

Florida Medicaid SMMC Compliance Actions Q1-Q4 FY16/17



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

PLEASE NOTE: The following information relates to compliance actions issued for Q1-Q4 FY 16/17. Only actions that have been finalized are contained in the following information.

Q1-Q4 FY 16/17

- Submit evidence packet timely
- 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

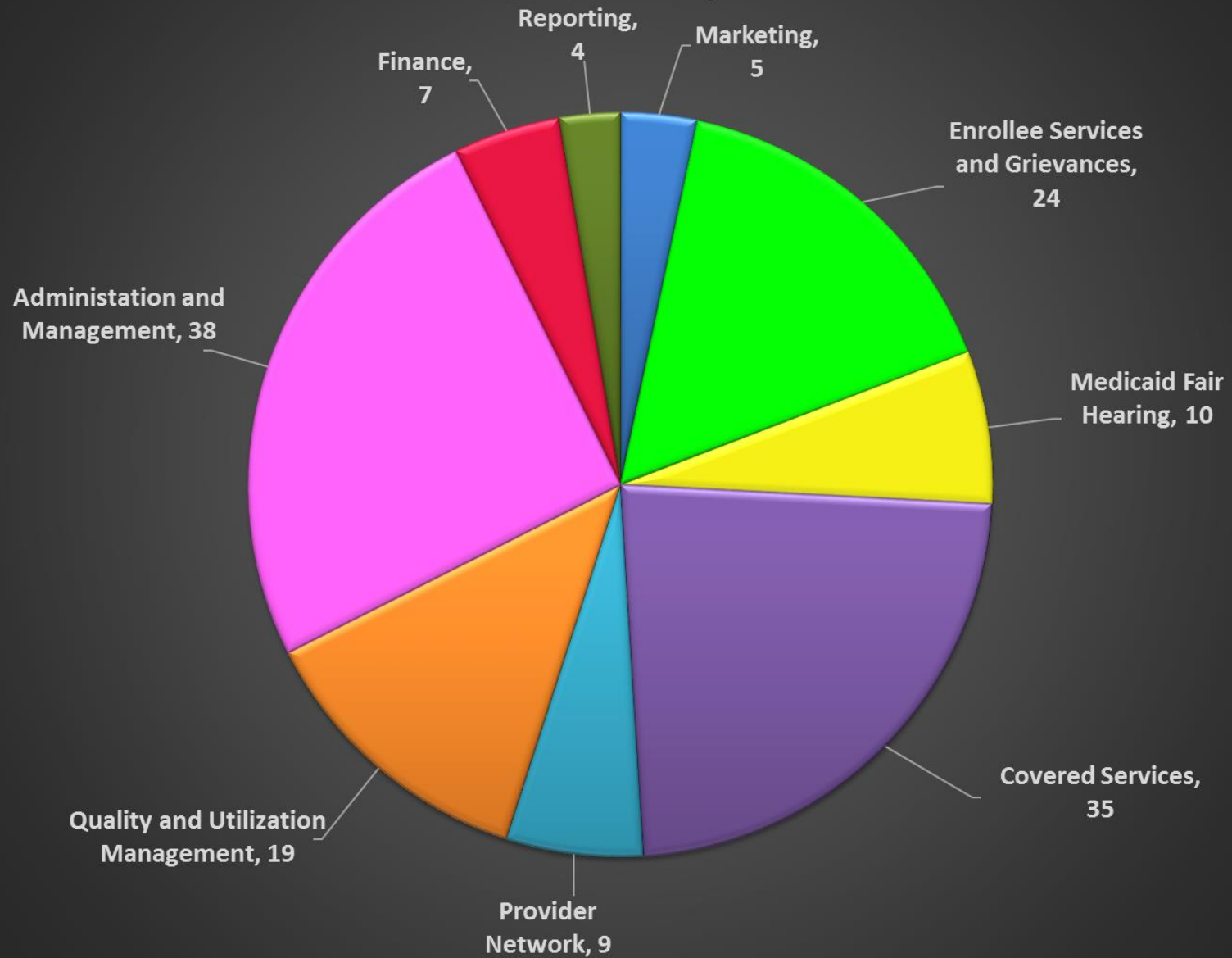
SMMC FINAL ACTIONS BY ISSUE TYPE

Q1-Q4 FY16/17

	AHF/Positive	AEC	Amerigroup	Better	CCP	Clear	CMSN	Coventry	Humana	Magellan	Molina	Prestige	Simply	Staywell	Sunshine	United	Total
Marketing	0	0	0	0	0	0	0	0	0	1	2	0	0	1	0	1	5
UNAPPROVED MATERIALS											2						2
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS																1	1
FAILURE TO OBTAIN APPROVAL										1							1
FAILURE TO COMPLY WITH MARKETING REQUIREMENTS														1			1
Enrollee Services and Grievances	0	1	1	2	0	2	0	1	3	0	0	1	2	3	3	5	24
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS		1	1	2		2		1	3			1	2	3	3	4	23
FAILURE TO FILE ACCURATE REPORT																1	1
Medicaid Fair Hearing	0	0	3	1	0	0	0	0	0	0	1	2	0	1	0	2	10
FAILURE TO PROVIDE WITNESS												1		1			2
FAILURE TO SUBMIT EVIDENCE PACKET			3									1				1	5
FAILURE TO ATTEND MFH				1							1					1	3
Covered Services	0	0	6	1	0	1	0	5	3	1	4	1	0	3	3	7	35
FAILURE TO PROVIDE COC												1					1
FAILURE TO COMPLY WITH CARE COORDINATION REQ			1					2	2							2	7
TRANSPORTATION			1	1		1			1	1	1					4	10
