SMMC Managed Medical Assistance (MMA) Program Issues

Report Period: November, 2018 *Run Date: 12/1/2018*

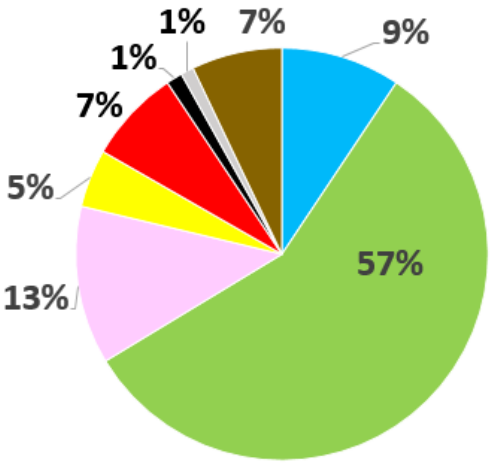
AGENCY FOR HEALTH CARE ADMINISTRATION

	# MMA Enrollees as of End of Month - *Source: HealthTrack*	# of Issues Received in November, 2018	# of Issues, per 1,000 enrollees, November, 2018	# of Beneficiary Issues Resolved - November, 2018	# of Provider Issues Resolved - November, 2018	# of Issues Pending for Resolution *as of run date*
MMA PLANS (Standard Plans)						
Aetna Better Health of Florida (Coventry Health Care of Florida, Inc.)	49,516	9	0.15	3	6	4
Amerigroup Florida, Inc.	252,278	50	0.20	23	15	35
Better Health, Inc.	90,622	17	0.19	12	8	12
Community Care Plan	39,762	3	0.08	5	2	0
Humana Medical Plan, Inc.	304,301	55	0.18	32	17	25
Molina Healthcare of Florida, Inc.	263,834	81	0.31	40	25	56
Prestige Health Choice	319,934	61	0.19	45	18	31
Simply Healthcare Plans, Inc.	184,690	23	0.12	8	11	13
Staywell Health Plan of Florida	646,446	110	0.17	69	44	51
Sunshine Health Plan, Inc.	490,207	112	0.23	59	42	56
United Healthcare of Florida, Inc.	251,564	54	0.21	35	24	23
MMA PLANS (Specialty)						
Children's Medical Services (CMS)	53,945	16	0.30	17	3	6
Clear Health Alliance HIV/AIDS Specialty Plan (Simply Healthcare Plans, Inc.)	8,405	9	1.07	3	7	3
Freedom Health, Inc. Cardiovascular/ CHF/ COPD/ Diabetes Disease Specialty Plans	99	0	0.00	0	1	0
Magellan Complete Care Serious Mental Illness Specialty Plan (Florida MHS, Inc.)	81,572	52	0.64	33	24	27
Positive Healthcare Florida HIV/AIDS Specialty Plan (AHF MCO of Florida, Inc.)	1,586	0	0.00	0	1	0
Sunshine Health Plan, Inc. Child Welfare Specialty Plan	35,786	9	0.25	3	7	6
NON-PLAN SPECIFIC						
MMA System (Non-Plan Specific) Issues		380				59

SMMC MMA Allegations (as reported) to the Complaint Operations Center – November, 2018

Affected Party Recipient - Allegation Statements

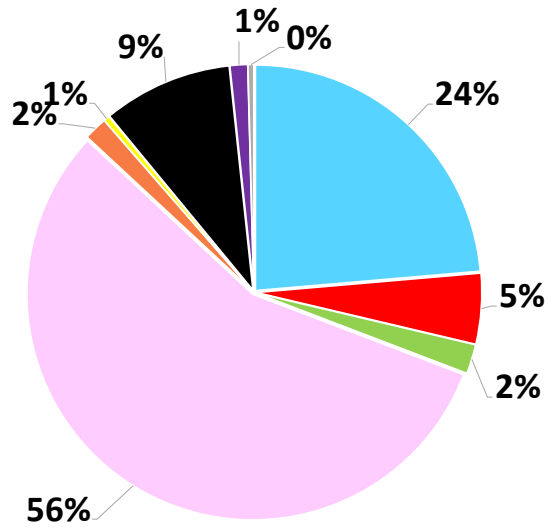
- I have an unpaid bill that Medicaid should have paid
- I need help getting medical or dental care
- I need help with enrolling/disenrolling or changing plans
- I need help with getting information about Medicaid or my Medicaid Plan
- I need help with having my personal information updated/corrected on Medicaid or plan record
- I want to report potential fraud or a HIPAA violation
- I want to submit a complaint about a nursing facility, ALF or Home Health Agency
- None of these options describes my issue



