

Florida Medicaid SMMC Compliance Actions Q4 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 Q4 FY 16/17. Only actions that have been finalized are contained in the following information.

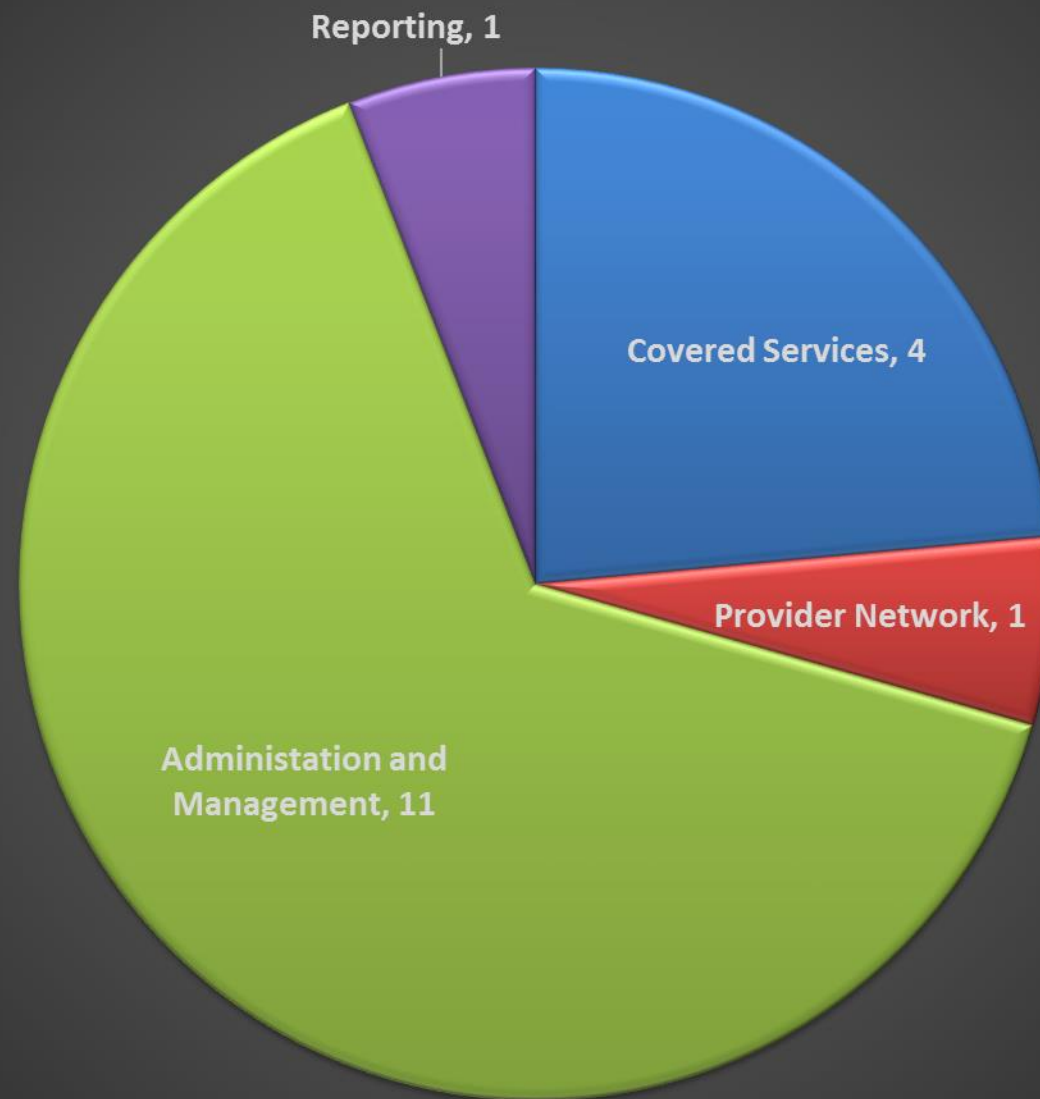
- Submit evidence packet timely
- Continuation of benefits
- Final order noncompliance
- ❖ **Covered Services** - Actions within this category stem from violations of Attachment II, Section V of the SMMC contract and may include violations related to the following:
 - Service specific requirements
 - 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																	
Q4 FY16/17																	
	AHF/Positive	AEC	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	0
Enrollee Services and Grievances																	0
Medicaid Fair Hearing																	0
Covered Services																	4
TRANSPORTATION				1						1						2	4
Provider Network																	1
FAILURE TO UPDATE ONLINE DIRECTORIES									1								1
Quality and Utilization Management																	0
Administation and Management																	11
CLAIMS PROCESSING											1						1
FAILURE TO COMPLY WITH ENCOUNTER REC	1			1	1	2		1			2	1	1				10
Finance																	0
Reporting																	1
HIPPA									1								1
TOTAL NUMBER OF ACTIONS:	1	0	0	2	1	2	0	1	2	1	3	1	1	0	0	0	15
TOTAL LD DOLLAR AMOUNT:	\$1,000			\$ 3,500	\$ 1,000	\$ 2,000		\$ 1,000	\$ 13,500		\$ 8,000	\$ 1,000	\$ 1,000			\$ 5,500	\$ 37,500
TOTAL SANCTION DOLLAR AMOUNT:																	\$0
GRAND TOTAL - NUMBER OF ACTIONS:	15																
GRAND TOTAL - DOLLAR AMOUNT:	\$37,500																

