List of Issues
Special Meeting: Practice Administrators and United Healthcare (UHC)
September 20, 2007

1. **Title: Policy Changes**
Session/Category: Communications/Medical or Payment Policy
Detail: Policy changes are made without practice input or without regard to standards of care.
Example(s):
(1) Two changes affect OB/GYN practices. A specialty ultrasound test called Nuchal Transulcency (NT) is performed in the first trimester and consists of two screening ultrasound scans (CPT codes 76801 and 76813) to complete the ultrasound portion of the early screening in addition to a blood test. United considers these two scans as "2 screening ultrasounds" and thus is not reimbursing the 18-20 week comprehensive scan (76805, 76810-twins, 76811-high risk or AMA or 76812-twins). This results in a loss of revenue because the 18-20 weeks is not paid but is an integral and essential part of patient care. Lost $5,000 to practice in two months, i.e. administrative expense attributed to UHC claims process. (June, 2007)
(2) Denial for Hepatitis B screenings: NOB screening and STD screening. (June 2007)

2. **Title: Notification of Policy Changes**
Session/Category: Communications/Medical or Payment Policy
Detail: Policy changes are made without notification to physician practices.
Example(s): Bundling rules are created and changed without notification. This creates bad PR and generates numerous patient calls to physician practices.

3. **Title: Payment Policies**
Session/Category: Communications/Claims
Detail: Modifiers are not recognized even though they clearly identify the procedure as a separate procedure.
Example(s): Claims are submitted with the appropriate modifier and the claim is denied as duplicate. Examples: RT, LT, 59, 76, 77, 91. Cannot get clarification on the use of modifiers from UHC. (September, 2006)

4. **Title: Payment Policies**
Session/Category: Communications/Medical or Payment Policy
Detail: New denials of codes.
Example(s): We started to receive denials for certain CPT codes. Called UHC and we were informed the diagnostic codes were no longer payable for the specific CPT codes. 12 new payment policies were introduced and we received notification on 4. The payment policies are often unclear. (April, 2007)

5. **Title: Unresponsiveness**
Session/Category: Communications/Provider or Customer Service
Detail: Getting to the right person at UHC and having them return your phone call is difficult. Having the same person be there the next time you call doesn't occur often.
Example(s): Trying to get in touch with someone about the issue is difficult.

6. **Title: Provider Rep Burnout**
Session/Category: Communications/Provider or Customer Service
Detail: Provider reps are often non-responsive, emotionless during meetings. I complain about the provider rep but nothing is done about the situation.
Example(s): It would be useful to develop a provider representative contact list for every region including names/titles/phone, etc.

7. **Title: Timely and Informed Responses**
Session/Category: Communications/Provider or Customer Service
Detail: Obtaining timely and informed responses from provider reps is difficult.
Example(s): Delays in provider reps contacting practices is causing losses in having fees increased. We are frustrated in problem solving or getting any feedback in solving problems.

8. **Title: Language Barriers and Hold Times**
Session/Category: Communications/Provider or Customer Service
Detail: Customer service language barriers and hold times.
Example(s): Our billing/insurance employees call to question claim issues. We are on hold forever, and then when you reach someone, they tend to have language barrier issues.

9. **Title: Issues with Customer Service Representatives**
Session/Category: Communications/Provider or Customer Service
Detail: Customer service reps have limited ability to solve problems.
Example(s): Non English-speaking reps are reading from a script that the practice already knows. No deviation from the script is permitted--they have limited ability to solve problems. This is very time-consuming for the practice and often results in the problem not being solved.

10. **Title: Different Answers for Same Question**
Session/Category: Communications/Provider or Customer Service
Detail: We are calling customer service about the same issue and receiving conflicting answers.
Example(s): We would rather have the person take a name and number and get back to us with a correct answer versus guessing.

11. **Title: Provider Call-Routing Issues**

Session/Category: Communications/Provider or Customer Service
Detail: Provider calls routed overseas offer little value to resolve problems.
Example(s): Overseas customer service cannot answer questions; we have tried at least 50 times in the last three years.

12. **Title: Process Issues**
Session/Category: Communications/Provider or Customer Service
Detail: There is a lack of defined problem resolution processes. No process is defined if my problem isn't solved.
Example(s): None listed.

13. **Title: Refiling of Claims**
Session/Category: Communications/Provider or Customer Service
Detail: The left hand doesn't know what the right hand is doing.
Example(s): Delayed payments, reworked claims. This has occurred 3-4 times.

