

Health Service Board City & County of San Francisco

Rates & Benefits

UHC (City Plan) National PPO (“NPPO”) Audit

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Background

- The Health Service System of the City and County of San Francisco (HSS) provides Medicare Advantage plan benefits to approximately 1,000 retirees and their dependents. UnitedHealthcare (UHC) performs claim processing services and customer service assistance for the HSS Medicare Advantage retiree plan.
- Aon was asked to perform an audit of this program, of which the primary objectives of the evaluation was to:
 - Verify UHC correctly enrolled the HSS Medicare Advantage participants
 - Assess the overall quality of claims administration being delivered by UHC personnel
 - Verify UHC's process to load split families (i.e., families with a mix of Medicare eligible and non-eligible members) within their eligibility system
- The Aon team conducted the audit virtually in February and March of 2016.
- This report summarizes the findings, observations, and recommendations concerning UHC's performance. The Aon team wishes to acknowledge the excellent assistance and cooperation received from UHC personnel throughout the course of this project.

Eligibility Testing Evaluation Methodology

- Aon's audit consisted of a random review of 128 of HSS' Medicare Advantage retirees to compare and confirm that the eligibility information on file at UHC matched the information on file at HSS.
- The sample selection included 103 Medicare Advantage retirees representing approximately 10% of the plan enrollment. In addition, 25 files containing a Medicare eligible retiree and non-Medicare eligible retiree (or split family) were reviewed to ensure only the Medicare eligible participant was enrolled into the Medicare Advantage plan.
- In order to accomplish the review, a list of retirees enrolled in the Medicare Advantage plan was requested from HSS. The information provided by HSS was used as the "source of truth" to compare eligibility files at UHC. A random sample of eligibility files were selected by Aon Hewitt and then sent to UHC to record the enrollment information on file.
- Once completed, the information on file at UHC was compared to the "source of truth" document. Any discrepancies were flagged for an additional review. Aon worked with HSS and UHC to determine the cause for the discrepancy, to obtain the information needed to correct the discrepancy, and to confirm the discrepancy was corrected.

Summary Findings and Observations

Of the files reviewed:

- 101 retiree and 20 split family files correctly matched UHC's files
- 101 retiree and 20 split family files correctly matched the "source of truth"
- A total of 7 files (2 retiree and 5 split family) were flagged for an additional review
 - Three files did not have the Medicare number that CMS assigned, once HSS staff verified the CMS assigned Medicare number, the files were correctly loaded
 - Four files were reviewed due the fact that the dependent's enrollment date was one month later than the subscriber. This was verified as correct.
 - After further review, all discrepancies were resolved and no programming issues were identified on the "source of truth" or on the UHC files

Conclusion

Based on the eligibility review, Aon has concluded:

- UHC correctly loaded each eligibility file from the audit sample based on the information provided by HSS.
- Processes in place identifying discrepancies between the information reported by HSS and the information on file with CMS are working properly.
- UHC's system is able to handle eligibility files with multiple Medicare effective dates.
- In addition, UHC is able to correctly map split families with non-Medicare eligible dependents to the correct HSS PPO plan.