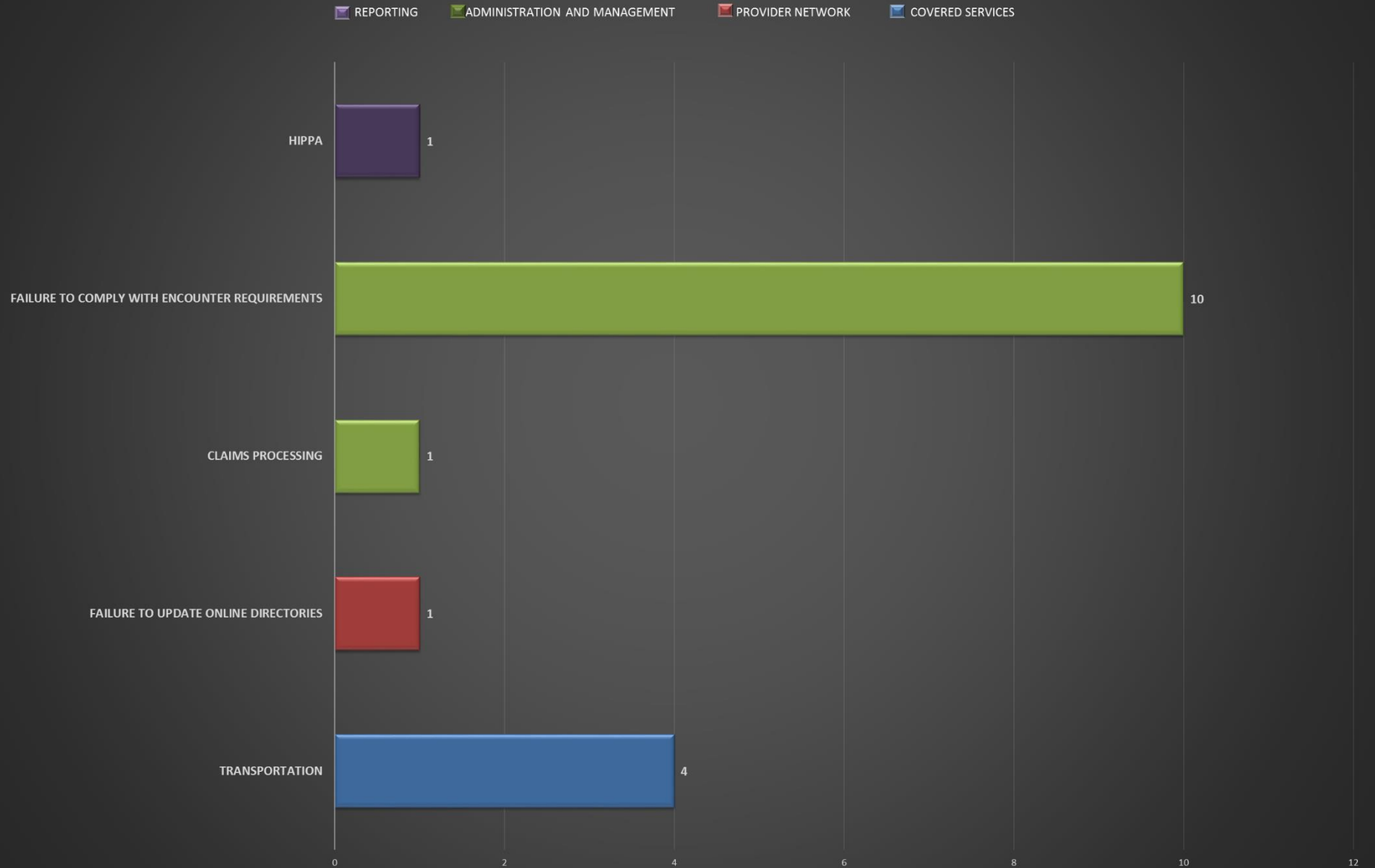
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SMMC FINAL ACTIONS BY CATEGORY Q4 FY16/17



