## Florida Medicaid Statewide Medicaid Managed Care (SMMC) Compliance Actions Quarter 1 Fiscal Year 18/19



## **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 18/19. Only actions that have been finalized are contained in the following information.

- 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 FY 18/19															
	AHF POSITIVE	4merigroup	Better	\&	Clear	Covering	Humana	Mageallan	Molina	Prestige	Simoly	Sispwell	Sunshine	United	Total
Marketing	0	0	0	0	0	0 0	0	0	0	0	0	1	0	0	1
FAILURE TO COMPLY WITH MARKETING REQUIREMENTS												1			1
Enrollee Services and Grievances	0	1	0	0	0	0 0	1	0	0	1	1	1	0	1	6
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS		1					1			1	1	1		1	6
Medicaid Fair Hearing	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0
Covered Services	0	1	0	0	1	0 0	1	1	4	1	0	1	1	1	12
TRANSPORTATION		1			1		1	1	1	1		1	1	1	9
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS									3						3
Provider Network	0	0	0	0	0	0 0	1	0	1	0	0	0	0	0	2
FAILURE TO MEET PROVIDER NETWORK STANDARDS							1		1						2
Quality and Utilization Management	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0
Administation and Management	0	2	0	2	0	0 0	3	2	4	2	2	3	3	5	28
CLAIMS PROCESSING		2		2			3	2	4	2	2	3	3	5	28
Finance	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0
Reporting	1	0	0	0	0	0 0	0	0	0	0	0	0	0	0	1
INACCURATE REPORTING	1														1
TOTAL NUMBER OF ACTIONS:	1	4	0	2	1	0 0	6	3	9	4	3	6	4	7	50
TOTAL LD DOLLAR AMOUNT:	\$56,000	\$ 88,000		\$ 10,000	\$ 9,500		\$ 91,000	\$ 85,500	\$ 193,750	\$ 46,250	\$ 30,250	\$ 196,250	\$ 256,500	\$ 111,000	\$ 1,174,000
TOTAL SANCTION DOLLAR AMOUNT:															\$0
GRAND TOTAL - NUMBER OF ACTIONS:	50														
GRAND TOTAL - DOLLAR AMOUNT:	\$1,174,000														