14. **Title: Phone System Prompts**
Session/Category: Communications/Provider or Customer Service
Detail: Phone system has too many prompts and holds on phone system.
Example(s): Try it and you will see what I mean.

15. **Title: Contact Issues**
Session/Category: Communications/Provider or Customer Service
Detail: I cannot get in touch with reps and when I answer 0 for someone else, no one answers the phone.
Example(s): None listed.

16. **Title: Escalated Help within Claims Department**
Session/Category: Communications/Provider or Customer Service
Detail: Provider reps are not communicating essential needs to practice regarding escalated help with claim issues.
Example(s): I have claims over one year old.

17. **Title: Bad Communication**
Session/Category: Communications/Provider or Customer Service
Detail: Bad communication all around…I've been told that I will be taken care of and it doesn't happen.
Example(s): Website corrections, fees loaded onto the system, but some of them are not loaded.

18. **Title: Communication is more Frequent with Some Practices than Others**
Session/Category: Communications/Provider or Customer Service

Detail: Communication occurs more frequently and is freer with large practices vs. small practices.
Example(s): There is no room to negotiate/move -- in one conversation the provider rep compared my practice to a loaf of bread.

19. **Title: Provider Reps not Listening to their Providers**
Session/Category: Communications/Provider or Customer Service
Detail: Not listening even when severe patient care issues are at stake.
Example(s): Many providers have long standing relationships with small private practices or hospitals--especially labs and have contracts with labs. United's policies have disrupted these relationships which affect the care of our patients.

20. **Title: Notification to UHC-Matria**
Session/Category: Communications/Provider or Customer Service
Detail: Policy re: all new pregnancies started in the fall of 2006 through the "Healthy Pregnancy Program"--which was a major topic of MGMA OB/GYN group nationally.
Example(s): UHC makes calls to pregnant patients to enroll them in the "Healthy Pregnancy Program" without knowing their status. Thus, patients are called after they have miscarried. Nonetheless, UHC has required us to notify them of all pregnant patients and threatened denial of payments if we do not comply.

21. **Title: Radiology Prior Authorization via Online Process**
Session/Category: Communications/Provider or Customer Service
Detail: It is unclear how this process works.
Example(s): This is a daily issue with family practice in trying to provide the best medicine and/or one stop shopping for patients. All MRIs, CTs must be authorized, whenever you try to authorize the service online it always turns into a peer-to-peer phone call.

22. **Title: Website Changes**
Session/Category: Communications/Websites
Detail: There are changes to the website without notification. Claims staff and clinical staff have trouble navigating through the changes.
Example(s): A change was made for the notification process; when we select the DX codes for a prior auth a list of codes is presented but we cannot select more than one code and many times the website issues result in a peer-to-peer phone call. (July, 2007)

23. **Title: Website Provider Lookup Issues**
Session/Category: Communications/Websites
Detail: We cannot find a physician on the website. Credentialing and provider reps are not communicating when changes are needed.
Example(s): None listed.

24. **Title: Required to Use Web**
Session/Category: Communications/Websites
Detail: We have been asked to do everything electronically via our contract, but UHC website does not let us do everything electronically.
Example(s): When we try to preauthorize we cannot complete the request because we are "in-office" and not a facility.

25. **Title: Website Problems**
Session/Category: Communications/Websites
Detail: It is hard to navigate around the website and the site is often down. Some of the services are only available via the website.
Example(s): UHC needs to understand that there are providers that do not use the Internet in rural areas of North Carolina.

26. **Title: Website has no Value**
Session/Category: Communications/Websites
Detail: The UHC Website has no value to my practice. It is slow and I often get kicked out. I have difficulty finding the right information.
Example(s): None listed.

27. **Title: Website Practice Information**
Session/Category: Communications/Websites
Detail: Incorrect providers are listed for our practice.
Example(s): I have attempted to call to get it corrected without success. These physicians have been inaccurately listed for our practice for two years.

28. **Title: Premium Designation Program**
Session/Category: Communications/Websites
Detail: Unexplained methodology, no understanding by physicians, creates ill will.
Example(s): Not all of our docs received the premium designation, listed in recent literature without any education to the providers, new designation to be coming out? How does the physician get dropped off or added on to the program?

