

Florida Medicaid

SMMC Compliance Actions

Q1 FY17/18



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 non-compliance with the contract by a managed care plan, the Agency may sanction the Managed Care Plan. Sanctions can be monetary or non-monetary, 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
 - Submit evidence packet timely

PLEASE NOTE: The following information relates to compliance actions issued for Q1 FY 17/18. Only actions that have been finalized are contained in the following information.

- 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/EPST
 - 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:
 - 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

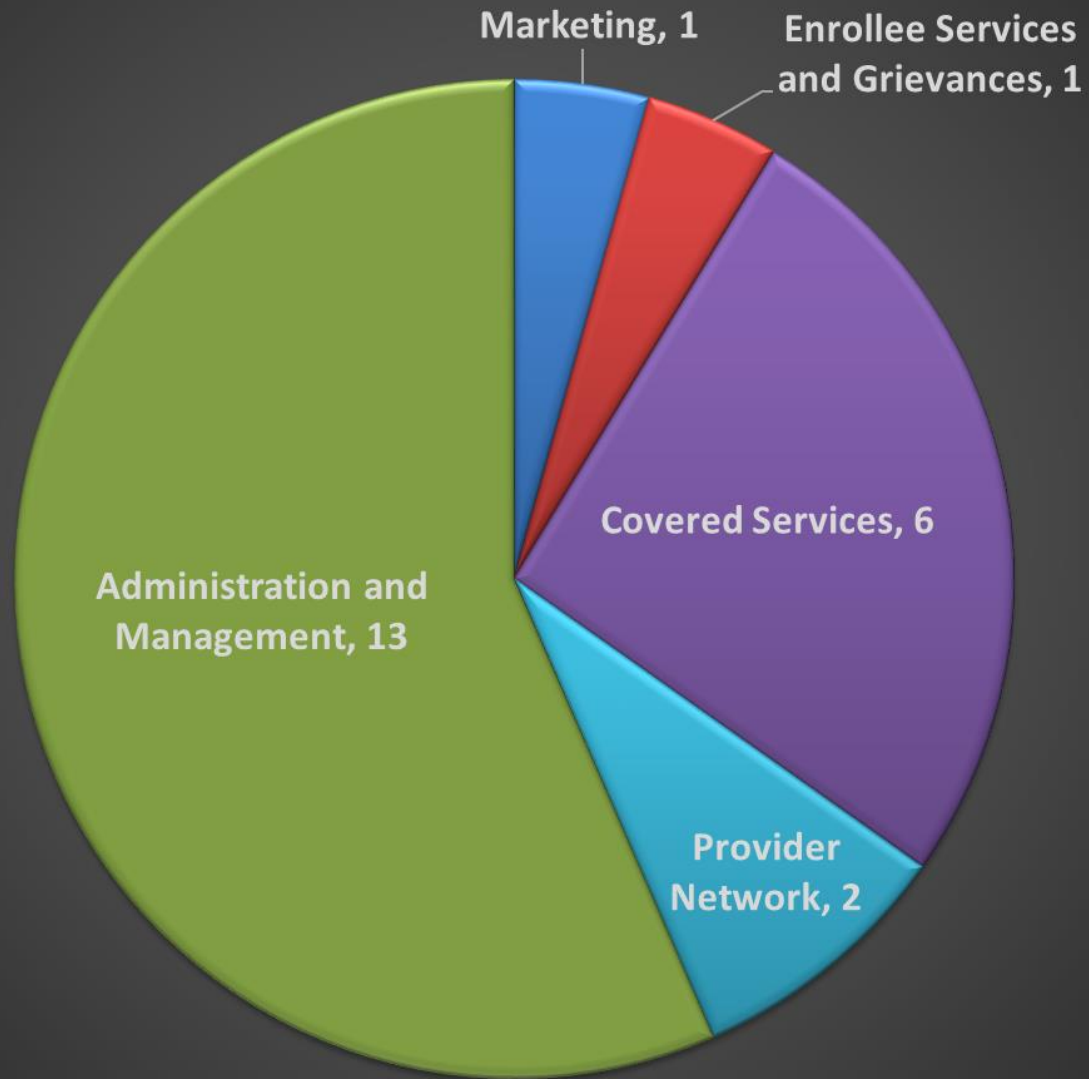
SMMC FINAL ACTIONS BY ISSUE TYPE Q1 FY 17/18

