

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
CA	5/14/14	Incomplete response to an enrollee grievance.	Yes	We reviewed this incident with the responsible employees and their supervisors, including applicable requirements.	5/14/14 - 6/13/14 Closed	Financial Penalty/CAP	10,000	No
CA	5/12/14	Incomplete response to an enrollee grievance and failure to provide timely information to the state.	Yes	We reviewed this incident with the responsible employees and their supervisors, including applicable requirements.	5/12/14 - 6/26/14 Closed	Financial Penalty/CAP	15,000	No
CA	5/24/13	Documentation for denial of services incomplete.	Yes	The CAP included coaching and counseling employees. In addition, created new processes for drug service requests that are exclusive to medical benefit coverage rules and not pharmacy medical necessity. We will also modify the letter generation capability ensure that we generate benefit denial letters with correct language.	5/24/13 - 6/5/14 Closed	Financial Penalty/CAP	5,000	No
CA	5/15/13	Benchmark for inpatient quality not met.	Yes	Continued to focus on potential duplicate edits from capitated hospital groups. Worked with Claims IT to identify solutions that would not affect volume and timeliness factors. Continued provider education efforts. Met with encounter team to discuss solutions.	5/15/13 - 12/31/13 Closed	CAP	–	No
CA	3/6/13	Benchmark for outpatient timeliness, and Inpatient quality and timeliness not met.	Yes	Continued to monitor group submissions to ensure ongoing timeliness of receipt. Worked with its Claims IT area to determine if edits can be invoked to identify and suppress potential duplicate claims. In addition we are reached out to providers to ensure appropriate billing patterns. Conducted group outreach to ensure capitated group submissions are timely.	3/6/13 - 12/31/13 Closed	CAP	–	No
CA	11/15/12	Encounter submission metrics for outpatient timeliness and inpatient quantity not met.	Yes	Continued monitoring of encounter submission timeliness and	11/15/12 - 12/31/13 Closed	CAP	–	No
CA	8/27/12	Response to request for additional information submitted late.	Yes	Reviewed incident with the responsible plan employees and their supervisor and provide the state with written notification of completion.	8/27/12 - 12/31/12 Closed	Financial Penalty/CAP	2,500	No
CA	5/15/12	Encounter metrics for outpatient timeliness and inpatient quantity not met.	Yes	Resolved 5010 issues and all backlogged encounter were transmitted. Continued to work to stabilize month to month volume. Implemented provider submission of institutional encounters directly to health plan.	5/1/12 - 5/31/12 Closed	CAP	–	No

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CA	3/1/12	Encounter submission metrics not met for inpatient quantity and timeliness	Yes	CAP actions included: working closely with our internal systems area to ensure we are notified in a timely manner of any delays they may face in processing files so that we can notify in a timely manner; reached out to 4 groups for direct submissions; established monthly delivery dates for all of our Dual-Risk groups.	3/1/12 - 5/31/12 Closed	CAP	–	No
CA	11/22/11	Encounter submission metrics not met for inpatient quantity	Yes	CAP activities included: meeting and working with the groups to track the rejected encounter and verify that they have been successfully submitted; following up with each MSO; reviewing agreements and developing formal service Level language; and continuing close monitoring activities.	11/22/11 - 1/31/12 Closed	CAP	–	No
CA	9/20/11	Response to request for additional information submitted late.	No			Financial Penalty	5,000	No
CA	8/24/11	Documentation for denial of services incomplete.	No			Financial Penalty	20,000	No
CA	8/12/11	Encounter submission metrics not met for inpatient quantity and quality	Yes	The CAP included activities to: revert two Dual Risk arrangements back to Shared Risk; meet with each Dual Risk Hospital's MSO to discuss error reports to ensure timely correction and resubmission; in a timely manner; meet regularly (at least weekly), with TransUnion to improve their turn-around time; and ensure the appropriate MSO management is aware of encounters submission performance and obligations.	8/12/11 - 12/31/11 Closed	CAP	–	No
CA	8/12/11	Resolution of a member's grievance not timely or adequate.	No			Financial Penalty	5,000	No
CA	4/13/11	Consistent downward trend in HEDIS scores.	Yes	The CAP focused on interventions in four areas: organizational and structure; data and reporting; provider; and member. Developed a strategy to identify members with gaps in care and provided incentives to receive appropriate care. Implemented two new provider incentive programs to assist in the early identification of pregnant women for timely outreach.	4/13/11 - ongoing	CAP	–	No

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CA	2/18/11	Benchmark for Inpatient timeliness not met.	Yes	Completed an analysis of the inpatient data and to bring this measure within acceptable timeframes, we took the following steps: engaged a cross functional team of employees; calculated lag time by hospital and worked with them to address barriers; began reaching out to groups to determine their ability and willingness to submit encounters directly.	2/18/11 - 6/30/11 Closed	CAP	–	No
CA	11/18/10	Encounter submission metrics not met for inpatient quality and timeliness	Yes	Reviewed reports and determined that push to submit 2009 DOS encounters negatively impacted measures. Continued close monitoring of encounter performance.	11/18/10 - 3/31/11 Closed	CAP	–	No
CA	4/7/10	Information to confirm provider network adequacy insufficient and submitted late.	No			Financial Penalty	50,000	No
CA	4/7/10	Information to confirm provider network adequacy insufficient and submitted late.	No			Financial Penalty	50,000	No
FL	7/29/14	Ad hoc report submitted one day late.	No			Financial Penalty	500	No
FL	4/17/14	Failure to meet encounter data accuracy standards.	Yes	Reviewed health plan data against state data to identify cases of issues. Working with the state on the issues related to the State Master File. Reporting progress on monthly status reports until the CAP is closed.	4/17/14 - ongoing	CAP	–	No
FL	11/19/13	Incorrect naming convention on the claims aging report.	No			Financial Penalty	1,000	No
FL	8/22/13	Claims aging report for Q2 submitted in improper format.	No			Financial Penalty	500	No
FL	8/22/13	Quarterly financial report submitted with incorrect naming convention.	No			Financial Penalty	500	No
FL	4/18/13	Report submitted to state did not include a complete signed jurat page.	No			Financial Penalty	500	No
FL	2/27/13	Financial report for 4Q submitted with inaccurate information.	No			Financial Penalty	1,000	No
FL	5/23/12	Member materials not submitted to the state for approval prior to use.	Yes	Re-educated internal employees on the plan's internal process to review and approve written materials by including this as a re-occurring agenda item during compliance meetings as well as Operational Executive Team meetings.	6/7/12 - 8/14/12 Closed	CAP	–	No
FL	5/18/12	Failure to meet standards established in 2011 child health check up CAP.	No			Financial Penalty	36,500	No

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FL	2/27/12	Financial report for 4Q submitted with inaccurate information.	No			Financial Penalty	1,600	No
FL	9/20/11	2011 onsite audit identified documentation deficiencies.	Yes	Configured system to pend and manually process claims that required a consent form. Implemented the Vaccines for Children (VFC) attestation process. Implemented a process to ensure that notices are sent to members pursuant to contract requirements	9/20/11 - 11/8/11 Closed	CAP	–	No
FL	4/21/11	Quarterly complaints, grievance, and appeals report was submitted late.	No			Financial Penalty	600	No
FL	3/9/11	Submission of the fraud plan and policies and procedures was late and insufficient.	Yes	Re-iterated use of the report tracking spreadsheet to ensure reporting requirements are met; implemented a control to make sure attestations include the appropriate signatures; and updated the Compliance Plan in accordance with the state's request.	3/9/11 - 9/30/11 Closed	CAP	–	No
FL	1/27/11	Audit identified grievance and appeals process inadequacies.	Yes	Added the state's current approved letter in the plan's letter inventory. Created an Operational Guideline to ensure that notices regarding appeals are provided to both members and providers and distributed an internal memo to all appeal review nurses.	2/18/11 - 3/15/12 Closed	CAP	–	No
FL	5/4/10	Child health check up report was submitted late.	No			Deficiency Notice	400	No
FL	3/4/10	Q4 claims report was on wrong template and included inaccurate information.	No			Financial Penalty	600	No
FL	2/18/10	Self reported oversight of community outreach activities.	Yes	Developed a monthly committee to review of outreach activities.	3/2/10 - 9/1/12 Closed	CAP	–	No
GA	11/15/11	Low levels of dental utilization.	Yes	Directed the dental vendor to outreach to providers to determine their participation status and then generate a GeoAccess report to confirm network compliance. Began targeted recruitment campaign. Vendor distributed an educational piece and newsletter about the importance of providing changes to provider participation. Performed a directory verification project.	11/15/11 - 12/31/11 Closed	CAP	–	No
GA	9/2/11	Network access requirements not met and duplications in provider listing files.	Yes	Instituted a program with a telehealth vendor to support rural areas that do not have sufficient provider specialties. Also working to address data quality.	9/2/11 - 11/29/11 Closed	CAP	–	No

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GA	8/2/11	Timely access requirements not met.	Yes	Reviewed situation and identified a human error in the report submission process. Corrected and resubmitted the report and implemented business owner review of report accuracy. Newly received provider information will be verified.	8/2/11 - 8/31/11 Closed	CAP	–	No
GA	7/7/11	Report load to state FTP site did not complete correctly.	Yes	The files were uploaded on the day they were due, but due to file names that were too long, they would not go through the FTP process. When discovered the next day, the file names were corrected and resubmitted. Retrained employee to prevent a recurrence.	7/7/11 - 7/15/11 Closed	CAP	–	No
GA	7/7/11	Failed to meet performance measure targets and performance improvement project annual reports submitted late.	Yes	The CAP included steps to improve metrics though provider and member communications; member outreach activities by our Health Promotions team through preventive service events at provider offices as well as community events; and incentives to encourage members to receive services.	7/7/11 - 9/30/11 Closed	CAP	–	No
GA	7/1/11	Provider network adequacy deficiencies.	Yes	Conducted active outreach and recruitment efforts with providers in needed counties. Made a configuration change to address seemingly duplicate records created for providers working under separate TINs and educated provider data management on how to identify these providers and adjust reporting. To address untimely notification of provider status, provider representatives continued to work in the field to learn about changes in the network and submit timely change information.	7/1/11 - 8/9/11 Closed	CAP	–	No
GA	3/15/11	GeoAccess report identified provider network inadequacies.	Yes	The CAP addressed multiple issues and included: resolving GeoAccess reporting changes; adding workflow steps for management review for accuracy, and resubmitting the report. Adjusted report logic to address USPS change in zip code and conducted outreach. Worked to resolve issues with providers associated with multiple TINs. Conducting quarterly wait time reviews and taking steps to update provider information and verify demographics.	3/15/11 - 4/28/11 Closed	CAP	–	No