29. **Title: Letters to Patients**
Session/Category: Communications/Websites
Detail: Letters are received with no identification or directions for patients.
Example(s): Letters are received from UHC without needed patient information, i.e. patient name, date of service, cannot identify the patient.

30. **Title: Precertification for MRI/CT**

Session/Category: Credentialing_Miscellaneous/Radiology Certification or Program Referrals
Detail: Very difficult to understand the UHC staff.
Example(s): Called for MRI/CT but could not understand the UHC rep. Had to listen to a long list -- I was asked to choose a category. We should not have to listen to a long list of categories every time we call.

31. **Title: Radiology Notification**
Session/Category: Credentialing_Miscellaneous/Radiology Certification or Program Referrals
Detail: Website notifications for training are difficult to find.
Example(s): We should be notified via email vs. trying to find the information on the website. We don't have enough staff to constantly search the website for changes in the training program.

32. **Title: Issues with Radiology Preauthorization Program Tied to Premium Designation Program**
Session/Category: Credentialing_Miscellaneous/Radiology Certification or Program Referrals
Detail: The fact that providing notification of radiology services is tied to the referring physician's status means that there is no consistent process for all docs and/or UHC members within a practice.
Example(s): It is almost impossible to standardize the process of referring for radiological services because it is based on the premium designation program. The program is riddled with errors in data and methodology. Therefore, physicians that should be designated are not. Premium designation is not consistent because there is designation and re-designation frequently. The process is highly inefficient and costly.

33. **Title: Peer-to-Peer Imaging Certification Process--Redundant Steps**
Session/Category: Credentialing_Miscellaneous/Radiology Certification or Program Referrals
Detail: Over the past 6 months, we experienced several instances where the information provided was identical whether the nurse or the physician provided it, but the outcome is different.
Example(s): We have several examples where a nurse will review the reasons for the imaging order (read directly from docs note) and be told it requires peer-to-peer. Physician reads the same note and gives exactly the same information. It is a waste of the physician's time and it angers them.

34. **Title: Premium Designation Physicians Used with Wrong Specialty**
Session/Category: Credentialing-Miscellaneous/Quality Rating or Physician Profiling

Detail: UHC often picks up a secondary specialty for the doc. As a result, the doc might not be designated due to a lack of board certification in the specialty.
Example(s): We have spent countless hours correcting board certification information in order to allow the physician to be reviewed in the appropriate category to determine his/her status under the program.

35. **Title: Premium Designation Program Disqualifies Qualified Physicians**
Session/Category: Credentialing-Miscellaneous/Quality Rating or Physician Profiling
Detail: Using claim data to determine efficiency of a physician does not account for the way the individual physicians practice within their specialty.
Example(s): Over the past year, UHC has implemented a premium designation program and some of our physicians only received a 1 star quality rating and failed to get 2 stars. For example, our internal medicine physician in a 10-physician neurology practice reads all stress echos ordered by the 10 neurologists. He appears to be more costly but he has specialized training in echos that his partners do not have.

36. **Title: Medical Records Issues with Secure Horizons** Session/Category: Credentialing-Miscellaneous/Medical Records
Detail: We receive a huge number of requests for chart reviews from Secure Horizons.
Example(s): Secure Horizons asked to review over 400 charts in order to compare claim data with documentation in the chart. This is costly and time consuming with zero visible benefits to the patient. (Spring 2007)

37. **Title: Lost Medical Records**
Session/Category: Credentialing-Miscellaneous/Medical Records
Detail: Requests for records after they were already sent.
Example(s): Request for records adds time to staff to pull the record, copy what is requested -- UHC then tells us they have not received the records or can't find them. Delays payments and adds administrative overhead.

38. **Title: Website Physician Search Issues**
Session/Category: Credentialing-Miscellaneous/Websites
Detail: Very difficult for physicians and patients to search for a participating provider. Patients frequently call to ask if a particular doctor is in network because the web search brings up nothing.
Example(s): For patients to call and inquire about the participation status of a provider, they have to know exactly how UHC has them listed. I personally did a search yesterday because UHC stated that the search function was 100% accurate. One of my family physicians was not found and she was just re-credentialed in May, 2007.

39. **<u>Title:</u> Website Demographic Updates**
<u>Session/Category:</u> Credentialing-Miscellaneous/Websites
<u>Detail:</u> The website is limited in the type of information that we can update electronically.
<u>Example(s):</u> It would be helpful to be able to update all demographic data information electronically on the website to include board certification.