	Aetna	AHF/Positive	Amerigroup	Better	CCP	Clear	CHS/N	Humana	Magellan	Molina	Prestige	Simply	Staywell	Sunshine	United	Total
Marketing	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
FAILURE TO COMPLY WITH MARKETING REQUIREMENTS												1				1
Enrollee Services and Grievances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS															1	1
Medicaid Fair Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Covered Services	0	0	1	0	0	0	0	1	0	0	0	0	2	0	2	6
MEDICAL NECESSITY/EPSTD															1	1
TRANSPORTATION													1		1	2
FAILURE TO PROVIDE COVERED SERVICES			1					1					1			3
Provider Network	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
FAILURE TO MEET PROVIDER NETWORK STANDARDS											1			1		1
FAILURE TO SUBMIT PROVIDER NETWORK FILE											1					1
Quality and Utilization Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administration and Management	2	0	1	1	1	1	0	1	0	2	1	1	1	0	1	11
CLAIMS PROCESSING	1							1		1					1	3
FAILURE TO IMPOSE PAYMENT SUSPENSION											1		1			2
FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS	1		1	1	1	1				1		1				6
Finance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reporting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NUMBER OF ACTIONS:	2		2	1	1	1	0	2	0	2	2	2	3	1	4	23
TOTAL LD DOLLAR AMOUNT:	\$31,000		\$7,500	\$1,000	\$3,000	\$1,000		\$12,500		\$85,000	\$1,000	\$3,500	\$10,000	\$750	\$132,500	\$288,750
TOTAL SANCTION DOLLAR AMOUNT:											\$2,500		\$5,000		\$2,500	\$10,000
GRAND TOTAL - NUMBER OF ACTIONS:	23															
GRAND TOTAL - DOLLAR AMOUNT:	\$298,750															

Note:

Of the 23 actions, 3 were monetary sanctions. 2 of the sanctions were for Failure to Impose Payment Suspensions due to Credible Allegations of Fraud (Prestige and Staywell), and the other was for Failure to Comply with Enrollee Notice Requirements (United).

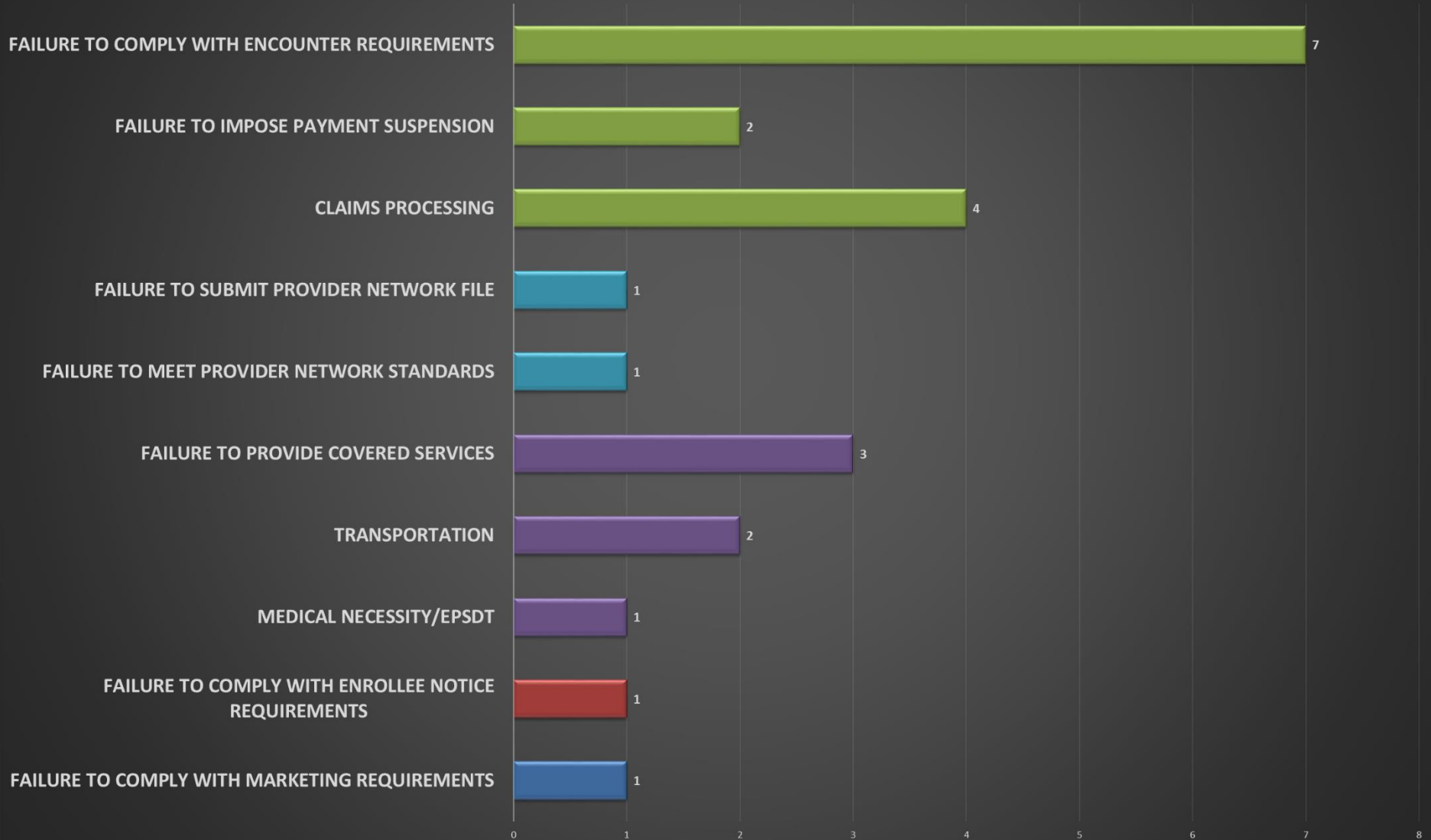
SMMC FINAL ACTIONS BY CATEGORY Q1 FY17/18