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GA	1/24/11	Deficiencies in provider network listing with incorrect addresses, untimely appointment wait times, and non-par providers in provider directory.	Yes	Changed survey vendors and worked to ensure that the vendor and their survey teams are educated and modified the questions for clarity.	1/24/11 - 2/22/11 Closed	CAP	–	No
GA	1/24/11	Timey access 4Q10 indicated provider types that did not meet appoint request waiting time standards.	Yes	The CAP included the following actions: modify GeoAccess reports to differentiate members' access to dental providers by type and include total number of providers. Clarified information about the online provider directory. Provided secret shopper list to the state with written responses to each.	1/24/11 - 2/18/11 Closed	CAP	–	No
GA	11/10/10	Submitted PCP assignment report with missing NPI and duplicate Medicaid numbers.	Yes	Reviewed each provider and provided an updated listing to the state. Two providers received additional follow-up. As part of the Credentialing plan all new providers must submit their NPI and their Medicaid ID at the time of application and no provider will be loaded without NPI. Resubmitted the PCP assignment report and reconciled providers with duplicate Medicaid IDs. Re-educated provider data management on issue resolution.	11/10/10 - 12/3/10 Closed	CAP	–	No
GA	11/9/10	Benchmark for the PCP sick visit and mental health appointment wait times not met.	Yes	Sent corrective action letters to each provider and performed a follow up visit within 30 days to re-educate the provider and his/her staff on the contractual access standards. All providers not meeting the requirements were re-surveyed during the next quarter's survey.	11/9/10 - 12/31/10 Closed	CAP	–	No
GA	10/14/10	Access, provider network listing, appointment scheduling, and directory deficiencies.	Yes	Used a team of employees to work to contract with various providers within a given geographic area. Submitted an updated network deficiency report to address the areas noted. Worked with providers with various TINs to prevent duplicates. Outreaching to providers to address incomplete information. Initiated a large-scale project to validate all specialties in the network to verify access and demographic information.	10/14/10 - 12/31/10 Closed	CAP	–	No

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GA	10/7/10	HEDIS measures fell below the national average.	Yes	The CAP included measures to improve HEDIS outcomes and state-required metrics through provider and member communications; member outreach activities through preventive service events at provider offices as well as community events; and incentives to encourage members to receive services.	10/7/10 - 12/31/10 Closed	CAP	–	No
GA	7/19/10	Submitted requested HS&R reports late.	No			Financial Penalty	40,000	No
GA	5/19/10	Informed of requirement to adhere to 2010 encounter reconciliation schedule.	Yes	Worked with the state's contractor to reconcile encounters and provider payments by identifying system and data metrics to achieve required metrics.	5/19/10 - 3/10/11 Closed	CAP	–	No
GA	5/12/10	4Q network submission deficiencies.	Yes	Submitted a corrected network deficiency report showing the number of providers used to determine access levels. Initiated workflow for management review for accuracy prior to submission; and modified report logic to remove duplicates where possible or document reason. Utilized secret shoppers to ensure access availability and educated providers on requirements. Reviewed online provider directory for accuracy.	5/12/10 - 7/31/10 Closed	CAP	–	No
GA	4/22/10	Benchmark for pharmacy calls answered within 30 seconds in Feb 2010 not met.	Yes	CAP actions included hiring additional staff to support PBM call center activities and an improved workflow to triage member and provider calls. Made training improvements to the health plan and PBM call centers.	4/22/10 - 4/30/10 Closed	CAP	–	No
GA	3/18/10	Submitted hospital statistical and reimbursement report late.	No			Financial Penalty	16,000	No
GA	3/17/10	Call center standards for December, January, and February 2010 not met for calls answered within 30 seconds.	Yes	PBM hired and trained additional pharmacy call center staff and revised the call center skill workflow. Implemented process to transfer member related calls to the health plan call center. Continued process improvement efforts, including work groups to support prior authorization reviews and P&P reviews for the pharmacy call center.	3/17/10 - 6/30/10 Closed	CAP	–	No
GA	1/21/10	Deficiencies in Q3 2009 GeoAccess submission	Yes	Reviewed the provider file for duplicates identified by the state and completed an audit to correct the data.	1/21/10 - 2/16/10 Closed	CAP	–	No

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IN	10/31/12	2Q12 performance requirements for claims processing and call center timeliness not met.	Yes	Trained additional staff to assist with claims inventories. Trained additional call center resources and instituted an ongoing hiring strategy to address attrition trends and provide resources in a timely manner.	10/31/12 - 6/28/13 Closed	Financial Penalty/CAP	9,457	No
IN	8/6/12	1Q12 performance requirements for claims processing and call center timeliness not met.	Yes	Trained additional staff to assist with claims inventories and corrected system issues. Trained additional call center resources and enhanced the call routing system to route calls at a designated time threshold to the back up site that has additional trained capacity.	8/6/12 - 11/6/12 Closed	Financial Penalty/CAP	10,421	No
IN	7/3/12	4Q11 performance requirements for claims processing and call center timeliness not met.	Yes	Corrected system issues and worked overtime to address the backlog of claims. Hired additional call center resources, cross trained current employees to handle member calls, and hired an additional manager.	7/3/12 - 10/3/12 Closed	Financial Penalty/CAP	9,457	No
IN	4/13/10	Performance requirements for encounter data submissions not met.	No			Financial Penalty	400	No
KY	3/11/14	Network deficiency for urban hospitals, dermatologists, psychiatrists, and cardiologists.	Yes	Expedited provider file loading so provider network files would be more accurate. Plan outreached to several dermatologist groups.	3/11/14 - 3/26/14 Closed	CAP	–	No
MD	7/22/13	Primary care network appeared inadequate after the network directory clean-up.	Yes	Enacted protocols to ensure provider data submitted was complete and in a format to be accepted into the State's database.	7/22/13 - 8/8/13 Closed	CAP	–	No
MD	5/1/13	Preauthorization decisions and adverse determination notifications late.	Yes	CAP addressed three areas. Preauthorization Determinations: Recruited management staff; review and tracking of pre-service timeframes. Adverse Determination Notification: Assessed and improved correspondence workflows. Revision of UM Timeliness Audit Policy: Revised the policy to indicate review of preauthorization decisions and notifications to monitor compliance with state specified timeliness standards on a quarterly basis and report the results to the QM committee quarterly.	5/1/13 - 12/31/13 Closed	CAP	–	No
MD	11/8/10	Performance improvement project did not meet PIP requirements.	Yes	AGP performed detailed barrier and intervention analysis and resubmitted the PIP.	11/8/10 - 12/22/10 Closed	CAP	–	No
MD	11/5/10	Value-Based Purchasing Program disincentives.	No			Financial Penalty	3,097,563	No

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MD	8/12/10	New enrollments in 1 county discontinued because of OB/GYN access requirements.	No			Deficiency Notice	–	No
MD	5/11/10	Minimum compliance level standards on delegated entity oversight, credentialing and recredentialing and utilization review not met.	Yes	Implemented significant process improvements for appeals, credentialing and recredentialing, and pre-authorizations. This included transitioning to handling these processes locally and improving audits and monitoring to better gauge performance over the year. Also improved documentation of the Quality Committee's activities to oversee its delegates.	5/11/10 - 12/31/10 Closed	CAP	–	No
NJ	7/18/14	Failure to refer tort and casualty cases to the state.	Yes	CAP submitted to the State on 8/18/14 pending approval. Amerigroup disputed this allegation and submitted evidence of past tort referrals. Proposed a submission process that will deliver better communication with the State unit handling tort cases.	7/18/14 - ongoing	CAP	–	No
NJ	7/7/14	Failure to appoint dental director.	Yes	Evidence was submitted to the State on 8/1/14 that a dental director had been hired.	7/7/14 - 8/1/14 Closed	CAP	–	No
NJ	5/22/14	Plan D behavioral health co-payment error.	Yes	Implemented process to verify that member ID cards are accurate and contractually compliant during an internal audit review twice a year.	5/22/14 - ongoing	CAP	–	No
NJ	3/7/14	A vendor conducted an unapproved post call survey after being told not to by the health plan.	Yes	Implemented an additional internal control to remove NJ members from the data file sent to the vendor who made non-compliant survey calls. The vendor implemented an additional control to review for and remove any NJ members from call samples.	3/7/14 - ongoing	CAP	–	No
NJ	1/29/14	Enrollee appeal acknowledgement letters failed to meet required timeframe.	Yes	Implemented additional quality assurance checks to ensure that member acknowledgement letters are consistently generated and issued to members.	1/29/14 - ongoing	CAP	–	No
NJ	12/30/13	Deficiencies found in 2013 CAHPS.	Yes	Implemented additional provider and member outreach to increase member satisfaction and utilization measures. The CAP also outlined work with our dental vendor on provider recruitment and access issues.	12/30/13 - ongoing	CAP	–	No
NJ	6/14/13	Excess denied capitation encounters.	No			Financial Penalty	104,559	No
NJ	5/23/13	2012 provider satisfaction survey deficiencies identified.	Yes	Initiated multiple provider education, member education, and pharmacy education initiatives to increase overall provider satisfaction as measured by the annual provider satisfaction survey.	5/23/13 - ongoing	CAP	–	No

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NJ	2/26/13	Excessive duplicate encounters in December 2012.	No			Financial Penalty	4,733	No
NJ	2/15/13	Deficiencies identified in 2012 IPRO annual assessment categories.	Yes	Overall, the health plan scored 98% on this audit and demonstrated strong performance. Addressed actions needed to address low measures were minimal in the HEDIS work plan, including interventions and a monitoring and oversight plan.	3/28/13 - 12/31/13 Closed	CAP	–	No
NJ	10/5/12	Excessive duplicate encounters for September 2012.	No			Financial Penalty	82,843	No
NJ	7/9/12	Excessive duplicate encounters in June 2012.	No			Financial Penalty	2,831	No
NJ	6/8/12	Technical error in a 5010 file format submission resulted in duplicate rejections.	No		Closed	Financial Penalty	248,522	No
NJ	4/30/12	Annual provider satisfaction survey identified deficiencies.	Yes	The CAP included: EPSDT member outreach activities; reviewing and updating Clinical Practice Guidelines and notifying providers of updates; using several methods to improve members' understanding of their benefits and preventive care/wellness programs; improving formulary information and pharmacy prior authorization response time; and improving disease management provider engagement.	4/30/12 - ongoing	CAP	–	No
