

**Florida Medicaid  
Statewide Medicaid Managed  
Care (SMMC)  
Compliance Actions  
Quarter 2 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 Q2 FY 18/19.

- 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/EPSTD
  - 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

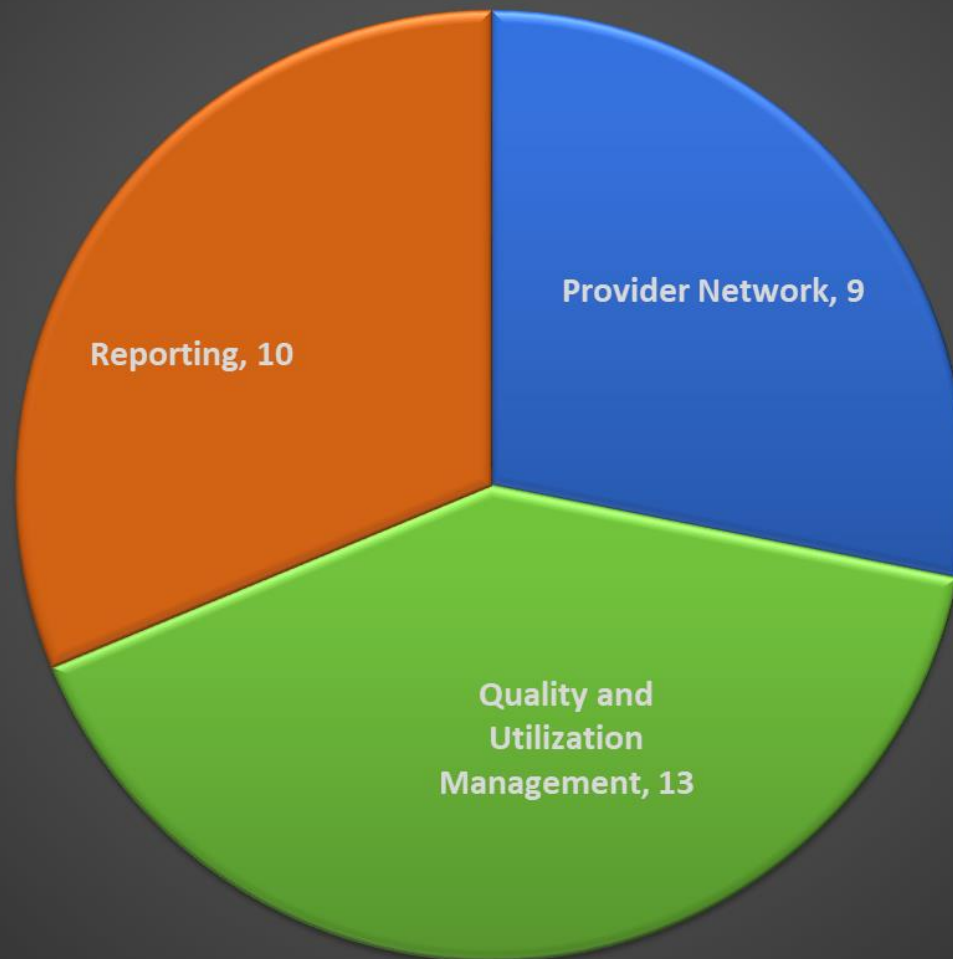
# SMMC FINAL ACTIONS BY ISSUE TYPE

Q2 FY 18/19

	AHF/Positive	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	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
Medicaid Fair Hearing	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	0	0	0	0	0	0
Provider Network	0	1	1	0	1	0	1	1	1	1	1	0	0	1	0	9
FAILURE TO MEET PROVIDER NETWORK STANDARDS	0	1	1	0	1	0	1	1	1	1	1	0	0	1	0	9
Quality and Utilization Management	1	2	1	0	0	0	1	1	1	2	1	1	1	1	0	13
PERFORMANCE MEASURES	1	2	1	0	0	0	1	1	1	2	1	1	1	1	0	13
Administration and Management	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	0	0	0	0	0	0	0	0
Reporting	0	1	1	1	1	0	1	1	1	1	1	1	0	0	0	10
FAILURE TO FILE ACCURATE REPORT	0	1	1	1	1		1	1	1	1	1	1	0	0	0	10
TOTAL NUMBER OF ACTIONS:	1	4	3	1	2	0	3	3	3	4	3	2	1	2	0	32
TOTAL LD DOLLAR AMOUNT:	\$3,200	\$1,259,000	\$654,300	\$7,000	\$19,500		\$34,300	\$106,000	\$2,134,000	\$2,239,200	\$2,385,300	\$189,900	\$3,000,300	\$4,815,700	\$0	\$ 16,847,700
TOTAL SANCTION DOLLAR AMOUNT:																\$0
GRAND TOTAL - NUMBER OF ACTIONS:	32															
GRAND TOTAL - DOLLAR AMOUNT:	\$16,847,700															

