

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>9-27-12</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100085</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Singleton, Roberts</i> <i>* Extend until 10/9/12 per Jim Bradford on 10/5/12</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-9-12</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
<i>* 1 See attached update e-mail 10/12/12</i>			
<i>* 2 cleared 11/15/12, letter attached</i>			
3.			
4.			

September 20, 2012

Mr. Roy Hess
Deputy Director, SCDHHS
P.O. Box 8206
Columbia, South Carolina 29202-8206

RECEIVED

SEP 24 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Roy:

On May 2, 2012, we submitted our CRCS reports for the fourth quarter of 2011. On June 20, 2012, we received our results from DHHS. After reviewing the data, which was significantly outside of the norm for us, we analyzed the impact that three claims had on our overall results. We submitted a summary of our analysis to DHHS for input on June 28, 2012, along with claims examples via the Extranet. We were then instructed to put the information into the Q&A grid and submit again via the Extranet, which was done on June 28, 2012. Copies of these communications are attached.

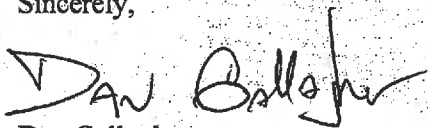
We followed up with our program manager on numerous occasions, both in writing and verbally and never received clarification or guidance regarding our concerns. Three claims in our 4th Quarter 2011 CRCS report contain 16,400 claim units which were rejected by the processing system for having 4 digits versus 3. These three claims accounted for a change in variance that has never before or after exceeded 1 percent. Some large volume claim categories (lab) will contain more than 999 units. This deficit in operating structure should be fixed in the next set of instructions to allow 4 digits.

On September 18, 2012, we received notification that a debit was about to occur that directly correlates with the data and claims we were questioning around the 4 versus 3 digit processing capability.

We ask that you review the information attached and provide feedback on next steps as soon as possible as it appears the only reason we were out of compliance in the 4th quarter of 2011 is an operational issue which has since been fixed.

If you have any questions or need additional information, please feel free to contact me at (803)726-1732.

Sincerely,



Dan Gallagher
Plan President
UnitedHealthcare Community Plan

cc: Jeff Bryson
Anthony Keck

Si desea recibir una copia de esta información en español, llame al 1-800-414-9025 (TTY: 711).

Stroud, Kasey

From: Jeff Bryson [BRYSONJ@scdhhs.gov]
Sent: Wednesday, May 02, 2012 10:30 AM
To: Stroud, Kasey
Subject: Re: Q4-2011 Encounter Data/CRCs Uploaded to Extranet

Thanks

>>> "Stroud, Kasey" <kasey.stroud@uhc.com> 5/2/2012 10:29 AM >>>

Hi Jeff,

I have uploaded the zip file containing the Q4-2011 encounter data/CRCs reports to the extranet.

Thanks,

Kasey

Kasey Stroud

Associate Director, Compliance

UnitedHealthcare Community Plan

100 Executive Center Drive, Suite A-13

Columbia, SC 29210

p: 803-726-1715/f: 803-798-6844

kasey.stroud@uhc.com

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Stroud, Kasey

From: Gallagher, Daniel
Sent: Wednesday, June 20, 2012 2:11 PM
To: Belak, Robb; Campbell, John
Cc: Stroud, Kasey; Easterday, Michael E
Subject: FW: United Healthcare CRCS Results - 4th Qtr. 2011
Attachments: Overall Letter CRCS Results - 4th Qtr 2011.pdf; United CRCS Results - 4th Qtr 2011.pdf; Copy of UnitedHealthcare by Rate Group Q411.xls

From: Timothy Hartnett [mailto:HARTTIM@scdhhs.gov]
Sent: Wednesday, June 20, 2012 2:02 PM
To: Gallagher, Daniel
Cc: Jeff Bryson; Jennifer Campbell; James Bradford; Roy Hess; Melanie Giese; Annmarie McCanne; Janet Bell
Subject: United Healthcare CRCS Results - 4th Qtr. 2011

Please find enclosed the 4th quarter calendar year 2011 CRCS reports. A copy of the letter, and the health plan specific enclosure and a copy of the spreadsheet. Let me know if you have any questions.

