

Florida Medicaid SMMC Compliance Actions Q3 FY17/18



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 Q3 FY 17/18.

- 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

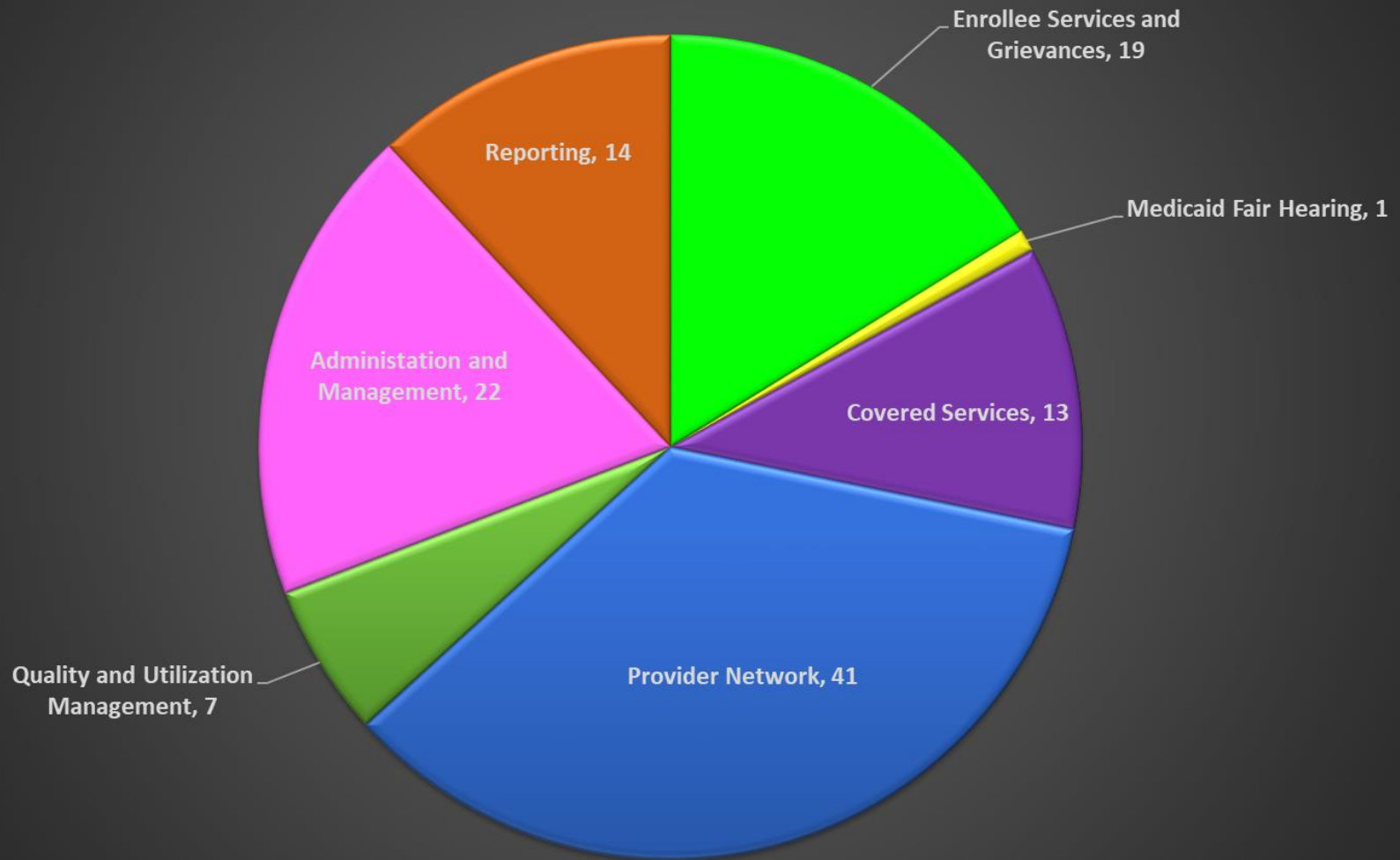
- Surplus requirements
 - Third party resources
 - Financial audits
 - Untimely and/or Inaccurate reporting
- ❖ **Reporting** - Actions within this category stem from violations of Attachment II, Section II of the SMMC contract and may include violations related to the following:
- Ad hoc requests
 -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