NJ	3/28/12	2011 annual assessment identified deficiencies in credentialing/recredentialing.	Yes	The CAP included making changes to the recredentialing process to ensure timely recredentialing of providers and the inclusion of the required documentation.	5/11/12 - 12/31/12 Closed	CAP	–	No
NJ	2/8/12	EPSDT and lead screening standards for CY 2009 not met.	No			Financial Penalty	18,129	No
NJ	9/24/11	EPSDT requirements regarding medical necessity and state directives not met.	Yes	Engaged the dental vendor to resolve deficiencies. Monitored the dental vendor to ensure that the following actions were taken: modified denial letter to address "medical necessity" and implemented a process to contact dentists when a lack of required documentation would impact the determination.	9/24/11 - ongoing	CAP	–	No
NJ	6/23/11	Encounter data submission monitoring evaluation for May 2011 and November 2010 found deficiencies.	No			Withhold	16,673	No

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NJ	6/23/11	Encounter data submission monitoring evaluation for May 2011 and November 2010 found deficiencies.	No			Financial Penalty	17,919	No
NJ	5/24/11	Encounter data submission for April 2011 and October 2010 insufficient.	No			Withhold	16,705	No
NJ	5/24/11	Encounter data submission for April 2011 and October 2010 insufficient.	No			Financial Penalty	2,194	No
NJ	4/20/11	Encounter data submission for March 2011 and September 2010 insufficient.	No			Financial Penalty	5,390	No
NJ	3/17/11	Encounter data processing benchmarks for February 2011 and August 2010 not met.	No			Financial Penalty	17,126	No
NJ	2/18/11	Additional information requested by state not provided.	Yes	Provided the state with internal audit sample sizes, screen shots of the care management system, and a description of how the health plan will conduct outreach to members.	2/18/11 - ongoing	CAP	-	No
NJ	2/17/11	Encounter data submission for January 2011 and July 2010 insufficient.	No			Withhold	34,463	No
NJ	2/17/11	Encounter data submission for January 2011 and July 2010 insufficient.	No			Financial Penalty	7,763	No
NJ	2/2/11	Benchmark for EPSDT Screenings and lead screening in 2008 not met.	No			Financial Penalty	36,616	No
NJ	1/10/11	Additional information requested by state not provided.	Yes	Provided additional detail on how care managers assist in coordinating well visits, lead screenings, and vaccinations. Also provided information on how we develop care plans with input from the members, providers, and community agencies, when appropriate.	1/10/11 - ongoing	CAP	-	No
NJ	12/16/10	Return of withhold for failure to meet encounter data benchmarks for SFY10.	No			Withhold	-36,110	No
NJ	12/16/10	Withhold assessed for failure to meet encounter data benchmarks for SFY11.	No			Withhold	17,658	No
NJ	12/16/10	Encounter data benchmarks for SFY11 not met.	No			Financial Penalty	557	No
NJ	12/15/10	Failure to implement CAPs with providers as required.	No			Deficiency Notice	-	No

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NJ	11/22/10	GeoAccess for hospital and FQHC networks in 1 county deficient.	Yes	The CAP included efforts to renew negotiations with the hospital. Hospital adequacy issues are complicated by having only a single acute care hospital in the county and it refuses to participate with the health plan.	11/22/10 - ongoing	CAP	-	No
NJ	11/22/10	EQRO on-site annual audit identified credentialing/recredentialing deficiencies.	Yes	The CAP included establishing a credentialing department at the health plan to track all aspects of the process, including follow-up activities with providers to correct deficient applications and establishing clear processing timeframes, and close coordination with Corporate Credentialing.	11/22/10 - 12/31/11 Closed	CAP	-	No
NJ	11/10/10	Encounter data benchmarks in SFY11 not met.	No			Withhold	35,825	No
NJ	10/13/10	Credit/Refund of withhold from March 2010 and September 2010.	No			Withhold	-35,295	No
NJ	10/13/10	April 2010 EQRO care management and lead case management standard not met.	Yes	Analyzed member EPSDT services on a monthly basis and conducted outreach to members and their provider with overdue services. Sent reports to providers listing members on their panel missing EPSDT services. Established interdepartmental workgroup to coordinate activities. Modified process to create care plans for members in lower acuity groups.	5/10/11 - ongoing	CAP	-	No
NJ	9/14/10	Encounter data submission for February 2010 insufficient.	No			Withhold	78,966	No
NJ	8/17/10	Encounter data submission for January 2010 insufficient.	No			Withhold	28,883	No
NJ	8/9/10	Encounter data submission for December 2009 insufficient.	No			Withhold	10,699	No
NJ	7/2/10	Return of previously withheld funds for failure to meet encounter data benchmarks.	No			Withhold	-72,161	No
NJ	6/10/10	Request for revised hospital network and Geo Access concerns.	Yes	The CAP included efforts to renew negotiations with the hospital. Hospital adequacy issues are routine due to the fact that there is a single acute care hospital in the county and it refuses to participate with the health plan.	6/21/10 - ongoing	CAP	-	No
NJ	6/2/10	Encounter data submission for October 2009 insufficient.	No			Withhold	43,468	No

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NJ	5/28/10	Identification and monitoring of members needing care management insufficient.	Yes	Proposed new process to exchange full names and identification numbers to improve member match.	6/15/10 - ongoing	CAP	–	No
NJ	5/26/10	Provider network deficiencies.	Yes	The CAP included a recruitment plan for the provider network.	6/23/10 - ongoing	CAP	–	No
NJ	5/25/10	GeoAccess of PCPs and PCDs in multiple counties insufficient.	Yes	Implemented a comprehensive recruitment plan for primary care physicians and dentists.	6/30/10 - ongoing	CAP	–	No
NJ	5/21/10	GeoAccess concerns for hospital network and 1 county.	Yes	The CAP included efforts to renew negotiations with the hospital. Hospital adequacy issues are routine due to the fact that there is a single acute care hospital in the county and it refuses to participate with the health plan.	6/4/10 - ongoing	CAP	–	No
NJ	5/6/10	EPSDT and lead screening standards for CY 2007 not achieved.	No			Financial Penalty	81,150	No
NJ	4/27/10	Evaluation of encounter data submission for September 2009 inadequate.	No			Deficiency Notice	–	No
NJ	3/25/10	Completeness benchmarks for encounters processing for August 2009 not met.	No			Withhold	28,661	No
NJ	3/3/10	Encounter data for January 2010 and June 2009 insufficient.	No			Withhold	14,362	No
NJ	12/10/09	Maximum denial rate for May 2009 exceeded.	No			Financial Penalty	14,217	No
NJ	11/12/09	Maximum duplicate denial rate encounter data benchmark for April 2009 exceeded.	No			Financial Penalty	14,603	No
NJ	10/15/09	Maximum duplicate encounter rate benchmark for March 2009 exceeded.	No			Financial Penalty	36,627	No
NJ	9/30/09	Primary care dentist standards in 2 counties not met.	Yes	Submitted a CAP response that evidenced a complete cure of the two deficiencies.	9/30/09 - 10/30/09 Closed	CAP	–	No
NJ	9/18/09	Maximum duplicate encounter data benchmark for February 2009 exceeded.	No			Financial Penalty	2,732	No
NM	10/16/13	Failure to pay claims timely and accurately.	No			Financial Penalty	25,000	No
NM	9/20/13	Personal care option processes for level of care closures and authorization for services not in compliance.	Yes	Ran authorization reports that included the LOC dates and delivered to each provider. Notified the providers that the new MCOs would honor the member's plan of care as noted on the report.	9/20/13 - 11/22/13 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NM	8/9/13	Outstanding encounters from 2011 and 2012 not submitted per contract requirements.	Yes	Revised encounter tracking tool so that dollars were not overstated; corrected outpatient Medicare crossover claims issue; corrected duplicate edit rejection; and resolved errors for specific codes.	8/9/13 - 12/31/13 Closed	CAP	–	No
NM	3/7/11	Identification of unresolved claims issues for Indian Health Services and Tribal 638.	Yes	As requested, developed and submitted a response work plan on the State's template to resolve the corrective action. The work plan included sections for claims processes and system, staff information; information on inaccurately reimbursed claims; policies and procedures, and provider education.	3/7/11 - 12/31/13 Closed	CAP	–	No
NM	2/1/11	Individual service plan template and various documentation deficiencies.	Yes	Actions including re-education of our staff and deployment of service needs assessments and data capture with new mobile technology.	2/1/11 - 12/31/13 Closed	CAP	–	No
NM	1/22/10	Claims processing, medical care credit/cost share reduction, and coordination of benefits/Medicare crossover payments deficiencies.	Yes	Claims monitors and reviews nursing facility claims volumes greater than 10 days old on a daily basis and sends reports to other functional areas for review.	1/22/10 - 9/29/10 Closed	CAP	–	No
NV	10/24/12	Audit in policies and procedures and the member handbook identified deficiencies.	Yes	CAP activities included adding additional information to the member handbook regarding requirements of a written Notice of Action, continuation of benefits, and continuation of benefits while appeal is pending.	10/24/12 - 2/21/13 Closed	CAP	–	No
NV	12/1/10	Health care cost containment fee submitted late.	No			Financial Penalty	5,000	No
NV	5/27/10	Required revisions to submitted CAP regarding issues with dental provision.	Yes	The health plan terminated the plan's contract with the dental vendor and entered a contract with a new vendor to provide dental benefits to the plan's members.	5/27/10 - 2/17/11 Closed	CAP	–	No
NV	4/21/10	Required revisions to submitted CAP regarding issues with dental provision.	Yes	Information submitted to satisfy this CAP included items such as policies and procedures, quick reference guides for how to handle the special dental benefits for pregnant women, a provider office reference manual, training invites, the Utilization Management program description, and a call script.	4/21/10 - 2/17/11 Closed	CAP	–	No
NV	3/19/10	Dental vendor issues with outreach, case management, and provider payment.	Yes	Created a refresher course for customer service and mailed a letter to all providers	3/19/10 - 2/17/11 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NV	2/9/10	State identified ways to improve and enhance dental outreach, case management as well as resolving ongoing provider payment issues.	Yes	Created a refresher course for customer service and mailed a letter to all providers	2/9/10 - 2/17/11 Closed	CAP	–	No
NY	7/18/14	Member Services Survey found Incorrect response given to member services questions.	No			Deficiency Notice	–	No
NY	3/28/14	2014 Article 44 Operational Survey - Deficiencies found in pharmacy decision letter.	No			Deficiency Notice	–	No
NY	2/21/14	Accuracy rates for 2013 provider directory survey failed to meet threshold.	No			Deficiency Notice	–	No
NY	12/23/13	2012 member services telephone survey found questions answered incorrectly.	No			Deficiency Notice	–	No
NY	12/5/13	Inaccurate response to three complaint investigations.	No			Deficiency Notice	–	No
NY	11/8/13	Member services survey found representative gave incorrect response to a request for information.	No			Deficiency Notice	–	No
NY	8/29/13	Deficiencies found in the 2011 Access & Availability survey.	No			Deficiency Notice	–	No
NY	7/16/13	Claims payments for October 1, 2010-September 30, 2012 untimely.	No			Financial Penalty	27,300	No
NY	4/17/13	Article 44/49 targeted survey found one inaccurate physician file.	No			Deficiency Notice	–	No
NY	4/12/13	2012 provider directory survey did not meet benchmark for provider participation and accuracy of web and printed directories.	No			Deficiency Notice	–	No
NY	10/17/12	Access and availability survey benchmark for routine appointments, non-urgent sick appointments, and after hours access not met.	No			Deficiency Notice	–	No