Q1 FY 17/18

SMMC FINAL ACTIONS BY SUB-CATEGORY Q1 FY 17/18

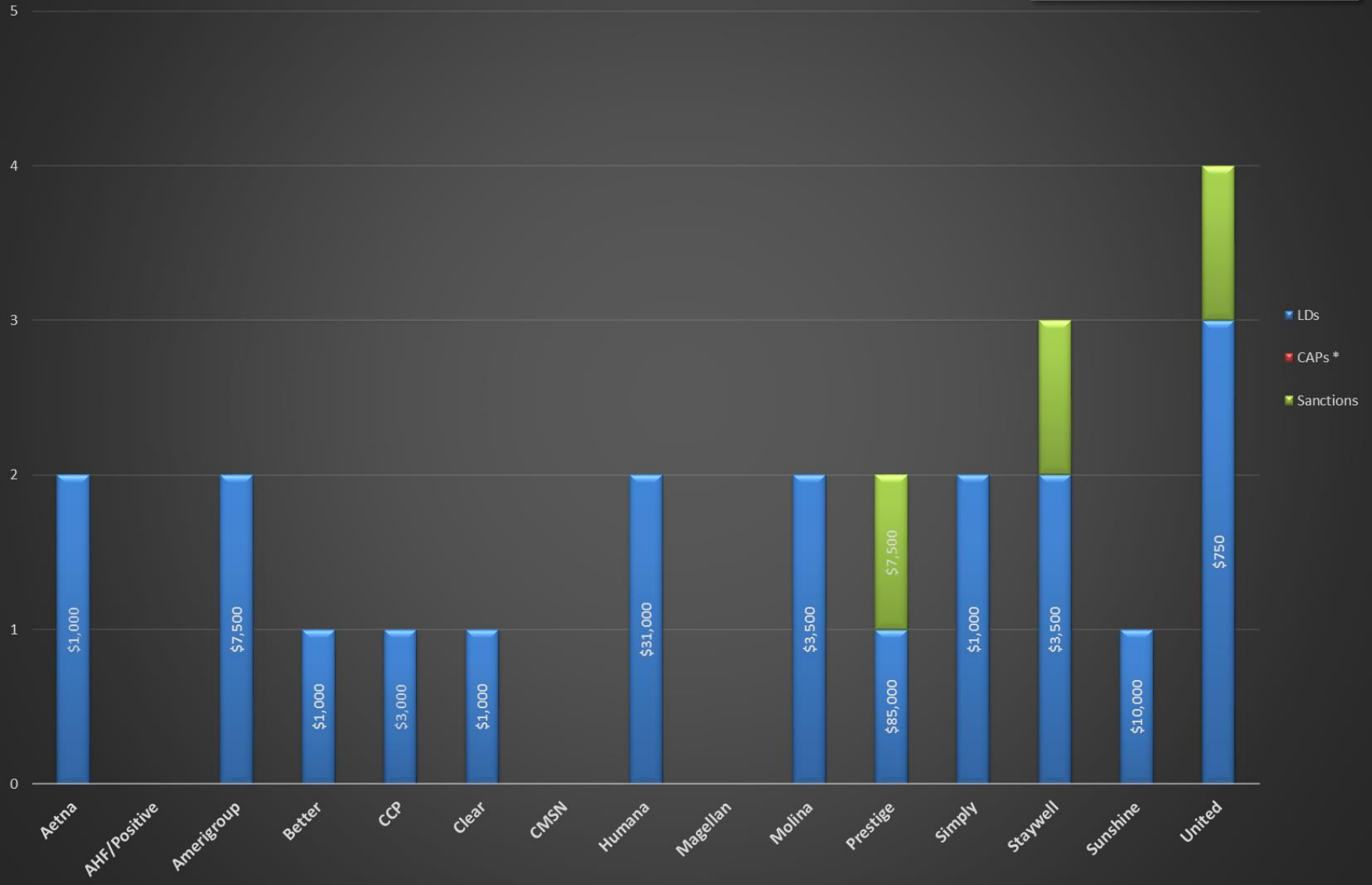
■ ADMINISTRATION AND MANAGEMENT ■ PROVIDER NETWORK ■ COVERED SERVICES ■ ENROLLEE SERVICES AND GRIEVANCES ■ MARKETING