Sincerely,
Tim

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Chase Center/Circle
111 Monument Circle
Suite 282
Indianapolis, IN 46204-5128
USA

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milliman.com

May 23, 2012

Mr. Timothy Hartnett
Department of Health and Human Services
State of South Carolina
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

RE: 4th QUARTER 2011 CRCS REPORTS

Dear Tim:

Milliman, Inc. (Milliman) has been retained by the South Carolina Department of Health and Human Services (SCDHHS) to provide actuarial and consulting services related to the Medicaid managed care program. Milliman was requested to assist in the development of an encounter monitoring report that was utilized in the contract between SCDHHS and the managed care organizations.

This letter provides a comparison of the submitted encounter experience for the reporting period of October 1, 2011 through December 31, 2011, with the corresponding health plan reported experience using the CRCS reporting format. Encounter experience was paid by the health plans through March 31, 2012 and submitted through April 2012.

LIMITATIONS

The information contained in this letter, including the enclosures, has been prepared for the South Carolina Department of Health and Human Services, and its consultants and advisors. It is our understanding that a copy of this letter along with the specific enclosure will be distributed to each health plan. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this letter must rely upon their own experts in drawing conclusions about the information presented.

SCDHHS has converted their inpatient hospital payment structure to use APR DRGs for fee-for-service reimbursement. The inpatient hospital encounters for the incurred period of October 1, 2011 through December 31, 2011 contained a mix of Medicare DRGs, APR DRGs, and unreported DRGs. In order to consistently report the CRCS categories among plans, the hospital claims were processed through APR DRG grouper software when they were entered into the data warehouse. The primary reason we applied this coding change was to ensure maternity delivery costs were accounted for appropriately. We had large discrepancies between the encounter data and the plan reported data when we used the previous DRG version to assign categories. It should be noted that the change in DRG versions does not materially impact the total utilization counts. Table 1 contains a listing of the codes used to group claims into CRCS categories for the two DRG versions.

Table 1
State of South Carolina
Department of Health and Human Services
Inpatient Hospital CRCS Category Groupings

Inpatient Hospital		
IP Medical/Surgical/ Non-Delivery Maternity	001-369, 376-384, 385-390, 0392- 0424, 0439-0468, 0471-0520, 0524-0579	0001-0532, 0543-0546, 0561- 0625, 0630-0639, 0650-0724, 0790-0912, 930-931
IP Well Newborn	0391	0626, 0640
Mental Health / Substance Abuse	0425-0438, 0521-0523	0740-0776
Other Inpatient	0469-0470	0950-0999
Inpatient Maternity Delivery	0370-0375, 0378-0384	0540- 0542, 0560, 0562-0568

**Note: all claims containing a room and board revenue code (0100-0219) and not containing a DRG listed above are grouped into the Other Inpatient service category.*

Related to the plans switch in DRG version for reporting, we believe one or more of the plans may not have appropriately updated their hospital summarization logic for CRCS plan reported data. Using the regrouped encounter data as a guide, it appears as though a significant amount of inpatient hospital claims have been reported as outpatient hospital claims by the plans. This can cause a significant variance in the overall utilization counts because unit counts differ for inpatient versus outpatient claim categories.