NY	10/11/12	Benchmark for provider participation rate not met.	Yes	Made verification calls to providers and updated files to create accurate provider directories.	10/11/12 - 11/30/12 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NY	5/22/12	Q1 network submission incomplete and inaccurate.	No			Deficiency Notice	–	No
NY	5/8/12	Article 44/49 Operational Survey - governing authority did not demonstrate responsibility for establishment and oversight of policies, management, and operations.	No			Deficiency Notice	–	No
NY	5/8/12	Article 44/49 Survey - did not correct hospital contract language; contract not submitted for review and approval.	No			Deficiency Notice	–	No
NY	5/8/12	Article 44/49 Survey - cooling off language in hospital contract not approved by state.	No			Deficiency Notice	–	No
NY	5/8/12	Article 44/49 Survey - Hospital contract termed without notice to state.	No			Deficiency Notice	–	No
NY	5/8/12	Approval from state to continue to provide management services without a current and state approved agreement not requested.	No			Deficiency Notice	–	No
NY	5/8/12	Provider license not board certified and not addressed during recertification process.	No			Deficiency Notice	–	No
NY	5/8/12	Approval letter could not be produced for a 2011/2002 and 2010/2003 contract and a base contract was not fully executed.	No			Deficiency Notice	–	No
NY	5/8/12	Final adverse determination letters for dental did not include enrollee coverage type.	No			Deficiency Notice	–	No
NY	3/7/12	Approval from state to continue to provide management services without a current and state approved agreement not requested.	No			Deficiency Notice	–	No
NY	2/10/12	Request for clinical review criteria not responded to appropriately.	No			Deficiency Notice	–	No
NY	1/18/12	Stipulation and report required for performance measures not met.	No			Deficiency Notice	41,750	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NY	11/22/11	3Q11 network submission did not include any physician, nurse, dental or therapy providers for certain counties.	No			Deficiency Notice	–	No
NY	11/4/11	Printed and electronic provider directory deficiencies.	No			Deficiency Notice	–	No
NY	7/7/11	Marketing monitoring identified lack of presentation at scheduled site and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	7/7/11 - 7/25/11 Closed	CAP	–	No
NY	6/7/11	Marketing monitoring identified failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	6/7/11 - 7/1/11 Closed	CAP	–	No
NY	5/10/11	Marketing monitoring identified failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	5/10/11 - 6/17/11 Closed	CAP	–	No
NY	4/18/11	Marketing monitoring identified lack of presentations at scheduled sites and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	4/18/11 - 7/1/11 Closed	CAP	–	No
NY	4/6/11	Marketing monitoring identified lack of presentations at scheduled sites and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	4/6/11 - 6/23/11 Closed	CAP	–	No
NY	4/5/11	Inappropriate final adverse determination notice was issued.	No			Deficiency Notice	–	No
NY	4/5/11	Responsibility for establishment and oversight of the policies, management and overall operation demonstrated deficiencies.	No			Deficiency Notice	–	No
NY	4/5/11	Provider contract guidelines and standard clause appendix noncompliance.	No			Deficiency Notice	–	No
NY	3/25/11	Responsibility for establishment and oversight of the policies, management and overall operation demonstrated deficiencies.	No			Deficiency Notice	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NY	3/25/11	Printed and electronic provider directory deficiencies.	No			Deficiency Notice	–	No
NY	2/15/11	Marketing monitoring identified lack of presentations at scheduled sites and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	3/15/11 - 4/14/11 Closed	CAP	–	No
NY	2/11/11	External appeal filing information deficiencies.	No			Deficiency Notice	–	No
NY	1/14/11	Marketing monitoring identified lack of presentations at scheduled sites and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	3/15/11 - 4/14/11 Closed	CAP	–	No
NY	1/5/11	Notification of board member resignation submitted late.	No			Deficiency Notice	–	No
NY	12/21/10	Marketing monitoring identified lack of presentations at scheduled sites and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	1/28/11 - 2/28/11 Closed	CAP	–	No
NY	11/23/10	External appeal filing information deficiencies and grievance procedure requested by not submitted.	No			Deficiency Notice	–	No
NY	11/19/10	Marketing monitoring identified lack for presentations at scheduled sites.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	12/28/10 - 1/28/11 Closed	CAP	–	No
NY	10/29/10	Marketing monitoring identified lack of presentations at scheduled sites and failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	10/29/10 - 11/29/10 Closed	CAP	–	No
NY	10/12/10	Provider network submission included providers with professional licenses revoked, surrendered, suspended or are listed as inactive.	Yes	Reviewed provider data and updated files, provided formal process for removal of sanctioned providers.	10/12/10 - 11/1/10 Closed	CAP	–	No
NY	10/5/10	Printed and electronic provider directory deficiencies.	No			Deficiency Notice	–	No
NY	10/4/10	Marketing monitoring identified lack of presentations at scheduled sites.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	10/4/10 - 11/4/10 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NY	10/1/10	Appointment availability survey identified failure to meet access benchmarks.	No			Deficiency Notice	–	No
NY	9/29/10	Services arranged within the approved provider network not provided by approved network providers; and approval for contract implementation not requested.	Yes	The health plan resubmitted the contract for state approval.	9/29/10 - 20/25/10 Closed	CAP	–	No
NY	9/1/10	Correspondence with members did not meet contract requirements.	Yes	Re-educated the team to ensure that approved letters are used during correspondence with members and the manager reviews all service request letters as appropriate.	9/1/10 - 9/17/10 Closed	CAP	–	No
NY	8/24/10	Provider network deficiencies and requirements not met.	No			Deficiency Notice	–	No
NY	8/19/10	Member with complaint determination not notified in timely manner.	Yes	The delegated vendor addressed missing demographic information in a member letter and the health plan monitored the process to prevent recurrence of issue.	8/19/10 - 9/8/10 Closed	CAP	–	No
NY	8/9/10	Marketing monitoring identified failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	8/9/10 - 9/9/10 Closed	CAP	–	No
NY	7/14/10	State telephone surveys resulted in Incorrect responses for the same question.	No			Deficiency Notice	–	No
NY	7/13/10	Marketing monitoring identified failure to communicate all required information and marketing at an unscheduled site.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	7/13/10 - 8/13/10 Closed	CAP	–	No
NY	6/9/10	Marketing monitoring identified failure to communicate all required information and lack of presentation by the representatives.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	6/9/10 - 7/9/10 Closed	CAP	–	No
NY	6/4/10	Claims from October 2008 to September 2009 paid late.	No			Deficiency Notice	43,500	No
NY	5/26/10	Marketing monitoring identified failure to make a presentation, failure to sign in and marketing at an unscheduled site.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	6/18/10 - 7/18/10 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NY	5/11/10	Provider network submittal did not reflect all signed contracts.	Yes	Resubmitted the provider network report to include all providers with signed contracts and established a report review process. The plan's Provider Relations department recruited additional specialists for the network.	5/11/10 - 9/30/10 Closed	CAP	–	No
NY	4/15/10	Marketing monitoring identified failure to communicate all required information and not being present at a marketing table.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	5/17/10 - 6/17/10 Closed	CAP	–	No
NY	3/23/10	Article 44/49 Operational survey statement identified deficiencies.	No			Deficiency Notice	–	No
NY	3/17/10	Marketing monitoring identified failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	3/17/10 - 4/17/10 Closed	CAP	–	No
NY	3/16/10	Provider network directory participation rate benchmark not met.	Yes	Made verification calls to providers and updated files to create accurate provider directories.	4/7/10 - 5/21/10 Closed	CAP	–	No
NY	2/17/10	Marketing monitoring identified failure to distribute business cards or identification.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	3/10/10 - 4/10/10 Closed	CAP	–	No
NY	12/28/09	Marketing monitoring identified failure to communicate all required information and a no-show at a scheduled site.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	12/28/09 - 1/28/10 Closed	CAP	–	No
NY	12/1/09	All signed contracts for provider network not provided.	Yes	Reviewed provider data, added additional contracted providers and updated files.	12/17/09 - 1/5/10 Closed	CAP	–	No
NY	11/25/09	Benchmarks for encounter data submittal not met.	Yes	Implemented policies and procedures to ensure that all encounter submissions are timely with regard to both claims submissions and payment.	11/25/09 - 12/31/09 Closed	CAP	–	No
NY	11/13/09	Marketing monitoring identified failure to communicate all required information and lack of identification tag.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	12/8/09 - 1/8/10 Closed	CAP	–	No
NY	10/14/09	Marketing monitoring identified failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	11/3/09 - 12/3/09 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
NY	8/25/09	Marketing monitoring identified failure to communicate all required information.	Yes	Retrained and coached employee on marketing procedures. The compliance department conducted a secret shopper survey to confirm that the issue was corrected.	12/8/09 - 1/8/10 Closed	CAP	–	No
OH	3/27/13	Pharmacy claims edits incorrectly excluded drugs on Medicaid drug list.	Yes	Engaged the pharmacy department to draft and implement a CAP, which included validating the status of current edits and establishing a process to ensure future compliance.	3/27/13 - 6/30/13 Closed	CAP	–	No
OH	3/5/13	Failed to submit required delegation documentation within the required timeframes.	Yes	Implemented staff retraining and updated internal procedures.	3/5/13 - 6/30/13 Closed	CAP	–	No
OH	2/20/13	Q3 SFY12 clinical performance and access measures not met.	Yes	Took measures to target increased utilization during the next measurement period, including outreach to non-compliant members for the clinical quality measures, specifically working to improve access to care.	2/20/13 - 6/30/13 Closed	CAP	–	No
OH	2/4/13	Provider network deficiency.	No			Financial Penalty	1,000	No
OH	1/10/13	Failure to remove prior auth denial language and adhere to CAP.	Yes	Engaged the pharmacy department to correct prior authorization denial language. Submitted language to the state on 2/6/13.	1/10/13 - 6/30/13 Closed	Financial Penalty/CAP	10,000	No
OH	1/10/13	Issuance of state hearing rights to non-members during the prior authorization denial process noncompliant.	Yes	The pharmacy department reviewed all denial reasons to confirm that the language indicates that the decision was based on a medical necessity review. Management reviewed all state prior authorization requests and drafted all specific member denial language until a full review of denial reasons was completed and changes implemented. In addition, the age edit for long acting stimulants was removed.	1/10/13 - 6/30/13 Closed	CAP	–	No
OH	12/12/12	High risk care management performance standard for July through September 2011 not met.	No			Deficiency Notice	–	No
