

Physician Issues Reported to NCMS re: United HealthCare of North Carolina

- Communication/Provider Relations Issues: Provider relations mailboxes always full, no response to voicemails/letters/emails, cancelled appointments with little or no notice, can't identify provider relations representative
- Withholding Key Materials/Documents: Refusal to send copies of fee schedules and contracts
- Administrative/Provider Information Management Issues: Provider documentation and medical records destroyed, wrong fee schedules and provider IDs loaded and unable to correct after months of effort
- Contract Negotiation Issues: Started/stopped/restarted negotiations multiple times, change in staff results in negotiations starting all over multiple times, use of "brinkmanship" in contract negotiations, no response to requests for changes in fee schedules or contract terms, contracts sent without fee schedules
- General Payment Issues: Payment not in compliance with NC prompt pay statute, unwillingness to transition post-operative patients after contract termination as required by NC Patients' Bill of Rights, wrong payment over a period of months/years, payment not according to contract, withholding payment pending patient completing coordination of benefits forms, sending requests to deceased person for coordination of benefits form -- then withholding reimbursement indefinitely, Coordination of Benefits forms received-- but claims still not released, denial of inpatient physician payments due to "non-authorization" of patient inpatient stay, claims exceeding one year without timely response from United, claims exceeding one year paid without interest, United Care Coordination requesting multiple medical records before authorizing payment, unwillingness to pay for inpatient care at a participating hospital when recommended by a non-participating physician (under a PPO benefit), hundreds of bundling issues, different payment amounts and bundling rules under different claim systems, claims filed within 180 days, request for additional documentation/documentation sent/claim then denied for timely filing, claims filed/request for additional documentation/documentation sent/claim denied as duplicate after United request to resend, claims paid as out-of-network for in-network providers, claims incorrectly denied as duplicate claims, United customer service agrees a claim was processed incorrectly/agrees to reprocess the claim/ payment never received, refunds demanded for services as "global" when they are not global, claims denied after authorization received due to "lack of notification," patient not eligible after eligibility verification., website eligibility data not current
- Sample Payment Issues: Incorrect fees quoted on the phone for injectable drugs, infusion therapy "unit" problem, Rejection of modifier -25, incorrect payment of modifiers -50 and -59, multiple procedures paid 100/50/25, claims not paid due to

lack of referring physician when not required, discount listed in the wrong column, denial of assistant surgeon fees

- Other Issues: Coercive letter based on claims reviews “suggesting” coding education., "I can't get a hold of a human being at United", not adhering to North Carolina 60-day credentialing statute.

NCMS Complaint to North Carolina Department of Insurance

- Claims Payment: Multiple and serious complaints regarding United's claims payment practices.
- House Bill 1066. United communications imply that fee amounts for only the top 30 codes will be provided, without mentioning that others are available upon request.
- Standard Contract: United uses a contract that has a "state regulatory addenda." Thus, United staff did not believe North Carolina was worthy of devoting staff time to developing a state-specific contract. Apparently, physician offices are supposed to go through the main body of the contract and surmise what might be superseded by the Addenda.
- Communication. Continual reports that United refuses to return physician office phone calls, respond to written communications and otherwise maintain a reasonable level of interaction with physicians, with serious patient care and contracting ramifications.