SMMC FINAL ACTIONS BY ISSUE TYPE
Q3 FY 17/18

	AHF/Positive	AEC	Amerigroup	Better	CCP	Clear	CHS/Coventry	Freedom	Humana	Magellan	Molina	Prestige	Simply	Staywell	Sunshine	United	Total	
Marketing																	0	
Enrollee Services and Grievances	1	0	2	0	1	1	0	1	0	3	0	1	2	1	2	1	3	19
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS	1		2		1	1		1		3		1	2	1	2	1	3	19
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
FAILURE TO TIMELY FILE CASE FILE FOR MFH																1	1	
Covered Services	0	0	1	0	0	1	0	0	0	2	0	1	1	1	1	4	13	
TRANSPORTATION			1			1				1		1	1	1	1	1	9	
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS										1						3	4	
Provider Network	3	0	4	2	1	2	0	2	0	5	1	3	4	3	3	5	41	
FAILURE TO MEET PROVIDER NETWORK STANDARDS			3	1		1				2	1	2	2	1	2	3	20	
FAILURE TO SUBMIT PROVIDER NETWORK FILE	1				1			1									3	
FAILURE TO UPDATE PRINTED DIRECTORIES	1																1	
FAILURE TO UPDATE ONLINE DIRECTORIES	1		1	1		1		1		3		1	2	2	1	2	17	
Quality and Utilization Management	0	0	1	0	0	0	0	0	0	0	1	0	0	1	2	2	7	
FAILURE TO COMPLY WITH CARE COORDINATION REQ			1								1			1	2	2	7	
Administration and Management	1	0	5	1	1	0	0	0	0	4	0	3	0	0	4	1	22	
CLAIMS PROCESSING			4							4		2			1	2	14	
FAILURE TO COMPLY WITH PROVIDER COMPLAINT SYSTEM REQ												1					1	
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS	1		1	1	1									3			7	
Finance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Reporting	1	0	2	0	1	1	0	0	0	2	0	2	1	0	2	1	14	
FAILURE TO FILE ACCURATE REPORT	1		2		1	1				2		2	1		2	1	14	
TOTAL NUMBER OF ACTIONS:	6	0	15	3	4	5	0	3		16	1	11	8	5	13	9	117	
TOTAL LD DOLLAR AMOUNT:	\$7,250		\$ 144,000	\$ 4,000	\$ 4,250	\$ 17,000		\$ 2,500		\$ 363,000	\$ 1,000	\$ 283,500	\$ 89,500	\$ 13,000	\$ 197,750	\$ 252,750	\$ 1,580,250	
TOTAL SANCTION DOLLAR AMOUNT:												\$150,000					\$150,000	
GRAND TOTAL - NUMBER OF ACTIONS:	117																	
GRAND TOTAL - DOLLAR AMOUNT:	\$1,730,250																	

Q3 FY 17/18

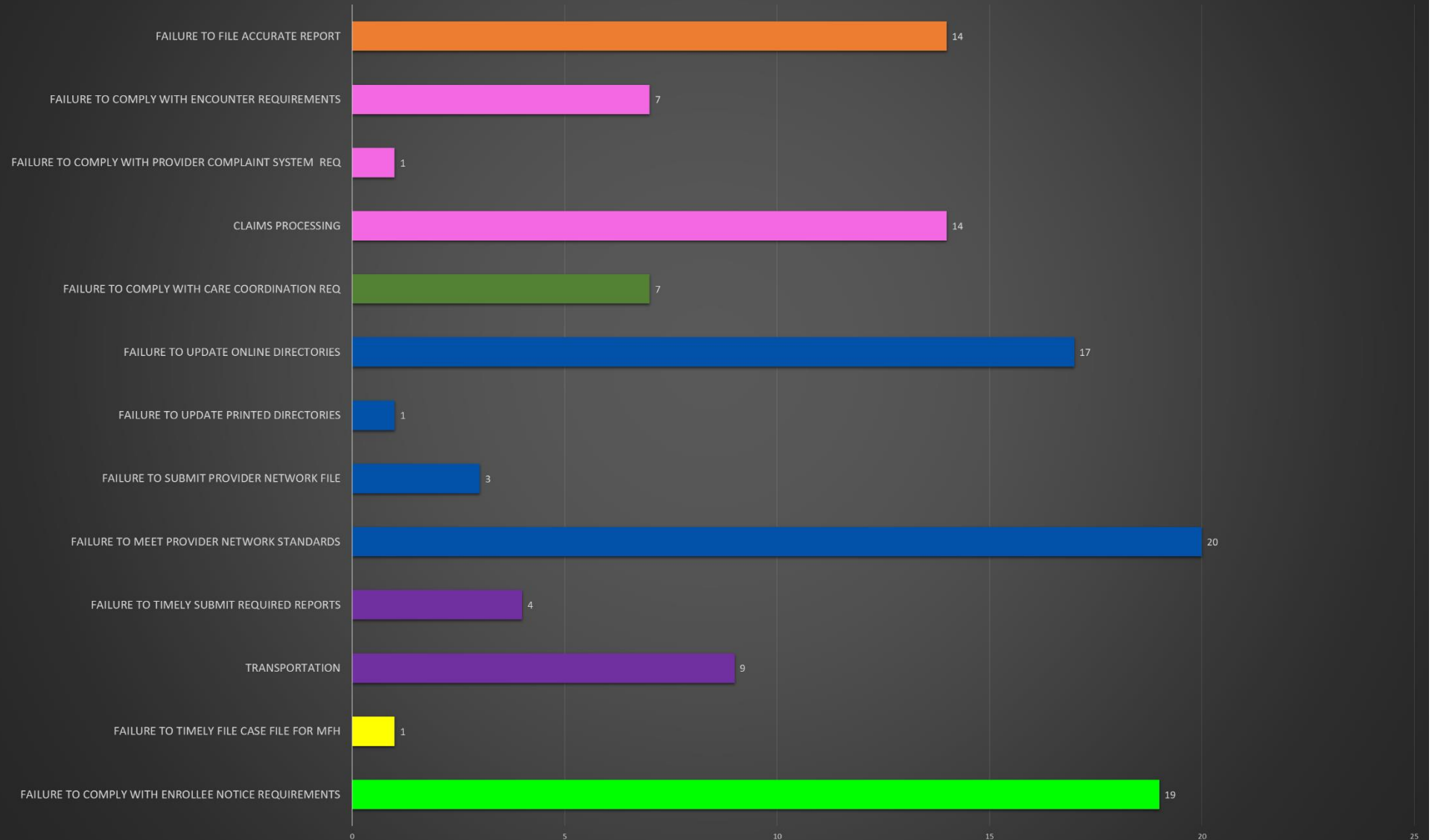
SMMC FINAL ACTIONS BY CATEGORY Q3 FY 17/18



