DEFINITIONS

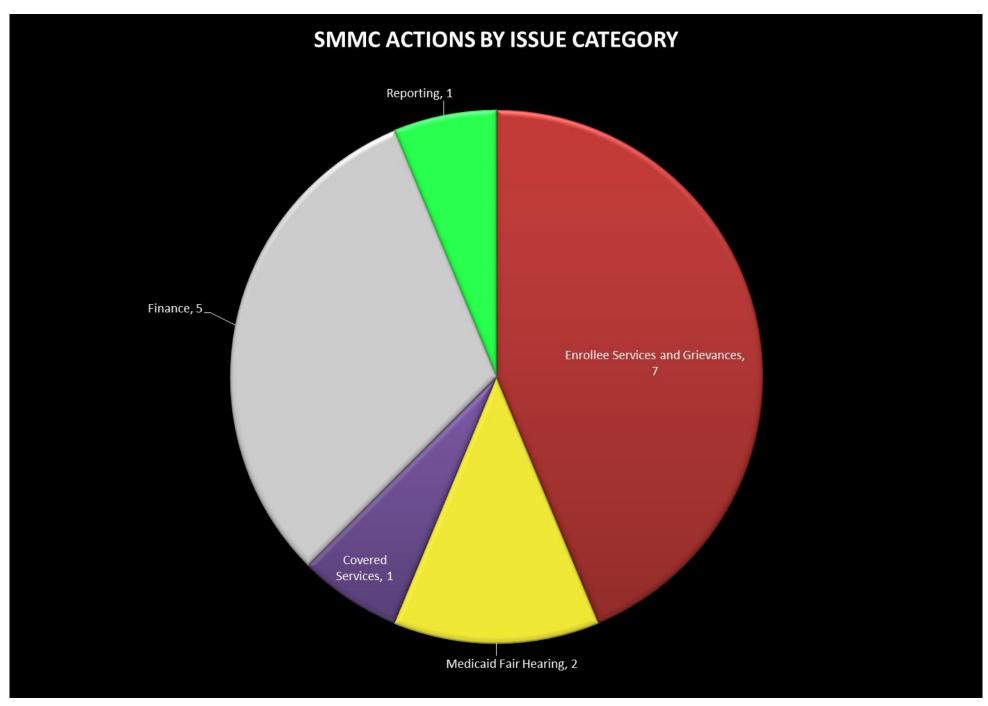
- Corrective Action Plan In certain instances of non-compliance with the contract, the Agency may require a managed care plan to submit a corrective action plan (CAP), which is a plan to be put in place outlining how the managed care plan will remedy the non-compliance
- Liquidated Damage In some cases, 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 Q1 FY 16/17. Only actions that have been finalized are contained in the following information. Pending actions were also issued in Q1 FY 16/17, but have yet to be finalized.

- 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

Q1 FY 16/17 **SMMC FINAL ACTIONS BY ISSUE TYPE** Amerigroup Coventry Magellan Sunshine Humana Stopmen! Molina Simply Chish Clear Total Marketing **Enrollee Services and Grievances** FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS **Medicaid Fair Hearing FAILURE TO PROVIDE WITNESS** FAILURE TO SUBMIT EVIDENCE PACKET **Covered Services** FAILURE TO TIMELY SUBMIT REQUIRED REPORTS **Provider Network Quality and Utilization Management Administation and Management** Finance FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS FAILURE TO FILE ACCURATE REPORT FAILURE TO TIMELY SUBMIT REQUIRED REPORTS Reporting HIPPA Total: **GRAND TOTAL: 16** TOTAL DOLLARS: \$74,500



FY 16/17

