

Florida Medicaid SMMC Compliance Actions Q3 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
 - Evidentiary Materials

PLEASE NOTE: The following information relates to compliance actions issued for Q3 FY 16/17. Only actions that have been finalized are contained in the following information. Pending actions were also issued in Q3 FY 16/17, but have yet to be finalized. Charts for pending actions can be found on pages 11-12.

- 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

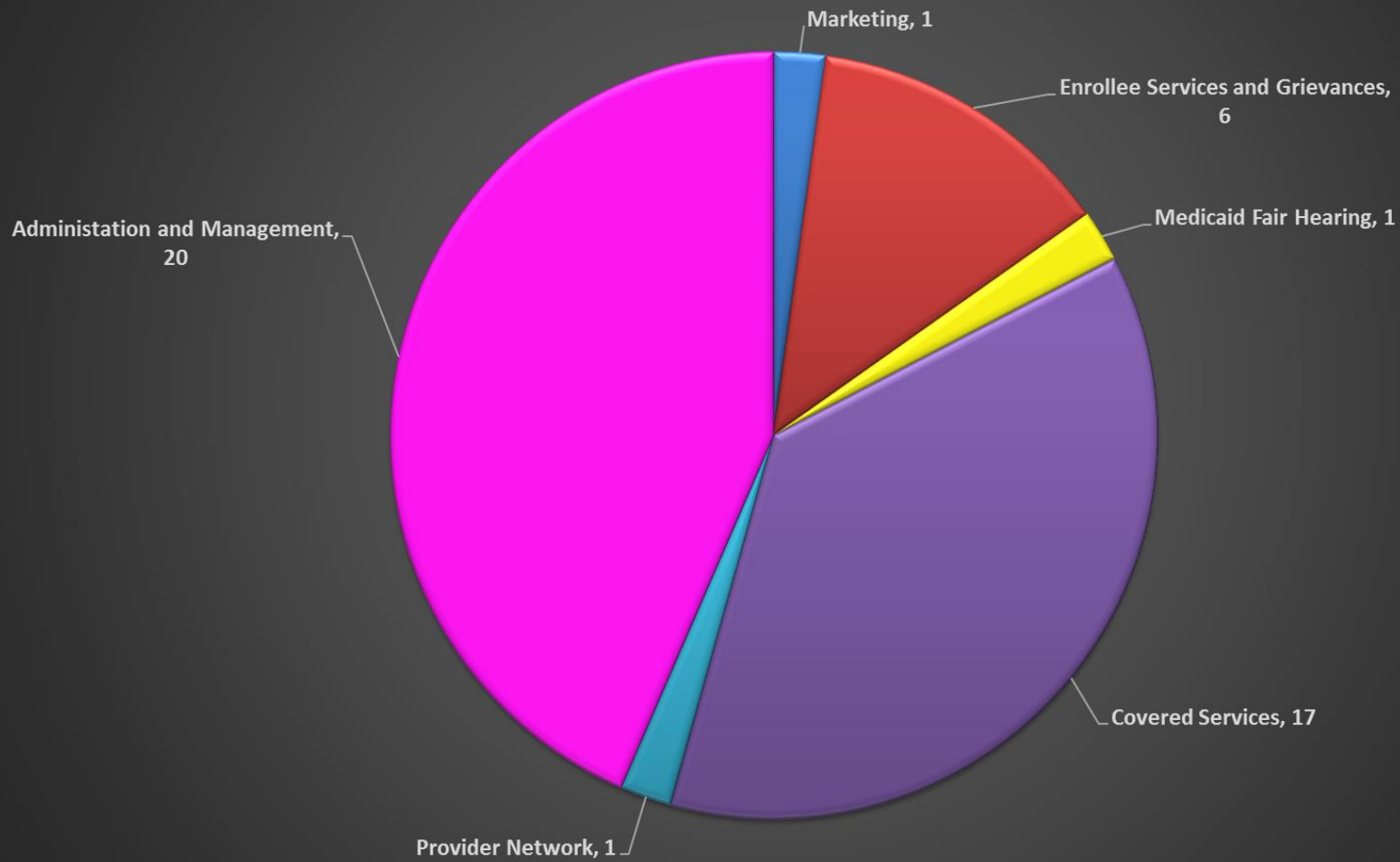
SMMC FINAL ACTIONS BY ISSUE TYPE

Q3 FY16/17

	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	1	0	0	0	0	0	0	1
FAILURE TO OBTAIN APPROVAL									1							1
Enrollee Services and Grievances	0	1	0	0	0	0	1	1	0	0	0	0	0	2	1	6
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS		1					1	1						2	1	6
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
FAILURE TO ATTEND MFH										1						1
Covered Services	0	5	0	0	1	0	4	1	0	1	1	0	0	2	2	17
FAILURE TO PROVIDE COC											1					1
FAILURE TO COMPLY WITH CARE COORDINATION REQ		1					1	1							1	4
TRANSPORTATION					1					1					1	3
