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 noncompliance with the contract by a managed care plan, the Agency may sanction the Managed Care Plan. Sanctions can be monetary or nonmonetary, 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 FY 15/16. Only actions that have been finalized are contained in the following information. Pending actions were also issued in FY 15/16, but have yet to be finalized.

FY 15/16

- 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:

FY 15/16

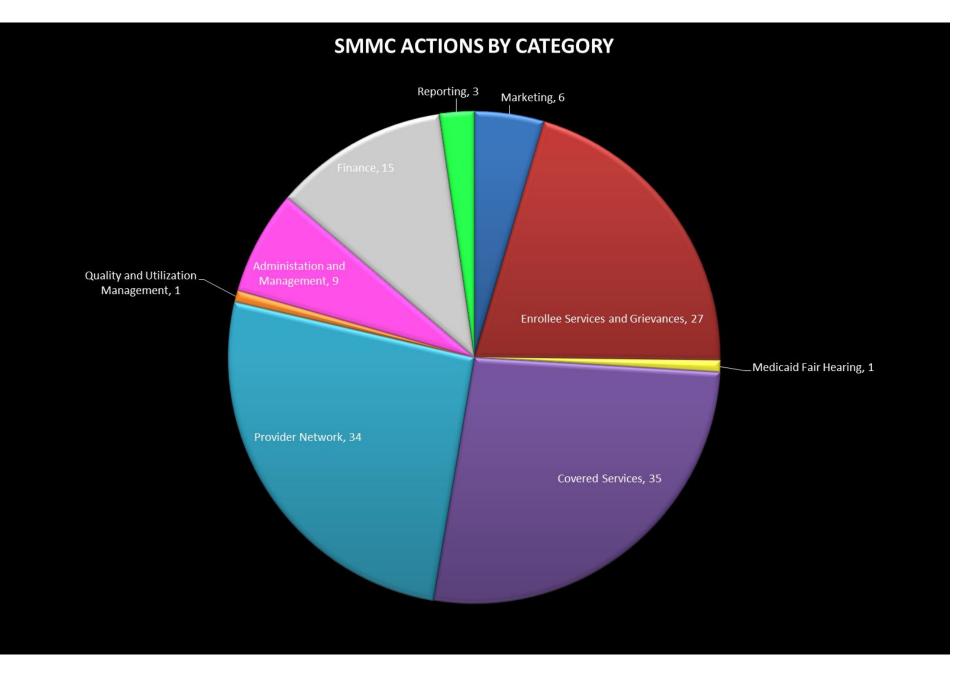
- Financial reporting
- > Insolvency requirements
- > Surplus requirements
- Third party resources
- Financial audits
- Untimely and/or Inaccurate reporting

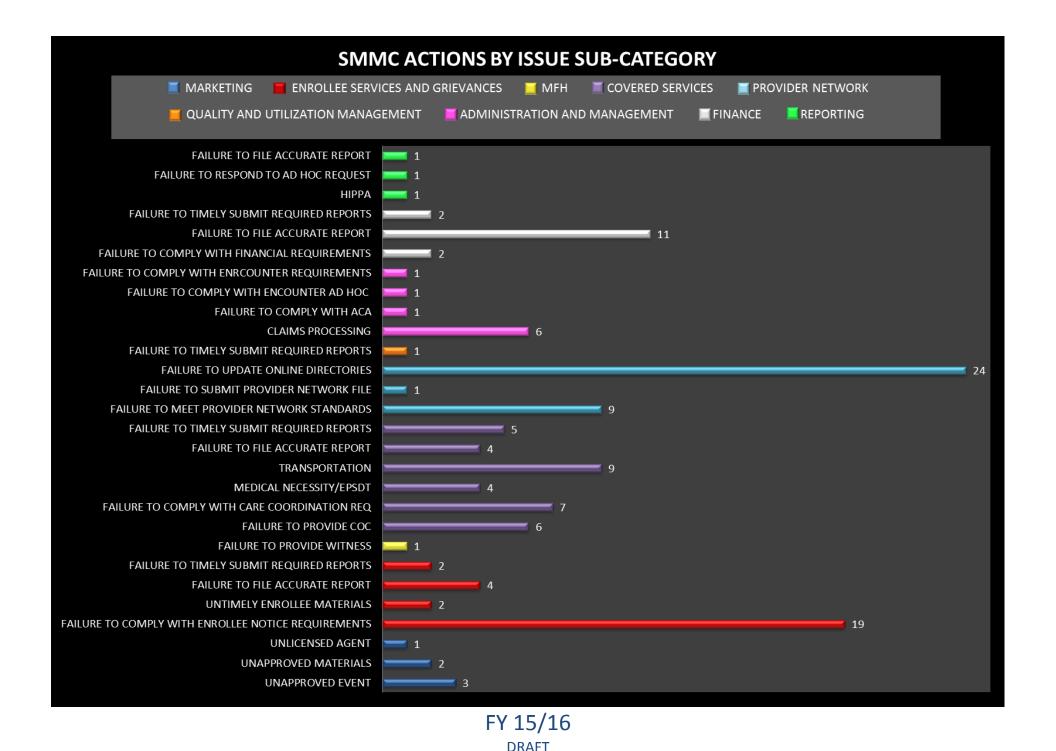
 Reporting - Actions within this category stem from violations of Attachment II, Section II of the SMMC contract and may include violations related to the following:

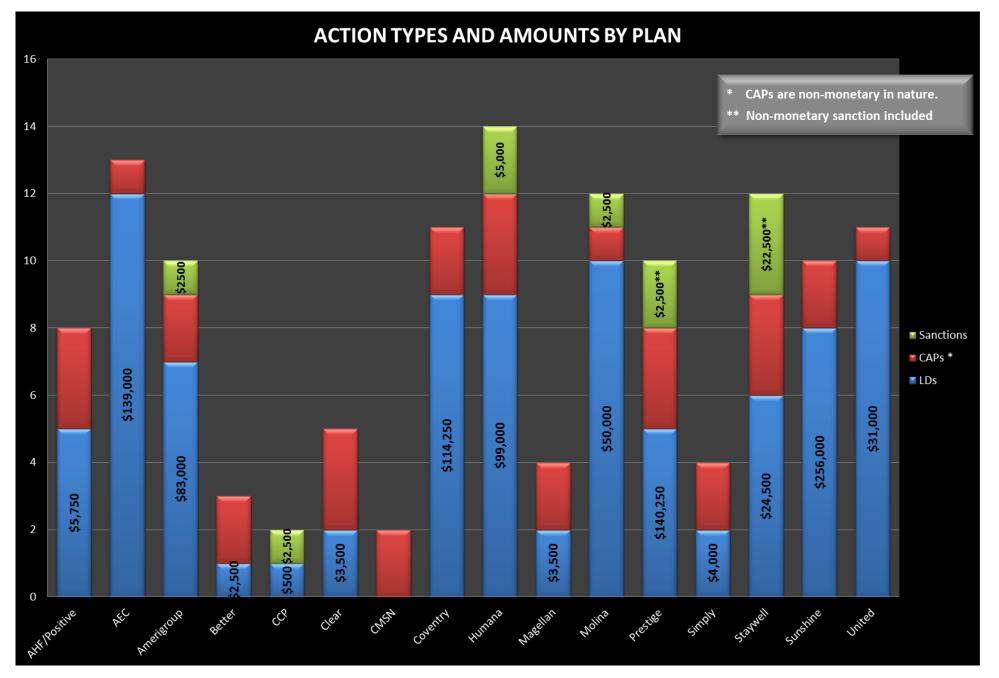
- > Ad hoc requests
- HIPPA reporting

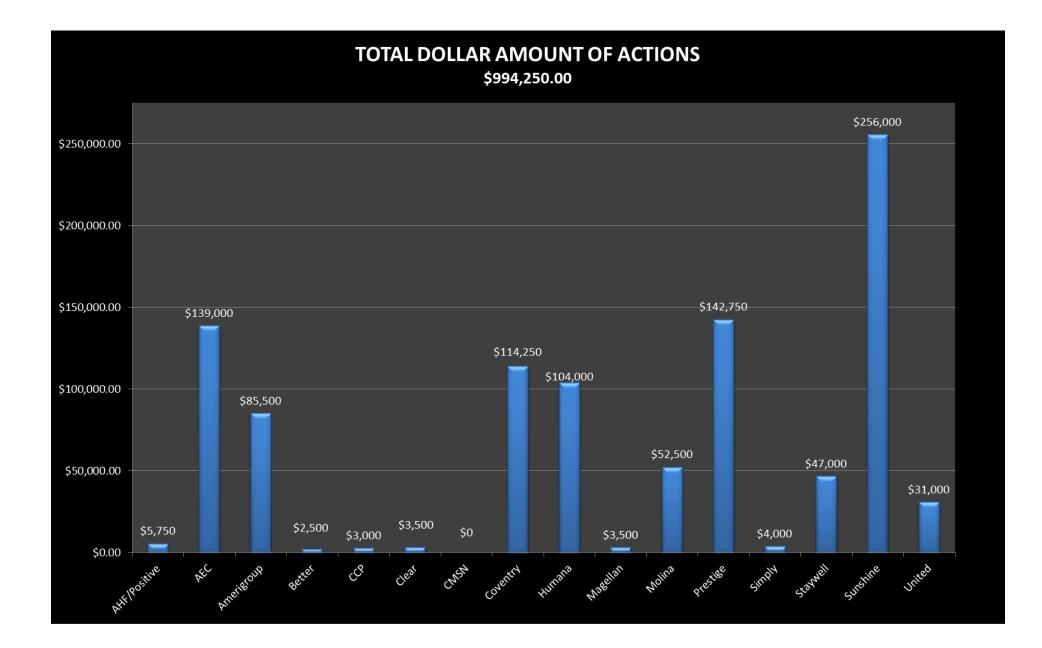
SMMC FINAL ACTIONS BY ISSUE TYPE 1

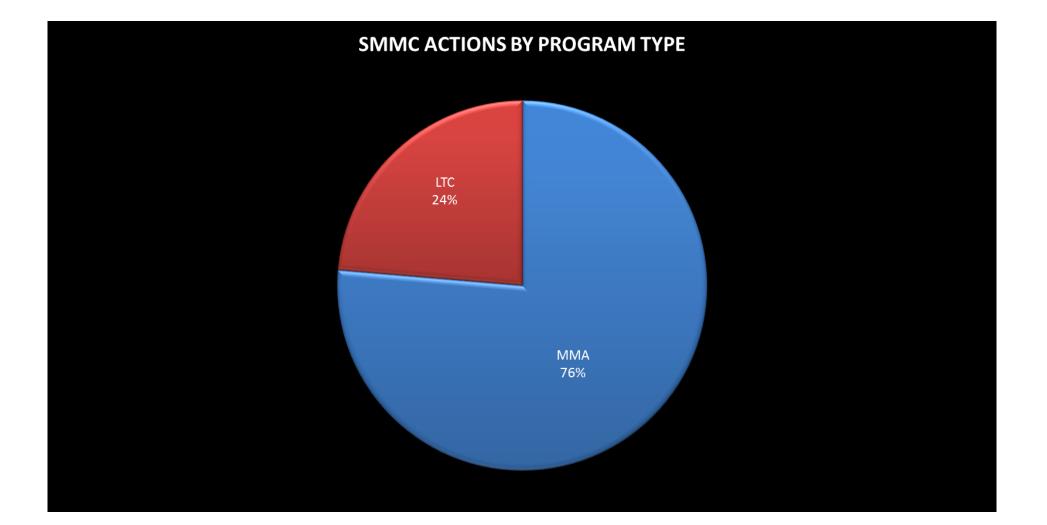
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	1	AFC .	1 Sure	2°) Ş	Clear	18	/ð	1	200	10	100	100	12	1	/ Juit	Total
Marketing	0	0	2	0	0	0	0	0	1	0	3	0	0	0	0	0	6
UNAPPROVED EVENT			1								2						3
UNAPPROVED MATERIALS			1								1						2
UNLICENSED AGENT									1								1
Enrollee Services and Grievances	0	4	2	0	1	0	0	1	5	2	1	0	0	4	4	3	27
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS		3	2					1	3					4	3	3	19
UNTIMELY ENROLLEE MATERIALS									2								2
FAILURE TO FILE ACCURATE REPORT		1								2					1		4
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS					1						1						2
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
FAILURE TO PROVIDE WITNESS															1		1
Covered Services	1	7	3	2	0	2	1	3	3	0	2	2	0	3	1	5	35
FAILURE TO PROVIDE COC	1							1	1		1	1		1			6
FAILURE TO COMPLY WITH CARE COORDINATION REQ		1					1	2						2		1	7
MEDICAL NECESSITY/EPSDT			1								1	1				1	4
TRANSPORTATION			2	2		2			1						1	1	9
FAILURE TO FILE ACCURATE REPORT		3														1	4
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS		3							1							1	5