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS			1					3							3	1	8
FAILURE TO PROVIDE COVERED SERVICES			3								3			3			9
Provider Network	0	0	0	0	0	0	0	0	3	1	1	3	0	0	1	0	9
FAILURE TO MEET PROVIDER NETWORK STANDARDS									1	1		2					4
FAILURE TO UPDATE ONLINE DIRECTORIES									2		1	1			1		5
Quality and Utilization Management	1	1	2	1	1	1	0	1	1	1	2	1	1	1	2	2	19
PERFORMANCE MEASURES	1	1	2	1	1	1		1	1	1	2	1	1	1	2	2	19
Administration and Management	1	0	3	3	2	5	0	2	3	1	4	6	3	2	3	0	38
CLAIMS PROCESSING								1	1		1	1			1		5
FAILURE TO OBTAIN APPROVAL									1								1
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS	1		3	3	2	5		1	1	1	3	5	3	2	2		32
Finance	3	0	1	1	0	0	0	0	1	0	0	0	1	0	0	0	7
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS	2								1								3
FAILURE TO FILE ACCURATE REPORT	1																1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS			1	1									1				3
Reporting	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	4
HIPPA									1							2	3
INACCURATE REPORTING														1			1
TOTAL NUMBER OF ACTIONS:	5	2	16	9	3	9	0	9	15	5	14	14	7	12	12	19	151
TOTAL LD DOLLAR AMOUNT:	\$40,200	\$ 3,100	\$ 536,400	\$ 537,600	\$ 288,300	\$ 750,000		\$ 286,900	\$ 880,500	\$ 2,558,450	\$ 999,600	\$ 2,085,500	\$ 392,200	\$ 2,747,600	\$ 3,810,900	\$ 1,333,500	\$ 17,250,750
TOTAL SANCTION DOLLAR AMOUNT:	\$2,500		\$10,000						\$2,500		\$7,500			\$7,500			\$30,000
GRAND TOTAL - NUMBER OF ACTIONS:	151																
GRAND TOTAL - DOLLAR AMOUNT:	\$17,280,750																

