SMMC Managed Medical Assistance (MMA) Program Issues

Report Period: December, 2015 *Run Date: 1/4/2016*

	# MMA Enrollees as of End of Month - *Source: HealthTrack*	# of Issues Received, last 3 Months	# of Issues Received in December, 2015	# of Issues, per 1,000 enrollees, December, 2015	Difference per 1,000 - Last Month Compared to Last 3 Months (Mthly Avg.)	Median Days for Resolution - Beneficiary Issues, December, 2015 (# Resolved)	Median Days for Resolution - Provider Issues, December, 2015 (# Resolved)	# of Issues Resolved Incomplete / Informational ****	# of Issues Pending for Resolution
MMA PLANS (Standard Plans)									
Amerigroup Florida, Inc.	345,751	165	50	0.14	-0.04	12 (47)	46 (21)	5	29
Better Health, Inc.	96,035	54	26	0.27	+ 0.25	6 (19)	43 (4)	2	4
Coventry Health Care of Florida, Inc.	52,956	48	18	0.34	+ 0.11	7 (11)	54 (3)	0	14
First Coast Advantage, LLC	* 0	3	0	0.00	-0.05			0	0
Humana Medical Plan, Inc.	332,349	258	87	0.26	+ 0.01	8 (56)	25 (22)	10	48
Integral Quality Care	*** 0	36	13	0.13	+ 0.03	8 (4)	7 (3)	1	13
Molina Healthcare of Florida, Inc.	299,523	169	73	0.24	+ 0.17	9 (41)	11 (22)	3	37
Preferred Medical Plan, Inc.	** 0	9	5	0.19	+ 0.23	7 (1)	13 (3)	0	2
Prestige Health Choice	305,417	239	60	0.20	-0.19	8 (31)	63 (25)	8	114
Simply Healthcare Plans, Inc.	82,935	57	18	0.22	-0.04	2 (3)	44 (13)	0	16
South Florida Community Care Network (SFCCN)	42,666	27	8	0.19	-0.07	4 (6)	24 (4)	0	7
Staywell Health Plan of Florida	694,384	418	160	0.23	+ 0.09	10 (86)	17 (46)	23	101
Sunshine Health Plan, Inc.	432,346	291	98	0.23	+ 0.01	15 (54)	27 (27)	13	97
United Healthcare of Florida, Inc.	275,148	238	82	0.30	+ 0.03	7 (40)	20 (22)	8	60
MMA PLANS (Specialty)									
Children's Medical Services (CMS)	53,613	70	26	0.48	+ 0.15	29 (14)	19 (13)	3	15
Clear Health Alliance HIV/AIDS Specialty Plan (Simply Healthcare Plans, Inc.)	9,202	19	8	0.87	+ 0.54	7 (4)	24 (4)	0	2
Freedom Health, Inc. Cardiovascular/ CHF/ COPD/ Diabetes Disease Specialty Plans	64	2	0	0.00	-31.25			0	0
Magellan Complete Care Serious Mental Illness Specialty Plan (Florida MHS, Inc.)	42,023	70	18	0.43	-0.38	8 (11)	29 (9)	0	12
Positive Healthcare Florida HIV/AIDS Specialty Plan (AHF MCO of Florida, Inc.)	1,827	5	2	1.09	+ 0.55			0	2
Sunshine Health Plan, Inc. Child Welfare Specialty Plan	29,166	19	8	0.27	+ 0.17	1 (5)		0	4
NON-PLAN SPECIFIC									
MMA System (Non-Plan Specific) Issues		513	178						28

