Florida Medicaid SMMC Compliance Actions Q2 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

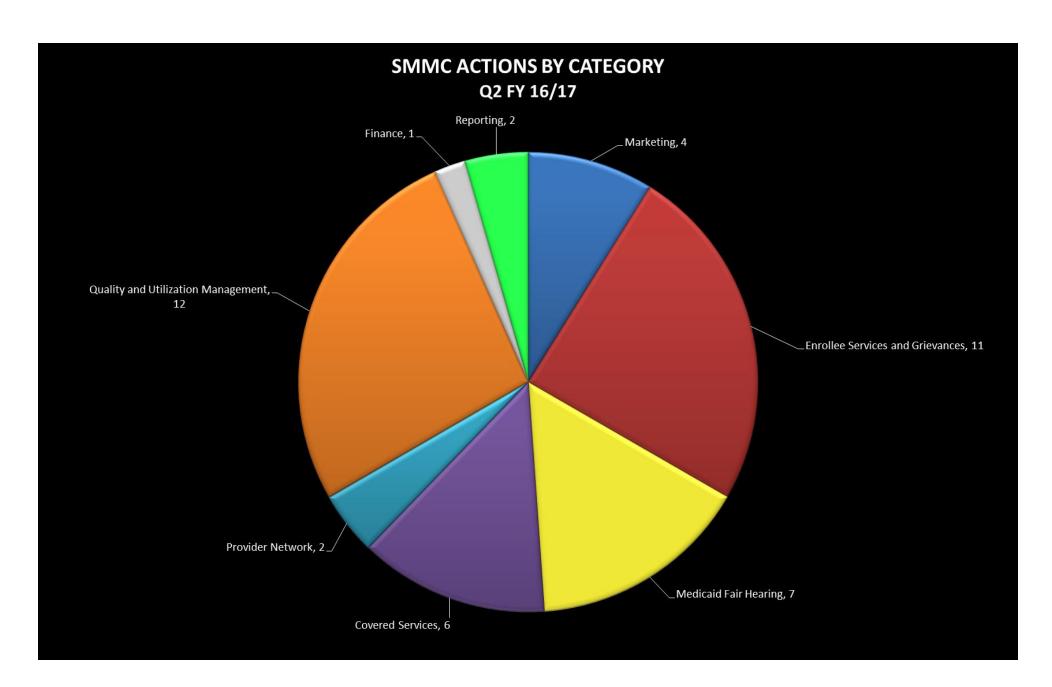
PLEASE NOTE: The following information relates to compliance actions issued for Q2 FY 16/17. Only actions that have been finalized are contained in the following information. Pending actions were also issued in Q2 FY 16/17, but have yet to be finalized. Charts for pending actions can be found on pages 11-14.

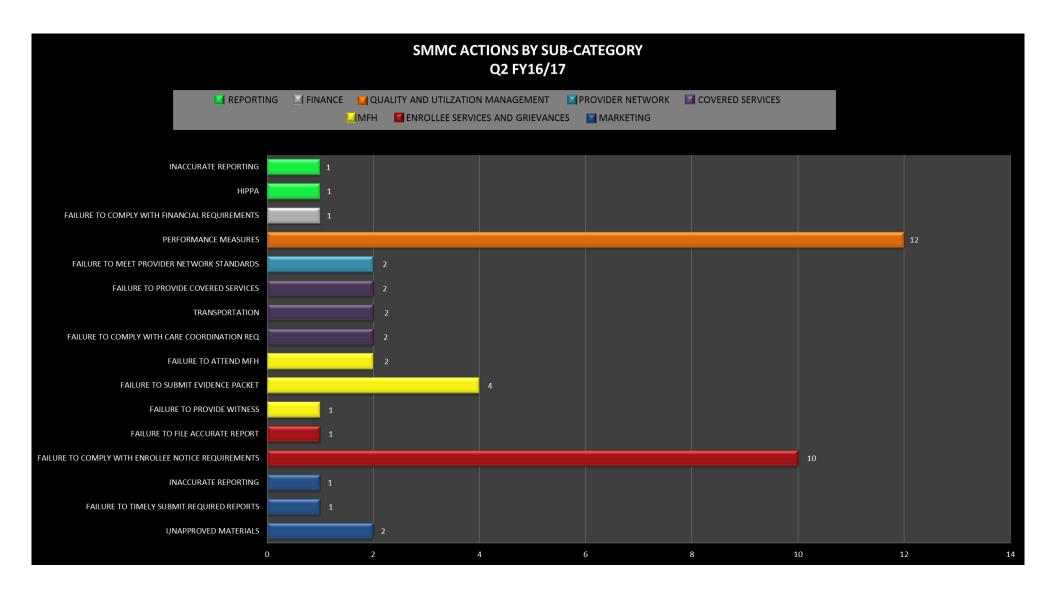
- Evidentiary Materials
- Submit evidence packet timely
- Continuation of benefits
- > Final order noncompliance
- Covered Services Actions within this category stem from violations of Attachment II, Section V of the SMMC contract and may include violations related to the following:
 - Service specific 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