OH	10/23/12	Provider network deficiency.	No			Deficiency Notice	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
OH	8/3/12	Medically-necessary Medicaid covered services to members not provided.	Yes	The pharmacy department reviewed all denial reasons to confirm that the language indicates that the decision was based on a medical necessity review. Management reviewed all state prior authorization requests and drafted all specific member denial language until a full review of denial reasons was completed and changes implemented. In addition, the age edit for long acting stimulants was removed.	8/3/12 - 6/30/13 Closed	Financial Penalty/CAP	10,000	No
OH	6/22/12	Grievance and appeals processing requirements non compliant.	Yes	Retrained staff and updated internal procedures.	6/22/12 - 6/30/13 Closed	Financial Penalty/CAP	5,000	No
OH	4/27/12	Provider panel deficiency.	No			Financial Penalty	2,000	No
OH	3/5/12	Associate provided inaccurate information to a member regarding the state hearing process.	Yes	Retrained staff and updated internal procedures.	3/5/12 - 6/30/13 Closed	Financial Penalty/CAP	5,000	No
OH	3/1/12	Exception to prior auth requirements for psychiatrists practicing at community mental health centers non-adherence.	Yes	The pharmacy department enhanced the quality check on the community mental health center files to include a data file quality review process. Activities included file analyses, file provider quality assurance, pharmacy quality/compliance oversight, and a new daily antipsychotics and antidepressants denial report.	3/1/12 - 6/30/13 Closed	CAP	-	No
OH	2/14/12	Provision of prescribed medication delayed.	Yes	Enhanced pharmacy education to address TPL issues; issued Pharmacy Step-by-Step instructions to educate pharmacies on TPL overrides and billing procedures; instituted a PBM Help Desk Communication for any calls from pharmacies with TPL questions; and developed a system message screen to assist pharmacists with the billing/claim issues. Also added additional oversight of PBM processes via regularly scheduled meetings to address issues.	2/14/12 - 6/30/13 Closed	Financial Penalty/CAP	5,000	No
OH	2/1/12	Provider network deficiencies.	No			Financial Penalty	2,000	No
OH	1/23/12	Requirement to provide outpatient drugs within twenty-four hours of the initial request not met.	Yes	Received clarification of accurate turnaround time standards for calculation, and held follow-up discussions with the pharmacy vendor and staff to confirm turnaround time calculation compliance. Received turnaround time reports and held regular calls with the pharmacy vendor to ensure compliance.	1/23/12 - 6/30/13 Closed	CAP	-	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
OH	1/18/12	High risk care management performance measures for the April-June 2011 reporting period not met.	No			Deficiency Notice	–	No
OH	11/29/11	Notification requirements for claims payment system errors not met.	Yes	Retrained staff and updated internal procedures.	11/29/11 - 6/30/13 Closed	Financial Penalty/CAP	5,000	No
OH	11/7/11	CY10 clinical performance measures noncompliant with state contract standards.	Yes	The CAP included process improvements to identify noncompliant members earlier, to work with members and enroll them into case management program as needed, and to work with providers to identify members who would qualify for these criteria.	11/7/11 - 6/30/13 Closed	CAP	–	No
OH	11/4/11	Provider panel deficiency.	No			Financial Penalty	1,000	No
OH	8/26/11	Notification requirements for claims payment system errors not met.	Yes	Retrained staff and updated internal procedures.	8/26/11 - 6/30/13 Closed	CAP	–	No
OH	8/23/11	Annual ASH audit resulted in deficiencies.	No			Financial Penalty	16,000	No
OH	6/21/11	4Q10 encounter data volume standard measurement not met.	Yes	Review determined that the issue is based on low utilization and not encounter data submission issues. Documented measures to increase utilization during the next measurement period.	6/21/11 - 6/30/13 Closed	CAP	–	No
OH	5/16/11	EPSDT review for medical necessity and use of form requirements not met.	Yes	Retrained staff and updated internal procedures.	5/16/11 - 5/16/13 Closed	CAP	–	No
OH	5/9/11	Access related grievances resolved untimely.	Yes	Retrained staff and updated internal procedures.	5/9/11 - 5/9/13 Closed	Financial Penalty/CAP	20,000	No
OH	4/29/11	CY09 Emergency department diversion regional statewide review results deficient.	No			Deficiency Notice	–	No
OH	4/29/11	CY09 Emergency department diversion regional statewide review results deficient.	Yes	Improved case management processes to work with members identified as possible emergency department over-utilizers; hospital and provider outreach and processes to transfer daily information on emergency department utilizers; and follow-up with the case management team to identify alternatives to care.	4/29/11 - 4/29/13 Closed	CAP	–	No
OH	4/14/11	CY09 high risk care management performance measures were deficient.	No			Deficiency Notice	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
OH	4/14/11	CY09 high risk care management performance measures were deficient.	No			Deficiency Notice	–	No
OH	3/16/11	CY09 clinical performance measures noncompliant.	Yes	Took measures to target increased utilization during the next measurement period through process improvements to identify noncompliant members earlier; working with members to enroll them into case management program as needed, and working with providers to identify members who would qualify.	3/16/11 - 3/16/13 Closed	CAP	–	No
OH	3/16/11	CY09 clinical performance measures noncompliant.	No			Deficiency Notice	–	No
OH	2/10/11	CY08 clinical performance measures noncompliant.	No			Deficiency Notice	–	No
OH	2/2/11	Provider network deficiencies.	No			Financial Penalty	4,000	No
OH	1/25/11	Assigned members to PCPs that had previously been identified as not accepting new members.	No			Financial Penalty	30,000	No
OH	12/23/10	Provider agreement signature page submitted late.	No			Financial Penalty	300	No
OH	12/16/10	Provider network deficiencies.	No			Financial Penalty	2,000	No
OH	11/16/10	EQRO comprehensive administrative review identified deficiencies.	Yes	Retrained staff and updated internal procedures.	11/16/10 - 11/16/12 Closed	CAP	–	No
OH	11/12/10	Resolution of claims-related grievances and appeals did not meet required timeframes.	Yes	Retrained staff and updated internal procedures.	11/12/10 - 11/12/12 Closed	CAP	–	No
OH	8/18/10	Grievance reporting activity including insufficient information and failure to report member grievances noncompliant.	Yes	Retrained staff and updated internal procedures.	8/18/10 - 8/18/12 Closed	Financial Penalty/CAP	20,000	No
OH	7/16/10	ASH documentation/claims processing noncompliant.	Yes	Reviewed ASH requirements with the claims department and educated staff.	7/10/10 - 7/10/12 Closed	Financial Penalty/CAP	34,000	No
OH	6/30/10	Member services representatives failed to adequately assist members in finding a needed provider.	Yes	Retrained staff and updated internal procedures.	6/30/10 - 6/30/12 Closed	Financial Penalty/CAP	20,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
OH	6/29/10	State hearing forms sent to members noncompliant.	Yes	The dental vendor implemented additional training and oversight to ensure that covered services are not denied and that the reason codes on complaint forms are compliant. Held routine meetings, at least monthly, for 6 months with the dental vendor to verify compliance.	6/29/10 - 6/29/12 Closed	Financial Penalty/CAP	10,000	No
OH	6/14/10	Generic provider number usage rate and the vision encounter data standard from October to December 2009 noncompliant.	No			Deficiency Notice	–	No
OH	6/14/10	Corrective action plan not followed.	No			Financial Penalty	10,000	No
OH	6/14/10	Corrective action plan not followed.	No			Financial Penalty	10,000	No
OH	6/2/10	Corrective action plan not followed.	No			Financial Penalty	5,000	No
OH	5/4/10	Corrective action plan not followed.	Yes	Retrained staff and updated internal procedures.	5/4/10 - 5/4/12 Closed	Financial Penalty/CAP	5,000	No
OH	4/26/10	Provision of inaccurate information to health care providers, members, or any eligible individuals.	Yes	The dental vendor evaluated the eligibility data file exchange, updated internal processes to provide reconsideration of eligibility before denying claims, and retrained staff.	4/26/10 - 4/26/12 Closed	CAP	–	No
OH	4/13/10	Incorrect use of state hearing forms.	Yes	Retrained staff and updated internal procedures.	4/13/10 - 4/13/12 Closed	CAP	–	No
OH	4/12/10	Provider panel deficiency.	No			Financial Penalty	1,000	No
OH	4/8/10	Required copies of state hearing appeal summaries submitted late.	Yes	Retrained staff and updated internal procedures.	4/8/10 - 4/8/12 Closed	CAP	–	No
OH	4/1/10	Accreditation report submitted late.	No			Financial Penalty	200	No
OH	3/30/10	State hearing appeal summary submitted late.	No			Financial Penalty	700	No
OH	3/30/10	State hearing appeal summary submitted late.	No			Financial Penalty	800	No
OH	3/4/10	Delegation documentation requirements for vendor contract noncompliant.	Yes	Implemented a new internal automated contract processing system to track vendor agreements and trigger the State approval process.	3/4/10 - 3/4/12 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
OH	2/24/10	Provider complaint response submitted late.	No			Financial Penalty	700	No
OH	1/22/10	Children's complaint response submitted late.	No			Financial Penalty	1,000	No
OH	12/23/09	Provider panel deficiency.	No			Financial Penalty	2,000	No
OH	11/17/09	Provider complaint response submitted late.	No			Financial Penalty	4,800	No
OH	9/21/09	Encounter data volume requirements not met.	No			Deficiency Notice	–	No
OH	8/21/09	Provider panel deficiency.	No			Financial Penalty	3,000	No
OH	8/5/09	3Q08 and 4Q08 encounter data benchmark for dental and vision not met.	No			Deficiency Notice	–	No
SC	8/30/12	4Q11 claims benchmarks not met.	No			Financial Penalty	155,768	No
TN	7/28/14	Failed to submit disenrollment request after member's NF admission.	No			Financial Penalty	22,000	No
TN	7/8/14	Incomplete response to a reconsideration of a denied service.	No			Financial Penalty	1,000	No
TN	7/3/14	Untimely member notification of a UM denial.	Yes	The CAP included root clause analysis leading to the revision of a job aid tool and employee re-training.	7/3/14 - 8/29/14 Closed	CAP	–	No
TN	6/30/14	Submission of incorrect quarterly transportation report.	No			Financial Penalty	3,500	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	6/30/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/5/14	Failure to timely disenroll member.	No			Financial Penalty	3,000	No
TN	6/5/14	Late submission of a level of care assessment.	No			Financial Penalty	2,500	No
TN	6/5/14	Insufficient information submitted for member reassessment and transition.	No			Financial Penalty	2,000	No
TN	6/5/14	Untimely forwarding of an appeal response.	No			Financial Penalty	3,500	No
TN	5/9/14	Failed to execute prompt notification of an accident/incident.	No			Financial Penalty	1,000	No
TN	5/9/14	Failure to meet complaint deadline.	No			Financial Penalty	100	No
TN	5/9/14	Late submission of a level of care assessment.	No			Deficiency Notice	–	No
TN	5/7/14	External review of EPSDT services found deficiency in health education documentation.	Yes	The CAP included implementation and distribution of a Provider Tool Kit that addressed EPSDT periodicity, performing targeted education to providers who were non-compliant, and adding EPSDT education to provider orientation materials.	5/7/14 - 5/23/14 Closed	CAP	–	No
TN	4/8/14	Telephone number accuracy failed to meet benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	4/8/14 - 6/12/14 Closed	CAP	–	No
