

SMMC Managed Medical Assistance (MMA) Program Issues

Report Period: December, 2014 Run Date: 01/06/2015



	# MMA Enrollees as of Run Date - Source: DSS	# of Issues Received, Last 90 Days	# of Issues Received in December, 2014	# of Issues, per 1,000 enrollees, last 30 days	Difference, last 30 days	Median Days for Resolution - Beneficiary Issues, last 30 days (# Resolved)	Median Days for Resolution - Provider Issues, last 30 days (# Resolved)	# of Issues Resolved, Last 30 Days	# of Issues Pending for Resolution
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MMA PLANS (General, Non-Specialty Plans)

Amerigroup Florida, Inc.	321,080	110	34	0.11	-0.02	10 (9)	26 (27)	36	41
Better Health, Inc.	88,751	26	5	0.06	-0.12	5 (4)	28.5 (6)	10	7
Coventry Health Care of Florida, Inc.	43,631	25	11	0.25	+ 0.18	7 (1)	17 (6)	7	13
First Coast Advantage, LLC	* 0	8	2	0.03	-0.03	(None)	(None)	0	3
Humana Medical Plan, Inc.	281,027	160	54	0.19	+ 0.01	10.5 (32)	16 (22)	54	42
Integral Quality Care	88,006	31	7	0.08	-0.11	7.5 (2)	29 (5)	7	7
Molina Healthcare of Florida, Inc.	158,195	64	28	0.18	+ 0.13	8 (5)	17 (15)	20	22
Preferred Medical Plan, Inc.	27,665	20	4	0.14	-0.29	38 (2)	38 (6)	8	4
Prestige Health Choice	291,421	183	55	0.19	-0.06	11.5 (12)	26.5 (36)	48	67
South Florida Community Care Network (SFCCN)	41,706	12	4	0.10	0.00	7 (1)	27 (3)	4	2
Simply Healthcare Plans, Inc.	80,076	32	8	0.10	-0.10	4 (5)	24 (6)	11	8
Staywell Health Plan of Florida	651,912	201	51	0.08	-0.07	25 (17)	22.5 (38)	63	60
Sunshine Health Plan, Inc.	398,530	185	46	0.12	-0.12	10 (18)	32 (39)	57	47
United Healthcare of Florida, Inc.	255,739	179	46	0.18	-0.16	6 (17)	22.5 (38)	56	42

MMA PLANS (Specialty)

Clear Health Alliance HIV/AIDS Specialty Plan (Simply Healthcare Plans, Inc.)	9,073	28	12	1.32	+ 0.88	6 (6)	14 (4)	10	8
Children's Medical Services (CMS)	63,033	95	22	0.35	-0.46	26 (13)	20 (17)	30	20
Freedom Health, Inc. Cardiovascular/ CHF/ COPD/ Diabetes Disease Specialty Plans	93	0						0	0
Magellan Complete Care Serious Mental Illness Specialty Plan (Florida MHS, Inc.)	28,312	55	15	0.53	-0.35	1 (4)	28 (7)	11	12
Positive Healthcare Florida HIV/AIDS Specialty Plan (AHF MCO of Florida, Inc.)	1,635	3	0	0.00	-1.83	(None)	24.5 (2)	2	0
Sunshine Health Plan, Inc. Child Welfare Specialty Plan	21,014	3	1	0.05	0.00	(None)	26.5 (4)	4	0

NON-PLAN SPECIFIC

MMA General (Non-Plan Specific) Issues		23	9			7 (5)	25 (4)	9	4
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SMMC MMA Issues Reported to the Complaint Operations Center - December 2014