SMMC MMA Issues Reported to the Complaint Operations Center - December, 2015

ISSUE CATEGORY / SUBCATEGORY:	Standard Plans: 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.	Specialty Plans: 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
Customer Service	**2**	**1**	**3**		**17**		**13**		**3**	**1**	**1**	**29**	**11**	**7**	**1**	**3**		**3**		**2**		**97**
GENERAL					3				1			5	3	1	1	1		2		1		18
INCORRECT INFORMATION PROVIDED	1		1		3		1					5	1			1		1		1		15
INFORMATION VERIFICATION	1	1	2		8		9		2	1	1	6	2	4								37
UNABLE TO OBTAIN MEMBER MATERIALS					3		3					13	5	2		1						27
Fraud Allegation																						**0**
FRAUD ALLEGATION																						0
General									**1**				**2**									**181**
GENERAL									1				2									3
SYSTEM																					178	178
HIPAA												**1**										**1**
HIPAA												1										1
Marketing Violation																						**0**
MARKETING VIOLATION																						0
Network Access	**5**	**3**	**2**		**4**		**6**		**6**	**1**		**17**	**3**	**7**				**2**				**56**
APPOINTMENTS ARE NOT TIMELY	1				1																	2
NO PROVIDERS OF A SPECIFIC TYPE	2	3	1		1		3		4	1		7	2	6								30
NOT ENOUGH PROVIDERS OF A SPECIFIC TYPE	1		1		1		3		2			10	1	1				2				22
PROVIDERS TOO FAR AWAY	1				1																	2
Payment	**19**	**5**	**11**		**32**	**13**	**21**	**5**	**33**	**1**	**13**	**38**	**48**	**39**	**4**	**9**		**8**	**2**	**1**		**302**
PAYMENT	19	5	11		32	13	21	5	33	1	13	38	48	39	4	9		8	2	1		302
Pharmacy	**6**	**6**			**5**		**10**		**5**	**4**	**1**	**23**	**6**	**8**	**1**	**4**		**1**		**3**		**83**
PHARMACY	6	6			5		10		5	4	1	23	6	8	1	4		1		3		83
Services	**18**	**11**	**2**		**29**		**23**		**12**	**1**	**3**	**52**	**28**	**21**	**2**	**10**		**4**		**2**		**218**
DENIED	8	5	1		12		4		5	1	1	22	9	6	1	2		1				78
GAINING PRIOR AUTHORIZATION	2		1		3		8		3			5	4	4		4		1				35
LIMITATIONS	1				1							2	2									6
NOT PROVIDED, MISSED, OR DELAYED	2	3			6		6		3		1	13	6	6	1	4		1				52
QUALITY	2				4		1					2	2	2								13
SCHEDULING (IN-HOME)												1										1
SCHEDULING (PROVIDER)							1				1	3	1							2		8
SCHEDULING (TRANSPORT)	3	3			3		3		1			3	4	3				1				24
NOT SPECIFIED												1										1
Total:	50	26	18	0	87	13	73	5	60	8	18	160	98	82	8	26	0	18	2	8	178	

GRAND TOTAL **938**

NEW Issue Category Definitions (*as of April 1, 2015*)

Customer Service- Complainant alleges poor customer service
- **General**-Caller alleges poor customer service from the Health Plan. Also includes complaints about member verification.
- **Information Verification**- Caller alleges that Health Plan was unable to provide eligibility or plan related information such as plan enrollment, Medicaid eligibility, open enrollment dates, receipt of faxed information, etc.
- **Incorrect information provided**- Caller alleges that Health Plan provided incorrect information.
- **Unable to receive Materials** - Caller alleges that the Health Plan didn't provide materials (e.g. member handbook, ID card, provider directory, etc.)

Fraud Allegation – Caller alleges that Provider or Health Plan is committing Medicaid fraud.

General- Caller reports a specific incident that occurred with the Health Plan and the issue being reported does not fit any other Issue Category.
- **System Issues** – Issue requires a system/file correction. Includes file errors, county code corrections, segment updates and newborn coverage. (Note: Plans are not responsible for resolving System Issues. These numbers are reflected for Agency use only)

HIPAA- Caller reports a Medicaid related HIPAA violation that occurred with the Health Plan or Provider. This includes unauthorized disclosing of medical and personal health information to unauthorized people.

Marketing Violation- Caller alleges that they were convinced to join a specific plan or they were promised a gift to enroll. Also, caller may indicate that a plan is improperly marketing.

Network Access- Caller alleges they are having difficulties with network providers.
- Not enough of a specific provider type
- The providers in the network are too far away
- Appointments with providers are not timely
- The plan does not have a specific type of provider

Pharmacy- Caller states the Health Plan is denying their medications.

Services – Caller states they are having difficulty receiving services through the plan.
- Denial of Services
- Gaining Prior Authorization
- Limitations
- Not provided, missed, or delayed services
- Scheduling appointments for In Home visits, Provider Appointments, or Transportation
- Quality of services

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.

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 issued).

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

** - Preferred Medical Plan ceased operations effective July 31, 2015.

*** - Integral ceased operations effective October 31, 2015.

**** - Issues Resolved Incomplete / Informational are issues that did not require follow-up action by the Plan. These issues are not included in the Median Day for Resolution columns. Examples include; Complainant referred to his/her Plan Member Services to answer general questions, Complainant did not provide enough information to proceed with complaint and was nonresponsive to follow-up attempts to contact.