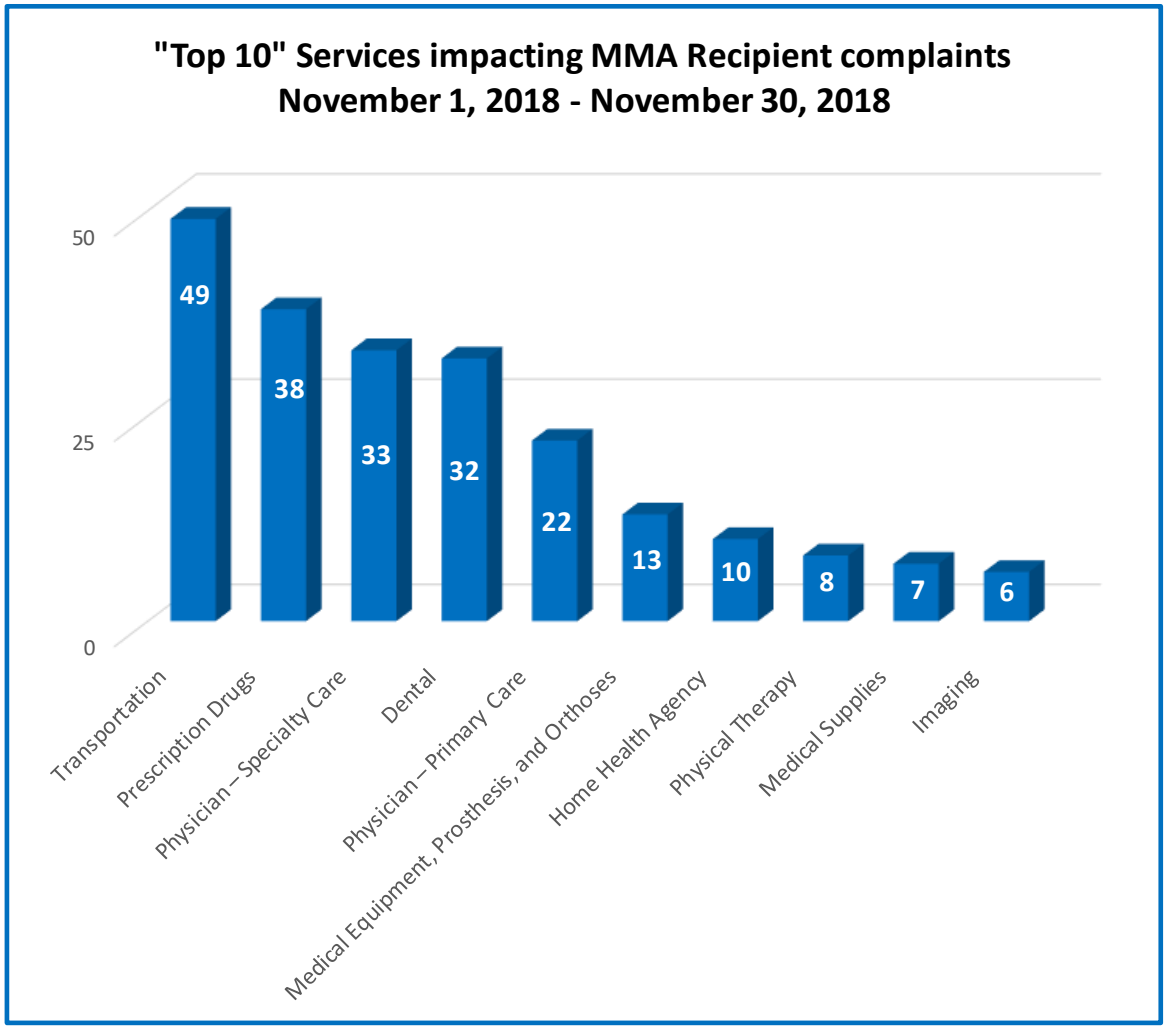
See additional detail for 'I need help getting medical or dental care' on next page