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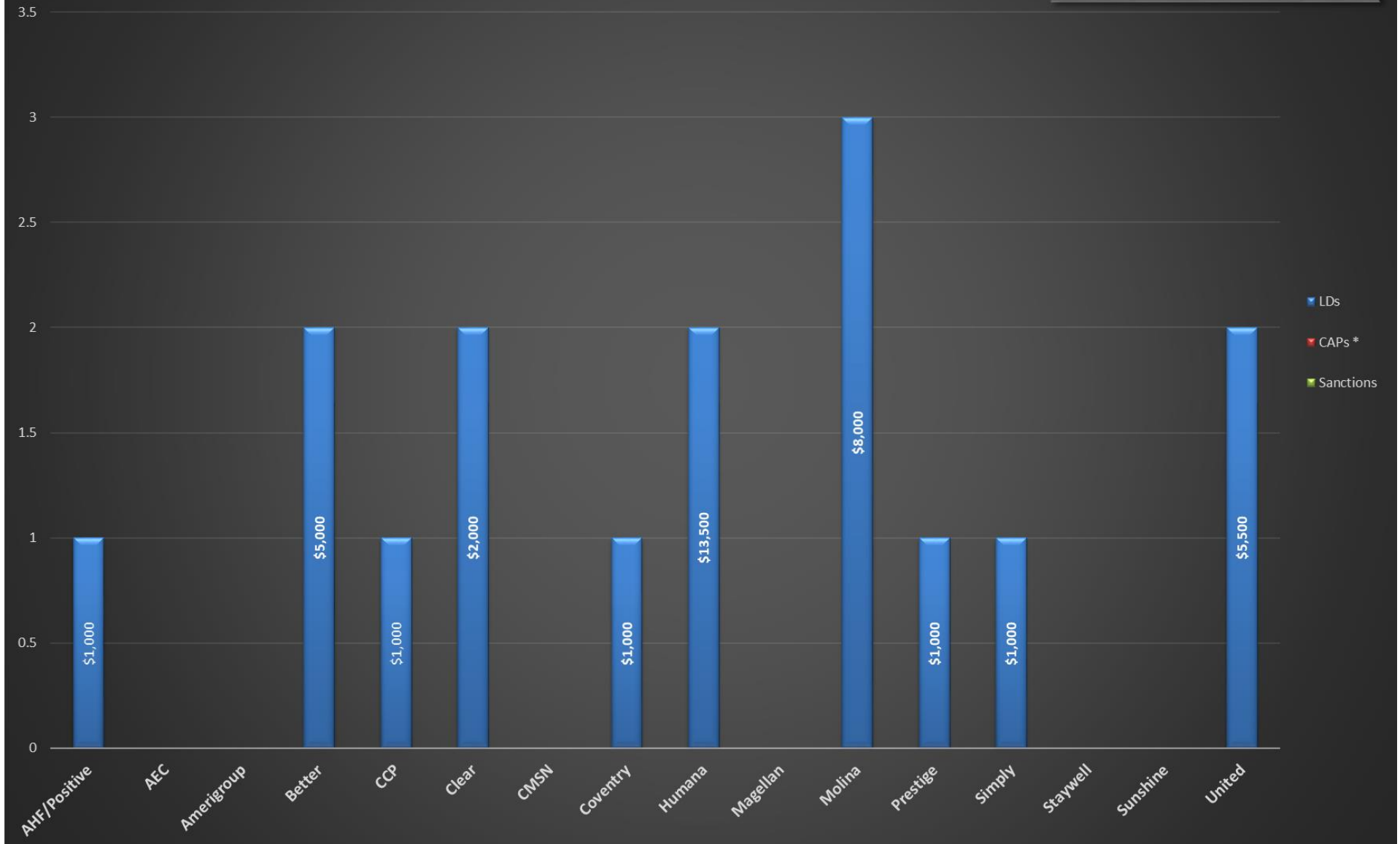
SMMC FINAL ACTIONS BY SUB-CATEGORY
Q4 FY 16/17