TN	4/3/14	Deficiencies in network for SNF, dermatology, and pest control.	Yes	The CAP included outreach efforts to contract with providers to join the network and correction of data sufficiency errors that caused a false deficiency in these categories.	4/3/14 - 5/5/14 Closed	CAP	–	No
TN	3/25/14	Defective notice of action.	No			Financial Penalty	500	No
TN	3/18/14	PIP for CAHPS - member response to smoking cessation did not achieve validation status of met.	Yes	The CAP included revised verbiage to the CAHPS member survey and correction of measurement values.	3/18/14 - 4/4/14 Closed	CAP	–	No
TN	2/24/14	Documentation failed to demonstrate review of care plan within required timeframes.	No			Financial Penalty	1,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	2/24/14	Failed to meet reprocess claims within 60 days after rate update.	Yes	The CAP included revising the rate update policy and procedure and implementation of a tracking tool to monitor rate updates.	2/24/14 - 3/12/14 Closed	CAP	-	No
TN	1/31/14	Failure to complete level of care assessment.	No			Financial Penalty	2,000	No
TN	1/29/14	Failure to initiate disenrollment for member.	No			Financial Penalty	1,000	No
TN	1/14/14	4Q13 provider data survey results did not meet the telephone number benchmark.	No			Financial Penalty	5,000	No
TN	12/26/13	Failure to meet provider enrollment file accuracy rates for telephone numbers.	Yes	The CAP included outreach to identified providers to confirm participation and demographic information. Additionally, engaged vendor to improve data accuracy.	12/26/13 - 12/10/13 Closed	Financial Penalty/CAP	5,000	No
TN	12/26/13	Subcontractor failed to provide approved supplies in a timely manner.	No			Financial Penalty	7,570	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	12/4/13	Audit for Oct 2012 found failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	11/27/13	Late response to adhoc report request.	No			Financial Penalty	2,500	No
TN	11/26/13	Failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	11/26/13	Failure to issue notice of adverse action.	No			Financial Penalty	500	No
TN	9/19/13	Required benchmark for prompt pay rate not met.	No			Financial Penalty	10,000	No
TN	9/4/13	Program audit identified deficiencies.	No			Financial Penalty	7,500	No
TN	9/4/13	Required benchmark for claims payment accuracy for nursing facilities not met.	No			Financial Penalty	35,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	9/4/13	Required benchmark for claims payment accuracy for nursing facilities not met.	No			Financial Penalty	25,000	No
TN	9/4/13	Monthly transportation utilization report submitted late.	No			Financial Penalty	1,300	No
TN	7/25/13	Semi-annual critical incidents audit identified two late notifications.	Yes	The CAP included provider education regarding timely reporting and corrective measures for non-compliant providers. Also revised the Critical Incident reporting policy.	7/25/13 - 8/31/13 Closed	CAP	–	No
TN	7/9/13	2Q13 provider data survey results did not meet telephone number accuracy benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	7/9/13 - 9/4/13 Closed	Financial Penalty/CAP	5,000	No
TN	6/24/13	Audit of deficit reduction act compliance identified several instances of non-compliance with provider education.	Yes	The CAP included provider communication on the deficit reduction act using provider visits, town hall sessions, and a provider newsletter article. Also revised the DRA monitoring process.	6/24/13 - 12/31/13 Closed	CAP	–	No
TN	6/17/13	Face-to-face care coordination standard for members admitted to a NF not met for Oct and Nov 2012.	No			Financial Penalty	1,000	No
TN	6/17/13	Adhoc report relating to a member appeal submitted late.	No			Financial Penalty	2,000	No
TN	5/21/13	Submission of the fraud plan and policies and procedures was late and insufficient.	No			Financial Penalty	400	No
TN	5/1/13	Required benchmark for post discharge services report not met.	Yes	The CAP included activities to conduct barrier analysis, identify trends associated with missed appointments, and identify interventions to increase adherence. Also assessed member outreach materials and reviewed member incentive program.	5/1/13 - 12/31/13 Closed	CAP	–	No
TN	4/8/13	1Q13 provider data survey results did not meet the benchmark for accuracy.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	4/8/13 - 5/31/13 Closed	Financial Penalty/CAP	5,000	No
TN	3/21/13	Adhoc report relating to a member appeal submitted late.	No			Financial Penalty	1,000	No
TN	3/21/13	Adverse action notice did not include reference to the exclusion rule.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	3/21/13	Adhoc report related to a member appeal submitted late.	No			Financial Penalty	500	No
TN	2/1/13	Annual quality audit requested CAP that was not submitted timely.	No			Financial Penalty	6,000	No
TN	1/10/13	4Q12 provider data survey results did not meet telephone number accuracy benchmark.	Yes	The CAP included provider outreach to providers refusing to participate, general provider communication to reinforce their obligation to participate in provider surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve the accuracy of missing and/or incomplete information.	1/10/13 - 3/1/13 Closed	CAP	–	No
TN	12/6/12	Adhoc weekly deliverable regarding: BH CPT codes submitted late.	No			Financial Penalty	100	No
TN	11/27/12	2012 Quality and UM program descriptions, evaluations, and work plans deficient.	Yes	Revised the QI/QM Program Description template to address each of the required elements and detail the system/processes that support each item. Also modified the program evaluation template to add a barrier analysis section.	11/27/12 - 3/31/13 Closed	CAP	–	No
TN	11/13/12	Oct 12 GeoAccess report indicated provider network deficiencies.	Yes	Continued contracting efforts to meet geo access requirements for identified services in two counties and corrected a system configuration error.	11/13/12 - 12/5/12 Closed	CAP	–	No
TN	10/23/12	Transportation vendor did not meet prompt pay standards for June 2012.	No			Financial Penalty	10,000	No
TN	10/8/12	3Q12 GeoAccess report indicated provider network deficiencies.	Yes	Continued contracting efforts to meet geo access requirements for identified services in one county and corrected a system configuration error.	10/8/12 - 11/8/12 Closed	CAP	–	No
TN	10/5/12	3Q12 provider data survey results did not meet telephone number accuracy benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	10/5/12 - 12/5/12 Closed	Financial Penalty/CAP	5,000	No
TN	9/25/12	Transportation vendor policy deficiency regarding weekend/evening hours.	Yes	Our transportation vendor implemented a live response to all calls for after-hours service and hired and trained staff to answer and take immediate action on all after-hours calls.	9/25/12 - 9/26/12 Closed	CAP	–	No
TN	9/11/12	Transportation vendor submitted response to a request for information late.	No			Financial Penalty	100	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	9/5/12	Transportation vendor did not have current vehicle inspections on file for one of its vendors.	No			Financial Penalty	6,000	No
TN	9/5/12	2Q12 care coordination did not meet timeliness measures.	No			Financial Penalty	5,000	No
TN	9/5/12	July 2012 nonemergency transportation vehicle listing identified vehicles with overdue inspections.	Yes	Our transportation vendor updated the vehicle inspection listing, instituted an electronic tracking mechanism for vehicle information and documentation, and provided proof of inspection for two vehicles.	9/5/12 - 9/12/12 Closed	CAP	–	No
TN	9/4/12	1Q12 care coordination did not meet timeliness measures.	No			Financial Penalty	39,500	No
TN	8/21/12	Transportation vendor submitted a deficient monthly status report.	No			Financial Penalty	2,400	No
TN	8/19/12	July 2012 GeoAccess report indicated provider network deficiencies.	Yes	Continued contracting efforts to meet geo access requirements for identified services in one county and corrected a system configuration error.	8/19/12 - 9/7/12 Closed	CAP	–	No
TN	8/8/12	An approved service was not provided timely.	No			Financial Penalty	18,000	No
TN	7/17/12	Score for overall provider satisfaction decreased from 2010.	Yes	Training for call center staff, continued provider face-to-face contact efforts through town hall and onsite visits, and increased provider communication efforts via newsletters.	7/17/12 - 12/31/12 Closed	CAP	–	No
TN	7/10/12	June 2012 provider file identified provider network deficiencies.	Yes	The CAP included contracting efforts with a residential abuse treatment facility and transportation availability for any remaining GeoAccess deficiencies.	7/10/12 - 8/8/12 Closed	CAP	–	No
TN	7/9/12	There were missed shifts for a member's care.	No			Financial Penalty	4,282	No
TN	7/9/12	2Q12 provider data survey results did not meet telephone number accuracy benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	7/9/12 - 8/29/12 Closed	Financial Penalty/CAP	5,000	No
TN	7/5/12	Pertinent medical records in response to a reconsideration request not included.	No			Financial Penalty	500	No
TN	7/5/12	Response to a reconsideration request was incomplete.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	6/8/12	May 2012 provider file identified provider network deficiencies in specialty areas.	Yes	The CAP included contracting efforts with a residential abuse treatment facility, transportation availability for any remaining GeoAccess deficiencies, and reconfiguration of a provider enrollment file.	6/8/12 - 7/3/12 Closed	CAP	–	No
TN	6/7/12	Member's request to change MCOs not addressed.	No			Financial Penalty	8,000	No
TN	6/7/12	Copy of medical criteria not included in the response to a member appeal request.	No			Financial Penalty	1,000	No
TN	6/7/12	Member reconsideration request response submitted late.	No			Financial Penalty	1,000	No
TN	6/7/12	Member reconsideration request response submitted late.	No			Financial Penalty	500	No
TN	6/7/12	Member reconsideration request response submitted late.	No			Financial Penalty	1,000	No
TN	6/7/12	Member reconsideration request response submitted late.	No			Financial Penalty	1,000	No
TN	6/7/12	Member reconsideration request response submitted late.	No			Financial Penalty	500	No
TN	6/7/12	Adverse action letter issued without the official legal citation.	No			Financial Penalty	500	No
TN	6/4/12	Response to a request for medical reconsideration incomplete.	No			Financial Penalty	1,000	No
TN	5/25/12	Critical incidents audit identified deficiencies regarding management and reporting.	Yes	The CAP included new management processes to more properly categorize critical incidents, internal staff education and training, and provider education and training.	5/25/12 - 7/9/12 Closed	CAP	–	No
TN	5/17/12	Performance standard for post discharge services not met.	Yes	The CAP included the development of a subcommittee to review adherence rates and monitor trends and outreach to providers to identify barriers. It also included the development of tracking mechanisms.	5/17/12 - 12/31/13 Closed	CAP	–	No
TN	5/9/12	April 2012 GeoAccess report indicated provider network deficiencies.	Yes	Continued contracting efforts to meet geo access requirements for identified services in one county and corrected a system configuration error.	5/9/12 - 7/3/12 Closed	CAP	–	No
TN	4/25/12	Rejected encounters resubmitted late.	No			Financial Penalty	300	No
TN	4/23/12	Audited 2011 Disclosure of Ownership forms deficient.	Yes	The CAP included the submission of new and corrected provider disclosure forms.	4/23/12 - 5/10/12 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/16/12	Annual report submitted late.	No			Financial Penalty	300	No
TN	4/11/12	1Q12 provider data survey results did not meet telephone number and address accuracy benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	4/11/12 - 6/4/12 Closed	Financial Penalty/CAP	5,000	No