Q3 FY 17/18

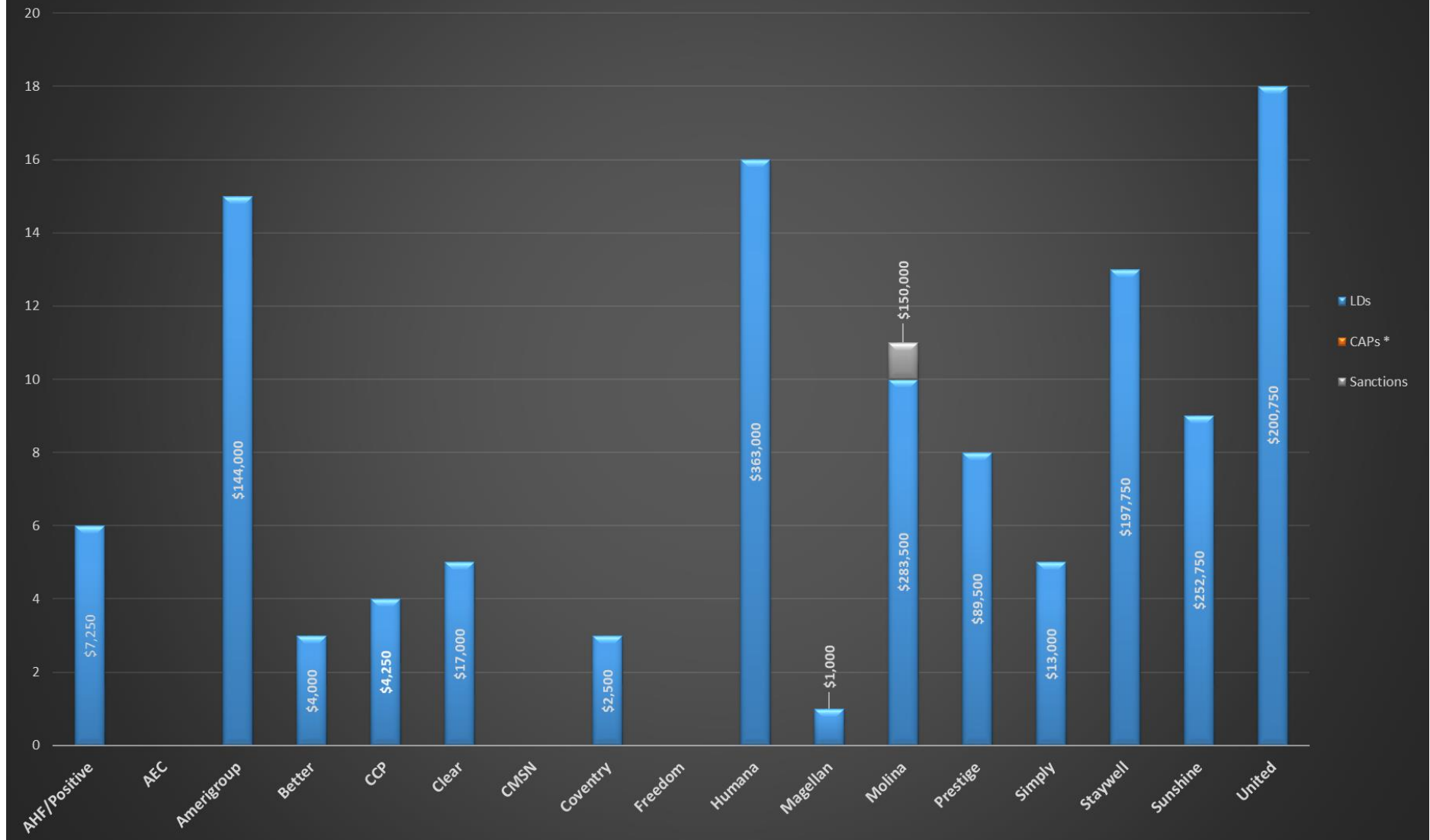
SMMC FINAL ACTIONS BY SUB-CATEGORY Q3 FY 17/18