Q1 FY 17/18

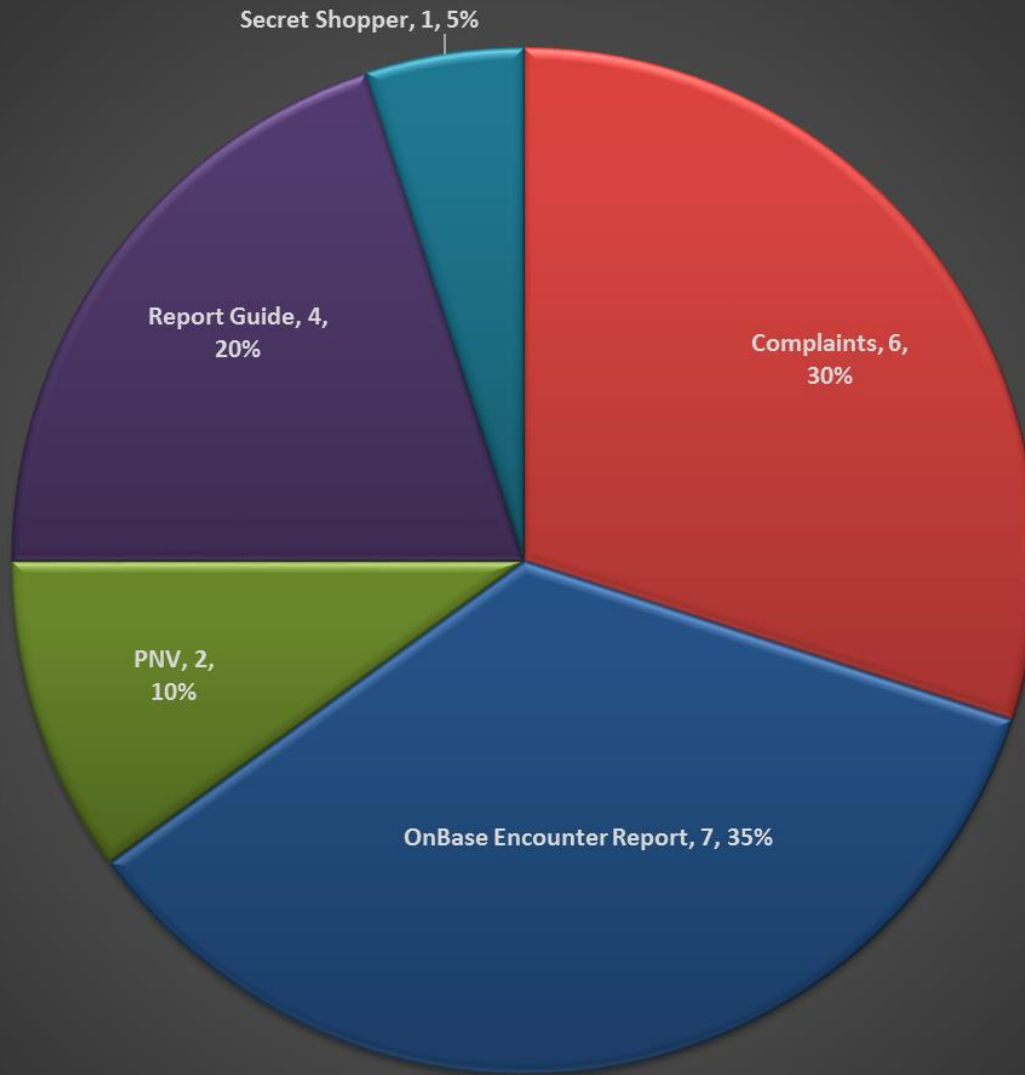
SMMC FINAL ACTION TYPE BY PLAN Q1 FY 17/18

* CAPs are non-monetary in nature.



