

Florida Medicaid SMMC Compliance Actions FY17/18



DEFINITIONS

- ❖ **Corrective Action Plan** - In certain instances of non-compliance with the contract, the Agency may require a managed care plan to submit a corrective action plan (CAP), which is a plan to be put in place outlining how the managed care plan will remedy the non-compliance
- ❖ **Liquidated Damage** - In some cases, the Agency will impose liquidated damages in writing against the Managed Care Plan for a breach of contract. The liquidated damages are not intended to be in the nature of a penalty, but are intended to be reasonable estimates of the Agency's projected financial loss and damage resulting from the Managed Care Plan's nonperformance, including financial loss as a result of project delays.
- ❖ **Sanction** - In the event the Agency identifies a violation of or other non-compliance with the contract by a managed care plan, the Agency may sanction the Managed Care Plan. Sanctions can be monetary or non-monetary, including, but not limited to enrollment freezes or temporary management of the managed care plan.
- ❖ **Marketing** - Actions within this category stem from noncompliance with Attachment II, Section III of the SMMC contract, and may include violations related to the following:
 - Use of unapproved marketing materials
 - Use of unlicensed marketing agents
 - Marketing at unapproved events
 - Untimely and/or Inaccurate reporting
- ❖ **Enrollee Grievances and Appeals** - Actions within this category stem from violations of Attachment II, Section IV of the SMMC contract and may include violations related to the following:
 - Enrollee materials
 - Grievance process
 - Untimely and/or Inaccurate reporting
- ❖ **Medicaid Fair Hearing** - Actions within this category stem from violations of Attachment II, Section IV of the SMMC contract and may include violations related to the following:
 - Failure of the health plan to provide a witness
 - Failure to attend
 - Evidentiary Materials
 - Submit evidence packet timely

PLEASE NOTE: The following information relates to compliance actions issued for FY 17/18.

- Continuation of benefits
- Final order noncompliance
- ❖ **Covered Services** - Actions within this category stem from violations of Attachment II, Section V of the SMMC contract and may include violations related to the following:
 - Service specific requirements
 - Care coordination/case management
 - Medical Necessity/EPSDT
 - Untimely and/or Inaccurate reporting
- ❖ **Provider Network** - Actions within this category stem from violations of Attachment II, Section VI of the SMMC contract and may include violations related to the following:
 - Network adequacy standards
 - Network development and management plan
 - Provider credentialing and contracting
 - Provider complaint system
- ❖ **Quality and Utilization Management** - Actions within this category stem from violations of Attachment II, Section VII of the SMMC contract and may include violations related to the following:
 - Performance measures
 - Performance improvement projects
 - Satisfaction and experience surveys
 - Utilization management
 - Untimely and/or Inaccurate reporting
- ❖ **Administration and Management** - Actions within this category stem from violations of Attachment II, Section VIII of the SMMC contract and may include violations related to the following:
 - Organizational governance and staffing
 - Subcontract content requirements
 - System and data integration requirements
 - Claims and provider payment
 - Encounter requirements
 - Fraud and abuse
- ❖ **Finance** - Actions within this category stem from violations of Attachment II, Section IX and X of the SMMC contract and may include violations related to the following:
 - Financial reporting
 - Insolvency requirements

- Surplus requirements
 - Third party resources
 - Financial audits
 - Untimely and/or Inaccurate reporting
- ❖ **Reporting** - Actions within this category stem from violations of Attachment II, Section II of the SMMC contract and may include violations related to the following:
- Ad hoc requests
 - HIPPA reporting

