	Genr Denial Not Sent	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	24000	Genr Denial Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Internal criteria not met	Medicaid
Jul-12	AmenChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	5531	Capitation Detail Record Denials - overrun	Medicaid
Jul-12	UnitedHealthcare Insurance Company, (UHC)	MD	Maryland: Department of Health and Mental Hygiene	CAP	Comprehensive CORO Survey covering the following s	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan submitted the required disclosure submission rate report as required by the CRA	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan submitted the Disclosure Submission Report as outlined in CRA section 2.30.15.4	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan made the submission on the Disclosure Submission Rate Report as outlined in CRA section 2.30.15.4.	Medicaid
Jul-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Other	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	As part of the CMS requirement for CHOICES, the Bu	Medicaid
Aug-12	UnitedHealthcare of Florida, Inc.	FL	Florida: Department of Elder Affairs	CAP	Case file reviews the enrollee visits for PSA 7 to	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan must explain why there are claims paid without information on billing provider's EIN/TIN	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan must explain why there are claims paid without information on billing provider's EIN/TIN	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan must explain why there are claims paid without information on billing provider's EIN/TIN	Medicaid
Aug-12	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	10000	UHCCPOH did not submit revised Grievance and Appeals from CAP Timely	Medicaid
Aug-12	UnitedHealthcare of Florida, Inc	FL	Florida: Agency for Healthcare Administration	CAP	AHCA will be conducting compliance monitoring review	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Other	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Other	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The July 2012 GeoAccess analysis was performed on the recently submitted provider enrollment files	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The July 2012 GeoAccess analysis was performed on the recently submitted provider enrollment files	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The July 2012 GeoAccess analysis was performed on the recently submitted provider enrollment files	Medicaid
Aug-12	Arizona Physicians IPA, Inc	AZ	Arizona: AZ Department of Economic Security (DES) Division of Developmental Disabilities (DDD)	CAP	DDD will be conducting an annual review of the health plan	Medicaid
Aug-12	Arizona Physicians IPA, Inc.	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	CAP	Failure to meet minimum performance standards	Medicaid
Aug-12	Arizona Physicians IPA, Inc	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	200000	Failure to meet minimum performance standards	Medicaid
Aug-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Response untimely	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	2000	IQ2012 CHOICES Care Coordination Report	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5799.71	10 days plus cost of care	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	NEMT Call Center Standards	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	NEMT Call Center Standards	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing in Incident	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Sep-12	Great Lakes Health Plan, Inc	MI	Michigan:Michigan Department of Health and Human Services	CAP	Annual site visit	Medicaid
Sep-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	In the Health Plan's prior OIR responses, it was indicated that a transportation provider in West TN, Northwest carriers, did not notify the Health Plan of an incident until the state issued an OIR	Medicaid
Sep-12	UnitedHealthcare of New York, Inc	NY	New York:New York State Department of Health	CAP	United Healthcare of New York, Inc. failed to remove a provider	Medicaid
Sep-12	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	14100	Financial Remedies--Pharmacy Encounters, Non-timely with pharmacy encounter reporting. (Contract Section 1.12.12 General Responsibilities of Health Plan)	Medicaid
Oct-12	UnitedHealthcare of New York, Inc	NY	New York:New York State Department of Health	CAP	Telephonic verification of participation with health plan	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	3Q2012 Provider Data Validation Report has been completed and deficiencies were noted	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	3Q2102 Provider Data Validation Report has been completed and deficiencies were noted	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	3Q2012 Provider Data Validation Report has been completed and deficiencies were noted	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Failure to Achieve Benchmark - incorrect telephone numbers	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Failure to Achieve Benchmark - invalid telephone numbers and primary care services	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Failure to Achieve Benchmark - invalid telephone numbers	Medicaid
Oct-12	UnitedHealthcare of New York, Inc	NY	New York:New York State Department of Health	CAP	Access to routine appointments, non-urgent "sick" appointments and after-hours access was validated	Medicaid
Oct-12	UnitedHealthcare of Florida, Inc	FL	Florida:Department of Elder Affairs	CAP	Case file reviews the enrollee visits for PSA 11A	Medicaid
Oct-12	UnitedHealthcare Insurance Company	HI	Hawaii:State of HI Department of Human Services	CAP	HSAG third follow-up review of UHP corrections	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1200	Report deficient	Medicaid
Oct-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	582.08	Missed Shifts	Medicaid
Nov-12	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	CAP	AHCA's annual on-site audit on the following contract	Medicaid
Nov-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	118724	Finding Encounter Dupe Rate overrun	Medicaid
Nov-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	271705	Finding Encounter Dupe Rate overrun	Medicaid
Nov-12	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	1083	Cap Detail Line denial rate overrun	Medicaid
Nov-12	UnitedHealthcare Insurance Company	HI	Hawaii:State of HI Department of Human Services	CAP	DHS QUEST readiness review to ensure plan is in compliance	Medicaid
Nov-12	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	CAP	AHCA, BMHC, Health System Development is conducting	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Nov-12	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	25000	AHCA states that UHC has failed to submit pharmacy encounter data for DOS in September 2012 by 10/15/12	Medicaid
Nov-12	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	25000	Plan failed to submit all pharmacy typical and atypical services with dates of service 9/2012-10/15/2012	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed its review	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed its review	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed its review	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed its review	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Quality Oversight Division of TennCare has completed its review	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Nov-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information not sent timely	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Internal Criteria Not Met	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct a routine bfa	Medicaid
Dec-12	Great Lakes Health Plan, Inc	MI	Michigan:Michigan Department of Health and Human Services	CAP	Annual on site visit	Medicaid
Dec-12	UnitedHealthcare of Mississippi, Inc	MS	Mississippi:Department of Insurance	CAP	A EQR Compliance review of the Plan	Medicaid
Dec-12	UnitedHealthcare of Texas, Inc	TN	Texas:Health and Human Services Commission	354600	UHC did not meet performance requirements for 3Q SFY2012	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Medical records, doctor's order missing	Medicaid
Dec-12	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	24794	Failure to provide home delivered meals	Medicaid
Jan-13	UnitedHealthcare Insurance Company (UHC)	MD	Maryland:Department of Health and Mental Hygiene	CAP	The EPSDT review is performed to assess the degree	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jan-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	CAP	IPRO conducted two focused studies to evaluate car	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to TennCare	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5,000	Provider Data Validation Survey	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Provider Data Validation Survey	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	6500	Information Not Sent	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Untimely response to GRP	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Proof of Service	Medicaid
Jan-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	CAP	Pursuant to the contract, if the health Plan does not achieve the 60% screening rate or the 80% federal participation rate, a CAP must be filed by 2/15 annually.	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Personal Care Attendant	Medicaid
Jan-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	UHCCP improperly denied a request for a medication as a plan exclusion.	Medicaid
Jan-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	10000	UHCCP improperly denied a request for a medication as a plan exclusion. Assessed fine: CAP and 10-pt penalty.	Medicaid
Jan-13	UnitedHealthcare of Louisiana, Inc.	LA	Louisiana Department of Insurance	CAP	UnitedHealthcare Community Plan (UHC) must maintain an automated Management Information System (MIS) which accepts provider claims, verifies eligibility, validates prior authorization, preprocesses and submits claims data to DHH's Fiscal Intermediary (Moi)	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2500	Information Not Set	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2500	Missed Home Delivered Meals	Medicaid
Jan-13	Arizona Physicians (PA), Inc.	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	CAP	Health plan has a large number of encounters in a pending status, especially more than 120 days.	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Medical records/doctor's order missing	Medicaid
Jan-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	13000	Information Not Sent	Medicaid
Feb-13	Great Lakes Health Plan, Inc.	MI	Michigan Michigan Department of Health and Human Services	CAP	Annual Compliance Review (monthly submission)	Medicaid
Feb-13	Great Lakes Health Plan, Inc.	MI	Michigan Michigan Department of Health and Human Services	CAP	Annual Compliance Review (monthly submission)	Medicaid
Feb-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	Failure to notify OMA of the addition and deletion of the MCP subcontractors.	Medicaid
Feb-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	10000	UHC failed to notify OMA of the addition and deletion of MCP subcontractors.	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Feb-13	UnitedHealthcare of the Midlands	NE	Nebraska:Department of Health and Human Services	CAP	Per Sec IV.C 7.e.i of Contract Inadequate Network of PCPs due to provider termination, Section IV.C 7.f.vi of contract reimbursement of claims	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Untimely Response to VFD	Medicaid
Feb-13	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	10000	Unable to achieve minimum HEDIS standards	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Received Prompt Pay results from January 2013 reporting period	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Received Prompt Pay results from January 2013 reporting period	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Received Prompt Pay results from January 2013 reporting period	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	14000	2012 AQS Deficient CAP	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	14000	2012 AQS - Deficient CAP	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	14000	2012 AQS CAP Deficient	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Identifying Provider missing or incorrect	Medicaid
Feb-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Did not meet performance measures for nine areas.	Medicaid
Feb-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	Did not meet performance measures for three areas.	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2500	Untimely Response	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	COB response untimely	Medicaid
Feb-13	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	50000	Failure to achieve minimum performance measure standards established in the 2009-2013 Plan Contract	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	557.44	MCO approved	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	17500	Initial Denial Notice not sent	Medicaid
Feb-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Mar-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	5000	The Child Health Check Up CAP was due on 2/15/13, but was not filed until 2/25/13	Medicaid