40. **<u>Title:</u> Website Lab Referrals and Referral Authorization Issues**
<u>Session/Category:</u> Credentialing-Miscellaneous/Websites
<u>Detail:</u> Lab referrals, referral authorizations and radiology certifications consistently generate peer-to-peer reviews.
<u>Example(s):</u> The process doesn't work on the website. It asks you to choose one of the three questions and no matter which question you choose, you have to talk to a physician. Our physician has to stop and talk to the UHC physician and patients have to wait.

41. **<u>Title:</u> Premium Data Not Available for Review**
<u>Session/Category:</u> Credentialing-Miscellaneous/Quality Rating or Physician Profiling
<u>Detail:</u> UHC's data often does not show enough encounters for long-participating physicians or combines all care for a single patient under one physician.
<u>Example(s):</u> The process is flawed. For example: one out of 18 neurosurgeons was listed as being Premium Designated. We requested reasons why. Statements such as "No MRI ordered prior to surgery", "No conservative treatment for patient done prior to surgery". Our staff reviewed all the records for one physician (this took us 6 hours) and all of the above were done by another physician.

42. **<u>Title:</u> Credentialing Process takes too Long**
<u>Session/Category:</u> Credentialing-Miscellaneous/Credentialing
<u>Detail:</u> The process from start to finish is too long and involves too many steps. We do not receive timely notification when a provider is credentialed. We are not getting the information from UHC to MAMSI.
<u>Example(s):</u> We are not a large enough practice to delegate credentialing but too large to make CAQH a viable option for us. We have the software. We use it internally -- it is most efficient for initial credentialing. All the other plans that use CAQH do not mandate it as UHC does. Adding a physician to our group who is already a credentialed UHC provider is a problem. There is no information on how to add that physician to our contracts. There is no notification when they are updated.

43. **<u>Title:</u> CAQH Not Accepting Application Updates**
<u>Session/Category:</u> Credentialing-Miscellaneous/Credentialing
<u>Detail:</u> CAQH is not able to accept our application updates.

Example(s): Put together a team of people with current experience to work as a priority project. At same time have them train others to take over on a long term basis.

44. **Title: Limited Resolutions on Appeals**
Session/Category: Claims/Appeals
Detail: When appeals are sent in to UHC, it appears that we don't get resolution. Lots of follow-up occurs, it typically requires multiple submissions.
Example(s): Received form letter response that claim denial was upheld, second level appeal with additional form letters always requires peer-to-peer contact, which has had limited success in solving the dispute.

45. **Title: Unable to Appeal Two Problems on One Claim** Session/Category: Claims/Appeals
Detail: We are unable to appeal two problems associated with one claim unless we write two appeal letters. This takes a lot of unnecessary time within a practice.
Example(s): Additional level not paid for an add-on code. Allowance on another code was cut in half; the allowance is already included in the first 1/4 of the claim.

46. **Title: Issues with On-line Appeals vs. Written Appeals**
Session/Category: Claims/Appeals
Detail: Appeals are handled differently depending whether they are on-line or written.
Example(s): We repeatedly file appeals online that seem to get a "canned" response. We get a response that the claim was processed correctly but we have to manually appeal with written documentation. We are more likely to get paid when we submit written appeals vs. submitting online. If there are guidelines with different criteria for online vs. written, we need to know that.

47. **Title: Appeal Issues with Medicare Part B**
Session/Category: Claims/Appeals
Detail: We are having issues with UHC denying for "too old to bill", when we have submitted the claim on time. We have to appeal each of these, which is very time-consuming for the practice.
Example(s): We can't get paid without appealing even though UHC if responsible for Medicare C. This usually occurs when the Start (Effective) Date is unclear for patient with Medicare B.

48. **Title: Modifier Issues**
Session/Category: Claims/Modifiers
Detail: Modifiers 25, 76, 66, 59 are not paid correctly. Claims with modifiers often require additional information, not paid the first time.

Example(s): We file a lot of CPT codes with modifiers to represent 2, 3 or 4 distinct services but we repeatedly get denials for duplicate services. For example, a patient can have 2, 3, or 4 chest x-rays on the same day when they are inpatients.

49. **Title: Modifier/Bundling Issues**
Session/Category: Claims/Bundling
Detail: There are issues with claims, bundling modifier use and claims processing.
Example(s): There are inaccurate payment offsets, limits on the number of times UHC will pay.