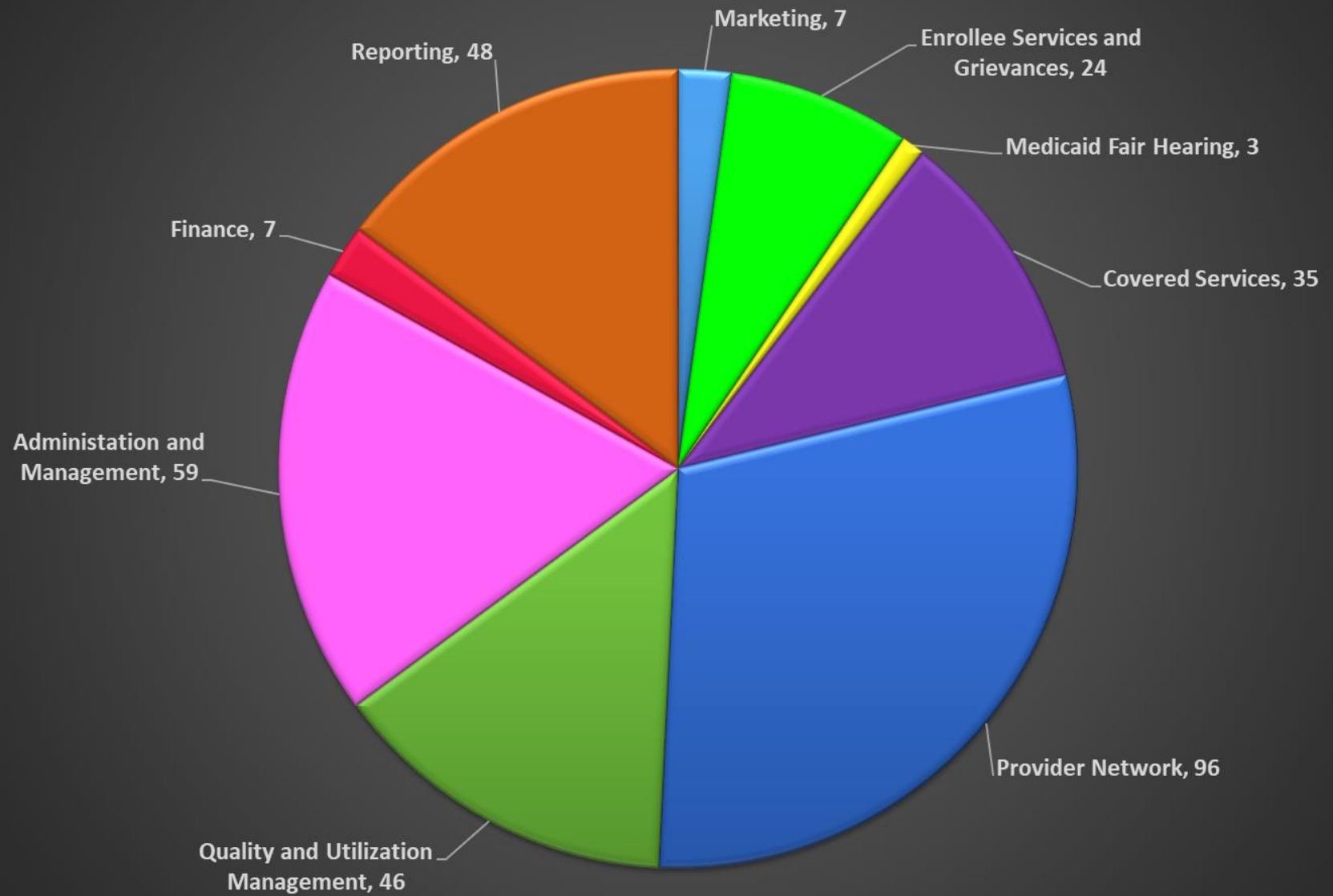
SMMC FINAL ACTIONS BY ISSUE TYPE

FY 17/18

	AHJ/Positive	AEC	AmeriGroup	Better	CCP	Clear	CHSN	Coventry	Freedom	Humana	Magellan	Molina	Prestige	Simply	Staywell	Sunshine	United	Total
Marketing	1	0	0	0	0	0	0	0	0	1	0	0	0	2	1	0	2	7
FAILURE TO COMPLY WITH MARKETING REQUIREMENTS	1									1				2	1		2	7
Enrollee Services and Grievances	1	0	2	0	1	1	0	1	0	3	0	3	2	1	2	1	6	24
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS	1		2		1	1		1		3		3	2	1	2	1	6	24
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
FAILURE TO PROVIDE WITNESS																	1	1
FAILURE TO SUBMIT EVIDENCE PACKET																	1	1
FAILURE TO TIMELY FILE CASE FILE FOR MFH																	1	1
Covered Services	0	0	3	1	0	2	0	1	0	3	0	2	2	1	6	4	10	35
MEDICAL NECESSITY/EPSTOT																	1	1
TRANSPORTATION			2	1		2		1		1		2	2	1	4	2	4	22
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS										1						2	5	8
FAILURE TO PROVIDE COVERED SERVICES			1							1					2			4
Provider Network	7	0	9	4	2	4	0	4	1	10	3	9	8	5	9	10	11	96
FAILURE TO MEET PROVIDER NETWORK STANDARDS	1		6	2		2		1		4	3	4	4	1	5	5	6	44
FAILURE TO SUBMIT PROVIDER NETWORK FILE	2		1		2			1		1		1	1					9
FAILURE OF PROVIDER CONTRACT TO COMPLY WITH CONTRACT			1	1		1			1	1		1	1	1	1	1	1	11
FAILURE TO FILE ACCURATE REPORT												1						1
FAILURE TO UPDATE PRINTED DIRECTORIES	1							1				1				1	1	5
FAILURE TO UPDATE ONLINE DIRECTORIES	3		1	1		1		1		4		1	2	3	3	3	3	26
Quality and Utilization Management	2	0	6	1	1	2	0	4	0	3	3	6	2	1	3	7	5	46