Q2 FY 18/19

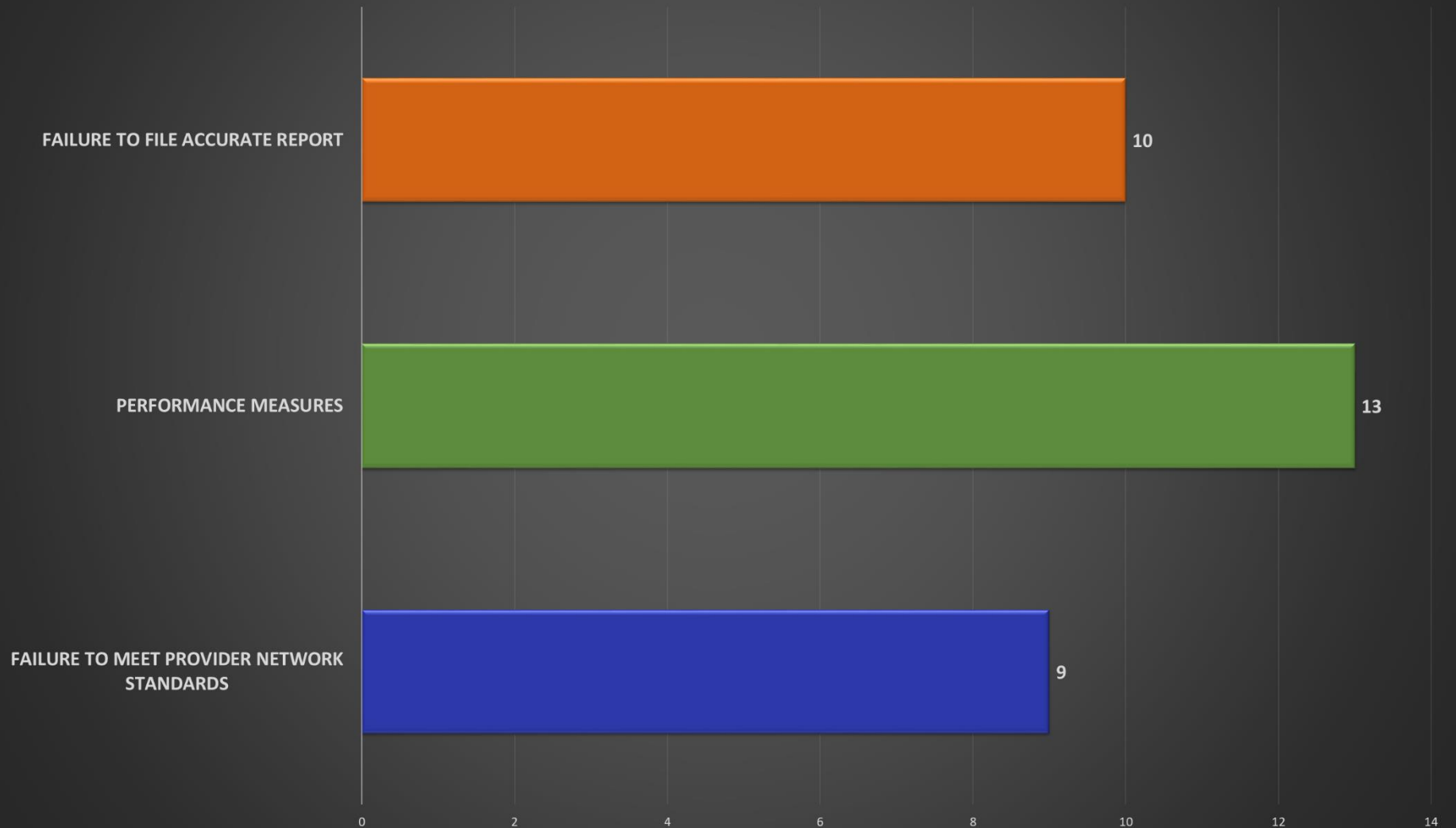
## SMMC FINAL ACTIONS BY CATEGORY Q2 FY 18/19