50. **Title: Issues with CPT Code 22845**
Session/Category: Claims/Bundling
Detail: CPT Code 22845 - Anterior Instrumentation is always/frequently denied as not being a performed as a primary procedure. Primary procedure is normally 63075 Anterior Diskectomy with decompression and both are always on the same claim. This is always appealed and paid, which adds a lot of time to practice staff and delays in payments.
Example(s): Claim has multiple procedures for Anterior Diskectomy 63075 is primary code. Anterior instrumentation is also done to help stabilize the neck but CPT Code 22845 is always denied.

51. **Title: Issues with Bundling Edits and Surgical Codes**
Session/Category: Claims/Bundling
Detail: Add on codes are denied. This problem started in February 2007.
Example(s): None listed.

52. **Title: Multiple Procedures on the Same Day, Limits on Payment**
Session/Category: Claims/Limits
Detail: UHC fails to recognize multiple view for vein harvest codes EVHx2, RAHx2, etc.
Example(s): None listed.

53. **Title: Recoupments**
Session/Category: Claims/Recoupment
Detail: We are told by UHC that the claims will be paid, we verify benefits, claims are paid for months and then denied, UHC then recoups the money.
Example(s): Patient was receiving IVIG therapy and the claims were paid for months, then UHC started denying and requesting refunds. We tried to work with customer service and local reps to resolve. There is no consistency.

54. **Title: Assignment/Payment of Non-Par Claims**
Session/Category: Claims/Recoupment

Detail: For the most part, UHC honors assignment of benefits for Non-participating providers; however, there doesn't appear to be any consistency re: when they will or will not honor an assignment. This is problematic for our patients who don't know what to expect. 40% of your customers and our patients are turned over to collections when you don't honor assignments.
Example(s): Honor assignments of benefits, especially for hospital-based practices. If not, clearly articulate to patients and practices your policy and what to expect.

55. **Title: UHC Medicare Part C Products Don't Follow Part B Billing Rules**
Session/Category: Claims/Rates
Detail: UHC Medicare Part C doesn't follow CCI billing rules or Medicare fee schedules.
Example(s): Labs performed in office (with CLJA certification) are paid at national policy insurance rates, not at Medicare B rates. Test interpretations are denied if other E&M billed same day - bundled together.

56. **Title: IV Hydration Code Issues**
Session/Category: Claims/Rates
Detail: UHC is not consistently paying the codes even though valid billable codes exist--therefore leaving the balance for members to pay.
Example(s): Start paying IV hydration codes.

57. **Title: Imaging Pre-Certification Issues**
Session/Category: Claims/Precertification
Detail: It is difficult to determine which physicians are exempt from the program. I contacted UHC and was told physician did not need to call for pre-certification for a particular code. I have also been told that all United products require precertification. Then claims are denied due to no pre-certification.
Example(s): Emergency room patients are getting denials, no precertification is required. According to UHC staff, no precert is required for CPT codes 70486 or 70551--claims were denied.

58. **Title: Rapid Resolution Unit Issues**
Session/Category: Claims/Timeliness
Detail: Unable to resolve escalated issues. Takes months for resolution.
Example(s): We have a pharmacy claim that was processed and partially paid, then recouped. UHC agreed claim should have paid. Since last November, has failed to reprocess claims. Local rep was involved but issue continues to be "closed" in ORS.

59. **Title: High Dollar Claims Take Longer to Process than Other Claims**
Session/Category: Claims/Timeliness
Detail: The larger the dollar amount, the longer it takes to pay.

Example(s): Do not ask for all information at once. Lost medical records. Can't track claim in United's system.

60. **Title: Cannot Get Claims Corrected When Reprocessed**
Session/Category: Claims/Timeliness
Detail: Reprocessed claims are not resolved.
Example(s): I cannot get person to listen to my problem when I call. I can't understand the person. Very long hold times. Not fixed, then it is sent for reprocessing. Called 30 days later and have to wait for long hold time and find that the problem has not been resolved. Was given a new # so I can call the Rapid Response Unit 60 days later.

61. **Title: Hard Copy EOB Not Showing Covered Patient Liability**
Session/Category: Claims/EOB
Detail: EOB is missing key element.
Example(s): None listed.