Q1-Q4 FY 16/17

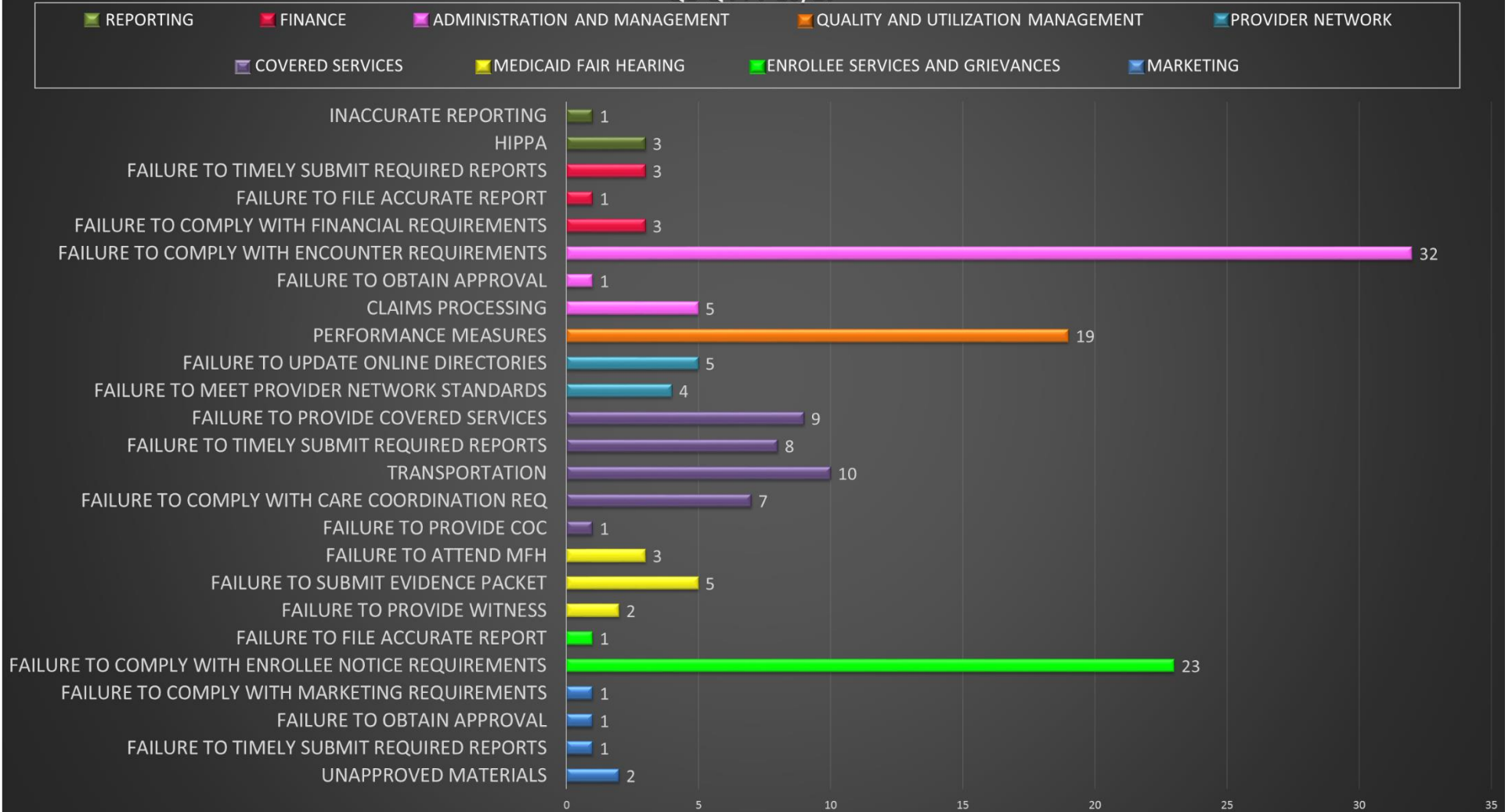
SMMC FINAL ACTIONS BY CATEGORY Q1-Q4 FY 16/17