ENCLOSURE 2

UNITED HEALTHCARE

State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)

MCO Name: UnitedHealthcare
Quarterly Reporting Period: October 2011 - December 2011
Region: Statewide
Rate Category: Maternity

Number of Deliveries for the Reporting Quarter: 944

948

(0.4%)

Category of Service	Encounter Data					Plan Reported				Difference	
	A	B1	B2	C	D	E	F	G	H	I	J
Inpatient Hospital	Units	2,452	\$ 3,822,549	\$ 0	2,597.5	\$ 1,558.97	2,708.8	\$ 1,506.81	\$ 4,078.01	45.8%	(0.7%)
Inpatient Maternity Delivery	Days										
Outpatient Hospital	Encounters										
Outpatient Hospital - Maternity Physician	Units	990	1,139,124		1,048.7	1,150.83	719.4	1,053.31	743.38	45.8%	(0.7%)
Maternity - Delivery	Claim Lines	1,329	357,568		1,407.8	289.95	948.2	180.84	180.57	48.8%	(0.4%)
Maternity - Delivery - Anesthesia		4,771	\$ 5,319,280	\$ 0	5,654.0	N/A	5,331.2	N/A	\$ 5,878.31	52.2%	(0.4%)
SUM OF COVERED SERVICES											

State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Paid Encounter Summary

MCO Name: UnitedHealthcare
Quarterly Reporting Period: October 2011 - December 2011
Region: Statewide
Rate Category: Composite

Member Months In The Reporting Quarter: 222,188 222,735 (0.2%)

Non-Maternity		Encounter	Plan	Difference
Category of Service		Amount Paid	Amount Paid	Amount Paid
Inpatient Hospital		\$ 10,072,503	\$ 10,073,474	(0.0%)
Outpatient Hospital		9,727,586	10,484,071	(7.2%)
Pharmacy		9,001,443	9,223,132	(2.4%)
Ancillaries		1,375,722	1,478,110	(6.9%)
Non-Subcapitated Physician		14,231,615	14,394,056	(1.1%)
Estimated Subcapitated Claims		352,997	-	N/A
SUM OF COVERED SERVICES		\$ 44,761,865	\$ 45,852,843	(2.0%)

Maternity		Encounter	Plan	Difference
Category of Service		Amount Paid	Amount Paid	Amount Paid
Inpatient Hospital		3,822,589	3,865,956	(1.1%)
Outpatient Hospital		-	641,183	(100.0%)
Non-Subcapitated Physician		1,496,692	875,903	70.9%
Estimated Subcapitated Claims		-	-	N/A
SUM OF COVERED SERVICES		\$ 5,319,280	\$ 5,383,041	(1.2%)

State of South Carolina
Department of Health and Human Services
MCO Reporting Manual
Capitation Rate Calculation Sheet (CRCS)MCO Name: UnitedHealthcare
Quarterly Reporting Period: October 2011 - December 2011
Region: Statewide
Rate Category: TANF: 0-2 months oldMember Months In The Reporting
Quarter: 3,350