REPORTING
ADMINISTRATION AND MANAGEMENT
QUALITY AND UTILIZATION MANAGEMENT
PROVIDER NETWORK
COVERED SERVICES
MEDICAID FAIR HEARING
ENROLLEE SERVICES AND GRIEVANCES



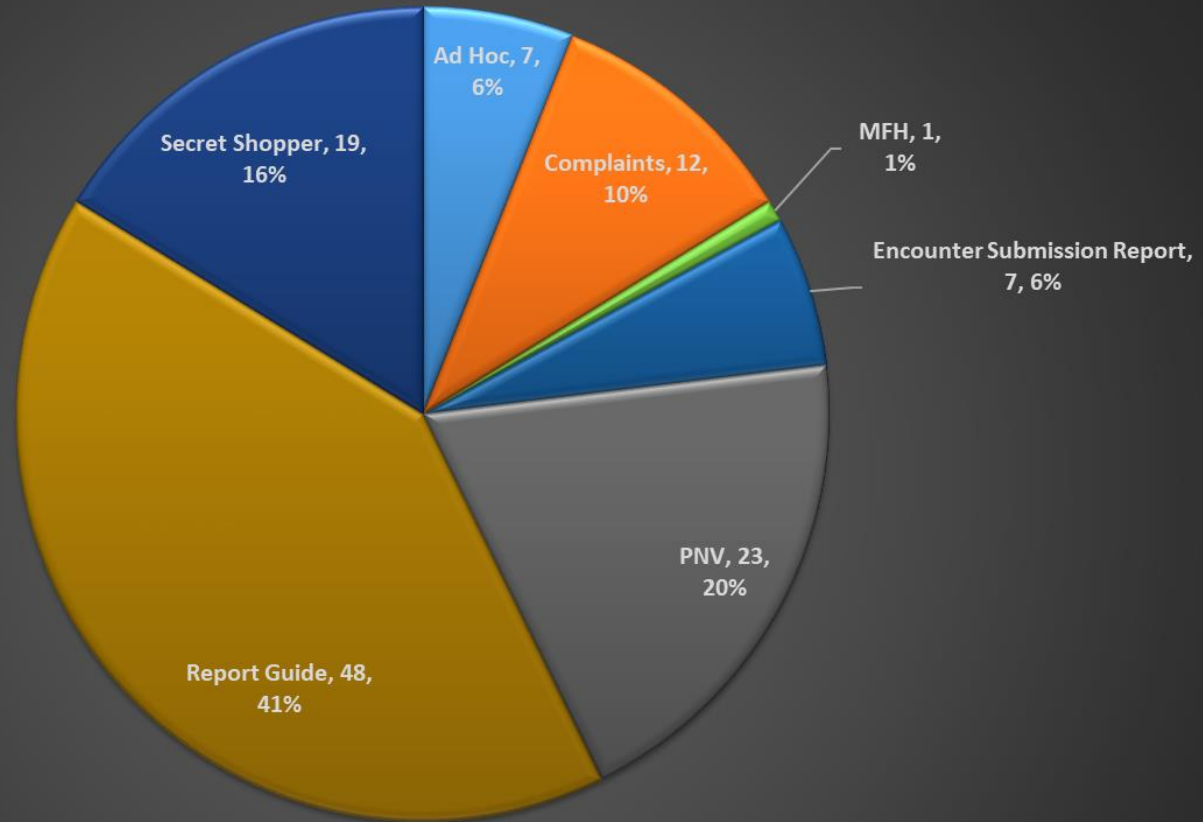
Q3 FY 17/18