Provider Network	3	0	2	0	0	2	0	2	3	2	5	3	2	5	3	2	34
FAILURE TO MEET PROVIDER NETWORK STANDARDS									1		3	1		3	1		9
FAILURE TO SUBMIT PROVIDER NETWORK FILE	1																1
FAILURE TO UPDATE ONLINE DIRECTORIES	2		2			2		2	2	2	2	2	2	2	2	2	24
Quality and Utilization Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS															1		1
Administation and Management	0	1	0	0	0	0	1	2	1	0	1	3	0	0	0	0	9
CLAIMS PROCESSING		1						2				3					6
FAILURE TO COMPLY WITH ACA									1								1
FAILURE TO COMPLY WITH ENCOUNTER AD HOC											1						1
FAILURE TO COMPLY WITH ENRCOUNTER REQUIREMENTS							1										1
Finance	3	1	1	1	0	1	0	3	1	0	0	2	2	0	0	0	15
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS												2					2
FAILURE TO FILE ACCURATE REPORT	3		1	1		1		2	1				2				11
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS		1						1									2
Reporting	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	3
НІРРА																1	1
FAILURE TO RESPOND TO AD HOC REQUEST					1												1
FAILURE TO FILE ACCURATE REPORT	1																1
Tota	i l: 8	13	10	3	2	5	2	11	14	4	12	10	4	12	10	11	
GRAND TOTAL: 131																	
GRAND TOTAL: 13 TOTAL DOLLAR AMOUNT: \$994,25																	