Affected Party Provider - Allegation Statements

- I am disputing or trying to confirm the accuracy of information provided by Medicaid or the plan
- I am trying to obtain a service authorization for my patient
- I can't submit a claim for services due to an error on the recipient record
- I have submitted claims or am trying to submit claims and have not received proper or timely reimbursement
- My Medicaid/Plan participation status is incorrect
- Need assistance with the provider enrollment/ credentialing process
- I am attempting to obtain transportation services for my Patient
- My patient does not show me as their assigned PCP
- I wish to report potential fraud or a HIPAA violation

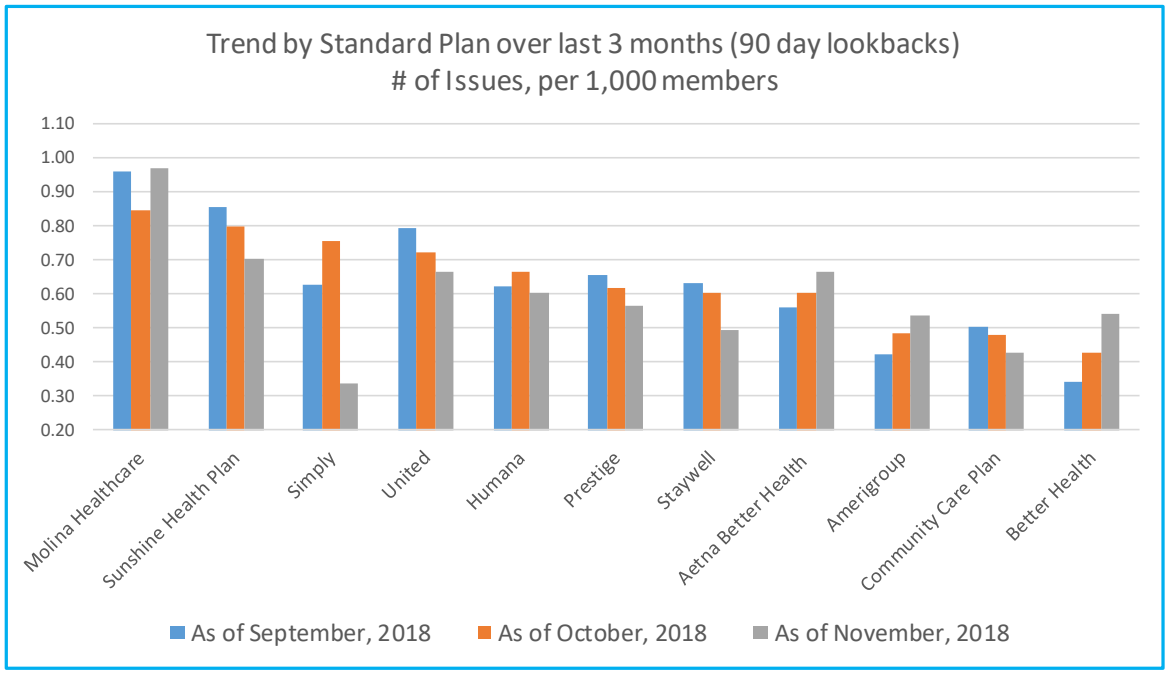


Additional Detail for Affected Party Recipient – Reported Service Related Issues



Sub-Options for Allegation Statement 'I need help getting medical or dental care'
I need help getting a prescription filled
I need help finding a provider
I have a provider that will see me but the provider is too far away
I have a provider that will see me but the appointment isn't soon enough
I don't want to see any of the providers available
I need a ride to the appointment
The quality of services I received from the provider was poor
I was supposed to receive services from my provider, but they did not provide the service
I have a provider, but the service I need was denied, reduced, terminated, or suspended (DRTS)