General, Non-Specialty Plans

Specialty Plans

ISSUE:	Amerigroup Florida, Inc.	Better Health, LLC	Coventry Health Care of Florida, Inc.	First Coast Advantage, LLC	Humana Medical Plan, Inc.	Integral Health Plan, Inc.	Molina Healthcare of Florida, Inc.	Preferred Medical Plan, Inc.	Prestige Health Choice	SFCCN	Simply Healthcare Plans, Inc.	Staywell Health Plan of Florida	Sunshine Health Plan, Inc.	United Healthcare of Florida, Inc.	Clear Health Alliance (HIV/AIDS)	Children's Medical Services Network	Freedom Health Inc. (Cardiovascular, CHF, Diabetes, COPD)	Magellan Complete Care (Serious Mental Illness)	Positive Healthcare Florida (HIV/AIDS)	Sunshine Health Plan, Inc. (Child Welfare)	Non-Plan Specific	Total
Services Delivery Issues																					178	
Services - Continuity of Care/Prior Authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Services - Continuum of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Services - Coverage/Limitation Issue	2	1	2	0	1	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	9
Services - Problem Obtaining Authorization	5	1	0	0	4	1	6	1	8	4	0	3	6	7	1	10	0	3	0	0	0	60
Services - Problem Obtaining Medication	1	0	0	0	6	1	1	1	3	0	3	4	1	5	2	1	0	1	0	0	1	31
Services - Quality of Service Issue	6	1	1	0	6	1	2	0	4	0	1	7	2	6	1	2	0	1	0	1	1	43
Services - Reduction/Denial of Services	1	1	2	0	1	1	1	0	3	0	0	1	2	1	0	1	0	0	0	0	1	16
Services - Request for Additional Services	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Services - General	2	0	0	0	3	0	1	0	2	0	0	2	3	1	1	1	0	0	0	0	0	16
Network Access Issues																					24	
Services - Desired Provider Not in Network	2	0	0	0	1	0	0	0	1	0	0	3	4	2	1	1	0	0	0	0	0	15
Services - Insufficient Provider Network	0	0	0	0	1	0	0	0	2	0	0	1	1	1	1	0	0	0	0	0	0	7
Services - Provider Too Far Away/No Timely Appts Available	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2
Provider Issues																					174	
Customer Service - Provider Enrollment	1	0	0	0	1	1	1	0	2	0	0	1	1	1	0	1	0	0	0	0	0	10
Claims - Provider Payment	11	1	5	2	20	2	15	2	27	0	4	23	19	17	3	5	0	8	0	0	0	164
Recipient Enrollment Issues																					5	
Community Outreach - Choice Counselor/Medicaid Options Call	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Customer Service - Disenrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Customer Service - Enrollment/Plan Change	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2
System - County Code Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
System - File errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Newborn/Unborn Activation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
System - Eligibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Customer Services Issues																					32	
Customer Service - Grievance/Appeal Tracking	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
Customer Service - Member Verification	0	0	1	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4
Customer Service - Unable to Obtain Mbr Materials/Plan ID Card	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Customer Service - Plan Gave Incorrect Information	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Customer Service - General	2	0	0	0	5	0	1	0	1	0	0	4	3	2	1	0	0	1	0	0	3	23
Other Issues																					1	
Community Outreach - Aggressive Marketing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Outreach - Inappropriate Use of PHI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fraud Allegation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total:	34	5	11	2	54	7	28	4	55	4	8	51	46	46	12	22	0	15	0	1	9	

GRAND TOTAL 414

ALLEGATION / ISSUE TYPE DEFINITIONS

Claims - Provider Payment - Providers experienced delays or difficulties in obtaining payment for services provided to plan members.

Community Outreach - Aggressive Marketing - Plan soliciting potential enrollee (e.g. unannounced house call or cold calling)

Community Outreach - Choice

Counselor/Medicaid Options Call - Individual expresses dissatisfaction with Choice Counseling staff, or recipient needs assistance understanding plan options and/or plan selection process.

Community Outreach - Inappropriate Use of PHI - Plan has/uses PHI inappropriately for non-members or existing members.

Community Outreach - Unauthorized

Event/Health Fair - Plan holds/participates unauthorized event/health fair.

Community Outreach - Use of Non-Approved Marketing Materials - Plan using materials not approved by AHCA.