FAILURE TO COMPLY WITH CARE COORDINATION REQ			3			1		1		1	1	3	1		2	3	2	18
PERFORMANCE MEASURES	2		3	1	1	1		3		2	2	3	1	1	1	4	3	28
Administration and Management	1	0	13	4	3	3	0	4	0	7	1	5	1	1	7	3	6	59
CLAIMS PROCESSING			6					3		6		3			2	2	5	27
FAILURE TO IMPOSE PAYMENT SUSPENSION													1		1			2
FAILURE TO COMPLY WITH PROVIDER COMPLAINT SYSTEM REQ												1						1
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS	1		7	4	3	3		1		1	1	1		1	4	1	1	29
Finance	0	0	1	1	1	0	0	0	0	0	1	0	0	1	0	1	1	7
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS			1								1							1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS				1	1									1		1	1	6
Reporting	1	0	7	2	4	3	0	3	0	5	2	4	3	3	4	4	3	48
FAILURE TO RESPOND TO AD HOC REQUEST			1								2		3	3	4	4	3	1
INACCURATE REPORTING					1													1
FAILURE TO TIMELY REPORT SUSPECTED FRAUD/ABUSE												1	1					2
HIPPA			1							1				1				3
FAILURE TO FILE ACCURATE REPORT	1		5	2	3	3		3		4	2	3	2	2	4	4	3	41
TOTAL NUMBER OF ACTIONS:	13	0	41	13	12	15	0	17		32	10	29	18	15	32	30	47	325
TOTAL LD DOLLAR AMOUNT:	\$3,000		\$ 1,176,225	\$ 568,800	\$ 313,100	\$ 122,200		\$ 611,050	\$ 43,203	\$ 1,998,850	\$ 2,451,775	\$ 3,794,550	\$ 2,916,500	\$ 226,300	\$ 2,559,650	\$ 6,742,350	\$ 2,863,750	\$ 26,391,303
TOTAL SANCTION DOLLAR AMOUNT:												\$150,000	\$2,500		\$5,000		\$2,500	\$160,000
GRAND TOTAL - NUMBER OF ACTIONS:	325																	
GRAND TOTAL - DOLLAR AMOUNT:	\$26,551,303																	