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS		1					3							2		6
FAILURE TO PROVIDE COVERED SERVICES		3														3
Provider Network	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
FAILURE TO MEET PROVIDER NETWORK STANDARDS											1					1
Quality and Utilization Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administration and Management	0	2	1	0	2	0	1	3	1	1	3	1	3	2	0	20
CLAIMS PROCESSING							1	1			1		1			4
FAILURE TO OBTAIN APPROVAL								1								1
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS		2	1		2			1	1	1	2	1	2	2		15
Finance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reporting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NUMBER OF ACTIONS:	0	8	1	0	3	0	6	5	2	3	5	1	3	6	3	46
TOTAL LD DOLLAR AMOUNT:		\$19,600	\$2,000		\$4,500		\$65,500	\$ 53,500	\$3,500	\$6,000	\$8,750	\$2,000	\$52,000	\$28,500	\$59,500	\$ 305,350
TOTAL SANCTION DOLLAR AMOUNT:		\$10,000														\$ 10,000
GRAND TOTAL - NUMBER OF ACTIONS:	46															
GRAND TOTAL - DOLLAR AMOUNT:	\$315,350															

Q3 FY 16/17

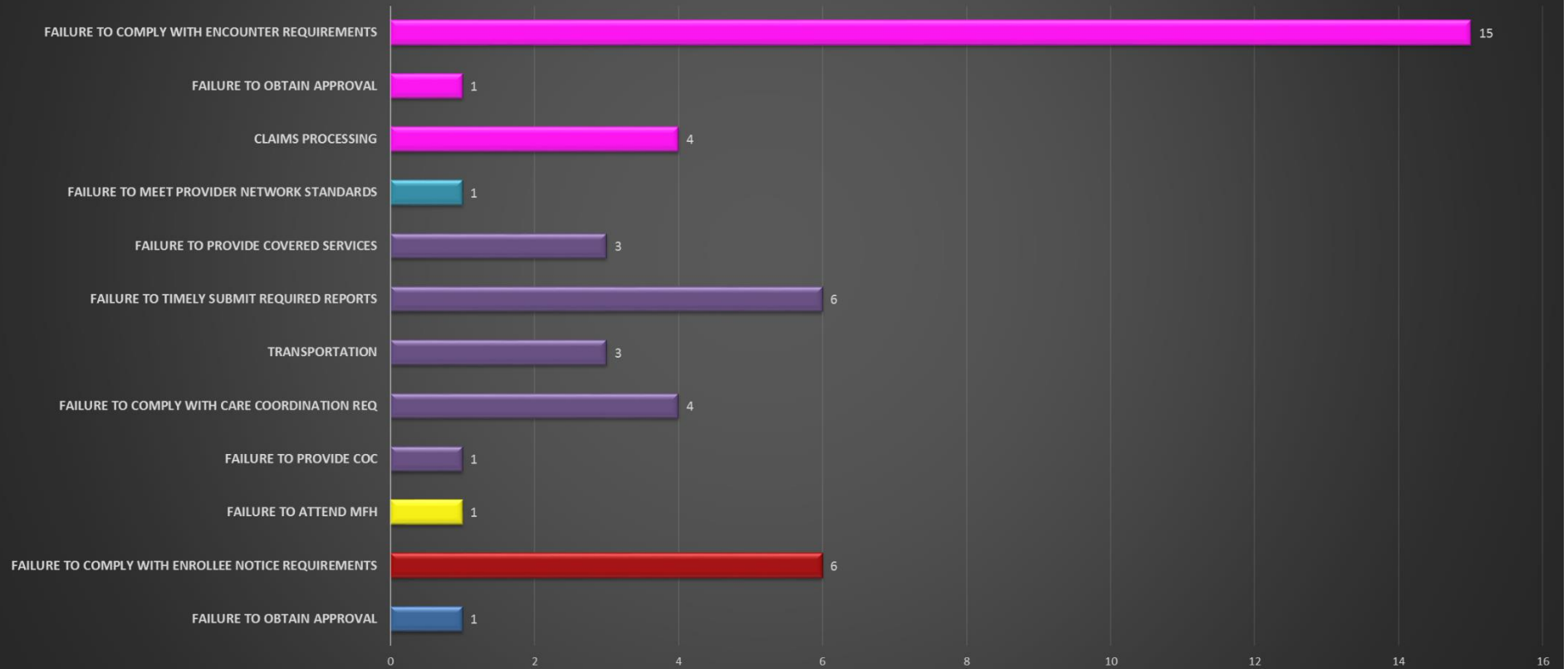
**SMMC FINAL ACTIONS BY CATEGORY
Q3 FY 16/17**