Q1-Q4 FY 16/17

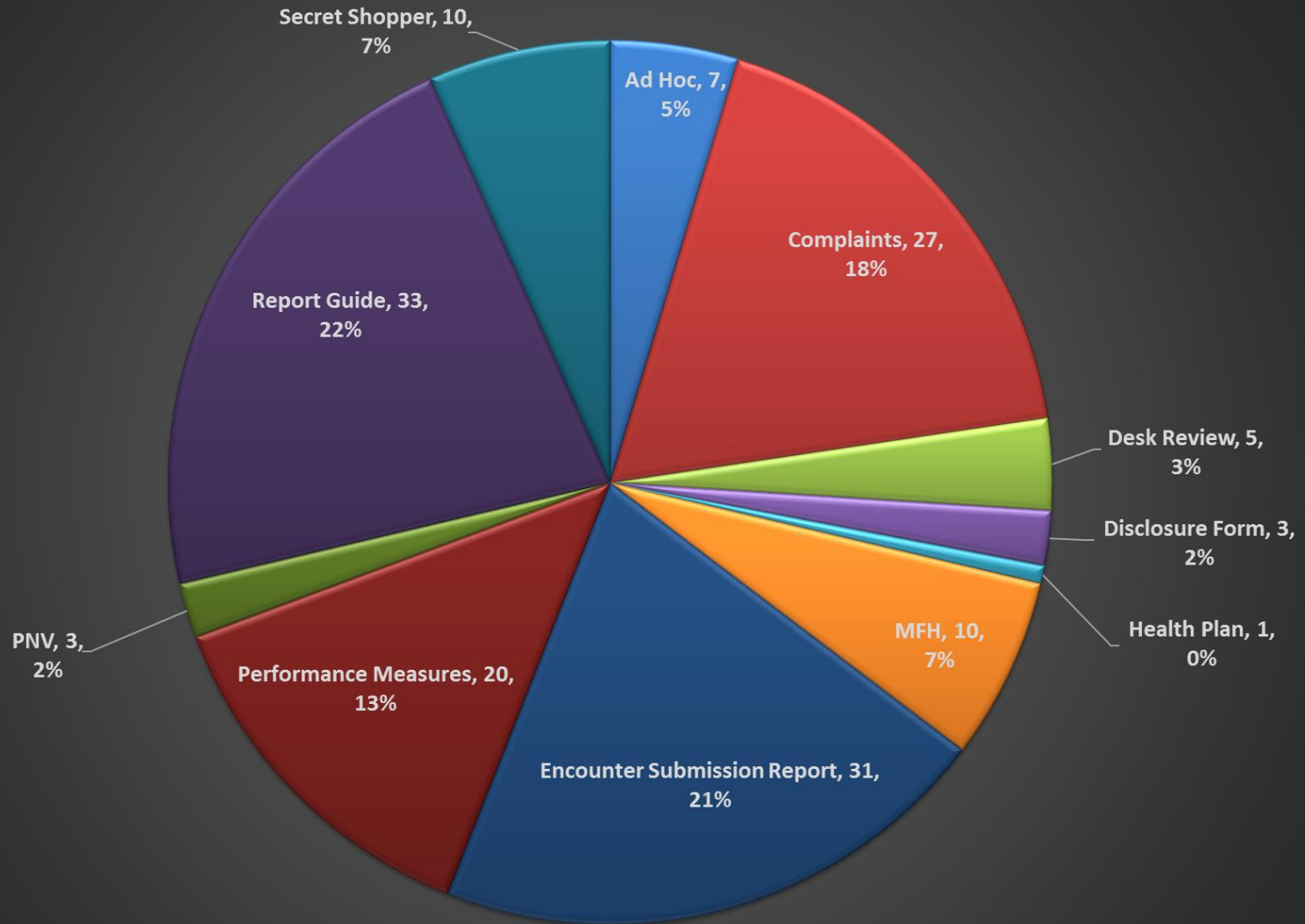
SMMC FINAL ACTIONS BY SUB-CATEGORY

Q1-Q4 FY 16/17