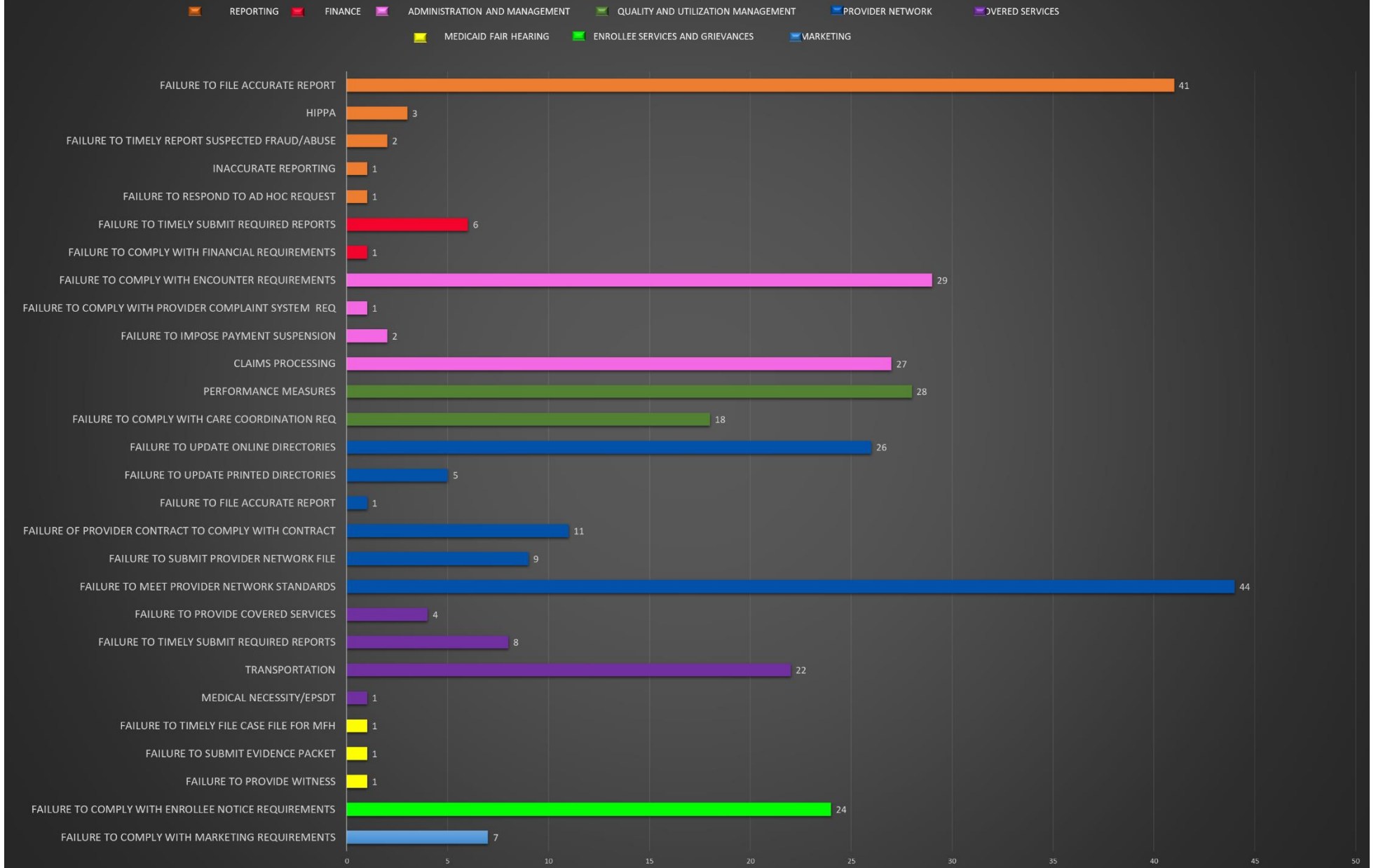
FY 17/18

SMMC FINAL ACTIONS BY CATEGORY FY 17/18



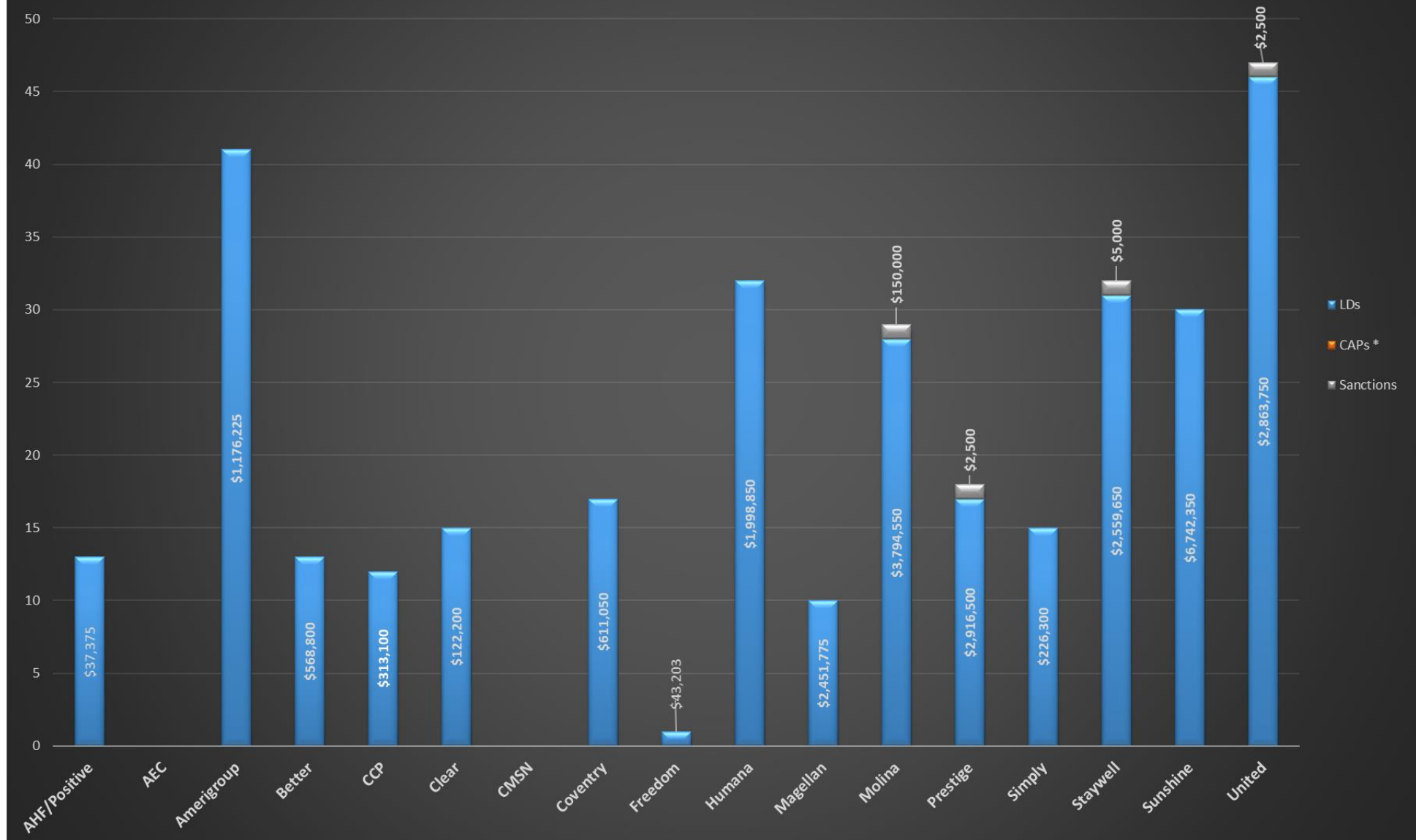