Customer Service - Disenrollment - Recipient requesting disenrollment from a managed care plan or recipient requested a managed care exemption.

Customer Service - Enrollment/Plan Change - Concerns or difficulty with enrolling in a plan, changing plans, or selecting a PCP within a plan.

Customer Service - General - Concerns about obtaining general information about SMMC, including general plan questions.

Customer Service - Grievance/Appeal

Tracking - Filed a grievance with the plan and unsatisfied with the progress made. Asking for help to obtain the status of a grievance/appeal.

Customer Service - Member Verification - Plan does not show member as actively enrolled or provider unable to verify member enrollment in the plan.

Customer Service - Plan Gave Incorrect Information - Plan provided incorrect information to member/potential member or provider, or could not answer questions presented by the member/potential member or provider.

Customer Service - Provider Enrollment - Provider issues with enrolling as a plan member/service provider.

Customer Service - Unable to Obtain Member Materials/Plan ID Card - Individual experienced difficulty obtaining member materials from the plan, such as new member materials, plan ID card or a list of participating providers.

Fraud Allegation - Allegation of intentional deception or inappropriate and/or unethical behavior by a plan employee or network provider.

Other - Issues that have not been identified elsewhere in the issue type definitions.

Services - Continuity of Care/ Prior

Authorization - Plan has reduced, delayed or denied services previously approved via a Prior Authorization, or cancels and/or delays previously scheduled appointments, during the 60-day Continuity of Care period

Services - Continuum of Care - Plan has reduced or denied services, or refuses to schedule new appointment with established FFS provider, during the 60-day Continuity of Care period.

Services - Coverage/Limitation Issue - Individual expressed concerns about whether or not a specific service was covered by the plan or any limits on services.

Services - Desired Provider Not in Network - Provider that beneficiary wants to use is not in the plan's network.

Services - General - General concerns about possible changes in service providers, level of services, or service interruptions (not actual denial of services).

Services - Insufficient Provider Network - Concerns about a plan having an inadequate network of providers.

Services - Problem Obtaining Authorization - Provider experienced delays or difficulties in obtaining service authorization needed to bill the plan for services provided to plan members.

Services - Problem Obtaining Medication - Problems with obtaining prescriptions.

Services - Provider Too Far Away/ No Timely Appointments Available - Plan refers recipient to a provider outside the region and/or no timely appointments available.

Services - Quality of Service Issue - Individual is dissatisfied with the quality of service provided by plan network provider or case manager.

Services - Reduction/Denial of Services - Services previously received and/or authorized were discontinued or reduced by the plan.

Services - Request for Additional Services - Individual expressed a need for new services not currently authorized or listed in the care plan or an increase in scope/duration of existing services.

System - County Code Error - County in the eligibility system does not match the recipient's address as entered by Social Security Administration or Department of Children and Families.

System - Eligibility - Issues related to Medicaid eligibility; recipient should show eligible, but doesn't or shows eligible, but shouldn't (including eligibility issues related to LOC or delays in eligibility).

System - File errors - System errors, other than county code/address discrepancies preventing plan enrollment.

Unborn/Newborn Activation - Concerns or difficulty with generating a Medicaid ID number for an unborn child or activating a Medicaid ID number for a newborn child.

* - First Coast Advantage ceased operations effective November 30, 2014.

Please note - The Agency encourages all stakeholders to surface any potential issue, concern, or complaint regarding the SMMC Program to the SMMC Complaint Operations Center. All allegations and issues are recorded, regardless of whether they are found to be accurate or substantiated.

In addition, the Issue Types reported on Page 2 reflect the primary issue reported by the complainant upon submission, and may not reflect the nature of the issue upon investigation and resolution.

Median Days for Resolution of Issues – All Issues remain open until a staff member of the Complaint Operations Center, or assigned Field Office, has verified directly with either the Provider, or the Recipient, that their issue has been resolved (e.g. consumables have been delivered, service provider has rendered services, payment has been received).