

SMMC Managed Medical Assistance (MMA) Program Issues

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



	# MMA Enrollees as of End of Month <i>- Source: HealthTrack</i>	# 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 ****	# of Issues Pending for Resolution as of run date
MMA PLANS (Standard Plans)							
Aetna Better Health of Florida (Coventry Health Care of Florida, Inc.)	56,468	11	0.18	5	6	2	13
Amerigroup Florida, Inc.	327,033	61	0.19	30	21	15	47
Better Health, Inc.	101,165	22	0.22	8	7	5	19
Community Care Plan	44,746	6	0.13	2	0	2	3
Humana Medical Plan, Inc.	321,736	57	0.18	31	22	5	42
Molina Healthcare of Florida, Inc.	349,792	77	0.22	28	38	7	75
Prestige Health Choice	330,839	70	0.21	36	24	27	47
Simply Healthcare Plans, Inc.	79,091	13	0.16	10	6	2	12
Staywell Health Plan of Florida	661,850	123	0.19	66	29	43	97
Sunshine Health Plan, Inc.	488,101	127	0.26	49	41	24	107
United Healthcare of Florida, Inc.	271,408	75	0.28	58	18	19	43
MMA PLANS (Specialty)							
Children's Medical Services (CMS)	51,348	16	0.31	12	3	1	9
Clear Health Alliance HIV/AIDS Specialty Plan (Simply Healthcare Plans, Inc.)	9,419	2	0.21	1	2	0	6
Freedom Health, Inc. Cardiovascular/ CHF/ COPD/ Diabetes Disease Specialty Plans	119	0	0.00	0	0	0	0
Magellan Complete Care Serious Mental Illness Specialty Plan (Florida MHS, Inc.)	67,819	31	0.46	18	16	7	26
Positive Healthcare Florida HIV/AIDS Specialty Plan (AHF MCO of Florida, Inc.)	2,031	0	0.00	0	3	0	0
Sunshine Health Plan, Inc. Child Welfare Specialty Plan	32,912	3	0.09	2	0	1	1
NON-PLAN SPECIFIC							
MMA System (Non-Plan Specific) Issues		412					67

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

Standard Plans

Specialty Plans

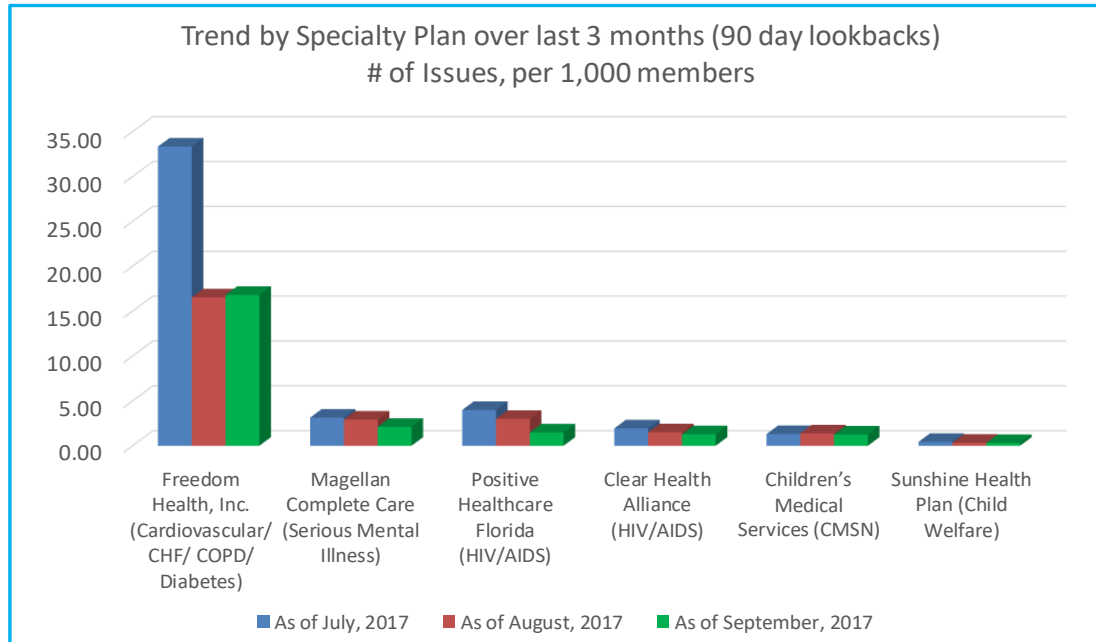
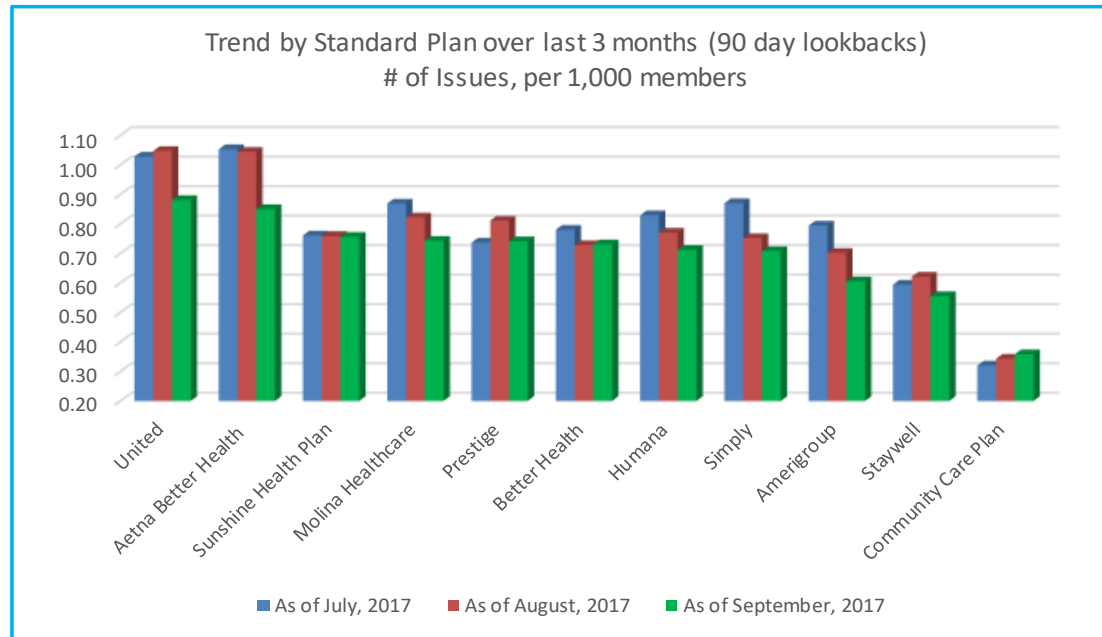
*Aena Better Health of Florida
 Amerigroup Florida, Inc.
 Better Health, LLC
 Community Care Plan
 Humana Medical Plan, Inc.
 Molina Healthcare of Florida, Inc.
 Prestige Health Choice
 Simply Healthcare Plans, Inc.
 Staywell Health Plan of Florida
 Sunshine Health Plan, Inc.
 United Healthcare of Florida, 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) Welfare
 Non-Plan Specific*