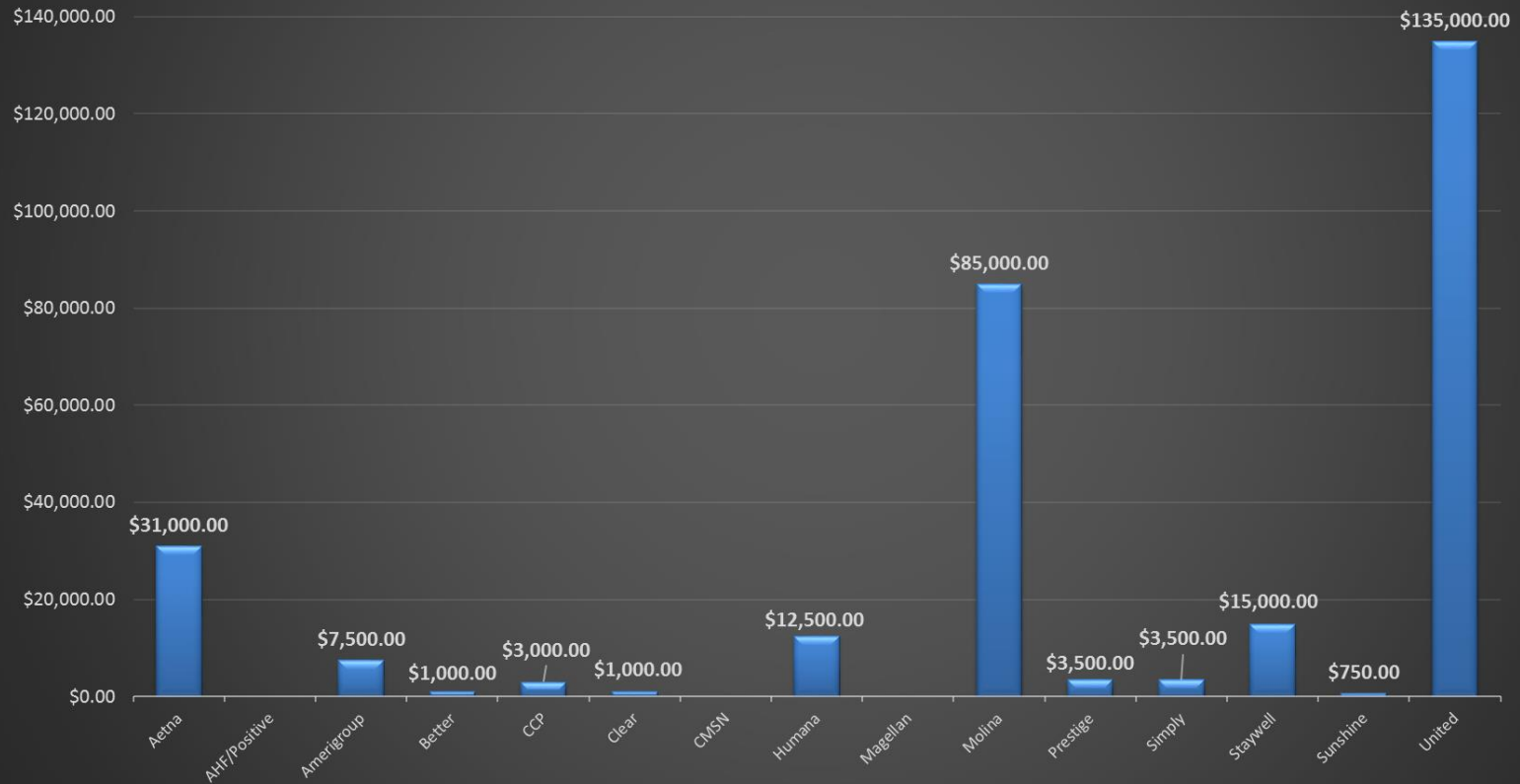
Q1 FY 17/18

SMMC FINAL ACTIONS BY DATA SOURCE Q1 FY 17/18



Q1 FY 17/18

**SMMC TOTAL DOLLAR AMOUNT OF FINAL ACTIONS
Q1 FY 17/18
\$298,750**



Note:

Aetna high due to Claims Processing LD for \$30,000

Molina high due to Claims Processing LD for \$40,000 and Failure to Comply with Encounter Requirements LD for \$45,000

United high due to EPSDT LD for \$100,000 and Claims Processing LD for \$30,000

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