3,005

11.5%

Encounter Data

	A	B1	B2	C	D	E
Units	Total Units	Amount Paid	Estimated Uncompensated Amount Paid	Annual Utilization Per 1,000	Cost per Unit	Services Cost PMPM
Inpatient Hospital						
IP Medical/Surgical/Non-Delivery Maternity	1,402	\$ 1,348,171	\$ 0	5,022.1	\$ 961.61	\$ 402.44
IP Well Newborn	1,946	824,179	-	6,370.7	423.52	246.02
Mental Health / Substance Abuse	-	-	-	-	-	-
Other Inpatient	-	-	-	-	-	-
Outpatient Hospital						
Surgery	19	14,835	-	68.1	785.01	4.34
Non-Surg - Emergency Room	181	43,979	-	648.4	242.95	-
Non-Surg - Other	312	20,789	-	1,117.6	66.68	6.21
Observation Room	12	-	-	43.0	-	-
Treatment/Therapy/Testing	280	19,468	-	1,003.0	69.52	5.81
Other Outpatient	15	7,560	-	53.7	504.01	2.28
Pharmacy						
Prescription Drugs	985	40,937	-	3,528.4	41.56	12.22
Ancillaries						
Ambulance	46	7,519	-	164.8	163.45	2.24
Prosthetic/DME	826	14,033	-	2,958.8	16.99	4.19
Other Ancillaries	7	626	-	25.1	89.36	0.19
Physician						
Surgery - IP and OP	432	55,408	649	1,547.5	129.76	18.73
Surgery - IP and OP - Anesthesia	43	7,351	-	154.0	170.86	2.19
Maternity - Non-Delivery	-	-	-	-	-	-
Hospital Visits	4,414	638,908	3,045	15,811.3	144.98	181.03
Office Visits	1,741	100,852	3,904	8,268.4	60.05	31.21
ER Visits	211	13,265	-	765.8	62.85	3.06
Immunizations	106	315	251	370.7	5.35	0.17
Radiology	487	6,805	-	1,780.3	13.29	1.87
Pathology	280	2,859	-	1,003.0	10.21	0.85
Mental Health / Substance Abuse	-	-	-	-	-	-
Other Professional	4,907	188,965	4,737	17,877.3	39.47	57.82
SUM OF COVERED SERVICES	18,662	\$ 3,354,132	\$ 12,585	66,849.0	N/A	\$ 1,004.99

Plan Reported

	A	B	C	D	E
Units	Total Units	Amount Paid	Annual Utilization Per 1,000	Cost per Unit	Services Cost PMPM
Days	1,855	\$ 1,560,500	7,408.0	\$ 841.24	\$ 519.32
Days	1,344	470,695	5,387.3	350.22	156.64
Days	-	-	-	-	-
Days	36	21,648	143.8	601.34	7.20
Encounters	14	8,655	55.9	618.18	2.88
Encounters	211	38,439	942.6	182.18	12.79
Encounters	368	24,855	1,426.7	68.87	8.21
Claim Lines	27	11,881	107.8	438.30	3.95
Encounters	388	25,214	1,589.4	63.35	8.39
Encounters	28	3,310	111.8	118.21	1.10
Scripts	1,013	41,321	4,045.4	40.79	13.75
Claim Lines	48	30,285	191.7	530.95	10.08
Units	813	13,399	3,246.7	16.48	4.46
Units	7	626	28.0	89.36	0.21
Units	-	-	-	-	-
Units	421	68,646	1,681.3	139.06	19.48
Claim Lines	48	8,351	191.7	173.98	2.78
Units	-	-	-	-	-
Units	4,481	680,871	17,894.9	151.95	228.59
Units	1,673	100,411	6,681.1	60.02	33.42
Units	213	13,451	860.6	63.15	4.48
Units	61	324	243.6	5.30	0.11
Units	621	7,581	2,480.0	12.21	2.52
Units	284	3,030	1,134.2	10.67	1.01
Units	-	-	-	-	-
Units	4,922	191,222	19,858.1	38.85	63.64
Units	18,876	\$ 3,314,955	75,381.8	N/A	\$ 1,103.01

Difference

	C	E
Annual Utilization Per 1,000	Annual Utilization Per 1,000	Services Cost PMPM
(32.2%)	(32.2%)	(22.5%)
29.9%	29.9%	57.1%
0.0%	0.0%	0.0%
(100.0%)	(100.0%)	(100.0%)
21.7%	21.7%	50.8%
(23.1%)	(23.1%)	2.6%
(21.8%)	(21.8%)	(24.3%)
(80.1%)	(80.1%)	(100.0%)
(38.9%)	(38.9%)	(30.8%)
(81.9%)	(81.9%)	104.9%
(12.8%)	(12.8%)	(11.1%)
(14.0%)	(14.0%)	(77.7%)
(8.9%)	(8.9%)	(6.1%)
(10.3%)	(10.3%)	(10.3%)
(8.0%)	(8.0%)	(14.1%)
(18.0%)	(18.0%)	(21.0%)
0.0%	0.0%	0.0%
(11.8%)	(11.8%)	(16.7%)
(6.7%)	(6.7%)	(8.6%)
(11.1%)	(11.1%)	(11.5%)
56.9%	56.9%	56.7%
(28.2%)	(28.2%)	(21.9%)
(11.8%)	(11.8%)	(15.3%)
0.0%	0.0%	0.0%
(10.6%)	(10.6%)	(9.1%)
(11.3%)	(11.3%)	(8.9%)