TN	4/5/12	1Q12 GeoAccess report identified provider network deficiencies.	Yes	The CAP included contracting efforts with residential abuse treatment facility, transportation availability for any remaining GeoAccess deficiencies and reconfiguration of a provider enrollment file.	4/5/12 - 5/4/12 Closed	CAP	–	No
TN	4/5/12	Transportation accident involving a member not reported timely.	Yes	Our transportation vendor changed its reporting policies to require notice to Amerigroup within 4 hours of any accident or incident with claimed injuries.	4/5/12 - 4/10/12 Closed	CAP	–	No
TN	3/30/12	2011 ASH Audit identified noncompliant records.	Yes	The CAP included outreach to providers explaining appropriate use of ASH forms, revision of claims processing policies and procedures, and recoupment of improperly paid ASH claims.	3/30/12 - 10/31/12 Closed	Financial Penalty/CAP	6,000	No
TN	3/22/12	Rejected encounters resubmitted late.	No			Financial Penalty	300	No
TN	3/15/12	Feb 2012 GeoAccess report identified provider network deficiencies.	Yes	The CAP included reconfiguration of the provider enrollment file.	3/15/12 - 4/16/12 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	2/17/12	Jan 2012 GeoAccess report identified provider network deficiencies.	Yes	The CAP included contracting efforts with an adult day care facility and two residential treatment centers for child and adolescent services. It also included transportation availability for any remaining deficiencies.	2/17/12 - 3/15/12 Closed	CAP	–	No
TN	1/19/12	3Q11 pharmacy report submitted late.	No			Financial Penalty	3,200	No
TN	1/18/12	Request for reconsideration of a medical appeal submitted late.	No			Financial Penalty	500	No
TN	1/18/12	Response to a prior authorization request submitted late.	No			Financial Penalty	5,000	No
TN	1/12/12	5010 not implemented by Jan 2012.	Yes	The CAP included the effective date in which 4010 claims would no longer be accepted and submission of weekly reports of claims accepted/rejected for both 4010 and 5010 claims.	1/12/12 - 1/20/12 Closed	CAP	–	No
TN	1/12/12	4Q11 provider data survey results did not meet telephone number accuracy benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	1/12/12 - 7/5/12 Closed	Financial Penalty/CAP	5,000	No
TN	1/10/12	Extension for the quarterly cost and utilization summary requested late.	No			Financial Penalty	100	No
TN	1/10/12	Extension for the quarterly cost and utilization summary requested late.	Yes	The CAP included contracting efforts with an adult day care facility and two residential treatment centers for child and adolescent services. It also included transportation availability for any remaining deficiencies.	1/10/12 - 2/4/12 Closed	CAP	–	No
TN	1/9/12	Review of provider file identified information deficiencies for assisted living facilities.	Yes	The CAP included reconfiguration of the provider enrollment file.	1/9/12 - 2/4/12 Closed	CAP	–	No
TN	1/5/12	New member and referral processes compliance level of 90% not met.	Yes	The CAP included tracking mechanisms to ensure timely completion of face-to-face visit requirements and education of enrollment and care coordination staff.	1/5/12 - 2/6/12 Closed	CAP	–	No
TN	1/4/12	Enrollee record review identified deficiencies.	Yes	The CAP included monthly management review of care coordinator chart documentation against standards and issuance of employee corrections as necessary. The CAP also included care coordinator staff education and training.	1/4/12 - 2/3/12 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
TN	12/15/11	Audit identified deficiencies regarding management and notifications of critical incidents.	Yes	The CAP included a new management concurrent review process to ensure proper categorization of critical incidents, implementation of new tracking tool, and staff training/education.	12/15/11 - 5/15/12 Closed	CAP	–	No
TN	12/14/11	Nov 2011 GeoAccess report identified provider network deficiencies.	Yes	The CAP included contracting efforts with two residential treatment centers for child and adolescent services and reconfiguration of the Provider Enrollment File. Also included transportation availability for any remaining deficiencies.	12/14/11 - 1/17/11 Closed	CAP	–	No
TN	12/6/11	Quarterly report submitted late.	No			Financial Penalty	100	No
TN	12/6/11	Weekly report submitted late.	No			Financial Penalty	100	No
TN	12/6/11	Weekly report submitted late.	No			Financial Penalty	100	No
TN	11/30/11	Weekly report submitted late.	No			Financial Penalty	800	No
TN	11/30/11	Quarterly report submitted late.	No			Financial Penalty	800	No
TN	11/16/11	Quarterly report submitted late.	No			Financial Penalty	1,000	No
TN	11/7/11	Approved private duty nursing services provided late.	No			Financial Penalty	576	No
TN	11/4/11	Quarterly report submitted late.	No			Financial Penalty	100	No
TN	11/4/11	Approved home health aide and private duty nursing services provided late.	No			Financial Penalty	21,343	No
TN	10/13/11	3Q11 provider data survey results did not meet two benchmarks.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	10/13/11 - 12/12/11 Closed	Financial Penalty/CAP	5,000	No
TN	10/7/11	3Q11 GeoAccess reports identified provider network deficiencies.	Yes	The CAP included contracting efforts with two residential treatment centers for child and adolescent services. It also included transportation availability for any remaining deficiencies.	10/7/11 - 12/12/11 Closed	CAP	–	No
TN	8/25/11	Approved skilled nursing services not provided to a member.	No			Financial Penalty	32,300	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	8/24/11	Transportation vendor did not meet claims prompt pay standard for June 2011.	No			Financial Penalty	10,000	No
TN	8/15/11	Annual quality survey audit - submitted insufficient corrective action plan.	No			Financial Penalty	27,500	No
TN	8/11/11	Approved home health care services not provided.	No			Financial Penalty	4,534	No
TN	8/11/11	March 2011 claims payment accuracy not met.	No			Financial Penalty	20,000	No
TN	8/8/11	Response to the state on a member appeal submitted late.	No			Financial Penalty	4,000	No
TN	8/4/11	Chart reviews showed deficient provider records in vision and hearing screening documentation.	Yes	The CAP included: dissemination of letters to deficient providers soliciting information on any barriers to documenting EPSDT service deliver; distribution of educational materials; provider alert educational communications; and adding EPSDT information to provider website.	8/4/11 - 12/15/11 Closed	CAP	-	No
TN	8/2/11	Completed reconsideration form not provided in response to a member appeal.	No			Financial Penalty	500	No
TN	7/22/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	7/12/11	2Q11 provider data survey results did not meet telephone number accuracy benchmark.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and use of a data vendor to improve data accuracy.	7/12/11 - 9/6/11 Closed	Financial Penalty/CAP	5,000	No
TN	7/7/11	2Q11 GeoAccess review identified provider network deficiencies.	Yes	Corrected a configuration error in the provider enrollment file; began contracting efforts with a rural hospital; and added surrounding county prenatal providers. Also addressed transportation availability for any remaining deficiencies.	7/7/11 - 9/6/11 Closed	CAP	-	No
TN	6/22/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	6/16/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	6/14/11	May 2011 Geo Access Report identified provider network deficiencies.	Yes	The CAP included outreach to providers for contracting purposes and transportation availability for any remaining deficiencies.	6/14/11 - 7/18/11 Closed	CAP	-	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	6/8/11	Sep 2010 claims payment benchmark not met.	No			Financial Penalty	10,000	No
TN	6/3/11	Payment benchmark for claims in Oct 2010 not met.	No			Financial Penalty	20,000	No
TN	6/3/11	Payment benchmark for claims in Nov 2010 not met.	No			Financial Penalty	10,000	No
TN	6/3/11	Claims payment accuracy standard for Oct 2010 not met.	No			Financial Penalty	10,000	No
TN	6/3/11	Approved private duty nursing and home health aide service not provided.	No			Financial Penalty	3,567	No
TN	6/3/11	Prompt pay benchmark for claims in Sep 2010 not met.	No			Financial Penalty	10,000	No
TN	6/2/11	Approved home health services not provided.	No			Financial Penalty	4,943	No
TN	5/31/11	Annual quality audit identified deficiencies.	Yes	The CAP included tracking tools, monitoring policy, provider and member outreach communication, securing a braille member handbook for availability, and internal staff training.	5/31/11 - 8/8/11 Closed	CAP	–	No
TN	5/25/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	5/25/11	Response to a request for reconsideration of a medical appeal incomplete.	No			Financial Penalty	500	No
TN	5/18/11	Approval for psychiatric nursing services not completed.	No			Financial Penalty	3,900	No
TN	5/4/11	3Q09-4Q09 audit identified lack of accurate or requested provider disclosures on file.	Yes	Delivered five corrected provider disclosures.	5/4/11 - 5/19/11 Closed	CAP	–	No
TN	4/21/11	Jan 2011 audit identified improvement needed in documentation and timeliness.	Yes	Implemented a member confirmation screening process, added a field to tracking process, conducted internal training to reiterate referral requirements, and implemented an internal quality auditing process.	4/21/11 - 6/30/11 Closed	CAP	–	No
TN	4/13/11	Information in response to a state request regarding an appeal incomplete.	No			Financial Penalty	500	No
TN	4/13/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	4/13/11	Benchmark for claims payment accuracy for LTC for Dec 2010 not met.	No			Financial Penalty	25,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	4/13/11	Copy of denial for home health services not included in an appeal response.	No			Financial Penalty	500	No
TN	4/13/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	4/13/11	Claims payment accuracy rates for 1Q11 not met.	No			Financial Penalty	5,000	No
TN	4/12/11	1Q11 GeoAccess analysis identified provider network deficiencies.	Yes	The CAP included contracting efforts with surrounding county providers to service member needs.	4/12/11 - 5/25/11 Closed	CAP	–	No
TN	4/6/11	Timely correction of encounters not met.	No			Financial Penalty	2,500	No
TN	4/4/11	1Q11 provider data survey results identified deficiencies.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, correction and resubmission of the provider enrollment, and provider website change to facilitate provider update of demographic information.	4/4/11 - 6/10/11 Closed	Financial Penalty/CAP	5,000	No
TN	3/30/11	Reconsideration response submitted late.	No			Financial Penalty	3,000	No
TN	3/10/11	Response to a request for information submitted late.	No			Financial Penalty	500	No
TN	3/10/11	Reconsideration response issued late.	No			Financial Penalty	1,000	No
TN	3/10/11	Response to a request for information incomplete.	No			Financial Penalty	500	No
TN	3/10/11	Appointment for enrollee not provided.	No			Financial Penalty	1,000	No
TN	3/10/11	Reconsideration response incomplete.	No			Financial Penalty	500	No
TN	3/10/11	Reconsideration response incomplete.	No			Financial Penalty	500	No
TN	2/17/11	Jan 2011 GeoAccess analysis identified provider network deficiencies.	Yes	Conducted outreach to 24 hour residential treatment (substance abuse) adult providers that do not currently provide services to children and adolescents to add the service. The plan also included credentialing hierarchy for classification of adult day cares and transportation availability for any remaining deficiencies.	2/17/11 - 3/15/11 Closed	CAP	–	No
TN	2/10/11	Reconsideration response incomplete.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	2/10/11	Reconsideration response submitted late.	No			Financial Penalty	1,500	No