Q1-Q4 FY 16/17

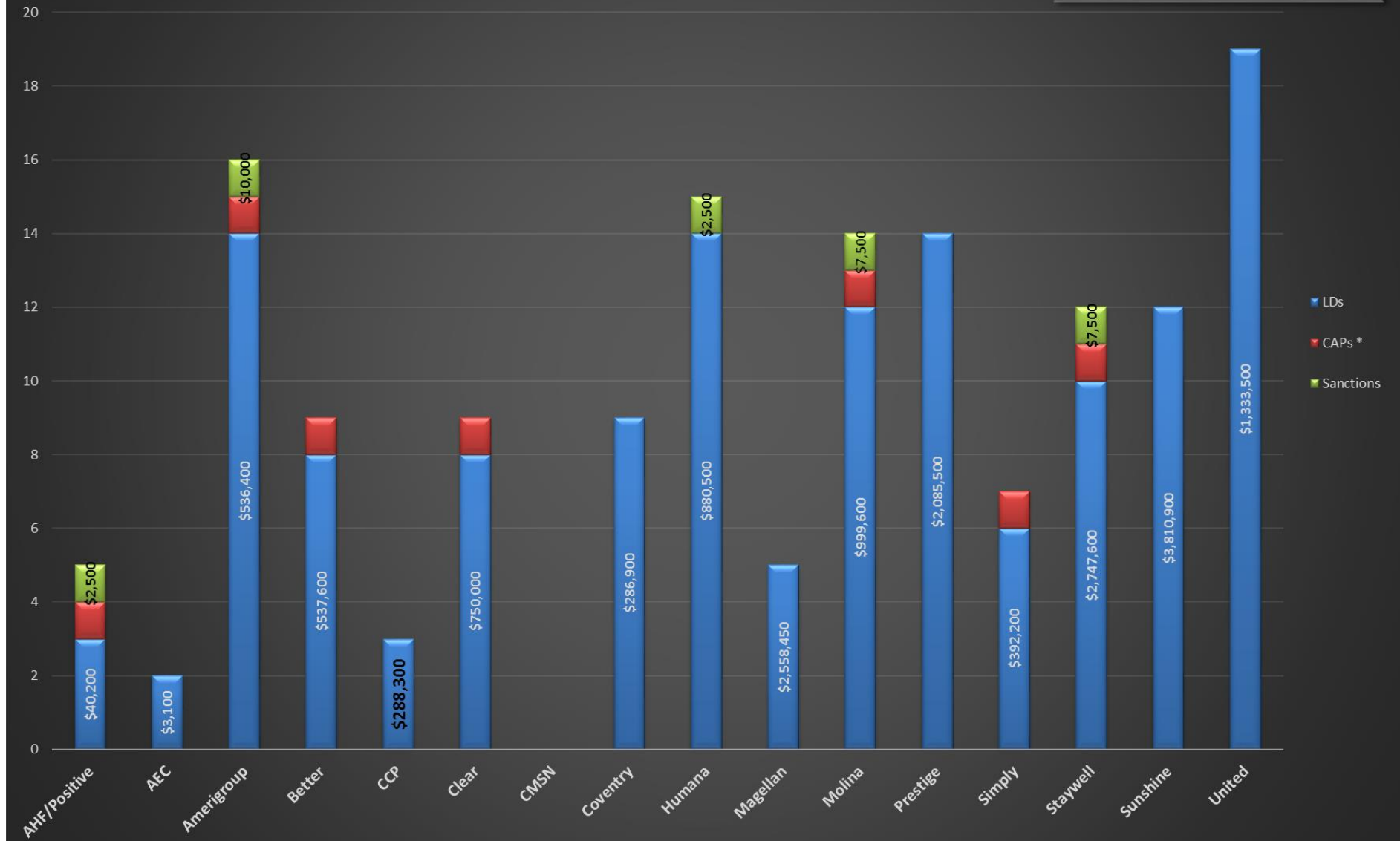
SMMC FINAL ACTIONS BY DATA SOURCE Q1-Q4 FY 16/17