Stroud, Kasey

From: Timothy Hartnett [HARTTIM@scdhhs.gov]
Sent: Thursday, June 28, 2012 8:10 AM
To: Stroud, Kasey
Cc: Jeff Bryson
Subject: RE: UHCP CRCS Questions

Importance: High

Kasey,

Get with Jeff and submit those on a Q&A grid.

Thanks

From: Kasey Stroud [mailto:kasey.stroud@uhc.com]

Sent: Thursday, June 28, 2012 7:59 AM

To: Timothy Hartnett
Cc: Daniel Gallagher
Subject: UHCP CRCS Questions

Hi Tim,

Our questions about the 4th quarter CRCS report are on the Extranet.

Let me know if you need additional information.

Thanks,

Kasey

Kasey Stroud
UnitedHealthcare Community Plan
100 Executive Center Drive, Suite A-13
Columbia, SC 29210
p: 803-726-1715
c: 803-331-5327
f: 803-798-6844
kasey.stroud@uhc.com

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Confidentiality Note

Stroud, Kasey

From: Jeff Bryson [BRYSONJ@scdhhs.gov]
Sent: Friday, June 29, 2012 8:48 AM
To: Stroud, Kasey
Subject: RE: Questions about CRCS report

Follow Up Flag: Follow up
Flag Status: Flagged

Received ok. Will send to Tim... and see if I can get some action on the 72 hour question still pending.

-----Original Message-----

From: kasey.stroud@uhc.com [mailto:kasey.stroud@uhc.com]

Sent: Friday, June 29, 2012 4:46 PM

To: Jeff Bryson
Subject: Questions about CRCS report

Hi Jeff,

Included the questions on the attached grid. We attached 3 claims for review, those are in an excel document that I embedded in the grid so everything was included. Hope you can access. Let me know if you have questions or if it's not working.

Thanks,

Kasey
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Stroud, Kasey

From: Jeff Bryson [BRYSONJ@scdhhs.gov]
Sent: September 12, 2012 10:50 AM
To: Stroud, Kasey
Cc: Bruce Harbaugh
Subject: FYI -Docs for 4th QTR 2011 CRCS penalty on extranet

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ADJUSTMENT NOTIFICATION

August 28, 2012

Provider Number: HM1600
Dan Gallagher, President
United Healthcare of SC, Inc.
100 Executive Center Drive, Suite A-13
Columbia SC 29210

RE: Adjustment Transaction No: 115-301610
Own Reference Number: PCR301610

Your Account has been: Debited \$ 166,660.27
Credited \$

Months Covered: 4th Qtr 2011

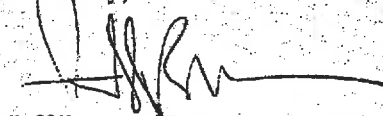
Reason: CRCS Penalty

This transaction will appear on a Remittance Advice generated subsequent to the date of this letter. You will be able to identify this particular adjustment on your remittance advice by using the above Adjustment Transaction Number which will appear on the "Own Reference Number" column along with an "A" in the "Status" column. Please allow three to four weeks for processing.

If you have any questions please contact me at (803) 898-2639.

