Florida Medicaid Statewide Medicaid Managed Care (SMMC) Compliance Actions Quarter 2 Fiscal Year 17/18



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 Q2 FY 17/18. 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 Q2 FY 17/18																
	AHF POSING	Aetha	Ameri Broup	Better	/&	Clear	Chish	Humana	wellased a	Molina	Prestile	Mauis	llandess	Sunshine	Unied	Total
Marketing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
FAILURE TO COMPLY WITH MARKETING REQUIREMENT	S														2	2
Enrollee Services and Grievances	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIRE	MENTS									1						1
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
FAILURE TO PROVIDE WITNESS															1	1
FAILURE TO SUBMIT EVIDENCE PACKET															1	1
Covered Services	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	4
TRANSPORTATION													1		1	2
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS															1	1
FAILURE TO PROVIDE COVERED SERVICES													1			1
Provider Network	2	1	1	0	0	0	0	0	0	0	0	1	3	2	2	12
FAILURE TO MEET PROVIDER NETWORK STANDARDS		1	1										1		1	4
FAILURE TO UPDATE ONLINE DIRECTORIES	2											1	2	2	1	8
Quality and Utilization Management	0	1	2	1	1	0	0	1	2	3	1	1	0	0	0	13
PERFORMANCE MEASURES		1	2	1	1			1	2	3	1	1				13
Administation and Management	0	0	5	1	1	1	0	0	0	0	0	0	1	2	3	14
CLAIMS PROCESSING			2										1	1	2	6
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENT	S		3	1	1	1								1	1	8
Finance	0	0	1	1	1	0	0	0	1	0	0	1	0	1	1	7
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS			1													1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS				1	1				1			1		1	1	6
Reporting	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
HIPPA			1													1
TOTAL NUMBER OF ACTIONS:	2	2	10	3	3	1	0	1	3	4	1	3	6	5	12	56
TOTAL LD DOLLAR AMOUNT:	\$3,000	\$20,650	\$803,650	\$532,300	\$254,200	\$ 1,000		\$13,000	\$ 2,412,775	\$3,338,300	\$2,726,500	\$174,300	\$106,000	\$14,500	\$50,500	\$ 10,450,675
TOTAL SANCTION DOLLAR AMOUNT:																\$0
GRAND TOTAL - NUMBER OF ACTIONS:	56															
GRAND TOTAL - DOLLAR AMOUNT:	\$10,450,675															