Q4 FY 16/17

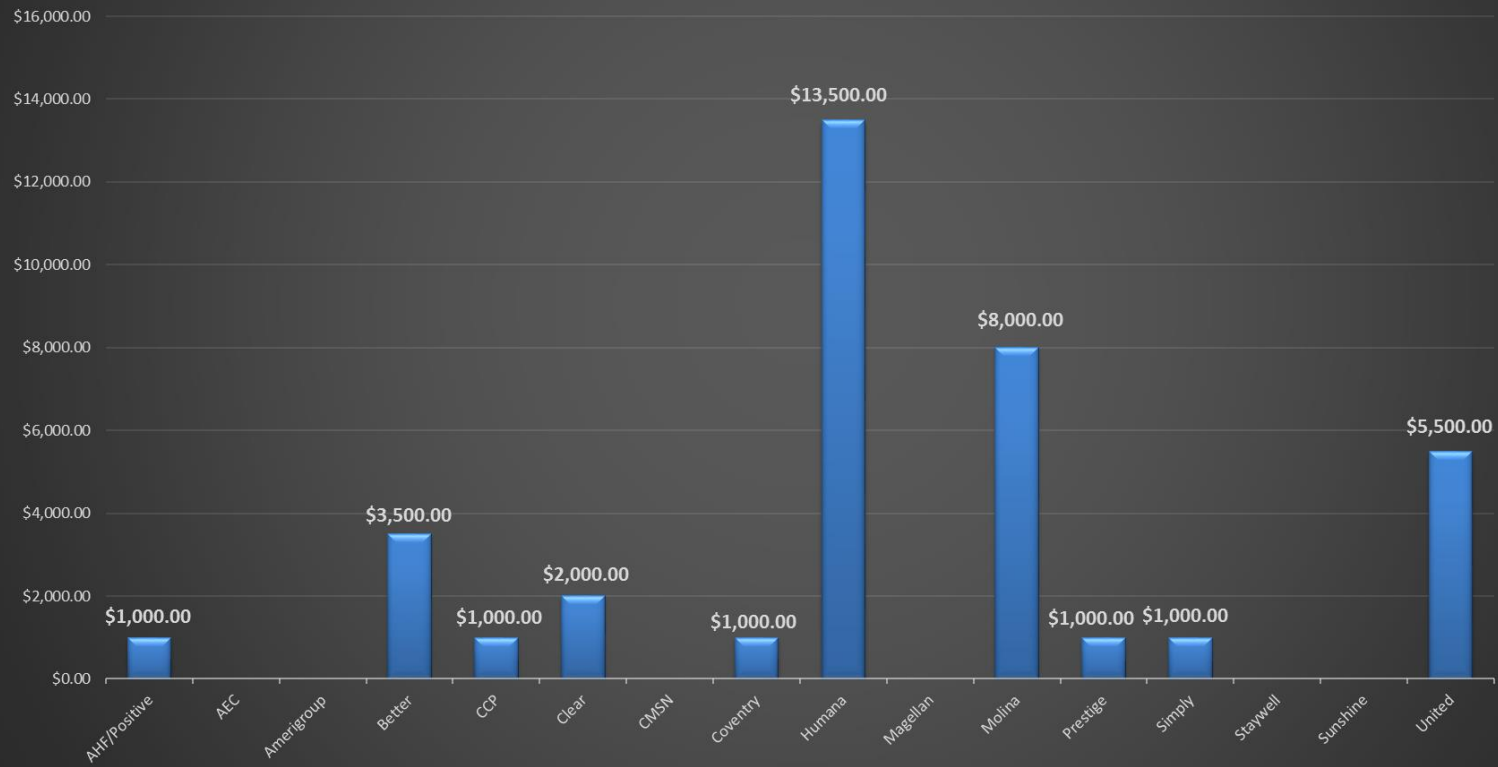
SMMC FINAL ACTION TYPE BY PLAN Q4 FY 16/17

* CAPs are non-monetary in nature.



Q4 FY 16/17

SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS
Q4 Fy 16/17
\$37,500



Q4 FY 16/17