Enclosure(s):

Sincerely,



Jeff Bryson, Program Coordinator II
Bureau of Managed Care

UNITEDHEALTHCARE OF SOUTH CAROLINA, INC.
DBA UNITEDHEALTHCARE COMMUNITY PLAN
Remittance Advice

Sandhills Pediatrics
1749 Marshall Street
Columbia, SC 29203

Check Number: 0
Check Amount: \$980.17
Check Date: 06/07/2012
RA Reference Id: 2012080711200027

Payee Number: 000000225954
Page Number 1

*****TRADING PARTNER 000000225954 ELECTRONIC REMITTANCE ADVISE- 835 TESTING IN PROGRESS*****

Provider Number: 000000201945
Provider NPI: 1508845074

Provider Name:
Provider Address:

Thomas, Christie P
Sandhills Pediatrics
1749 Marshall Street
Columbia, SC 29203

Product: Medicaid										Member Name: Keith, Elizabeth R											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
05/30/12	05/30/12	0011	99204	1		\$198.00	\$0.00	\$0.00	\$198.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
Claim Totals											\$198.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Product: Medicaid										Member Name: Jackson, Jeffrey M											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
05/31/12	05/31/12	0011	99214	1		\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
Claim Totals											\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Product: Medicaid										Member Name: Jackson, Kenya A											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
05/31/12	05/31/12	0011	99383	1		\$118.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IC2				
05/31/12	05/31/12	0011	90716	1		\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IC2				
05/31/12	05/31/12	0011	92551	1		\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IC2				
05/31/12	05/31/12	0011	90460	1		\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	V2N				
05/31/12	05/31/12	0011	80061	1		\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	V2N				
05/31/12	05/31/12	0011	85013	1		\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	V2N				
05/31/12	05/31/12	0011	81000	1		\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	V2N				
Claim Totals											\$118.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Product: Medicaid										Member Name: Marshall, Kingston C											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
05/31/12	05/31/12	0011	99214	1		\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
Claim Totals											\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Product: Medicaid										Member Name: Conyers, Gabrielle											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
03/21/12	03/21/12	0011	99213	1		\$95.00	\$54.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3X9				
Claim Totals											\$95.00	\$54.19	\$0.00	\$0.00	\$0.00	\$0.00					
Product: Medicaid										Member Name: Washington, Kymalya N											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
05/28/12	05/28/12	0011	99392	1		\$118.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
05/28/12	05/28/12	0011	D1206	1		\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
05/28/12	05/28/12	0011	90648	1		\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
05/28/12	05/28/12	0011	90460	1		\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
05/28/12	05/28/12	0011	90461	2		\$34.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
05/28/12	05/28/12	0011	90633	1		\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
05/28/12	05/28/12	0011	90670	1		\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
Claim Totals											\$210.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Product: Medicaid										Member Name: Shealy, Daphne J											
From	To	Bill Type / POS	Cap	Rev	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code					
05/28/12	05/28/12	0011	99214	1		\$210.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ST				
Claim Totals											\$210.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					

Payee Number: 000000225954

*****TRADING PARTNER 000000225954 ELECTRONIC REMITTANCE ADVISE - 835 TESTING IN PROGRESS*****

From	To	Bill Type	Proc Code	Cap Ind	Rev Code	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code
05/31/12	05/31/12	0011	90688	N		1	\$0.01	\$0.00		\$0.01	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	IC2
05/31/12	05/31/12	0011	90680	N		2	\$0.01	\$0.00		\$0.01	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	IC2
05/31/12	05/31/12	0011	90460	N		1	\$33.00	\$14.50		\$0.00	\$0.00	\$0.00	\$18.50	\$0.00	\$0.00	\$14.50	
05/31/12	05/31/12	0011	90461	N		2	\$34.00	\$29.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29.00	
05/31/12	05/31/12	0011	90744	N		1	\$0.01	\$0.00		\$0.01	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	184
05/31/12	05/31/12	0011	99420TG	N		1	\$20.00	\$20.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	
Claim Totals							\$87.03	\$83.50		\$0.03	\$0.00	\$23.53	\$0.00	\$0.00	\$0.00	\$63.50	