FY 17/18

SMMC FINAL ACTIONS BY SUB-CATEGORY FY 17/18



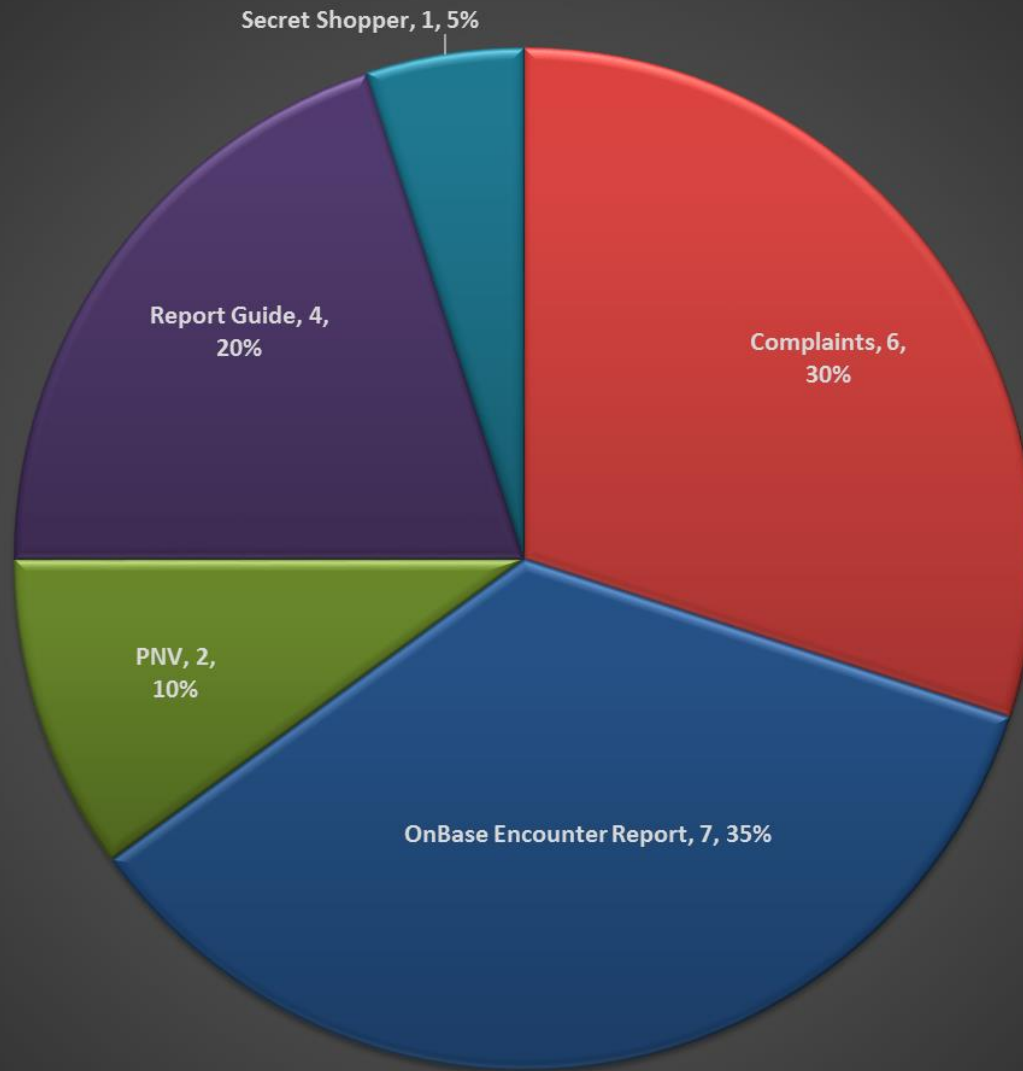
FY 17/18