Mar-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	5500	Preferred Care Partners, Inc. d/b/a CareFlorida (Plan) has failed to timely file the 2013 CHCUP CAP	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Mar-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	Subsequent to submitting the report for 4th quarter 2012 Table 3C DMAHS identified cases which exceeded the required 30 day resolution timeframe for multiple Provider complaints. Specifically 48 pharmacy complaint resolutions were non-compliant due to:	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Mar-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	IRG will conduct a focused review on those 11 elements	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Form not completed	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Grer Notice Not Sent	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	TDCI requests Health Plan to provide a CAP for the East TN growth region for noncompliance with prompt pay requirements	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Medical records/doctor's order missing	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or incorrect	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or incorrect	Medicaid
Mar-13	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	hsAG reviewed pharmacy claims that were denied fro	Medicaid
Mar-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	COB criteria incorrectly identified	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey	Medicaid
Apr-13	UnitedHealthcare Community Plan of Texas, LLC	TX	Texas Health and Human Services Commission	CAP	MCO not meeting minimum performance requirements regarding Encounter data	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Identify Provider missing or incorrect	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7000	Medical records/doctor's orders missing	Medicaid
Apr-13	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	CAP	Education of Therapy providers impacted by NCC edits	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received the IQPDV results for UHCCP	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received the IQPDV results for UHCCP	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received the IQPDV results for UHCCP	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Provider Data Validation Survey	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Provider Data Validation Survey	Medicaid
Apr-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	DMAHS has issued a Notice of Deficiency (NOD) due to perceived ongoing non-compliance with contractual provisions as outlined in sections 4.5.1, 4.6.4, 4.7.1 and 5.15.1 and 11.24-8 of the N.J.A.C.	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received results from the January Focused Claims Testing Report that was submitted.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Received results from submitted report on Focused Claims Testing requirement	Medicaid
Apr-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	AHCA states that UHC failed to submit the Insolvency Protection report by 4/1/13. Report was submitted timely however a typo was made in the address and report was not received	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or incorrect	Medicaid
Apr-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	Medical Health Plans of Florida, Inc. (Health Plan) has failed to account encounter data for the 2011 IBNR Behavioral Health Annual 80/20 Expenditure Report	Medicaid
Apr-13	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	Board Cited - 2012 Phase 2 Provider Directory Survey - Sample of 80 providers, variety of provider types in all counties. Provider participation of 60%	Medicaid
Apr-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	CareFlorida (Health Plan) has failed to timely file a complete and accurate audited annual financial report (Report) for 2012	Medicaid
Apr-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	Medical Health Plans of Florida, Inc. (Health Plan) has failed to timely file a complete and accurate audited annual financial report for 2012	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	Information Not Sent	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Citations Missing or Incorrect	Medicaid
Apr-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Failure to meet time frames for telephone outreach	Medicaid
Apr-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	CAP	AHCA is requesting a CAP because there appear to be providers missing on the Online Provider Directory	Medicaid
May-13	UnitedHealthcare of Louisiana, Inc.	LA	Louisiana:Department of Insurance	140700	Inproper denial of electronic claims for which Medicaid is secondary payer	Medicaid
May-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Requesting to validate PCP network in Davidson County	Medicaid
May-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	Medical Health Plans of Florida, Inc. has failed to file an accurate behavioral health 80/20 expenditure report for 2012	Medicaid
May-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Resolution of claims that require adjustment and repayment for Washington County-Johnson City EMS	Medicaid
May-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	CareFlorida (Health Plan) has failed to file an accurate 1st Quarter 2013 Unaudited Quarterly Financials Report	Medicaid
May-13	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	50000	Medical Health Plans of Florida, Inc. has failed to achieve and/or maintain the financial surplus requirements for the Q1 2013 Unaudited Quarterly Financials Report	Medicaid
May-13	UnitedHealthcare Insurance Company, (UHC)	MD	Maryland:Department of Health and Mental Hygiene	CAP	Delmarva verbally informed the Plan of an EQRO Reg.	Medicaid
May-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Qsource, as the state's designated External Quality	Medicaid
Jun-13	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	One member in 2011 received bariatric surgery at a site not deemed a Center of Excellence	Medicaid
Jun-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	As a CMS requirement for the CHOICES program, the	Medicaid
Jun-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	As a CMS requirement for the CHOICES program, the	Medicaid

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Jun-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Beginning January 1, 2012, the Contractor Risk Agreement (TRA Section 2.12.7 Monthly Focused Claims Testing includes additional monthly focused claims testing requirements	Medicaid
Jun-13	UnitedHealthcare of New York, Inc	NY	New York New York State Department of Health	CAP	Failure to submit an accurate provider network	Medicaid
Jun-13	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	UnitedHealthcare has improperly denied requests for medications as benefit exclusions, and therefore has failed to provide medically-necessary Medicaid covered services to members	Medicaid
Jun-13	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	20000	UnitedHealthcare has improperly denied requests for medications as benefit exclusions, and therefore has failed to provide medically-necessary Medicaid covered services to members	Medicaid
Jun-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Prongs	Medicaid
Jun-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Prongs	Medicaid
Jun-13	UnitedHealthcare of New York, Inc	NY	New York New York State Department of Health	CAP	UHCNY failed to submit its management contract with CareCore National, LLC to the Department for renewal at least 90 days prior to its expiration, December 31, 2012	Medicaid
Jun-13	UnitedHealthcare of Washington, Inc	WA	Washington Washington State Health Care Authority	CAP	Annual Contract Monitoring audit. Review period 1	Medicaid
Jun-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Jun-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	An MOD was issued to UHCNJ, citing non-compliance with provisions contained in Articles 4.6.4 and 5.15.1 of the NJ FamilyCare/Medicaid Managed Care Contract regarding continuation of the same level of service while the determination is in appeal	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received the 2nd Quarter 2013 Provider Data validation Report results for UHCCP	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received 2nd Quarter 2013 Provider Data Validation Report results for UHCCP	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are conducted to determine the accuracy of provider information	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Jul-13	UnitedHealthcare of New York, Inc	NY	New York New York State Department of Health	47000	Civil penalties \$47K based on possible violation of Insurance Law	Medicaid
Jul-13	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	The audit will focus on each MCP's compliance with	Medicaid
Jul-13	Unison Health Plan of Delaware, Inc	DE	Delaware Division of Medicaid & Medical Assistance (DMMA)	CAP	LTC QCMR is missing LTC data since April 2013	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	Griev Denial Not Sent	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Procedure 6 of this audit - auditors selected 5 no	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jul-13	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	CAP	MCO performance not meeting the performance requirements	Medicaid
Jul-13	UnitedHealthcare of Texas, Inc.	TX	Texas Health and Human Services Commission	216005	MCO performance not meeting the performance requirements	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct a routine bi-a	Medicaid
Jul-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	1000	Medica has failed to file an accurate medical loss ratio report for the 2nd quarter of 2012-2013	Medicaid
Aug-13	UnitedHealthcare Community Plan of Ohio, Inc.	Ohio	Ohio: Ohio Department of Job and Family Services (ODJFS)	31000	As of July 1, 2013, UHC does not meet minimum provider panel requirements in 13 areas	Medicaid
Aug-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Aug-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	23560	Finding Encounter Dup Rate overrun	Medicaid
Aug-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	64996	Finding Encounter Dup Rate overrun	Medicaid
Aug-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	109226	Finding Encounter Dup Rate overrun	Medicaid
Aug-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	152552	Finding Encounter Dup Rate overrun	Medicaid
Aug-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	57125	Finding Encounter Dup Rate overrun	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	1750	Submission did not followed formatting protocol	Medicaid
Aug-13	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania: Department of Public Welfare	CAP	Review of FWA policies and processes	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	500	Medica has failed to timely file a complete and accurate claims aging report for the 2nd quarter of 2013.	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	500	Medica has failed to timely file a complete and accurate claims aging report for the 2nd quarter of 2013	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	500	CareFlorida Reform (Health Plan) has failed to timely file a complete and accurate claims aging report (Report) for the 2nd quarter of 2013	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	500	CareFlorida (Health Plan) has failed to timely file a complete and accurate unaudited quarterly financial report for the 2nd quarter of 2013	Medicaid
Aug-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	500	CareFlorida Non-Reform (Health Plan) has failed to timely complete an accurate claims aging report (Report) for the 2nd quarter 2013	Medicaid
Aug-13	UnitedHealthcare of New York, Inc.	NY	New York: New York State Department of Health	CAP	Disabled Member, United did not handle the replacement of the wheelchair correctly, timely or according to contractual requirements.	Medicaid
Aug-13	UnitedHealthcare of New York, Inc.	NY	New York: New York State Department of Health	CAP	Board Cited Calls test PCP, OB responses to the availability of routine appointments, non urgent "sick" appointments and after hours access. SOD issued because some providers responded that they did not participate in the plan or exceed the panel size limit	Medicaid
Aug-13	UnitedHealthcare Insurance Company	HI	Hawaii: State of HI Department of Human Services	CAP	Annual audit conducted by the EGRO, Health Service	Medicaid
Sep-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	CAP	NOD/CAP Request for Failure to Continue Services during Appeal Process and Failure to Provide Accurate Information regarding Denial and Appeal Rights	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3800	Transportation	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3800	Transportation	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3810	Transportation	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	4000	Form not completed	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Form not completed	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	HEMT Scheduling After Hours (RFI Q20196/CAP 017503)	Medicaid
Sep-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	6500	Submission was not sent timely	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	UPRV's August 2013 CAP for East Tennessee Nursing Facility shows a payment accuracy of 93.00% which is below the required contract jail rate of 97%.	Medicaid
Sep-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	300	Members age was documented incorrectly in the initial denial letter	Medicaid
Sep-13	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	2500	Submission was not sent timely	Medicaid
Sep-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	Claims were reviewed for Medicaid payments made for Suboxone from 1/11-12/11. 20 prescribing providers were not found on the SAMHSA website as having a certification/waiver for prescribing Suboxone	Medicaid
Oct-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	52552	Finding Encounter Dup Rate overrun	Medicaid