Product: Medicaid

Claim ID: 005913402600 Subscriber Number: 002256758 Patient Account Number: 58875 110608 Member Name: Fobbs, Elijah A

From	To	Bill Type	Proc Code	Cap Ind	Rev Code	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code
05/31/12	05/31/12	0011	98213	N		1	\$85.00	\$54.19		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54.19	
Claim Totals							\$85.00	\$54.19		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54.19	

Product: Medicaid

Claim ID: 005913402500 Subscriber Number: 002154293 Patient Account Number: 58257 110604 Member Name: Johnson, Cyril

From	To	Bill Type	Proc Code	Cap Ind	Rev Code	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code
05/31/12	05/31/12	0011	99213	N		1	\$95.00	\$54.19		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54.19	
05/31/12	05/31/12	0011	87430	N		1	\$32.00	\$15.72		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.72	
05/31/12	05/31/12	0011	85025	N		1	\$27.00	\$9.72		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.72	
Claim Totals							\$154.00	\$79.63		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$79.63	

Product: Medicaid

Claim ID: 005912050700 Subscriber Number: 002223308 Patient Account Number: 58842 109107 Member Name: Blume, Jackson T

From	To	Bill Type	Proc Code	Cap Ind	Rev Code	Qty	Billed Amt	Allowed Amt	Not Covered	CAP Write Off**	COB Adj	Disallowed Amt*	Copay Amt	Deductive Amt	Coinsurance Amt	Net Paid	Exp Code
11/25/11	11/25/11	0011	99391	N		1	\$108.00	\$0.00		\$0.00	\$0.00	\$108.00	\$0.00	\$0.00	\$0.00	\$0.00	TF1
11/25/11	11/25/11	0011	90744	N		1	\$0.01	\$0.00		\$0.01	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	TF1
11/25/11	11/25/11	0011	90460	N		1	\$33.00	\$0.00		\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	TF1
11/25/11	11/25/11	0011	961059	N		1	\$25.00	\$0.00		\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	TF1
11/25/11	11/25/11	0011	90657	N		1	\$0.01	\$0.00		\$0.01	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	TF1
11/25/11	11/25/11	0011	90460	N		1	\$33.00	\$0.00		\$0.00	\$0.00	\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	TF1
Claim Totals							\$199.02	\$0.00		\$199.02	\$0.00	\$199.02	\$0.00	\$0.00	\$0.00	\$0.00	

Explanation Code Legend

Explanation Code	Description
184	Covered under VAFAC Program
3X9	Benefit coordinated with Primary Carrier
IC2	Benefit Not Available under this plan
ST	Member not eligible for Benefits
TF1	Claim Submitted After Filing Limit
V2N	The diagnosis is inconsistent with the procedure billed

Bill Type/Place of Service Legend

Bill Type/Place of Service Code	Description
11	Office

Pharmacy Claims Legend

Claim Number	Line Number	Prescription Number	NDC Code	Service Date
005912050700	2.		58160082052	11/25/2011
005912050700	5.		49281039815	11/25/2011
005912051000	3.		49281054505	05/28/2012
005912051000	6.		00006483141	05/28/2012
005912051000	7.		00006197102	05/28/2012
005913402400	2.		00006482700	05/31/2012
005913403400	2.		49281051005	05/31/2012
005913403400	3.		00005197102	05/31/2012
005913403400	6.		00006404741	05/31/2012

Gallagher, Daniel

Subject: FW: CRCS Methodology Documentation v3 (2012 1st quarter data)

Expires: Sunday, March 17, 2013 12:00 AM

From: Deselich, Andrew

Sent: Tuesday, September 18, 2012 12:18 PM

To: Belak, Robb; Gallagher, Daniel; Stroud, Kasey

Cc: Kelleher, Mary Ann

Subject: RE: CRCS Methodology Documentation v3 (2012 1st quarter data)

2nd Qtr 2012 – Due Oct 2012

1st Qtr 2012 – (0.7)%

4th Qtr 2011 – (4.5)%

3rd Qtr 2011 – (0.8)%

2nd Qtr 2011 – (0.9)%

Results

Brenda James

~~Log # 85~~

From: Janet Bell
Sent: Friday, October 12, 2012 2:31 PM
To: Mary Cooper
Cc: Brenda James; Janet Bell
Subject: Log letter 000085

I apologize, Mary. I sent this email to Jim yesterday and neglected to cc you. Sorry.....