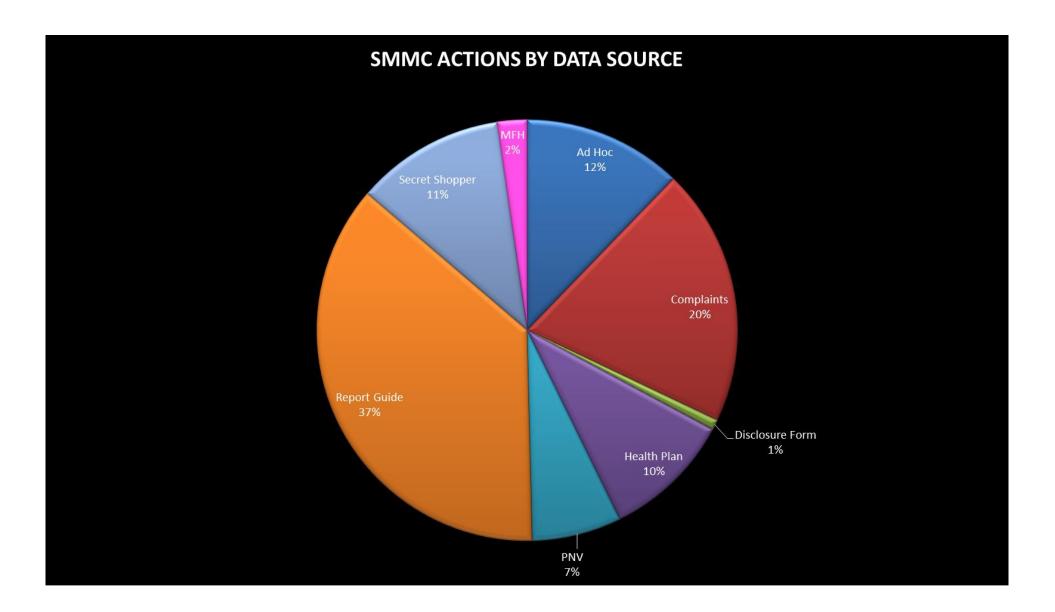












SMMC PENDING ACTIONS BY TYPE																	
	AHE/BOSITING	4EC -	Ame	Bett Broup	بو <i>،</i> رکه	Cles	Chic	Mc. Mo.	Huns	Mac Name	Moli:	Precu	Sime	Stall	Sunci	Unit.	op Total
Marketing	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2
FAILURE TO FILE ACCURATE REPORT											1					1	2
Enrollee Services and Grievances	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	3
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS									1					1		1	3
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
FAILURE TO PROVIDE WITNESS														1			1
Covered Services	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	3
FAILURE TO PROVIDE COC						1							1				2
TRANSPORTATION															1		1
Provider Network	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
FAILURE TO MEET PROVIDER NETWORK STANDARDS												1					1
Administation and Management	0	0	1	1	0	0	0	0	0	0	0	0	1	0	1	0	4
FAILURE TO COMPLY WITH ENRCOUNTER REQUIREMENTS			1	1									1		1		4
Finance	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	3
FAILURE TO FILE ACCURATE REPORT				1		1											2
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS	1																1
Reporting	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	3
НІРРА									1								1
FAILURE TO RESPOND TO AD HOC REQUEST																1	1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS															1		1
Total:	1	0	1	2	0	2	0	0	2	0	1	1	2	2	3	3	
GRAND TOTAL 20																	
TOTAL DOLLAR AMOUNT \$528,250																	

SMMC PENDING ACTIONS BY CATEGORY