SMMC FINAL ACTION TYPE BY PLAN Q3 FY 17/18



Q3 FY 17/18

SMMC FINAL ACTIONS BY DATA SOURCE Q3 FY 17/18

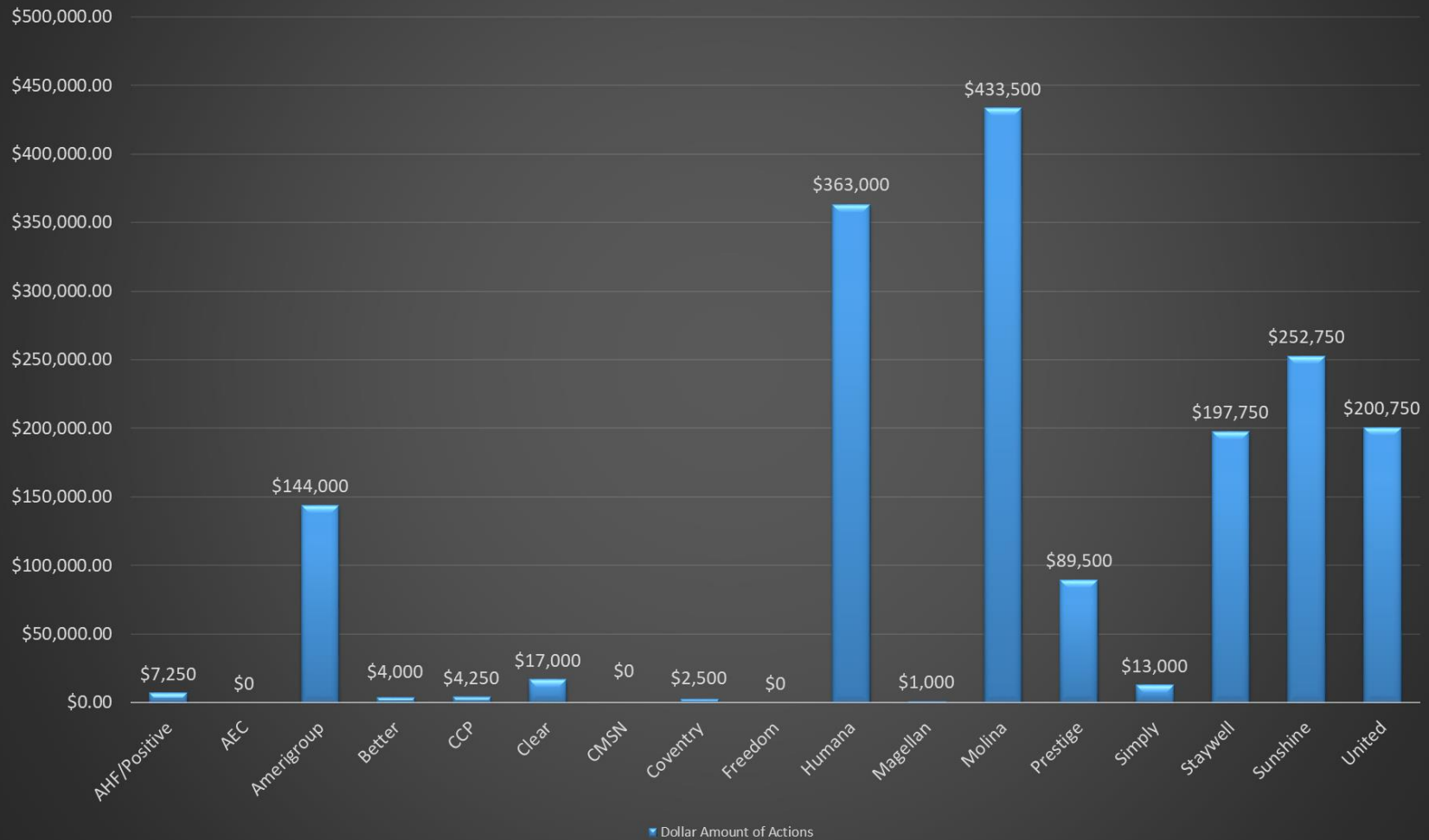


Q3 FY 17/18

SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS

Q3 FY 17/18

\$1,730,250



Q3 FY 17/18