Oct-13	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	23415	Cap Detail Line denial rate overrun	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received 3rd Quarter 2013 Provider Data Validation Report results for UHCCP	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received 3rd Quarter 2013 Provider Data Validation Report results for UHCCP	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Received 3rd Quarter 2013 Provider Data Validation Report results for UHCCP	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Other	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	P-DV Survey	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	P-DV Survey	Medicaid
Oct-13	UnitedHealthcare Integrated Services, Inc	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	16660	Preliminary results of Sanctionable pending encounters	Medicaid
Oct-13	Arizona Physicians IPA, Inc	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	19610	Quarterly notice of potential sanctions due to the number of pending encounters. Sanctions waived this quarter	Medicaid
Oct-13	Arizona Physicians IPA, Inc	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	12735	Quarterly notice of potential sanctions due to the number of pending encounters. Sanctions waived this quarter	Medicaid
Oct-12	Arizona Physicians IPA, Inc	AZ	Arizona AZ Department of Economic Security (DES) Division of Developmental Disabilities (DDD)	2310	Quarterly notice of potential sanctions due to the number of pending encounters. Sanctions waived this quarter.	Medicaid
Oct-13	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	7000	UHCCP failed to meet Provider Panel requirements in the regions for which UHCCP holds a Provider Agreement	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	2013 CHCICFS Care Coordination Report	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	2013 CHOICES Care Coordination	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	2013 CHOICES Care Coordination Rpt	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	SUD	Citations missing or incorrect	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Middle TN Nursing Facility payment accuracy 96.80% which is below the contractual rate of 97%	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	East TN Medical show payment accuracy 96.44% which is below the required contractual rate of 97%	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Our objective is to determine if United Healthcare	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct in May 2013 an	Medicaid
Oct-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Tennessee Department of Commerce and Insurance (TDCI)	CAP	The TennCare Division of the Department of Commerce	Medicaid
Nov-13	Unison Health Plan of Delaware, Inc.	DE	Delaware Division of Medicaid & Medical Assistance (DMMA)	CAP	This is the annual external quality review audit w	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Monitoring review	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	During the August 2013 focused claims review TDCI noted that two paid claims from the East Tennessee testing have not been reported to the TennCare Bureau as encounter data.	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	During the August 2013 focused claims review TDCI noted for seventeen of the twenty-five claims selected with a status of denied in the Middle Tennessee testing, there was a significant delay between the date received and the "paid date".	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Claims Payment Accuracy deficiencies	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Oct 2013 CPA Results for UHPRV and Rqst for CAP Matter 13-011	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	UHC has been instructed to stop paying parts of claims that are non-compliant since a claim is compliant as a whole and not in parts.	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	UHC has been instructed to stop paying parts of claims that are non-compliant since a claim is compliant as a whole and not in parts.	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	UHC has been instructed to stop paying parts of claims that are non-compliant since a claim is compliant as a whole and not in parts.	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	SUD	Other	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	SUD	Information Not Sent	Medicaid
Nov-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	900	Transportation- Deficient ORR	Medicaid
Nov-13	UnitedHealthcare of Pennsylvania, Inc.	PA	Pennsylvania Department of Health	CAP	PA Department of Health requests a Plan of Correction from the plan, based upon an August 2013 NCQA survey where Q12 Element F scored less than 80%	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	SUD	Grier Denial Not Sent	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	SUD	Grier Denial Not Sent	Medicaid





Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Griev Denial Not Sent	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Griev Denial Not Sent	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Griev Denial Not Sent	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	TDOC is requesting for West Tennessee control numbers 17, 21 and 22 where claims are reported with a "denied" status when UPRV paid "SI" as a secondary payer on both the prompt pay data files and the encounter data submitted to TennCare.	Medicaid
Dec-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	15409	Finding Encounter Dup Rate overrun	Medicaid
Dec-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	10817	Finding Encounter Dup Rate overrun	Medicaid
Dec-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	42483	Finding Encounter Dup Rate overrun	Medicaid
Dec-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	336	Cap Detail Line denial rate overrun	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2938.92	Approving Services	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Claims Payment Accuracy - LTC CHOICES	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	20000	Claims Payment Accuracy - LTC CHOICES	Medicaid
Dec-13	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Claims Payment Accuracy - LTC CHOICES	Medicaid
Dec-13	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	DMAHS requested a Corrective Action Plan to address areas of member dissatisfaction identified as a result of the 2013 CAHPS Survey.	Medicaid
Jan-14	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Job and Family Services (ODJFS)	CAP	UnitedHealthcare has failed to properly utilize available resources for identifying sanctioned/excluded providers.	Medicaid
Jan-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	Telephone Survey to ensure Customer Services is providing accurate information to consumers and members.	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10728.8	MCO Approved (Home Health Services)	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Requesting a CAP for East control number 9, where denial reason communicated to provider was "payment adjustment suppression/billing error"	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jan-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	500	AHCA has assessed Liquidated Damages for the unaudited CHCUP report for filing 1 day late.	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	847.56	Deliverable was deficient until fourth submission	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2400	Deliverable was deficient until fourth submission	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1300	Deliverable was deficient until third submission	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Failure to ensure level of care	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Failure to ensure level of care	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Unavailable	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Failure to ensure level of care	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Failure to ensure level of care	Medicaid
Jan-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Failure to ensure level of care	Medicaid
Feb-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	25000	Failure to achieve the required Federal 80% Participation Ratio	Medicaid
Feb-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	25000	Failure to achieve the required Federal 80% Participation Ratio	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid
Feb-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	1000	Failure to timely file the IBNR Behavioral Health Annual 80/20 Expenditure Report for 2012	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	Disclosure Submission Rate Report	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	Disclosure Submission Rate Report	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	Disclosure Submission Rate Report	Medicaid
Feb-14	Great Lakes Health Plan, Inc.	MI	Michigan:Michigan Department of Health and Human Services	CAP	Annual Compliance Review (Monthly Submission)	Medicaid
Feb-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	SOF being issued as a result of a mbr complaint	Medicaid
Feb-14	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Health and Human Services Commission	CAP	UHC did not comply with STAR and STAR+PLUS program requirements for FREW timely checkups for the 2011 reporting period	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Requesting the following should be addressed in a follow-up related to the incident with NorthWest Tennessee HRA and their driver Gerald Suniowski	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2699.2	Home Health Missed Shifts	Medicaid
Feb-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	Statement of Deficiency - Provider Directory Survey Phase I 2013 demographic and participation information was inaccurate in the directory	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	Documentation of Freedom of Choice/POC timeframe untimely	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Documentation submitted for one member record did not demonstrate review	Medicaid
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Documentation submitted for one member record did not demonstrate review of the Plan of Care within required timeframes.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Feb-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Not contacting Group 2 members in nursing facility due for face-to-face within the prescribed timeframe	Medicaid
Feb-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	26200	Finding Encounter Dup Rate overrun	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct a routine bi-a	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	TennCare will conduct routine audits in November 7	Medicaid
Mar-14	Great Lakes Health Plan, Inc.	MI	Michigan Michigan Department of Health and Human Services	CAP	Annual Compliance Review (submission monthly)	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Grievance notice to member did not give at least 30 days advance notice of the reduction/termination	Medicaid
Mar-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	DMAHS reviewed the 4th quarter submission of Table 3A - Provider Grievances and Appeals Report and noted 12 cases as non-compliant with the required resolution timeframe	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	February 2014 Claims Payment Accuracy Results for East TN Nursing Facilities were below 97% requirement	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Did not submit appropriate denial letter	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Frings	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Missing Required Language	Medicaid
Mar-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	VFD was not submitted timely	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	IDL did not state Consumer Directed Personal Care and missing the rule for the CD worker	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey - Invalid Phone Numbers	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey - Invalid Phone Numbers	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3500	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
Apr-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
Apr-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	CAP	AHCA has required a CAP because the non-pharmacy encounters did not meet accuracy standards.	Medicaid
Apr-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	IPRO will conduct a review of UHCCP's Medicaid open	Medicaid

Date	Lead Entity	State	Regulator	Penalty Type	Description	Product
Apr-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	CHOICES ERR Report Spring 2013 submitted by UHC-East for month of February, 2014, the percent of Participant Rights compliance for document with actionable changes reviewed was 57%	Medicaid
Apr-14	UnitedHealthcare of Florida, Inc.	FL	Florida: Agency for Healthcare Administration	71500	UHC failed to achieve minimum performance measure standards for calendar year 2012	Medicaid
Apr-14	UnitedHealthcare of Florida, Inc.	FL	Florida: Agency for Healthcare Administration	61000	Failure to achieve minimum performance measure standards established in the 2012-2015 Plan Contract	Medicaid
Apr-14	Arizona Physicians IPA, Inc.	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	150000	AHCCCS alleges that the Health Plan failed to notify them of a material network change as required by contract.	Medicaid
Apr-14	UnitedHealthcare Integrated Services, Inc	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	3000	Arizona HealthCare Cost Containment System (AHCCCS) issued sanction for failing to report a material network change	Medicaid