Q2 FY 18/19

## SMMC FINAL ACTIONS BY SUB-CATEGORY Q2 FY 18/19

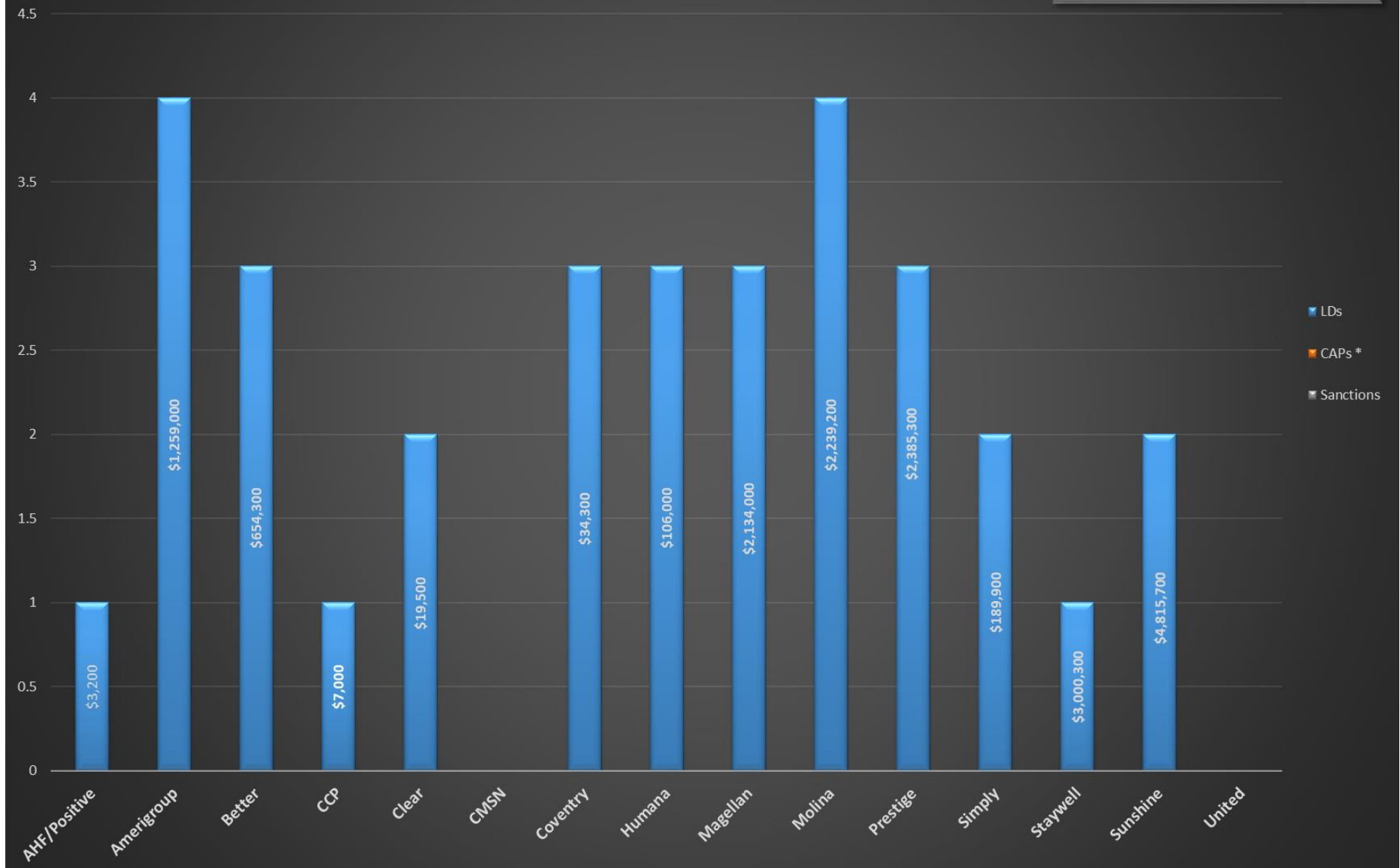
REPORTING      QUALITY AND UTILIZATION MANAGEMENT      PROVIDER NETWORK



Q2 FY 18/19

## SMMC FINAL ACTION TYPE BY PLAN Q2 FY 18/19

\* CAPs are non-monetary in nature.