Q3 FY 16/17

SMMC FINAL ACTIONS BY SUB-CATEGORY Q3 FY16/17

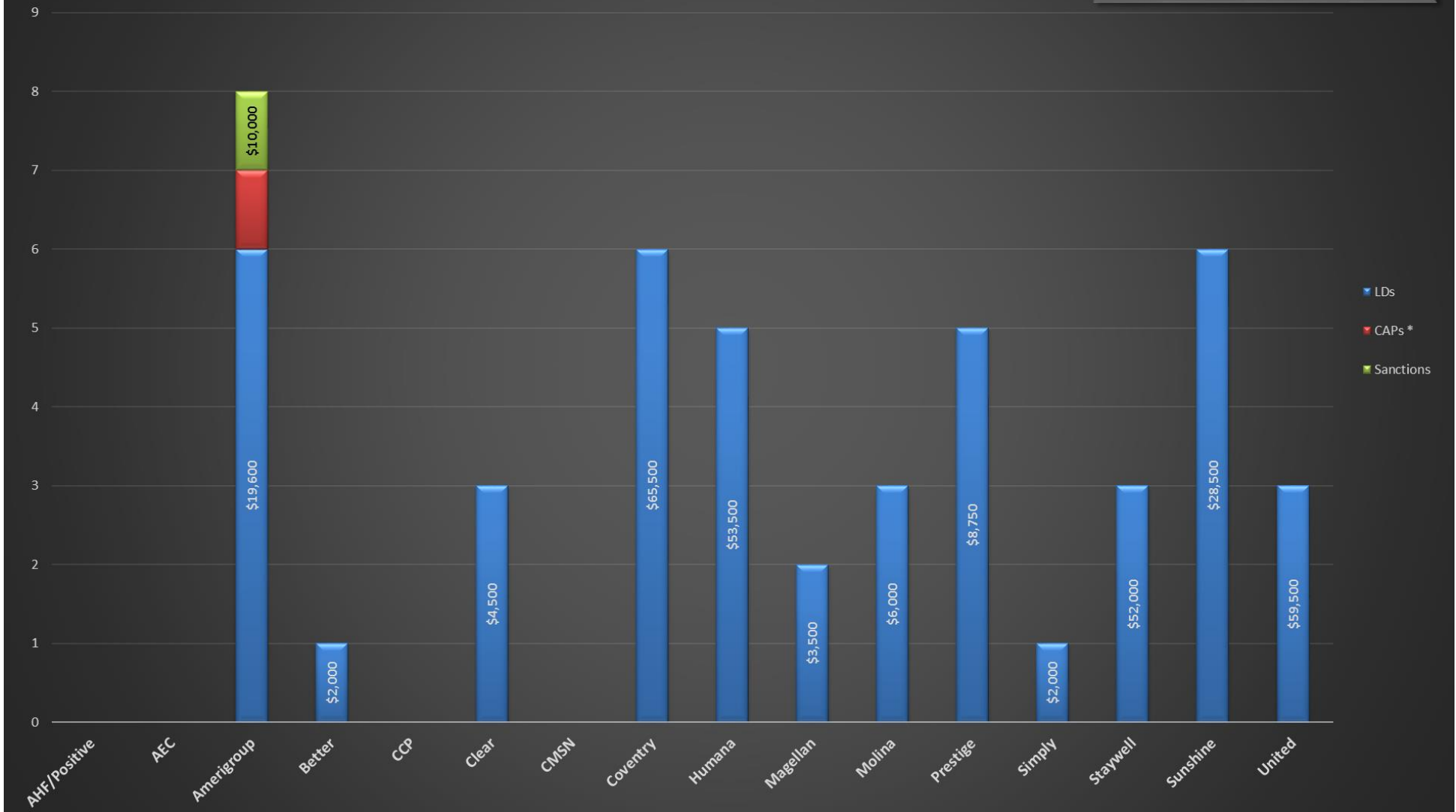
Administration and Management
Provider Network
Covered Services
Medicaid Fair Hearing
Enrollee Services and Grievances
Marketing