May-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Annual audit to determine whether or not providers	Medicaid
May-14	Arizona Physicians IPA, Inc.	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	CAP	In accordance with CMS requirements and Arizona Ad	Medicaid
May-14	Arizona Physicians IPA, Inc.	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	CAP	The Division of Developmental Disabilities (Division	Medicaid
May-14	UnitedHealthcare of Florida, Inc.	FL	Florida: Agency for Healthcare Administration	CAP	AHCA has determined that UHCCP-Florida is out of compliance with provider contract requirements regarding Non-compete clauses that restrict contracted providers from competing with a Managed Care Plan's other subcontractors or network providers.	Medicaid
May-14	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Office of Medical Assistance (ODM)	5000	Overstated capacity information furnished to the MCPN and ODM	Medicaid
May-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	16274	Failed to provide CHOICES Home-Delivered Meals	Medicaid
May-14	UnitedHealthcare Insurance Company, (UHC)	MD	Maryland: Department of Health and Mental Hygiene	CAP	Delmarva verbally informed the Plan of an EQRO Reg	Medicaid
May-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The CRA requires 25 outreach events per quarter. According to the 1Q14 TENNderCare Report, we only conducted 20 TENNderCare events	Medicaid
May-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	The CRA requires 25 outreach events per quarter. According to the 1Q14 TENNderCare Report, we only conducted 20 TENNderCare events	Medicaid
May-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3000	Insufficient quantity of TENNderCare outreach events for 1Q2014	Medicaid
May-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	4500	Insufficient number of outreach events	Medicaid
May-14	Arizona Physicians IPA, Inc	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	CAP	Arizona Health Care Cost Containment System (AHCC	Medicaid
May-14	UnitedHealthcare of Mississippi, Inc	MS	Mississippi: Division of Medicaid	CAP	The readiness review process assesses the Vendor's	Medicaid
Jun-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	Complaints/grievances regarding access have increased, requiring a CAP which includes the specific steps to be taken to ensure that Quality of Care Referrals improve	Medicaid
Jun-14	UnitedHealthcare of New York, Inc	NY	New York: New York State Department of Health	CAP	Non Compliance with provisions of NYSDDH Title 10 NYCRR & Public Health Law	Medicaid
Jun-14	UnitedHealthcare Community Plan of Texas, L.L.C	TX	Texas: Health and Human Services Commission	CAP	UHC did not comply with SFY2013 Quarters 1-4 performance requirements	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	Reconsideration response failed to include the CHOICES Plan of Care	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Products
Jun-14	UnitedHealthcare of Texas, Inc.	TX	Texas:Health and Human Services Commission	30600	UTC did not comply with SFY2013 Quarters 1-4 performance requirements	Medicaid
Jun-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	An on-site focus survey of United Healthcare Community Plan	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	Form not completed	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	Form not completed	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3000	Information Not Sent	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Member Manuals & Education	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Member Manuals & Education	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Member Manuals & Education	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3000	Other	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Jun-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	500	The Case Management Program Description was submitted one day late	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Claims Payment Accuracy - LTC CHOICES	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Incorrect Usage of Medical Necessity Prongs	Medicaid
Jun-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	32000	The plan received the attached fine based on our repeat Statement of Deficiencies (SOD) related to our provider data. The basis for the fine is detailed in the Stipulation pdf (attached)	Medicaid
Jun-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	10000	AHCCCS alleges that the Health Plan failed to notify them of a material network change as required by contract	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3614	Home Health Missed Shifts - Meals	Medicaid
Jun-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	The New York State Department of Health will be conducting their annual Article 44/49 audit of the New York Health Plan. This will be a comprehensive review of all New York Health Plan operations.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	MFP Transitions	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	MFP Transitions	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	MFP Transitions	Medicaid
Jun-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	39555	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Jun-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	13555	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Jun-14	UnitedHealthcare Integrated Services, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	19395	We received our LTC Pending Encounter Sanction for quarter ending Dec 2013 this afternoon. Our preliminary results identified 3,189 encounters pending over 120 days. AHCCCS reviewed our challenges and reduced the sanctionable encounters to 2,153.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jun-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	For all three claims that UPRV identified as errors, they were indicated that the claim was processed and the authorization were not on file.	Medicaid
Jun-14	Arizona Physicians, PA, Inc	AZ	Arizona AZ Department of Economic Security (DES), Division of Developmental Disabilities (DDO)	9750	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Jun-14	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio Ohio Department of Job and Family Services (ODJFS)	CAP	The Ohio Department of Medicaid (ODM) review.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	16000	Failure to Complete and Submit New LOC Assessment.	Medicaid
Jun-14	UnitedHealthcare of Washington, Inc.	WA	Washington Washington State Health Care Authority	CAP	Annual Comprehensive Contract audit - Review period.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7500	Failure to Submit LOC Assessment and Failure to Disenroll.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3000	1Q2014 CHOICES CC Report - Failure to meet any timeframe regarding care coordination.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	1Q2014 CHOICES CC Report - Failure to meet any timeframe regarding care coordination.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3000	Failure to Complete and Submit New LOC Assessment.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3500	Failure to Complete and Submit New LOC Assessment.	Medicaid
Jun-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent.	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Citations missing or incorrect - Failure to include the out of network exclusion rule.	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	LTC Functional Assessment not submitted for HHA appeal.	Medicaid
Jul-14	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	500	Missed Services Report due to AHCA was not submitted timely due to FTP Site security changes which restricted UHC's access to the FTP. Issue was correct late the same day however, due to changes within UHC FTP access protocols, staff was unable to upload.	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	11500	Untimely Response to Prior Authorization Request.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare.	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	202014 PDV - failure to reach accuracy rates - invalid Phone Numbers	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3000	Untimely Response to Prior Authorization Request for Occupational Therapy	Medicaid
Jul-14	UnitedHealthcare of Mississippi, Inc.	MS	Mississippi Division of Medicaid	CAP	The Carolina Centers for Medical Excellence will	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	External Quality Review Organization (EQRO), will	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Matter 14-052 Prompt Pay Data Integrity Issue - significant number of unadjusted first submission claims.	Medicaid
Jul-14	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Department of Insurance	CAP	The Texas Department of Insurance (TDI) has scheduled	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3500	Failure to Complete and Submit a New LOC Assessment (PAE)	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7500	Failure to Complete and Submit a New LOC Assessment (PAE)	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Failure to Complete and Submit a New LOC Assessment (PAE)	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3500	Failure to Complete and Submit a New LOC Assessment (PAE)	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation (PAE)	Medicaid
Jul-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3000	Failure to Complete and Submit a New LOC Assessment (PAE)	Medicaid
Jul-14	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Department of Insurance	CAP	In accordance with 28 TAC Section 11.503(a) and TIC Section 843.156, the Texas Department of Insurance (TDI) is opening a triennial examination to determine UnitedHealthcare Community Plan of Texas' compliance with quality of care requirements. The examination will consist of document and file review covering the period from January 6, 2013 through April 7, 2014.	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Spring 2014 FRR - Deficient Document: no service authorizations or other documentation provided to indicate discontinuance of service	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Spring 2014 FRR - Deficient Document - Incongruence between POC and notice relating to MBR	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Aug-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	1000	AHCA states that UHC failed to submit the Unable to Locate report timely. report was due 8/5 and received 8/7.	Medicaid
Aug-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	5500	AHCA Indicated that Q1 Performance Measure Follow up for Grievances has a due date of 7/18 and not received until 7/30	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Aug-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	1000	AHCA indicated that UHC reported inaccurate information in the Q1 Performance Measure report.	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Failure to Complete and Submit a New LOC Assessment.	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	This is the first audit that the Bureau of TennCare will conduct for CHOICES Group 2 or 3 members who were admitted to a nursing facility. This will be a desk audit occurring at the Bureau's Nashville office that will evaluate the MCO's adherence.	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct routine audits	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Bureau of TennCare will conduct a routine bi-a	Medicaid
Aug-14	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	Qtr 1, Geo Access Report #55 indicated transportation access standard deficiencies in the rural county of Chaves and frontier counties of Catron, Cibola, Colfax, DeBaca, Guadalupe, Harding, Sierra, and Quay	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	4054	Failure to provide home delivered meals - 8 days.	Medicaid
Aug-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	An audit of each Contractor's Drug List. The audit was completed to ensure that the medications listed on the AHCCCS MRPDL were also on the Contractor's list. There were drugs that were not found on the contractor's list.	Medicaid
Aug-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	AHCCCS conducted an audit to ensure that the medications listed on the AHCCCS MRPDL were included on our formulary. Gaps were identified.	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	6500	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	4000	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	6000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	7000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Pick-up and Delivery Standards	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Pick-up and Delivery Standards	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2500	Information Not Sent	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV submitted the July 2014 CPA reports to the TennCare Division on August 18, 2014.	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	As noted in the UPRV focused claims testing memo for the month of June 2014, TDCI is requesting a CAP for East TN claims issued identified by UPRV.	Medicaid
Aug-14	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	High monthly average of member transportation grievances. Specifically, ground non-emergency transportation.	Medicaid
Aug-14	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	Uniformly inaccurate and incomplete state reports	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Pick-up and Delivery Standards	Medicaid
Aug-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	Pick-up and Delivery Standards	Medicaid
Sep-14	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	During the month of July 2014, Human Services Department (HSD) will conduct a desk audit of care coordination processes as part of its oversight responsibilities.	Medicaid