62. **Title: Individual EOB Issues**
Session/Category: Claims/EOB
Detail: Uncertainty about whether individual EOBs are provided.
Example(s): I received an EOB in the mail for 25 cents after the local representative said UHC doesn't mail individual EOBs. They said I should receive a monthly health statement but I never received one.

63. **Title: Practices Unaware of Changes in Plan Regulations**
Session/Category: Claims/Primary Care Physicians
Detail: EOBs denied due to PCP missing, which is new to us at the practice. This started occurring in August/September, 2007.
Example(s): Practices are unaware if authorization number will be needed to insure that claims will be paid in the future. Also--agents selling Medicare Advantage plans are not educating practices or patients regarding what the plan covers, the plan requirements (such as authorizations) and what their out-of-pocket expenses will be.

64. **Title: Issues with Qualified Staff Handling Authorization Process for Radiology Program**
Session/Category: Credentialing-Miscellaneous/Radiology Certification and Program Referrals
Detail: UHC staff not qualified to do peer-to-peer or initial assessments or radiology certification requests.
Example(s): Prior to getting all of our physicians in the premium program, it created havoc to get any test or surgery authorized. Our staff called for pre-authorization for MRI on a 10-month old infant. Questions asked: 1) Does patient have difficulty standing or walking for a length of time? (Reminded them of 10

month old infant.) 2) Does the patient have difficulty speaking clearly? This is an example of someone at UHC who doesn't know how to ask the right questions.

65. **Title: UHC Accepting Standard NC Credentialing Application**
Session/Category: Credentialing-Miscellaneous/Credentialing
Detail: UHC is accepting standard North Carolina credentialing application, process with CAQH remains a challenge for practices.
Example(s): It takes too long to get approval from UHC for a new provider to be credentialed making it impossible for physician to see UHC patients in a timely manner. CAQH must be updated too often even when there are no changes.

66. **Title: Quality Measures not Accurately Reviewed**
Session/Category: Credentialing-Miscellaneous/Other
Detail: Data not correct.
Example(s): Cervical Spine - UHC sent a letter stating that we should have done "cervical cancer screening", which was incorrect. If UHC data cannot screen cervical (OB/GYN) and cervical spine (NS) then the data is flawed.

67. **Title: Quality Rating Issues**
Session/Category: Credentialing-Miscellaneous/Other
Detail: The system projects a negative perception of physicians. Bridges to Excellence is much more widely accepted. Charlotte and Raleigh health care collaborative have adopted Bridges to Excellence.
Example(s): None listed.

68. **Title: Incorrect Credentialing of Provider**
Session/Category: Credentialing-Miscellaneous/Credentialing
Detail: Even though provider was credentialed, the claims were denied as out of network.
Example(s): We credentialed the new provider and submitted claims. Claims were denied because the provider was out of network. Called the provider rep for our area for help and was told she would take care of it. This process took 4-5 months of denial-after-denial for out-of-network. This increased the work load for the practice when they needed to work on other problems. It decreased our revenue because we didn't get paid.

69. **Title: Claim Edit Issue**
Session/Category: Claims/Claims
Detail: Claim edit correction error--it is now going on eight months to try to fix the problem.
Example(s): Multiple calls…For example, we called Evercare to pre-notify for cardiac testing. I was on my 3rd 1-800 number and told that I had to fax in the request. The rep would not handle the problem over the phone. Received a reply within 48 hours and was told Evercare Texas was not correct and I needed to

contact my local rep. Finally got in touch with my local rep and they said pre-notification was not required for this patient for the testing. Physician said she needs to test the same day due to symptoms so we completed the test and took a chance on payment in order to meet the needs of the patient.

70. **Title: Dropping Providers When UHC Can't reach Agreement with the Hospital**
Session/Category: Claims/Contracts
Detail: UHC aggressively dropped certain specialty contracts with the Wake Med agreement. That affected our employees as consumers of your health plan. Now employees are ready to change plans.
Example(s): Stop the aggressive termination of agreements. Sours your reputation as a provider to folks in our market.

71. **Title: Line Level Adjustments**
Session/Category: Claims/Other
Detail: Taking claim level adjustments to the line level.
Example(s): UHC was asked to take their claim level adjustments to the line level.

72. **Title: Confusion on Insurance Cards**
Session/Category: Claims/Other
Detail: Can't determine where the claim should go.
Example(s): One of the cards, you have 3 choices for claims: UHC, First Health, Multiplan. Where should the claim go? You should also include the effective date on the cards and not just the expiration date.