SMMC Long-term Care (LTC) Program Issues

Report Period: September, 2017 *Run Date: 10/2/2017*

	# LTC Enrollees as of End of Month - *Source: HealthTrack*	# of Issues Received in September, 2017	# of Issues, per 1,000 enrollees, September, 2017	# of Beneficiary Issues Resolved - September, 2017	# of Provider Issues Resolved - September, 2017	# of Issues Resolved Incomplete / Informational, September, 2017	# of Issues Pending for Resolution
LTC PLANS							
Aetna Better Health of Florida	5,089	6	1.18	1	6	1	6
Amerigroup Florida, Inc.	5,007	18	3.59	2	4	0	17
Humana Medical Plan, Inc.	21,425	62	2.89	10	12	5	47
Molina Healthcare, Inc.	6,340	24	3.79	1	9	1	17
Sunshine State Health Plan, Inc.	42,668	93	2.18	15	19	5	58
United Healthcare of Florida, Inc.	19,374	51	2.63	12	14	4	64

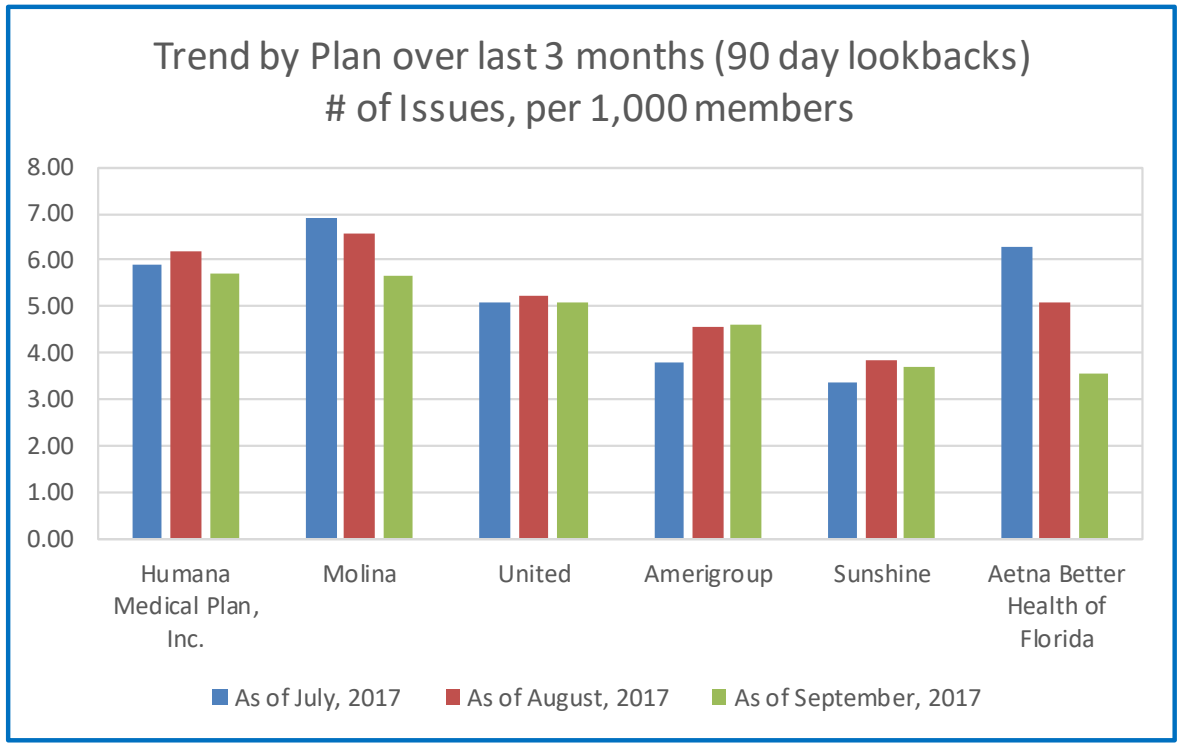
Please note - The Agency encourages all stakeholders to surface any potential issue, concern, or complaint regarding the SMMC Program to the SMMC Complaint Operations Center. All allegations and issues are recorded, regardless of whether they are found to be accurate or substantiated.

SMMC LTC Issues Reported to the Complaint Operations Center - September, 2017

ISSUE CATEGORY / SUBCATEGORY:	Aetna Better Health of Florida	Amerigroup Florida, Inc.	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine Health Plan, Inc.	United Healthcare of Florida, Inc.	Total
Customer Service	**1**	**1**	**2**	**2**	**9**	**2**	**17**
GENERAL	1	1	1	2	6		11
INCORRECT INFORMATION PROVIDED			1		2		3
INFORMATION VERIFICATION					1	1	2
UNABLE TO OBTAIN MEMBER MATERIALS						1	1
Fraud Allegation			**1**		**2**	**1**	**4**
FRAUD ALLEGATION			1		2	1	4
General			**2**		**1**	**3**	**6**
GENERAL			2		1	3	6
Marketing Violation							0
MARKETING VIOLATION							**0**
HIPAA							**0**
HIPAA							0
Network Access			**2**			**2**	**4**
APPOINTMENTS ARE NOT TIMELY							0
NO PROVIDERS OF A SPECIFIC TYPE							0
NOT ENOUGH PROVIDERS OF A SPECIFIC TYPE			2			2	4
PROVIDERS TOO FAR AWAY							0
Payment	**3**	**15**	**40**	**22**	**46**	**31**	**157**
PAYMENT	3	15	40	22	46	31	157
Services	**2**	**2**	**15**		**35**	**12**	**66**
DENIED			3		8	4	15
GAINING PRIOR AUTHORIZATION	1	1	1		4	1	8
LIMITATIONS					2	3	5
NOT PROVIDED, MISSED, OR DELAYED	1	1	11		13	3	29
QUALITY					6	1	7
SCHEDULING (IN-HOME)					1		1
SCHEDULING (PROVIDER)							0
SCHEDULING (TRANSPORT)					1		1
NOT SPECIFIED							0
Total:	**6**	**18**	**62**	**24**	**93**	**51**	

GRAND TOTAL **254**

Complaint Trend by LTC Plan Last 3 Months



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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

Issues Resolved Incomplete / Informational are issues that did not require follow-up action by the Plan. 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.