Sep-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	17500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Sep-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	AHCCCS received a large volume of provider complaints related to claims payment, contract load, authorizations, incorrect reimbursements, and audit process. UHC has not demonstrated the ability to address and solve provider complaints timely.	Medicaid
Sep-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	11000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Sep-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	SOD for Provider Directory Survey Phase 2 2013	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Sep-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	40000	An internal system error caused incorrect claims denials for Assistive Care Services. As a result of the system issue, processing and reimbursement for Assistive Care Service providers were not accurate for May, June, July and August 2014.	Medicaid
Sep-14	AmeriChoice of New Jersey, inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	833	Fine imposed due to excess denied capitation encounters	Medicaid
Sep-14	AmeriChoice of New Jersey, inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	22	Fine imposed due to excess denied capitation encounters.	Medicaid
Sep-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	17855	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Sep-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Banking and Insurance (DOI)	CAP	A market conduct examination of AmeriChoice New Jersey	Medicaid
Sep-14	UnitedHealthcare of Texas, Inc	TX	Texas:Health and Human Services Commission	25300	UHC did not comply with SFY2014 Quarters 1 & 2 performance requirements.	Medicaid
Sep-14	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	CAP	NJ mbrs received a letter that was intended for mbrs in Kansas State. NJ mbrs should not receive any mbr materials that have not been prior reviewed and approved by DMAHS. Note: There was no PHI mishap-all letters received by a mbr had that mbr's info	Medicaid
Sep-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	17725	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Sep-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	47475	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Sep-14	Arizona Physicians IPA, Inc.	AZ	Arizona:AZ Department of Economic Security (DES), Division of Developmental Disabilities (DDD)	20330	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Sep-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	2500	AHCA states that UHC failed to submit two Critical Incidents timely. reports were 1 day late in one instance and a second 4 days late.	Medicaid
Sep-14	UnitedHealthcare of New Mexico, Inc	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	Untimely and incomplete case documentation to address health and safety concerns.	Medicaid
Sep-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	SOD re: Sanctioned Providers 4Q13	Medicaid
Sep-14	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	SOD re: Primary Care Provider Verification/Niagara County	Medicaid
Sep-14	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	450000	Contractor sanction based on Quality Performance Measures that did not meet the contractual Minimum Performance Standards or demonstrated a statistically significant decline from the previous measurement year.	Medicaid
Sep-14	UnitedHealthcare of New England, Inc.	RI	Rhode Island:Department of Human Services	CAP	Annual performance goals audit conducted by the EO	Medicaid
Sep-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV's August 2014 CPARs for East Tennessee NEMT show a payment accuracy of 96% which is below the required contractual rate of 97%.	Medicaid
Sep-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV's August 2014 CPARs for West Tennessee NEMT show a payment accuracy of 94%, which is below the required contractual rate of 97%.	Medicaid
Sep-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	500	A critical incident was reported to United Healthcare of Florida Inc. on September 17, 2014. It was not reported to AHCA timely.	Medicaid
Sep-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Transportation - failure to perform the required Post-accident NEMT drug test.	Medicaid
Sep-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Information Not Sent	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Sep-14	UnitedHealthcare of New York, Inc.	NY	New York New York State Department of Health	CAP	Joint of Deficiency	Medicaid
Oct-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	2412	Fine imposed due to excess denied capitation encounters.	Medicaid
Oct-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	50000	JHC has failed to comply with claims processing as described in the contract. United has not processed and reimbursed claims to providers for DMC services for May, June, July, August and September 2014.	Medicaid
Oct-14	UnitedHealthcare of New England, Inc.	MA	Massachusetts	CAP	Noncompliance as to the contract measure surrounding signed service plans	Medicaid
Oct-14	UnitedHealthcare of New York, Inc.	NY	New York New York State Department of Health	CAP	Statement of Deficiency - the Plan is in violation NYCRR Sect on 360.10.6(d)(2) Fair hearing.	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV Survey - Invalid Phone Numbers	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV - Failure to achieve accuracy rates - invalid phone numbers	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	PDV - Failure to achieve accuracy rates - invalid phone numbers	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NHMT Failure to Comply with Pick up and Delivery Standards	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NHMT Failure to Comply with Pick up and Delivery Standards	Medicaid
Oct-14	UnitedHealthcare of Wisconsin, Inc.	WI	Wisconsin Department of Health Services	CAP	Multiple Encounter Issues	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Claims Payment Accuracy for Sep 2014	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	900	9 rejected encounters were not submitted with 45 days of rejection from Editices	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	400	4 rejected encounters that were not resubmitted within 45 days of rejection from Editices.	Medicaid
Oct-14	Arizona Physicians (PA), Inc.	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	CAP	The Arizona Health Care Cost Containment System (	Medicaid
Oct-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	1000	United was assessed \$1000 Liquidated Damages for late submission of a LTC Critical Incident received on 10/24/14 and submitted on 10/27/14.	Medicaid
Oct-14	UnitedHealthcare of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	1400	Late Healthtrak Complaint Resolution Fine	Medicaid
Oct-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Assuring the member arrives to their appointment on time and receives care as needed	Medicaid
Oct-14	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	1000	United was assessed \$1000 Liquidated Damages for late submission of a LTC Critical Incident received on 10/24/14 and submitted on 10/27/14.	Medicaid
Nov-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey Department of Medical Assistance and Health Services (DMAHS)	CAP	IPRO (on DMAHS' behalf) will conduct an audit of	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Failure to comply with approval and scheduling time frames and the pick up and delivery standards.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3600	Deficient Report - 1Q2014 NEMT Post Transportation Validation Checks Report	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	Failure to comply with the approval and scheduling timeframes, and Failure to comply with pickup and delivery standards.	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3500	Failure to Complete and Submit New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	7500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	10500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	NEMT CPA - Failure to meet the required 97% benchmark - reported 96% for September 2014	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	5000	NEMT CPA - Failure to meet the required 97% benchmark - reported 96% for August 2014	Medicaid
Nov-14	UnitedHealthcare of Florida, Inc	FL	Florida: Agency for Healthcare Administration	5000	United was assessed \$3,000 Liquidated Damages for late submission of a LTC Critical Incident received on 10/29/14 and submitted on 11/05/14	Medicaid
Nov-14	UnitedHealthcare of Florida, Inc	FL	Florida: Agency for Healthcare Administration	1500	United was assessed \$1,500.00 for late submission of an LTC Critical Incident received 11/4/2014 but not reported until 11/7/2014. AHCA Case #: 2014011156	Medicaid
Nov-14	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Medicaid (ODM)	5000	Failure to meet Provider Panel requirements	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	15000	NEMT CPA - Failure to meet the required 97% benchmark - reported 94% for August 2014	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	11500	Failure to Complete and Submit New LOC Assessment	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	20500	Failure to ensure that a level of care (i.e., PAE) and supporting documentation submitted with the level of care is accurate and complete	Medicaid
Nov-14	UnitedHealthcare Community Plan of Texas, L.L.C	TX	Texas: Health and Human Services Commission	237948	For SFY2011 - STAR and STAR+PLUS program FREW timely checkups - UHC did not meet threshold measures to earn incentive paid and did not meet requirements	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	East Tennessee NEMT shows a payment accuracy below the required contractual rate.	Medicaid
Nov-14	UnitedHealthcare of Florida, Inc	FL	Florida: Agency for Healthcare Administration	3000	United was assessed \$1,000 Liquidated Damages for late submission of an LTC Critical Incident received on 11/18/14 and not reported until 11/21/14	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1500	NEMT - Failure to comply with pick up and delivery standards	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	500	NEMT - Failure to comply with pick up and delivery standards	Medicaid
Nov-14	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1500	NEMT - Failure to comply with requirements regarding urgent trips	Medicaid
Nov-14	UnitedHealthcare of New Mexico, Inc	NM	New Mexico: New Mexico Human Services Department (HSD)	1200000	Multiple UHC reports did not comply with one or all reporting requirements such as timeliness, accuracy and/or completeness	Medicaid
Dec-14	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Job and Family Services (ODJFS)	CAP	Surveys for the Drug Utilization Review (DUR) and	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Dec-14	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	UHC submitted over 110 providers with same/very similar addresses and capacity amounts multiple times to the MCPN System	Medicaid
Dec-14	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	3000	UHC submitted over 110 providers with same/very similar addresses and capacity amounts multiple times to the MCPN System.	Medicaid
Dec-14	Union Health Plan of Delaware, Inc.	DE	Delaware:Division of Medicaid & Medical Assistance (DMMA)	CAP	Readiness Review will include 6 tracks to prepare for 1/1/2015 new contract start	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	45000	NEMT Claims Payment Accuracy - Failure to Meet Benchmark	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	25000	Nurse Triage Line - Failure to meet benchmark to answer within 30 seconds	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	25000	Nurse Triage Line - Failure to meet benchmark to answer within 30 seconds	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	25000	Nurse Triage Line - Failure to meet benchmark to answer within 30 seconds	Medicaid
Dec-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	671	Fine imposed due to excess denied capitation encounters	Medicaid
Dec-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	94162	Finding Encounter Dup Rate overrun	Medicaid
Dec-14	AmeriChoice of New Jersey, Inc.	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	832	Fine imposed due to excess denied capitation encounters	Medicaid
Dec-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	500	The Provider Termination & New Provider Notification Report was submitted late for 1 day Case # 2014011954  Liquidated Damages for a total of \$500.00 were received for late submission of the Provider Termination and New Provider Notification report by one day - Case # 2014011954 - Check was mailed overnight UPS on 12/19/2014	Medicaid
Dec-14	UnitedHealthcare of Arizona, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	16210	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Dec-14	UnitedHealthcare of Arizona, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	925	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Dec-14	UnitedHealthcare of Arizona, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	16945	Notice of sanctions due to the number of pending encounters outstanding after 120 days.	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards.	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards.	Medicaid
Dec-14	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Health and Human Services Commission	CAP	Few Medicaid Managed Care Texas Health Steps, Medical Checkups Report (SFY 2011) must be submitted on time, accurate, and complete	Medicaid