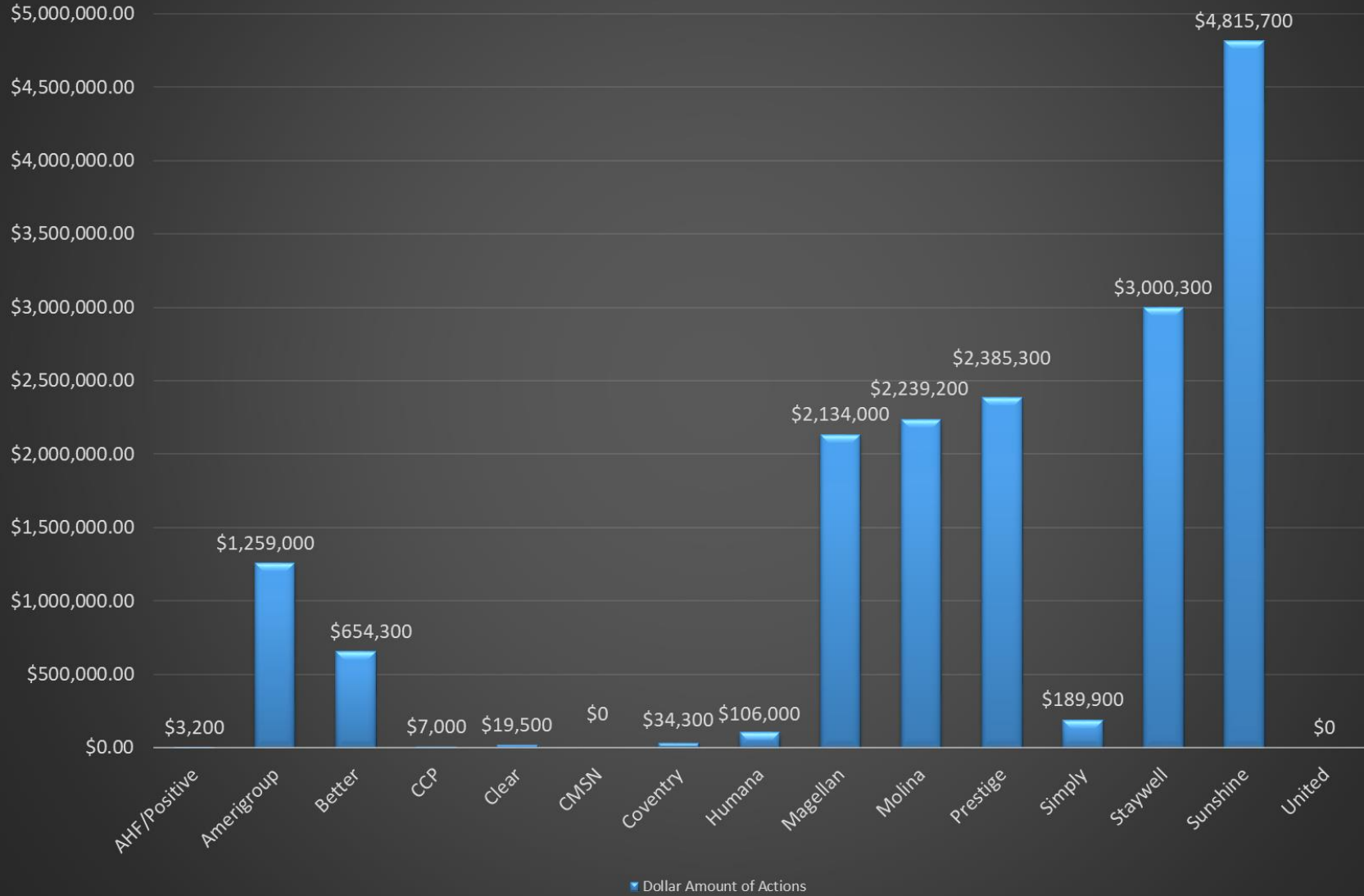


Q2 FY 18/19

## SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS

Q2 FY 18/19

\$16,847,700



Q2 FY 18/19