ISSUE CATEGORY / SUBCATEGORY:

	1	13	4	6	16	16	2	21	23	7	1	4	2	Total				
Customer Service														116				
GENERAL		3	3		5	4	6	2	7	11	4		1	1	47			
INCORRECT INFORMATION PROVIDED										3	1			4				
INFORMATION VERIFICATION	1	10	1		1	9	10		14	9	2	1	3	61				
UNABLE TO OBTAIN MEMBER MATERIALS						3							1	4				
Fraud Allegation														4				
FRAUD ALLEGATION							1	1		2				4				
General	1	5	1	2	1	4	9	11	6	15		2		469				
GENERAL	1	5	1	2	1	4	9	11	6	15		2		57				
SYSTEM														412				
HIPAA														1				
HIPAA										1				1				
Marketing Violation														0				
MARKETING VIOLATION														0				
Network Access		5	5	3	11	8	9	12	11	16	2	1		80				
APPOINTMENTS ARE NOT TIMELY														0				
NO PROVIDERS OF A SPECIFIC TYPE		1	1	2	4	3	3	4	8	6	2	1		35				
NOT ENOUGH PROVIDERS OF A SPECIFIC TYPE		3	1		5	2	5	6	3	10				35				
PROVIDERS TOO FAR AWAY		1		1	2	3	1	2						10				
Payment	5	14	8	1	17	27	14	4	31	39	9	2	4	12	187			
PAYMENT	5	14	8	1	17	27	14	4	31	39	9	2	4	12	187			
Pharmacy		4			1	4		9	2	5	2			27				
PHARMACY		4			1	4		9	2	5	2			27				
Services	4	20	7		21	18	21	6	39	46	20	7	12	1	222			
DENIED	2	5	3		12	3	7	2	18	5	4	4	6	71				
GAINING PRIOR AUTHORIZATION	1	1	2		2	2	2	2	3	7	6		3	31				
LIMITATIONS		3				1	2		2	2	1			11				
NOT PROVIDED, MISSED, OR DELAYED	1	3			4	7	6	1	5	15	1	2	2	47				
QUALITY		3			1				2	3	4			13				
SCHEDULING (IN-HOME)														0				
SCHEDULING (PROVIDER)		1			1		1		3	6	1		1	15				
SCHEDULING (TRANSPORT)		4	2		1	5	2	1	5	5	2	1		28				
NOT SPECIFIED (Complainant accepted referral to Plan)							1		1	3	1			6				
Total:	11	61	22	6	57	77	70	13	123	127	75	2	16	0	31	0	3	412

GRAND TOTAL 1106

Complaint Trend by Plan Last 3 Months – MMA Standard, and Specialty Plans



Note: MMA Specialty Plans serve unique and divergent populations. This chart displays individual Plan trends, and is not intended for comparative analysis.

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 entered, regardless of whether they are found to be accurate or substantiated.

******** - 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.