Dec-14	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	750	The file submitted on 12/1/14 did not follow formatting protocol and therefore failed to import successfully	Medicaid
Dec-14	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Department of Health and Family Services	1450	For SFY2014 Q3 UHC did not meet the performance standards for Financial Statistical Reporting to Encounter Data Reconciliation for STAR and CHIP.	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	CAP	Claims Payment Accuracy results for Nov 2014 reporting requirement	Medicaid
Dec-14	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Dec-14	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	1000	An Ad-Hoc Report required as per Policy Transmittal 14-05 requested Health Plan Financial and Encounter Data to be submitted by 11/12 and was not provided until 11/14, plan was assessed \$1,000.00 Liquidated Damages	Medicaid
Dec-14	UnitedHealthcare of Arizona, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	7090	Notice of sanctions due to the number of pending encounters outstanding after 120 days as of 6/30/2014.	Medicare
Dec-14	UnitedHealthcare of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	\$04897	The Bureau of Managed Care (BMC) is imposing a monetary sanction in the amount of one quarter of one percent of the current month's premium payment for each quality measure where UHC did not meet the minimum performance standard	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	250	Provider Enrollment file not accepted by 5th of month - 1 day late	Medicaid
Jan-15	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	15537	Finding Encounter Dup Rate overrun	Medicaid
Jan-15	UnitedHealthcare of New Mexico, Inc	NM	New Mexico:New Mexico Human Services Department (HSD)	CAP	incomplete implementation of EVV system	Medicaid
Jan-15	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	CAP	Regulator OQA noticed a concerning increase in non-compliance for cases reported on 3rd Quarter Table 3A.	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Quarterly telephone surveys are routinely conducted to determine the accuracy of provider data submitted to the Bureau of TennCare	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	NEMT Claims Payment Accuracy for 11/2014 - Failure to meet the required 97% benchmark.	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Provider Validation Survey Report - failure to reach accuracy rates invalid phone numbers.	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Provider Validation Survey Report - failure to reach accuracy rates invalid phone numbers.	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Provider Validation Survey Report - failure to reach accuracy rates invalid phone numbers.	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	4584	Failure to Provide Approved Services (Personal Care).	Medicaid
Jan-15	UnitedHealthcare Insurance Company	HI	Hawaii:State of HI Department of Human Services	CAP	Problems related to contract loading, claims payment accuracy and recoument	Medicaid
Jan-15	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	250	The Provider Network File was due to AHCA on 1/5/15 UnitedHealthcare of Florida, Inc. did not submit the file until 1/6/15. Case No. 2015000443	Medicaid
Jan-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	This is a situation where UHC did not monitor the supply of product, ensure timely approval of the product for delivery before the current supply ran out, and did not communicate information to the parent or the provider.	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Because your organization achieved 61% of your annual goal, and did not reach 85% of your transition goal in 2014 we are asking you to submit a Corrective Action Plan (CAP)	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Jan-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	5000	Failure to assist a member in accessing needed services in a timely manner	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare of New York, Inc.	NY	New York, New York State Department of Health	CAP	Incorrect responses by member services staff between 10/15 and 11/2/14	Medicaid
Jan-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	3000	As of 1/17/2015, UHC did not meet the minimum provider requirements for Guernsey (dentist), Fulton (dentist), and Wood (orthopedist)	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	8000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	4500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Failure to Meet Timeframe Regarding Care Coordination	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	7000	Failure to meet any timeframe regarding care coordination and Failure to comply with the requirements regarding documentation	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Failure to meet any timeframe regarding care coordination and Failure to comply with the requirements regarding documentation	Medicaid
Jan-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Jan-15	UnitedHealthcare Community Plan of Texas, LLC	TX	Texas Health and Human Services Commission	CAP	UHC reporting capabilities do not allow encounters to be reported by Financial Arrangement Code (FAC) after the encounter submission	Medicaid
Feb-15	Great Lakes Health Plan, Inc.	MI	Michigan Michigan Department of Health and Human Services	CAP	Annual Compliance Review (Monthly Submission)	Medicaid
Feb-15	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	500	United was assessed \$500 Liquidated Damages for late submission of an LTC Critical Incident received 1/14/15 and not reported until 3/16/15.	Medicaid
Feb-15	UnitedHealthcare of New York, Inc.	NY	New York Department of Health and Mental Hygiene	CAP	Statement of Deficiency for 4th Quarter HCS Complaint Summary Submission	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	6500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Failure to Complete and Submit a New LOC Assessment	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Feb-15	UnitedHealthcare of Florida, Inc	FL	Florida: Agency for Healthcare Administration	500	UnitedHealthcare was assessed \$500.00 for the late submission of an Ad-Hoc report, the report was due 12/15/2015 and was not received until 12/23/2015.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	Requesting confirmation on number of trips and number of un-duplicated members for wheelchair and stretchers are correct by due date.	Medicaid
Feb-15	AmeriChoice of New Jersey, Inc	NJ	New Jersey: Department of Medical Assistance and Health Services (DMAHS)	CAP	Regulator, OGA noticed a concerning increase in non compliance for cases reported on 3rd Quarter Table 3B.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	CAP	As a CMS requirement for the CHOICES program, the Bureau of TennCare is required to conduct a statistically valid Enrollee Record Review (ERR) twice each year for each MCO. The ERR assesses compliance with CRA reqs related to CHOICES elements.	Medicaid
Feb-15	Arizona Physicians IPA, Inc	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	CAP	AHCCCS conducted Secret Shopper Survey focused on routine and urgent dental appointment availability. The survey focused on appointment availability in urban and rural settings, members with special health care needs and Spanish speaking members.	Medicaid
Feb-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio: Ohio Department of Medicaid (ODM)	CAP	UHC failed to comply with a Corrective Action Plan issued 12/1/2015. Inaccurate reporting to the Managed Care Provider Network (MCPN) System and the Ohio Department of Medicaid (ODM).	Medicaid
Feb-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio: Ohio Department of Medicaid (ODM)	10000	UHC failed to comply with a Corrective Action Plan. Inaccurate reporting to the Managed Care Provider Network (MCPN) System and the Ohio Department of Medicaid (ODM).	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1000	Failure to Complete and Submit a New LOC Assessment.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1000	NEMT Failure to Notify TennCare of an Accident/Incident within the specified timeframe.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	8000	Failure to Complete and Submit a New LOC Assessment.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3000	Failure to Complete and Submit a New LOC Assessment.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	1500	Failure to comply with the requirements regarding urgent trips.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	3000	Failure to Complete and Submit a New LOC Assessment.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Feb-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee: Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Feb-15	Arizona Physicians IPA, Inc.	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	11535	Pended encounter sanction. UHC is required to resolve all pended encounters within 120 calendar days of the processing date. 828 final sanction number pended encounters (after review of encounters UHC LTC advised were result of AHCCCS errors)	Medicaid
Feb-15	Arizona Physicians IPA, Inc.	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	1595	Notice of sanctions due to the number of pended encounters outstanding after 120 days. This is for the CRS product.	Medicaid
Feb-15	Arizona Physicians IPA, Inc	AZ	Arizona: Arizona HealthCare Cost Containment System (AHCCCS)	16335	Notice of sanctions due to the number of pended encounters outstanding after 120 days. Specific to UHC Acute.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	NEMT Failure to Comply with Rqmts Regarding Urgent Trips	Medicaid
Mar-15	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMHAS)	1875	Fine imposed due to excess denied capitation encounters.	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Denial Notice not issued within 21 days	Medicaid
Mar-15	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	500	United was assessed \$500.00 for late submission of an LTC Critical Incident which was received 10/3 and not reported until 10/6	Medicaid
Mar-15	UnitedHealthcare Community Plan of Texas, L.L.C	TX	Texas Department of Health and Family Services	13000	UHC did not meet performance requirements for SFY2014 Q4	Medicaid
Mar-15	AmeriChoice of New Jersey, Inc	NJ	New Jersey Department of Medical Assistance and Health Services (DMHAS)	CAP	IPRO will conduct a focused review on those 7 elements identified with a Not Met finding as a result of the comprehensive audit completed in 2013	Medicaid
Mar-15	UnitedHealthcare Community Plan of Texas, L.L.C	TX	Texas Health and Human Services Commission	CAP	UHC did not comply with STAR and STAR+PLUS program requirements for FREW timely checkups for SFY2012	Medicaid
Mar-15	Arizona Physicians IPA, Inc.	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	CAP	AHCCCS identified several significant encounter data issues while performing data analysis and validation for critical and time sensitive projects	Medicaid
Mar-15	UnitedHealthcare Community Plan of Texas, L.L.C	TX	Texas Health and Human Services Commission	CAP	UHC did not comply with STAR and STAR+PLUS program requirements for FREW timely checkups for SFY2012	Medicaid
Mar-15	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico New Mexico Human Services Department (HSD)	150	Statutorily required annual fee to renew Certificate was not received timely	Medicaid
Mar-15	UnitedHealthcare of New Mexico, Inc	NM	New Mexico New Mexico Human Services Department (HSD)	3000	Statutorily required annual fee to renew Certificate was not received timely	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	13000	NEMT Failure to comply with pick-up and delivery standards	Medicaid
Mar-15	Arizona Physicians IPA, Inc.	AZ	Arizona AZ Department of Economic Security (DES) - Division of Developmental Disabilities (DDD)	2825	Notice of sanctions due to the number of pending encounters outstanding after 120 days for the quarter ending 9/30/2014	Medicaid
Mar-15	UnitedHealthcare Insurance Company of Ohio	OH	Ohio Ohio Department of Medicaid (ODM)	CAP	On January 7, 2015 UnitedHealthcare (UHC) sent a request for approval of a Medicaid Expansion Focus Group survey, welcome letter and discussion guide. The BMC responded to the submission on January 16, 2015. The response asked for clarification and expressed concern with some of the survey questions but did not give an approval of the submission. UHC responded to the initial questions on January 22, 2015. On February 2, 2015 the BMC notified UHC that we were still discussing some of the survey questions. The same day, February 2, 2015, UHC asked if they could start the survey calls. Again, no approval was given for the submission. However, in an email dated February 20, 2015 from Amy Swanson it was confirmed that UHC had started making the survey calls using the survey that was not approved. The Provider Agreement, Appendix C 22, states "the MCP is responsible for ensuring that all MCP marketing and member materials are prior approved by ODM before being used to share with members or potential members." UHC failed to obtain ODM approval before using the Expansion Focus Group survey.	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation of CHOICES Transition Request	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	7500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Mar-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	Ohio MMP failed to meet required service level for the month of January, 2015.	Medicaid
Mar-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	UHC average speed of answer for January was 63 seconds which exceeds the standard of less than or equal to 30 seconds. UHC abandonment rate for January was 5.4% which exceeds the standard of less than or equal to 5%.	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	UPRV February 2015 claims payment accuracy reports (CPAR) for the East Nursing Facilities and West NEMT show payment accuracy rate of 94% and 95% respectively below contractual rate of 97%.	Medicaid