Q3 FY 16/17

SMMC FINAL ACTION TYPE BY PLAN Q3 FY 16/17

* CAPs are non-monetary in nature.

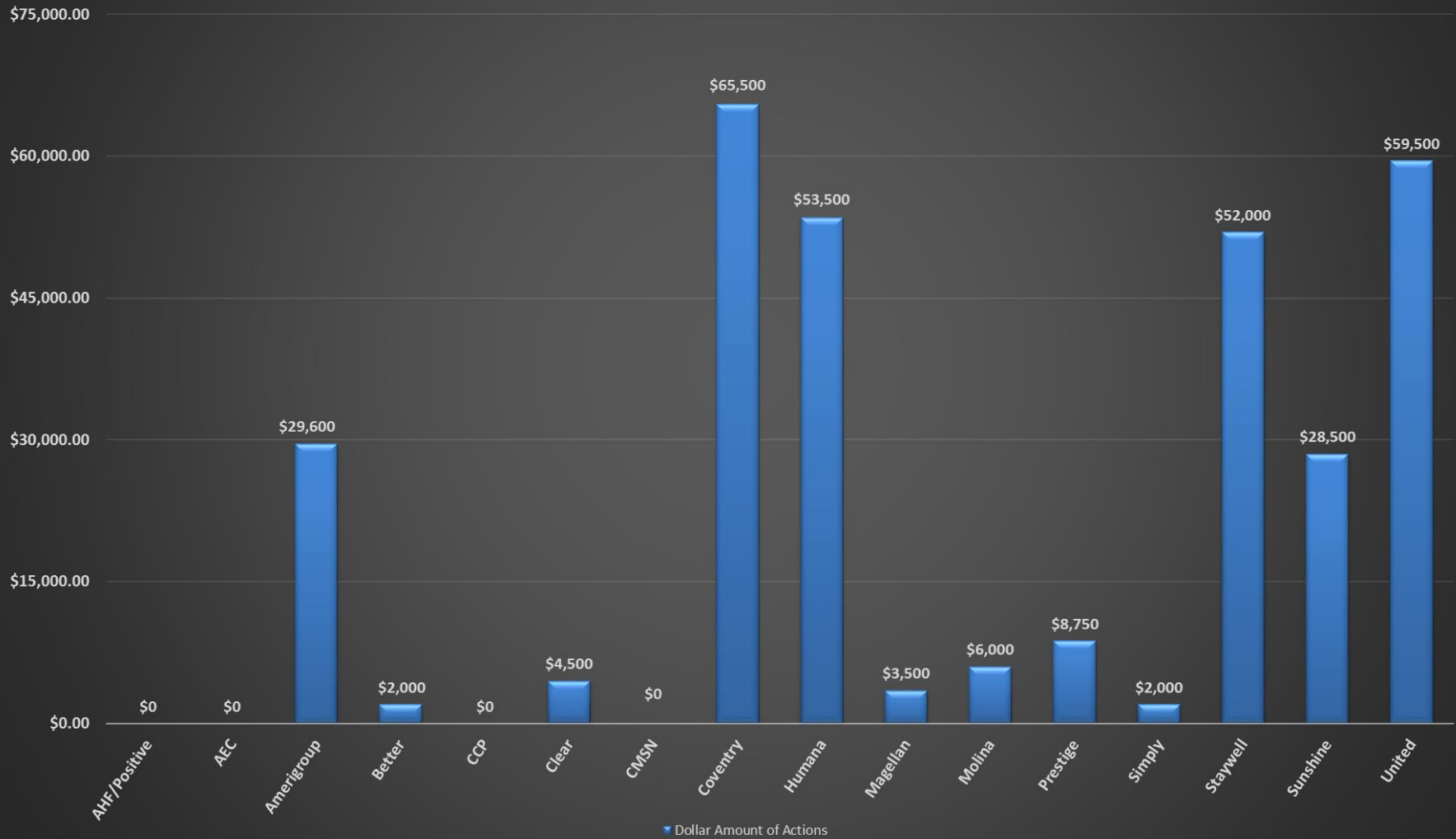


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SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS

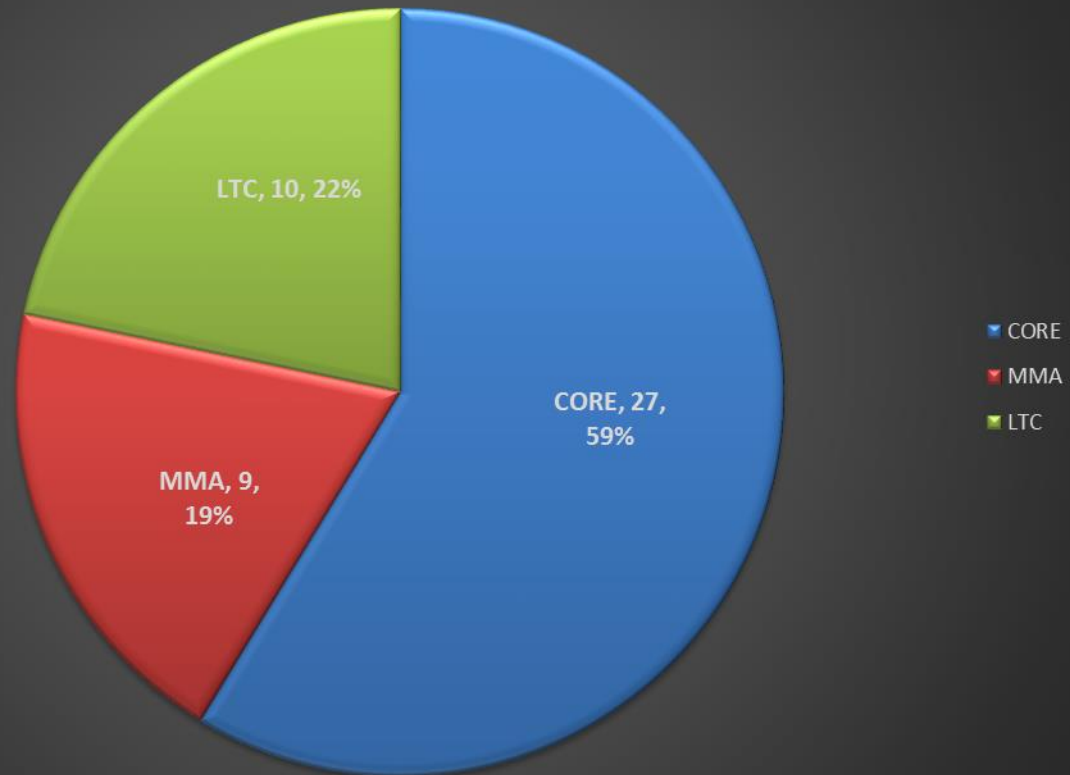
Q3 FY 16/17

\$315,350



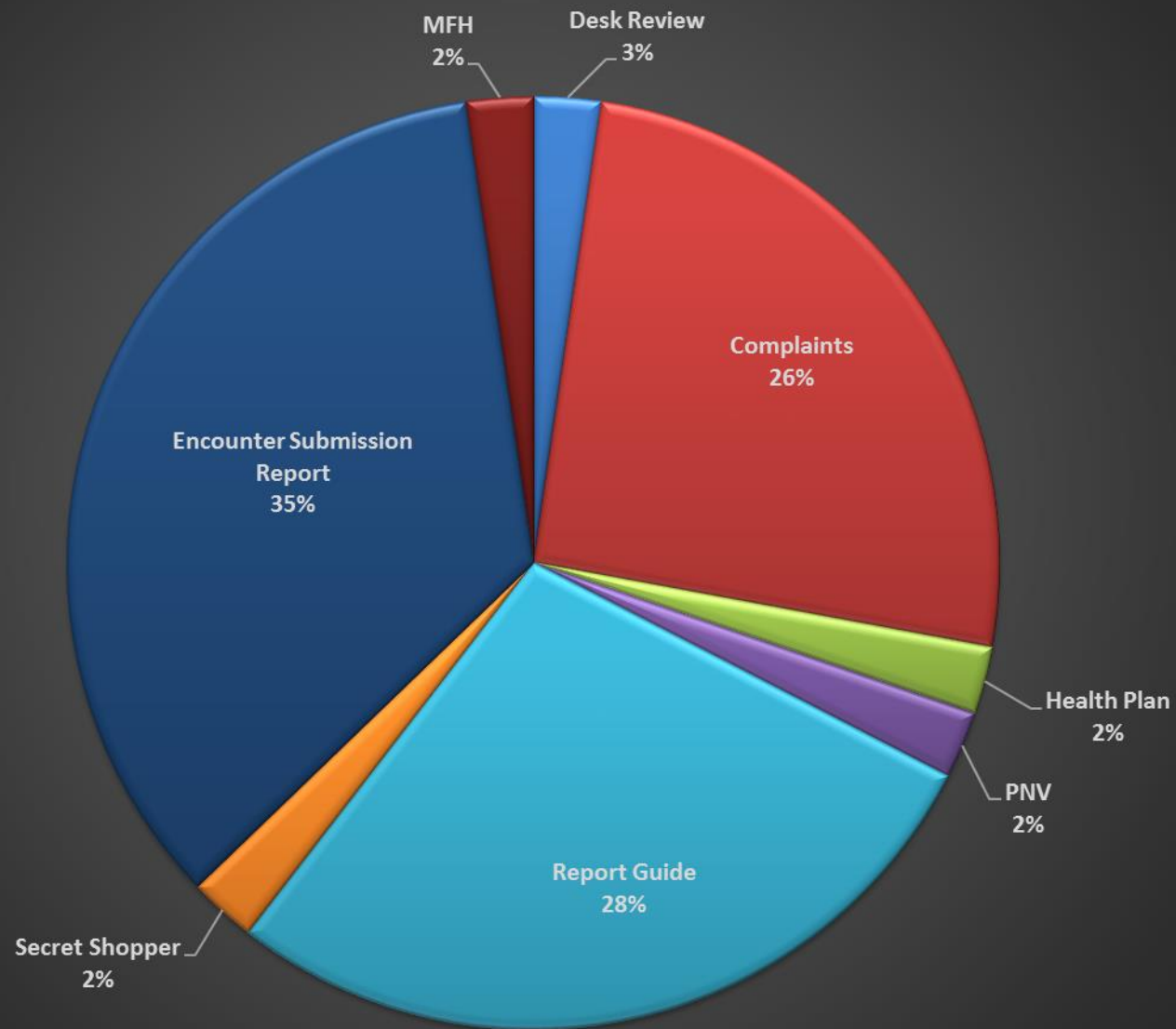
Q3 FY 16/17

**SMMC FINAL ACTIONS BY APPLICABLE CONTRACT SECTION
Q3 FY 16/17**



Q3 FY 16/17

SMMC FINAL ACTIONS BY DATA SOURCE Q3 FY 16/17



Q3 FY 16/17

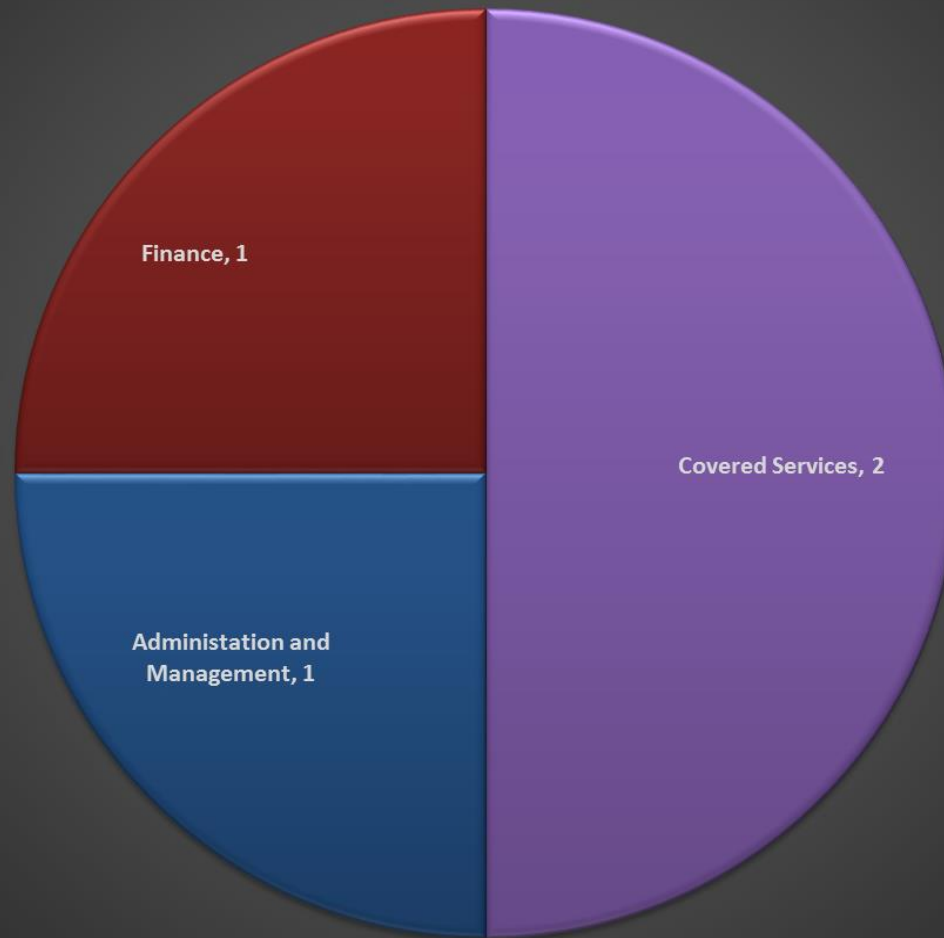
SMMC PENDING ACTIONS BY ISSUE TYPE

Q3 FY16/17

	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	2	0	0	0	0	0	0	0	2
FAILURE TO COMPLY WITH CARE COORDINATION REQ								1								1
TRANSPORTATION								1								1
Provider Network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Quality and Utilization Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administation and Management	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS														1		1
Finance	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS		1														1
Reporting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NUMBER OF ACTIONS:	0	1	0	0	0	0	0	2	0	0	0	0	0	1	0	4
TOTAL LD DOLLAR AMOUNT:		\$ 4,000						\$ 162,500						\$ 1,000		\$ 167,500
TOTAL SANCTION DOLLAR AMOUNT:																\$ -
GRAND TOTAL - NUMBER OF ACTIONS:	4															
GRAND TOTAL - DOLLAR AMOUNT:	\$167,500															

Q3 FY 16/17

**SMMC PENDING ACTIONS BY CATEGORY
Q3 FY 16/17**



Q3 FY 16/17