SMMC FINAL ACTION TYPE BY PLAN FY 17/18



FY 17/18

**SMMC FINAL ACTIONS BY DATA SOURCE
Q1 FY 17/18**

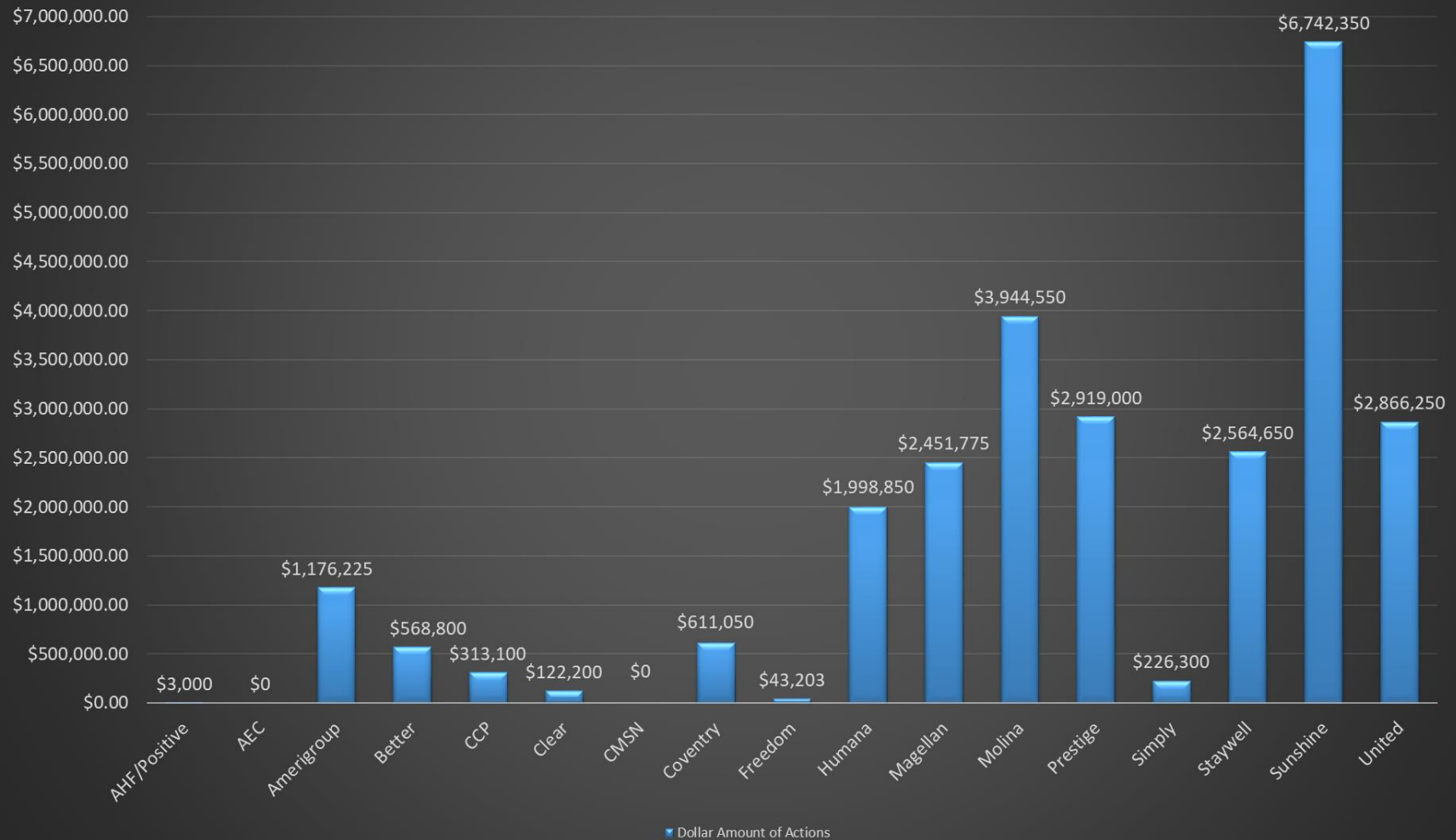


FY 17/18

SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS

FY 17/18

\$26,551,303



FY 17/18