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



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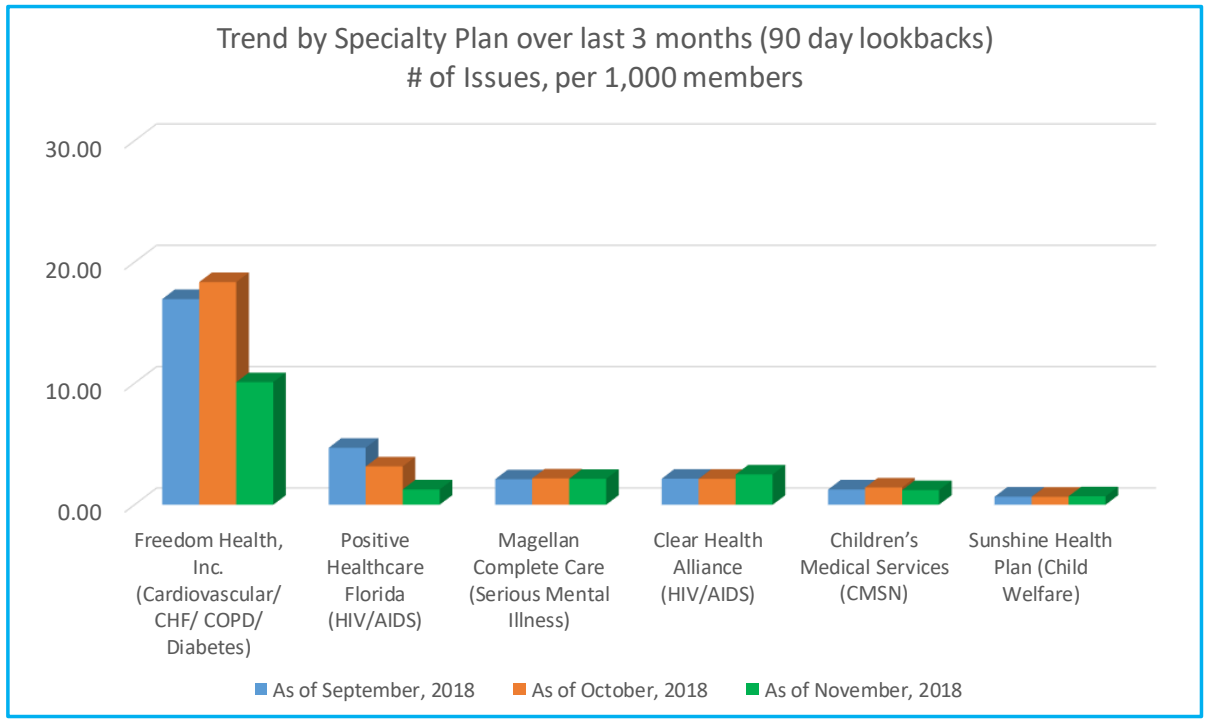

GOOD

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

Prior to closing a complaint, an **Allegation Category** is selected for each reported issue. This selection is based on the actual source of the problem identified while researching the issue. Allegation Categories are used to help identify systemic issues, including potential plan compliance issues.

SMMC MMA Allegations Resolved - November 1, 2018 thru November 30, 2018

	Standard Plans												Specialty Plans					
ALLEGATION CATEGORY AT CLOSURE	Aetna 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)	Sunshine Health Plan, Inc. (Child Welfare)	**Total**
CUSTOMER SERVICE	9	22	8	4	37	35	39	15	63	66	35	5	15	1	26		6	386
FRAUD ALLEGATION		1				1	1	1	2	1					1			8
GENERAL		1				3	3		2	4					1			14
HIPAA							1		1									2
NETWORK ACCESS					1	2	1				1							5
PAYMENT	1	7	6	1	5	10	8	7	19	17	13	4	1		18	1	3	121
PHARMACY		1	1			1	1		3									7
SERVICES	2	9	6	2	9	19	13	1	29	18	11	2	3		13		1	138
Total:	12	41	21	7	52	71	67	24	119	106	60	11	19	1	59	1	10	

GRAND TOTAL **681**

Allegation Category Definitions:

- **AHCA** – Not Medicaid-related
- **Customer Service** – General assistance with navigation and obtaining information from the Plan or Agency
- **Fraud Allegation** – Reported Provider, Member, or Health Plan Fraud
- **General** – Agency/Medicaid system issues, file errors, segment updates
- **HIPAA** – Reported HIPAA violation committed by Medicaid plan or network provider
- **Marketing Violation** –Marketing contract violation committed by Medicaid plan
- **Network Access** – Violation of Medicaid plan network access contract standards
- **Payment** – Provider billed for services and claims denied, rejected or paid incorrectly by the Plan or the Agency
- **Pharmacy** – Reported violation of pharmacy coverage contract requirements by Medicaid plan
- **Services** – Reported problems with accessing Medicaid covered services

Complaints can be reported by phone at 1-877-254-1055, or
online at http://www.ahca.myflorida.com/Medicaid/complaints/index.shtml