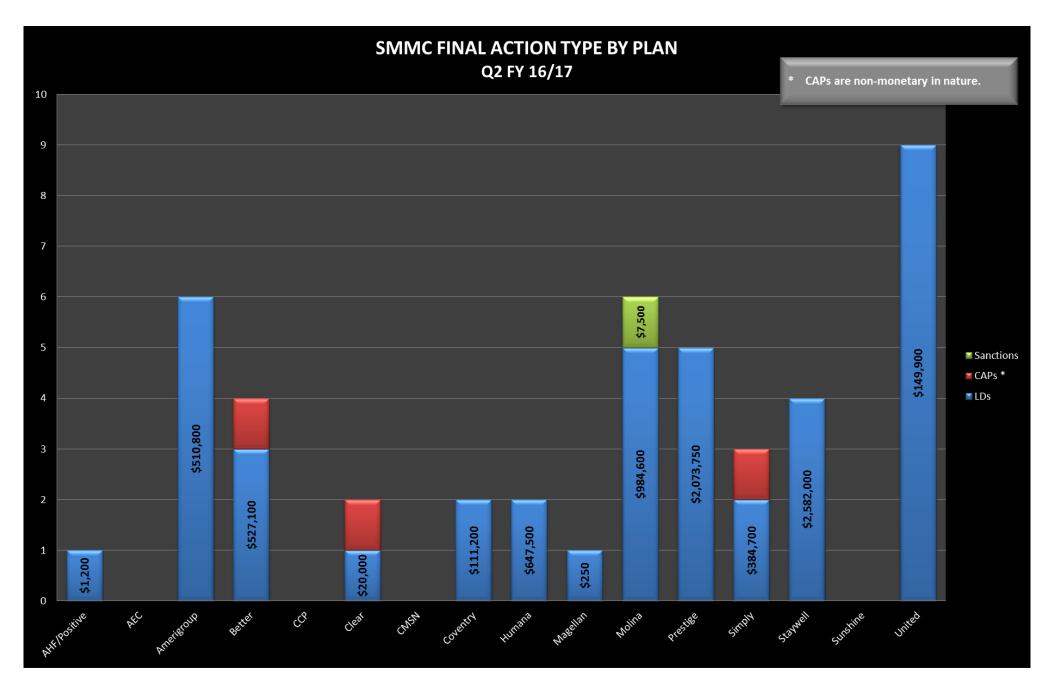
related to the following:

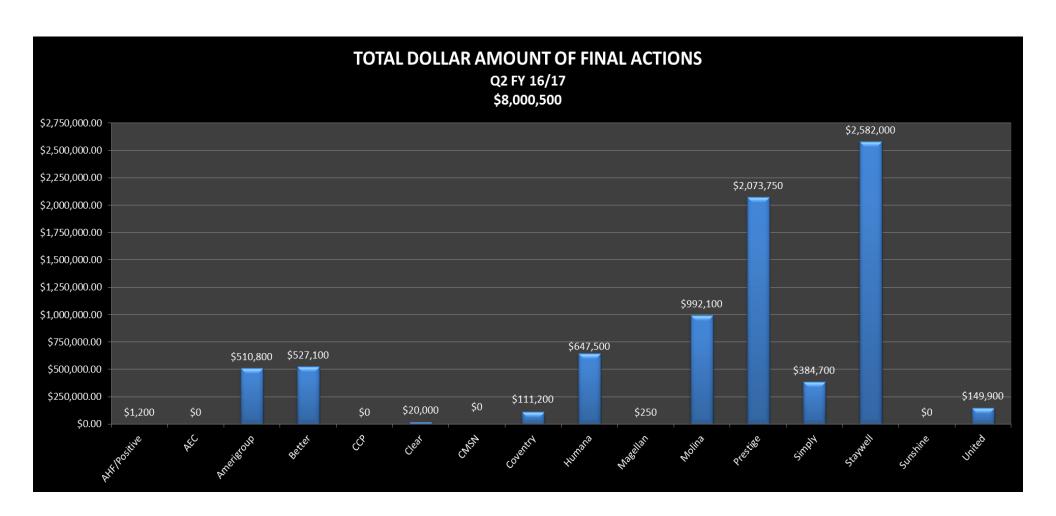
- Financial reporting
- Insolvency requirements
- Surplus requirements
- > Third party resources
- Financial audits
- Untimely and/or Inaccurate reporting
- Reporting Actions within this category stem from violations of Attachment II, Section II of the SMMC contract and may include violations related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

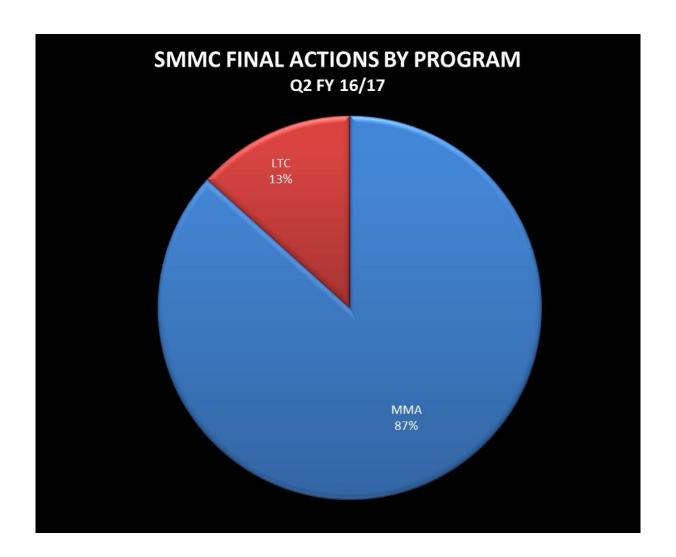
SMMC FINAL ACTIONS BY ISSUE TYPE Q2 FY16/17																	
	AHE POSITIVE			25/20/0 169/0		Nsw Conemin		tumana enemny	Magenlan	Molina	Prestige	Namis	Stapwell	Surshine		Total	
Marketing	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	1	4
UNAPPROVED MATERIALS											2						2
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS																1	1
INACCURATE REPORTING														1			1
Enrollee Services and Grievances	0	0	0	2	0	2	0	0	0	0	0	1	2	1	0	3	11
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS				2		2						1	2	1		2	10
Medicaid Fair Hearing	0	0	3	1	0	0	0	0	0	0	0	2	0	0	0	1	7
FAILURE TO PROVIDE WITNESS												1					1
FAILURE TO SUBMIT EVIDENCE PACKET			3									1					4
FAILURE TO ATTEND MFH				1												1	2
Covered Services	0	0	1	0	0	0	0	1	0	0	2	0	0	0	0	2	6
FAILURE TO COMPLY WITH CARE COORDINATION REQ								1								1	2
TRANSPORTATION			1													1	2
FAILURE TO PROVIDE COVERED SERVICES											2						2
Provider Network	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2
FAILURE TO MEET PROVIDER NETWORK STANDARDS										1		1					2
Quality and Utilization Management	1	0	2	1	0	0	0	1	1	0	2	1	1	1	0	1	12
PERFORMANCE MEASURES	1		2	1				1	1		2	1	1	1		1	12
Administation and Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Finance	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS									1								1
Reporting	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
HIPPA																1	1
INACCURATE REPORTING														1			1
TOTAL NUMBER OF ACTIONS	1	0	6	4	0	2	0	2	2	1	6	5	3	4	0	9	45
TOTAL LD DOLLAR AMOUNT:	\$1,200		\$510,800	\$527,100		\$20,000		\$111,200	\$647,500	\$250	\$984,600	\$2,073,750	\$384,700	\$2,582,000		\$149,900	\$7,993,000
TOTAL SANCTION DOLLAR AMOUNTS											\$7,500						\$7,500
GRAND TOTAL - NUMBER OF ACTIONS	45																
GRAND TOTAL - DOLLAR AMOUNT	\$8,000,500																