Q1-Q4 FY 16/17

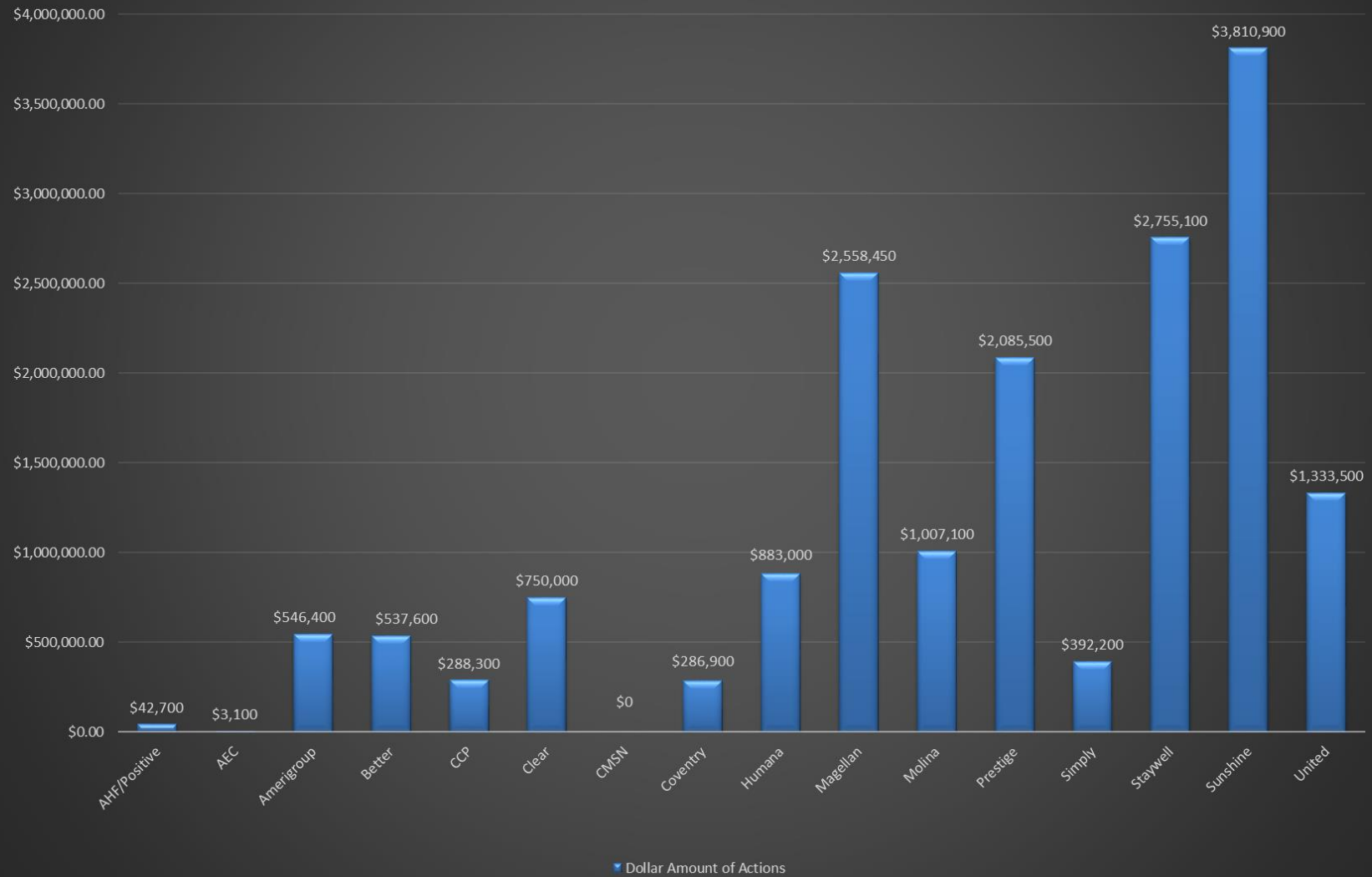
SMMC FINAL ACTION TYPE BY PLAN Q1-Q4 FY 16/17

* CAPs are non-monetary in nature.



Q1-Q4 FY 16/17

SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS
Q1-Q4 FY 16/17
\$17,280,750



Q1-Q4 FY 16/17