Mar-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	10000	UHC average speed of answer for January was 63 seconds which exceeds the standard of less than or equal to 30 seconds. UHC abandonment rate for January was 5.4% which exceeds the standard of less than or equal to 5%.	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	14125	Home Health Missed Shifts	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5575	Home Health Missed Shifts	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	NEMT Failure to Comply with Approval & Scheduling Timeframes	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request.	Medicaid
Mar-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	NEMT Failure to comply with the approval and scheduling timeframes	Medicaid
Mar-15	Health Plan of Nevada, Inc.	NV	Nevada:Division of Health Care Financing and Policy	CAP	Health Services Advisory Group, Inc. (HSAG), the external quality review organization (SQRO) for the Nevada Division of Health Care Financing and Policy (DHCFP), will be conducting a review of the Medicaid managed care organizations (MCO) compliance with state and federal standards.	Medicaid
Mar-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	UHC did not meet the 4th quarter pharmacy PA TAT	Medicaid
Mar-15	UnitedHealthcare of Florida, Inc	FL	Florida:Agency for Healthcare Administration	500	United was assessed \$500 Liquidated Damages for late submission of an LTC Critical Incident received and due to AHCA by 3/12/15 and not reported until 3/16/15.	Medicaid
Mar-15	UnitedHealthcare of New England, Inc	MA	Massachusetts:Executive Office of Health and Human Services	CAP	This fulfills a CMS request of the Massachusetts regulator to complete an annual SCO/FEW Contract attestation of all SCO plans in MA.	Medicaid
Apr-15	UnitedHealthcare of Florida, Inc.	FL	Florida:Agency for Healthcare Administration	CAP	If the Federal and State CHCUP required ratios are below the standards, plans must submit to the Agency a corrective action plan for approval and implementation. UnitedHealthcare of Florida's Child Health Checkup (aka CHCUP or EPSDT) report indicated that the plan is below the Federal and State standards, therefore a CAP must be submitted for approval and implemented.	Medicaid

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Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Abacus Matter 15-002 Initial Prompt Pay results were received for February 2015	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Abacus Matter 15-002 UPRV Initial Prompt Pay results were received for the month of January 2015	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	8000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to Complete and Submit a New LOC Assessment	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Results were received from the 1Q15 provider data validation report	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	11000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	15000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	18000	Failure to Complete and Submit a New LOC Assessment	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	20000	PDV - Failure to achieve accuracy rates for elements reported on provider enrollment file.	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Failure to meet 97% benchmark for NEMT Claims Payment Accuracy	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Insufficient Documentation for CHOICES Transition Request	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Discrepancies between the pickup and delivery standards in comparison cross-reference with the member complaint report	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Failure to Comply with claims processing requirements	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Failure to Comply with Claims Processing Requirements	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	NEMT Failure to Comply with Rqmts Regarding Urgent Trips	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	400	NEMT Deficient Complaint Report	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	NEMT Failure to Comply with Appr/Scheduling Timeframes	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to Comply with Pick-up and Delivery Standards	Medicaid
Apr-15	UnitedHealthcare of New Mexico, Inc.	NM	New Mexico:New Mexico Human Services Department (HSD)	25000	The State will provide monthly notice of sanctions for prior periods where the Plan submitted inaccurate, incomplete or untimely reports or failed to complete an ad hoc deliverable	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Apr-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	This is a CAP that covers a wide scope of functional business areas within the Health Plan.	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	This CAP covers several functional business areas within the Operations of the Health Plan.	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10600	Failure to meet required benchmark for January 2015 CHOICES Prompt Pay	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Failure to meet required benchmark for February 2015 CHOICES Prompt Pay	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan received the results for the March 2015 Claims Payment Accuracy monthly report.	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Failure to adhere to contract requirements related to notification of fatality of NEMT driver	Medicaid
Apr-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	Failure to disenroll and failure to provide timely notification of a member's death	Medicaid
Apr-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	3000	As of April 1, 2015, United HealthCare did not meet minimum provider panel requirements for Guernsey (dentist), Fulton (dentist), and Clinton (ocp)	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	Ossource, as the state's designated External Quality Review Organization (EQRO), will be conducting the onsite portion of the 2015 TennCare Annual Quality Survey (AQS) between March 3, 2015 and May 8, 2015 to evaluate each Managed Care Contractor's (MCC) compliance with the appropriate TennCare Contractor Risk Agreement and other applicable documents. Pre-Site Denominators due 2/16/15 with the exception of the EPSDT file which is due to Ossource January 22, 2015.	Medicaid
May-15	AmeriChoice of New Jersey, Inc	NJ	New Jersey:Department of Medical Assistance and Health Services (DMAHS)	5579	Finding Encounter Dup Rate overrun	Medicaid
May-15	Arizona Physicians IPA, Inc	AZ	Arizona:AZ Department of Economic Security (DES), Division of Developmental Disabilities (DDD)	1070 53	Completed Data Validation Studies A and B for services in 2012.	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	NEMT Failure to comply with approval and scheduling timeframes	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	6000	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3000	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	NEMT Failure to comply with approval and scheduling timeframes	Medicaid
May-15	Great Lakes Health Plan, Inc	MI	Michigan:Michigan Department of Health and Human Services	CAP	Annual Compliance Review (Monthly Submission)	Medicaid
May-15	UnitedHealthcare Community Plan of Texas, L.L.C	TX	Texas:Health and Human Services Commission	1000	UHC did not meet performance requirements for FREW for SFY2014 Q3 and 3 SFY2015 Q1	Medicaid
May-15	UnitedHealthcare Insurance Company, (UHC)	MD	Maryland	CAP	Delmarva verbally informed the MD Health Plan (during the DHMH OALC meeting held 9/9/14) that its onsite audit (to review activity for calendar year 2014) will be held January 21 - 22, 2015. Delmarva posted Orientation Manual and Standards & Guidelines to portal 9/10/14.	Medicaid
May-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	UnitedHealthcare failed to meet the data quality standard of 100% for dental encounters.	Medicaid
May-15	Arizona Physicians IPA, Inc	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	120345	Notice of sanctions due to the number of pending encounters outstanding after 120 days	Medicaid
May-15	Arizona Physicians IPA, Inc.	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	20725	Notice of sanctions due to the number of pending encounters outstanding after 120 days	Medicaid

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May-15	Arizona Physicians PA, Inc	AZ	Arizona Arizona HealthCare Cost Containment System (AHCCCS)	50540	Notice of sanctions due to the number of pending encounters outstanding after 120 days	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	CAP	UPRV's April 2015 claims payment accuracy report (CAPAR) for the East Tennessee Grand Region Nursing Facilities shows a payment accuracy rate of 93% which is below the statewide contractual rate of 97%.	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	2000	Failure to Comply with Pickup and Delivery Standards	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	5000	Failure to Initiate disenrollment of member not receiving TennCare-reimbursed long-term care services	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	1000	Failure to Comply with Approval and Scheduling Timeframes	Medicaid
May-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	6777.24	Failure to Provide Approved Service Timely	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	CAP	On April 17, 2015, FDCI requested files that contained claims processed during the month of April 2015	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	16500	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	20000	Claims Payment Accuracy - Failure to Meet Benchmark	Medicaid
Jun-15	Arizona Physicians PA, Inc	AZ	Arizona AZ Department of Economic Security (DES) Division of Developmental Disabilities (DDD)	11300	Notice of sanctions due to the number of pending encounters outstanding after 120 days for the quarter ending 12/31/2014	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Failure to Comply with Approval and Scheduling Timeframes	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Deficient NEMT Roster Report	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	11500	Deficient NEMT Roster Report	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	1500	Deficient NEMT Roster Report	Medicaid
Jun-15	UnitedHealthcare of Florida, Inc	FL	Florida Agency for Healthcare Administration	30000	AHCA determined that UnitedHealthcare of Florida, Inc did not meet the minimum standards for HEDIS performance for CY 2013	Medicaid
Jun-15	Medica Health Plans of Florida, Inc	FL	Florida Agency for Healthcare Administration	10000	AHCA determined that Medica did not meet the minimum standards for HEDIS performance for CY 2013	Medicaid
Jun-15	Preferred Care Partners, Inc	FL	Florida Agency for Healthcare Administration	10000	AHCA determined that Preferred Care Partners did not meet the minimum standards for HEDIS performance for CY 2013	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	CAP	The QO Division at TennCare reviewed and denied submission	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration Bureau of TennCare	CAP	The Quality Oversight Division at the Bureau of TennCare requests submission, by UHC, information related to MCO DIDD (Coordination of Benefits).	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT Failure to comply with Pick Up and Delivery Standards	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	NEMT Failure to comply with Requirements Regarding Urgent Trips	Medicaid
Jun-15	UnitedHealthcare Community Plan of Ohio, Inc	OH	Ohio:Ohio Department of Medicaid (ODM)	50000	Settlement of Unison unpaid interest/penalties resulting from the Unison over payment	Medicaid
Jun-15	UnitedHealthcare of New York, Inc	NY	New York:New York State Department of Health	CAP	United member expressed difficulty receiving approval for the Group 3 wheelchair that was appropriate to meet his needs	Medicaid

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Jun-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	Procedure 6 of this audit requires the auditor to select 5 nonpharmacy providers associated with a health care plan to verify whether notice of the right to appeal adverse decisions affecting services is displayed in a public area	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	NEMT - Failure to notify TennCare of an incident.	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to provide requested documentation	Medicaid
Jun-15	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	250	United was notified on 1/27/15 that the Provider Network File submitted on 1/15/15 did not demonstrate compliance with network ratios, specifically for Otolaryngologists. Upon significant discussion and research, the actual LD was levied on 6/23/15	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1000	NEMT - Failure to Notify of Accident/Incident	Medicaid
Jun-15	UnitedHealthcare of Washington, Inc.	WA	Washington Washington State Health Care Authority	CAP	The Washington Health Care Authority (HCA) will assess managed care organizations (MCO) compliance with managed care contract and state and federal regulation requirements	Medicaid
Jun-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Defective Notice of Adverse Action	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT - Failure to ensure the member receives the appropriate level of service	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	Failure to Comply with Pick-up and Delivery Standards	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay Failure to Achieve Benchmark	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	The CPA percentage rate was below the benchmark requirements as noted within the CRA.	Medicaid