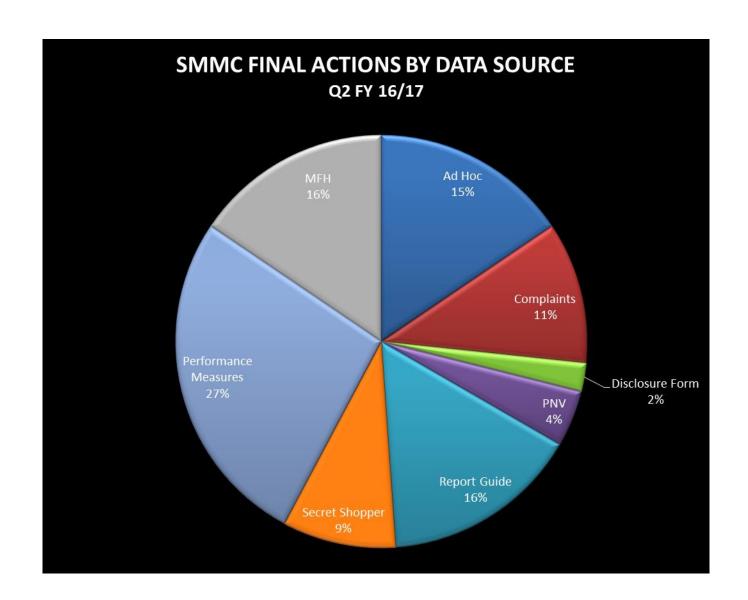












SMMC PENDING ACTIONS BY ISSUE TYPE																	
Q2 FY16/17																	
	4HFI POSITIVE	Amerigany Better		Better	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		None One of the state of the st		Mumana	Mageellan	Molina	Prestige Prestige	Simony	liomdeis 25	Sunst	United	Total
Marketing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enrollee Services and Grievances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Covered Services	0	0	0	0	0	0	0	0	0	0	1	0	0	3	0	1	5
TRANSPORTATION																1	1
FAILURE TO PROVIDE COVERED SERVICES											1			3			4
Provider Network	0	0	0	0	0	0	0	0	1	0	1	1	0	0	1	0	4
FAILURE TO UPDATE ONLINE DIRECTORIES									1		1	1			1		4
Quality and Utilization Management	0	1	0	0	1	1	0	1	0	1	0	0	0	0	1	1	7
PERFORMANCE MEASURES		1			1	1		1		1					1	1	7
Administation and Management	0	0	1	1	1	1	0	0	0	0	0	1	1	1	0	0	7
CLAIMS PROCESSING														1			1
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS			1	1	1	1						1	1				6
Finance	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS									1								1
Reporting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NUMBER OF ACTIONS:	0	1	1	1	2	2	0	1	2	1	2	2	1	4	2	2	24
TOTAL LD DOLLAR AMOUNT:		##	\$ 2,000	\$ 1,000	##	\$723,500		\$112,200	\$ 1,000	\$2,554,700	\$ 1,000	\$ 2,000	\$ 1,000	\$ 169,600	###	\$1,097,600	\$9,229,600
TOTAL SANCTION DOLLAR AMOUNT:																	\$ -
GRAND TOTAL - NUMBER OF ACTIONS:	24																
GRAND TOTAL - DOLLAR AMOUNT:	\$9,229,600																