Brenda, just an FYI to you also....Roy spoke with Director Keck about this during his meeting yesterday and Roy will be trying to negotiate the settlement down.

Thanks, Ladies!

From: Janet Bell
Sent: Thursday, October 11, 2012 1:12 PM
To: James Bradford
Cc: Janet Bell (BELLJ@scdhhs.gov); Roy Hess
Subject: RE: Log letter 000085

Jim,
Roy will be negotiating this one. I'll keep you posted. Thanks!
Janet

From: Janet Bell
Sent: Wednesday, October 10, 2012 5:35 PM
To: James Bradford
Cc: Janet Bell
Subject: RE: Log letter 000085

Jim,
Did we get this one out?
Janet

From: Janet Bell
Sent: Monday, September 24, 2012 3:37 PM
To: James Bradford
Cc: Roy Hess; Jennifer Campbell; Janet Bell; Mary Cooper
Subject: Log letter 000085

Jim,
Attached please find a copy of log letter 000085. Please note the 10/4/12 deadline and forward the response as soon as possible. I apologize in advance about the blank pages in this scan. Thanks!

Janet R. Bell

Administrative Coordinator
Managed Care
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

(803) 896-3202
Fax: (803) 255-8235



November 15, 2012

Mr. Dan Gallagher, President
UnitedHealthcare Community Plan
100 Executive Center Drive, Suite A-13
Columbia, South Carolina 29210

Dear Mr. Gallagher:

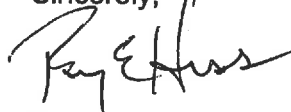
Thank you for your letter of September 20, 2012 regarding your concerns of the notification letter you received about the 4th quarter data for the CRCS report. I apologize for taking this long to respond but, as we discussed, I wanted to be sure that all aspects of your concerns were thoroughly reviewed and researched. We were unable to locate an Extranet Posting of a Question and Answer Grid on June 28, 2012, as referenced in your letter and our IT Department has no record of having received it through our Extranet. However, we did find a question in a spreadsheet relevant to the subject of your letter contained in a subsequent fax received on September 24, 2012 by your Program Manager.

The CRCS process has been one that has been developed over three (3) years and has had much input from all the MCOs. There have been numerous meetings, including individual meetings that included Milliman, United and SCDHHS. At all these meetings prior to and after, the main point has been for the MCOs to ensure their submissions are accurate at the time it is due. In the case of the 4th quarter data, the MCOs were given an APR-DGR "crosswalk" and a two weeks delay to review and ask questions. During those two weeks, no one from UnitedHealthcare Community Plan requested a conference call or submitted any questions for clarification, and it is the MCO's responsibility to ensure the data information submitted is accurate and in the format required.

We contacted Milliman regarding the claims you raised to ascertain whether or not it would have had an impact on the 3% variance that would change the outcome of this action. Milliman stated that had you properly submitted the information as requested, it would have changed the results. However, to this date, we still have not received any updated data from UnitedHealthcare Community Plan, and you are still not compliant, therefore, we are upholding our original decision to debit your account for the total of \$166,660.27 for the 4th quarter data of the 2011 CRCS Report.

Again, SCDHHS stands by its initial decision. However, if you still feel the agency has made an error in imposing the debit, please exercise your due process rights and file an appeal request to our Division of Appeals and Hearings.

Sincerely,



Roy E. Hess
Deputy Director