Jul-15	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Health and Human Services Commission	CAP	UHC did not meet performance requirements for FSR to Encounter Data, untimely encounter submissions and claims processing requirements for Behavioral Health clean claims	Medicaid
Jul-15	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas Department of Health and Family Services	31250	UHC did not meet performance requirements for FSR to Encounter Data, untimely encounter submissions and claims processing requirements for Behavioral Health clean claims.	Medicaid
Jul-15	UnitedHealthcare of Mississippi, Inc.	MS	Mississippi Division of Medicaid	CAP	The CAP is relating to rural health clinic rates. This is a recurring issue. When receiving similar complaint in April 2015 UHCCP of MS responded with the following: configuration issues with the updated FQHC and RHC pmt appendix for Medicaid delayed submission of HQHC's and RHC's in MS. The Medicaid schedules could not be created and Networks could not load contracts without having the identifying schedule. The configuration is now completed and Networks can resume contracting FQHC's and RHC's in the market. UHC was provided the 2015 RHC rates via email on 1-12-15 followed by CO for loading to the UHC system. In addition, the RHC rates were provided on the DOM website	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	3500	Failure to submit complete and accurate data pertaining to MFP	Medicaid

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Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	6000	Failure to submit complete and accurate data pertaining to MIP	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	The Health Plan received Prompt Pay results from the State on 6-23-15	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	On a quarterly basis, TennCare has its extension quality review organization, QSource, conduct quarterly telephone surveys	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	POV - Failure to achieve accuracy rates for elements reported on provider enrollment file.	Medicaid
Jul-15	UnitedHealthcare of Wisconsin, Inc	WI	Federal:CMS Central Office	CAP	Allegation that segment N104 of loop 1000B is being populated with TIN instead of NPI. NPI must be used for all providers who have them.	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	TennCare reviewed the GeoAccess report based on the July 5, 2015 provider enrollment file submissions	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Deficient Report	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Deficient Report	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Deficient Report	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	4000	Timely Response to Prior Authorization Request	Medicaid
Jul-15	UnitedHealthcare of New England, Inc	RI	Rhode Island:Executive Office of Health and Human Services	CAP	Annual performance goals audit conducted by the EOHHS, the State Medicaid Agency	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Failure to provide determination for Prior Authorization within 21 days	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	45000	Failure to Achieve Benchmark - NEMT Claims Payment Accuracy	Medicaid
Jul-15	Arizona Physicians IPA, Inc	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	The Arizona Health Care Cost Containment System (AHCCCS) will conduct a Focused Operational Review in May 2015 for Acute. The purpose of this review will be to determine compliance with contract YH14-0001	Medicaid
Jul-15	Arizona Physicians IPA, Inc	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	The Arizona Health Care Cost Containment System (AHCCCS) will conduct a Focused Operational Review in May 2015 for CRS. The purpose of this review will be to determine compliance with contract YH14-0002	Medicaid
Jul-15	Arizona Physicians IPA, Inc	AZ	Arizona:Arizona HealthCare Cost Containment System (AHCCCS)	CAP	The Arizona Health Care Cost Containment System (AHCCCS) will conduct a Focused Operational Review in May 2015 for LTC. The purpose of this review will be to determine compliance with contract YH12-0001	Medicaid
Jul-15	UnitedHealthcare of Mississippi, Inc	MS	Mississippi:Division of Medicaid	CAP	Division of Medicaid ("DOM") requested that UnitedHealthcare Community Plan ("UnitedHealthcare") complete a formal Corrective Action Plan ("CAP") worksheet for its alleged failure to meet the screening rate requirements set forth in Section 5.10 of the December 1, 2012 contract between DOM and UnitedHealthcare for children ages 0-11 months.	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	DPRV's June 2015 report fell below the contractual requirement of 97%	Medicaid
Jul-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	8000	As of July 6, 2015, UHC did not meet minimum provider panel requirements.	Medicaid
Jul-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	TDCI reviewed the Monthly Focused Claims Testing report that includes additional monthly focused claims testing requirements.	Medicaid

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Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	11500	Failure to submit complete and accurate data pertaining to MFP	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	10000	Prompt Pay - Failure to Achieve Benchmark	Medicaid
Aug-15	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Health and Human Services Commission	CAP	UHC did not meet performance requirements for BH clean claims, inaccurate Pharmacy Encounters to eSR	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	13516	Failure to Provide Approved Personal Care Services	Medicaid
Aug-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	CAP	The Ohio Department of Medicaid (ODM) contracted with Health Services Advisory Group, Inc. (HSAG) to perform an evaluation of each MyCare Ohio Plan's (MCOP's) compliance with care management program requirements, including the provision of waiver service coordination, as outlined in the 3-way agreement the MCOP Provider Agreement, and the 1915(b) Home and Community Based Services (HCBS) waiver. The evaluation performed by HSAG will also provide an opportunity to collect data that will be used to calculate waiver assurance performance measures for which ODM is required to report to the Centers for Medicare and Medicaid Services (CMS).	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3500	NEMT - Failure to Comply with Urgent Trips and Approval/Scheduling Requirements	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	NEMT - Failure to comply with approval and scheduling requirements	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	15000	Claims Payment Accuracy - Failure to Achieve Benchmark	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1000	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
Aug-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	10000	Failure to meet care management requirements for the following six standards: Risk Stratification, Comprehensive Assessment, Individualized Care Plan, Waiver Service Provision, Care Manager/Care Management Team, and Beneficiary Interaction.	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Claims Payment Accuracy - Failure to Meet Required Benchmark	Medicaid
Aug-15	UnitedHealthcare Community Plan of Texas, L.L.C.	TX	Texas:Health and Human Services Commission	46574	UHC did not meet performance requirements for BH clean claims, inaccurate Pharmacy Encounters to eSR	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	500	Failure to meet timeframe regarding care coordination for CHOICES members	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	CAP	THE CPA percentage rate was below the benchmark requirements as noted within the CRA	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3000	NEMT - Incorrect/Deficient June 2015 Accidents and Incidents Report	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	3000	NEMT - Incorrect/Deficient June 2015 Accidents and Incidents Report	Medicaid
Aug-15	UnitedHealthcare of New York, Inc.	NY	New York:New York State Department of Health	CAP	Telephone calls are periodically placed to network providers to verify their participation	Medicaid
Aug-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio:Ohio Department of Medicaid (ODM)	600	The Bureau of Managed (BMC) did not receive the above submission by the specified due date.	Medicaid
Aug-15	UnitedHealthcare of New England, Inc.	MA	Massachusetts:Executive Office of Health and Human Services	CAP	Contractual requirement that the plan must have a Medical Loss Ratio (MLR) of at least 80%. The plan's current MLR is 78.6%	Medicaid

Date	Legal Entity	State	Regulator	Penalty Type	Description	Product
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	30000	NEMT Claims Payment Accuracy - Failure to Meet Required Benchmark	Medicaid
Aug-15	Arizona Physicians IPA, Inc.	AZ	Arizona AZ Department of Economic Security (DES), Division of Developmental Disabilities (DDO)	20765	Notice of sanctions due to the number of pending encounters outstanding after 120 days for the quarter ending 3/31/2015	Medicaid
Aug-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	CAP	MCPs are required to report alerts to the ODM Alerts Mailbox within 24 hours of any incident that meets the definition of an alert. For the fourth quarter of CY 2014, UHC was an outlier compared to other MCPs for alerts reported. Of the 292 alerts reported to ODM, UHC accounted for only 9 alerts. UHC had the lowest per member per month calculation at .7 with the highest plan at 12.1. PCG is obligated to approve prevention plans. Therefore, MCPs are required to enter all incidents into PCG's electronic incident management system. In reviewing the data for May through November, 2014, it appears that UHC only reported certain incidents. Of the 707 reported, UHC reported only 9.	Medicaid
Aug-15	UnitedHealthcare Community Plan of Ohio, Inc.	Ohio	Ohio Ohio Department of Medicaid (ODM)	10000	Failure to report incidents and alerts timely	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	2012 PDV - failure to achieve accuracy rate for telephone numbers	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	2012 PDV - Failure to achieve accuracy rates - Telephone Numbers	Medicaid
Aug-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	2012 PDV Survey Failure to meet telephone percentage	Medicaid
Aug-15	UnitedHealthcare of Florida, Inc.	FL	Florida Agency for Healthcare Administration	25000	Failure to Achieve the minimum screening rate of 60%	Medicaid
Sep-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	10000	UHC did not have a Medicaid-specific Bank Identification Number/Processor Control Number combination by the July 1, 2015 deadline	Medicaid
Sep-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	500	NEMT - Failure to comply with pick-up and delivery standards	Medicaid
Sep-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	UPRV's August 2015 Claims payment accuracy report shows the following percentage rates which are below the contractual rate of 97%	Medicaid
Sep-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	5000	Failure to Meet Accuracy Rate of NEMT Claims Payment Accuracy Report	Medicaid
Oct-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	5000	Fine for not meeting provider panel requirements	Medicaid
Oct-15	UnitedHealthcare Community Plan of Ohio, Inc.	OH	Ohio Ohio Department of Medicaid (ODM)	5000	Fine for not meeting provider panel requirements	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	CAP	OSource conducted their quarterly analysis of the Health Plan's Aug 2015 provider enrollment files	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	NEMT - Failure to comply with the requirements regarding urgent trips	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	1500	Failure to comply with the requirements regarding urgent trips	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	700	Deficient NEMT No Show Report for August 2015	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	700	Deficient NEMT No Show Report for August 2015	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee Department of Finance and Administration - Bureau of TennCare	700	Deficient NEMT No Show Report for August 2015	Medicaid

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Oct-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	1500	NEMT Failure to comply with the requirements regarding urgent trios	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	500	NEMT Failure to comply with pickup and delivery standards	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	200	Failure to submit a complete and acceptable response to a NEMT Complaint ORR	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	3000	NEMT Failure to comply with pickup and delivery standards	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	CAP	The Health Plan received Prompt Pay results from the State	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	CAP	UPRV's September 2015 claims payment accuracy report (CPAR) show the following payment accuracy rates which are below the contractual rate of 97%:	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration Bureau of TennCare	100	Edifices rejected encounters not being corrected within 45 days of initial rejection	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Failure to Meet Accuracy Rate of NEMT Claims Payment Accuracy Report	Medicaid
Oct-15	UnitedHealthcare Plan of the River Valley, Inc.	TN	Tennessee:Department of Finance and Administration - Bureau of TennCare	5000	Failure to comply with time frames for providing Member Newsletters	Medicaid