TN	2/8/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	1/31/11	Nov 2010 enrollee record review benchmarks not met.	Yes	Implemented a member confirmation screening process, added a field to tracking process, conducted internal training to reiterate referral requirements, and implemented an internal quality auditing process.	1/31/11 - 2/11/11 Closed	CAP	–	No
TN	1/25/11	Claims payment accuracy for Dec 2010 did not meet performance standard.	Yes	Implemented claims staff education and confirmed that incorrectly processed audit sample claims were correctly processed.	1/25/11 - 2/11/11 Closed	CAP	–	No
TN	1/18/11	4Q10 provider data survey results identified deficiencies.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, research using vendor to improve provider data, and provider website change to facilitate provider update of demographic information.	1/18/11 - 3/7/11 Closed	Financial Penalty/CAP	5,000	No
TN	1/12/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	1/12/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	1/12/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	1/12/11	Reconsideration response submitted late.	No			Financial Penalty	500	No
TN	1/12/11	Reconsideration response submitted late.	No			Financial Penalty	500	No
TN	1/12/11	Response to an adhoc report submitted late.	No			Financial Penalty	500	No
TN	1/12/11	Reconsideration response incomplete.	No			Financial Penalty	2,000	No
TN	1/12/11	Response to reconsideration request submitted late.	No			Financial Penalty	500	No
TN	1/12/11	Notice of action regarding a service denial was deficient.	No			Financial Penalty	2,000	No
TN	1/11/11	4Q10 GeoAccess analysis identified provider network deficiencies.	Yes	The CAP included contracting efforts with a rural hospital, adding surrounding county prenatal providers, and transportation availability for any remaining deficiencies.	1/11/11 - 2/9/11 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	12/17/10	Oct 2010 noncompliance for paid and processed claims.	Yes	Implemented a technical solution for pricing errors, changes to claims processing instructions, and claims staff training.	12/17/10 - 1/18/11 Closed	CAP	–	No
TN	12/16/10	Response to an adhoc report concerning reimbursement and billing submitted late.	No			Financial Penalty	2,000	No
TN	12/16/10	Response to an adhoc report concerning reimbursement and billing submitted late.	No			Financial Penalty	2,000	No
TN	12/15/10	Nov 2010 GeoAccess analysis identified provider network deficiencies.	Yes	Corrected the provider enrollment file and implemented transportation availability for any remaining deficiencies.	12/15/10 - 1/14/11 Closed	CAP	–	No
TN	11/23/10	Claims payment accuracy for Oct 2010 did not meet performance standard.	Yes	Implemented a technical solution for pricing errors, changes to claims processing instructions, and claims staff training.	11/23/10 - 12/7/10 Closed	CAP	–	No
TN	11/19/10	Benchmarks for psychiatric hospital 30 day readmissions not met.	Yes	The CAP included explanatory factors that cause non-compliance with the readmission rate standard.	11/19/10 - 12/7/10 Closed	CAP	–	No
TN	11/16/10	Response for a request for reconsideration of appeal submitted late and incomplete.	No			Financial Penalty	1,500	No
TN	11/16/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	11/16/10	Response to state's request for medical records incomplete.	No			Financial Penalty	500	No
TN	11/16/10	Response to enrollee and state's request for provider information incomplete.	No			Financial Penalty	500	No
TN	11/16/10	Scheduled an appointment for enrollee over 90 miles from their home.	No			Financial Penalty	500	No
TN	10/26/10	3Q10 provider data survey results identified deficiencies.	Yes	Outreach to providers refusing to participate, communication about obligation to participate in surveys, research using vendor to improve provider data, and provider website change to facilitate provider update of demographic information.	10/26/10 - 12/6/10 Closed	Financial Penalty/CAP	15,000	No
TN	10/22/10	Outreach to provider to facilitate in application process not conducted.	Yes	The CAP included confirmation of outreach to the provider and an update that the provider's application was being processed.	10/22/10 - 10/27/10 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
TN	10/19/10	Reconsideration response incomplete.	No			Financial Penalty	500	No
TN	10/19/10	Sept 2010 prompt pay standards not met.	Yes	The CAP included improved reporting for tracking and increased staff numbers.	10/19/10 - 11/15/10 Closed	CAP	-	No
TN	10/18/10	Reporting tied to a member's appeal request submitted late.	No			Financial Penalty	200	No
TN	10/18/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	10/18/10	Reconsideration response submitted late.	No			Financial Penalty	500	No
TN	10/18/10	Complete documentation in support of an adverse decision not provided.	No			Financial Penalty	2,000	No
TN	10/18/10	Rejected encounters resubmitted late.	No			Financial Penalty	17,000	No
TN	10/11/10	3Q10 GeoAccess Report identified provider network deficiencies.	Yes	The CAP included credentialing hierarchy for the classification of adult day cares, correction of the Provider Enrollment File, and transportation availability for any remaining deficiencies.	10/11/10 - 11/17/10 Closed	CAP	-	No
TN	9/24/10	Response to an adhoc report submitted late.	No			Financial Penalty	200	No
TN	9/24/10	Response to a request for reconsideration of a medical denial submitted late.	No			Financial Penalty	3,000	No
TN	9/23/10	Incomplete response to the state's request for reconsideration of a medical service denial.	No			Financial Penalty	2,000	No
TN	9/23/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	9/23/10	Response to an adhoc report was incomplete.	No			Financial Penalty	400	No
TN	9/21/10	Response to the state's request for reconsideration of a medical service denial was incomplete.	No			Financial Penalty	500	No
TN	9/21/10	Response to the state's request for reconsideration of a medical service denial was incomplete.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	9/8/10	Annual essential hospital services report rejected due to inconsistency with provider enrollment file.	Yes	The CAP included a correction and resubmission of the Provider Enrollment File.	9/8/10 - 9/21/10 Closed	CAP	–	No
TN	8/25/10	Claims payment accuracy for Jul 2010 failed to meet performance standard.	Yes	Implemented a technical solution for pricing errors, changes to claims processing instructions, and claims staff training.	8/25/10 - 9/8/10 Closed	CAP	–	No
TN	8/18/10	July 2010 prompt pay standards not met.	Yes	Implemented daily reporting to track claims volume and aging and created a new staffing model with updated production standards.	8/18/10 - 9/13/10 Closed	CAP	–	No
TN	8/13/10	Annual EPSDT record review for 2009 identified deficiencies.	Yes	Implemented outreach and education to providers.	8/13/10 - 9/3/10 Closed	CAP	–	No
TN	7/29/10	Required notice to members regarding a provider termination not provided.	No			Financial Penalty	314,000	No
TN	7/21/10	2Q10 provider data survey results identified deficiencies.	Yes	The CAP included outreach and education to providers, specific outreach to providers refusing to participate in the survey, and correction of the provider file.	7/21/10 - 9/22/10 Closed	Financial Penalty/CAP	15,000	No
TN	7/16/10	Jul 2010 provider file identified provider network deficiencies.	Yes	The CAP included contracting efforts with a rural hospital and the addition of surrounding county prenatal providers, correction of the provider enrollment file, and transportation availability for any remaining deficiencies.	7/16/10 - 8/26/10 Closed	CAP	–	No
TN	7/16/10	2Q10 Geo Access report identified provider network deficiencies.	Yes	The CAP included contracting efforts with a rural hospital and the addition of surrounding county prenatal providers, correction of the provider enrollment file, and transportation availability for any remaining deficiencies.	7/16/10 - 8/26/10 Closed	CAP	–	No
TN	7/13/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	6/30/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	6/30/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	6/30/10	Request for reconsideration of a medical service denial incomplete.	No			Financial Penalty	1,000	No
TN	6/30/10	Response to a request for reconsideration of a medical service denial incomplete.	No			Financial Penalty	500	No
TN	6/30/10	Appropriate Grier Notice not provided.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	6/21/10	May 2010 prompt pay standards not met.	Yes	Implemented daily reporting to track claims volume and aging and created a new staffing model with updated production standards.	6/21/10 - 8/15/10 Closed	CAP	–	No
TN	6/10/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	6/10/10	Response to an adhoc report submitted late.	No			Financial Penalty	500	No
TN	6/10/10	Directed service provided late.	No			Financial Penalty	500	No
TN	4/29/10	Scoring on elements of NCQA for accreditation insufficient.	Yes	The CAP included education of credentialing staff, revisions to the provider directory and member handbook, distribution of the Notice of Privacy Practices annually with member handbook, and revisions to the provider website.	4/29/10 - 5/18/10 Closed	CAP	–	No
TN	4/28/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	4/28/10	Provider demographics in provider file inaccurate.	Yes	The CAP included outreach to providers and implementation of a provider website that allows providers to update demographic information.	4/28/10 - 6/4/10 Closed	CAP	–	No
TN	4/27/10	Response to a request for reconsideration of a medical service denial incomplete.	No			Financial Penalty	500	No
TN	4/27/10	Response to an adhoc report concerning reimbursement and billing submitted late.	No			Financial Penalty	3,000	No
TN	4/26/10	2010 annual quality survey identified process deficiencies.	Yes	The CAP included communication in the member newsletter, revisions to the provider orientation process, and revisions to reporting policies and procedures for adverse occurrence reporting.	4/26/10 - 6/23/10 Closed	CAP	–	No
TN	4/22/10	1Q10 provider data survey results identified deficiencies.	Yes	The CAP included contracting efforts with a rural hospital and the addition of surrounding county prenatal providers, correction of the provider enrollment file, and transportation availability for any remaining deficiencies.	4/22/10 - 6/25/10 Closed	Financial Penalty/CAP	15,000	No
TN	4/15/10	April 2010 provider file review identified network deficiencies.	Yes	The CAP included contracting with a rural hospital; addressing provider file configurations; and requesting the application of community standards and where access standards were not met, provided transportation to members.	4/15/10 - 6/8/10 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	4/14/10	Authorized DME services not provided.	No			Financial Penalty	50,500	No
TN	4/14/10	Annual transportation report submitted late.	No			Financial Penalty	700	No
TN	4/14/10	Annual transportation report submitted late.	No			Financial Penalty	500	No
TN	4/1/10	Response to a reimbursement and billing adhoc report submitted late.	No			Financial Penalty	1,000	No
TN	3/31/10	Approved services not provided.	No			Financial Penalty	52,000	No
TN	3/29/10	Reconsideration response to a request to review a medical appeal incomplete.	No			Financial Penalty	500	No
TN	3/22/10	Audit for ASH compliance identified incomplete consent form.	Yes	The CAP included recoupment of claims paid for incomplete ASH forms, review of policies and procedures, re-training of claims analysts, implementation of a check-off process, and provider education.	3/22/10 - 4/30/10 Closed	CAP	-	No
TN	3/19/10	Response to a reimbursement and billing adhoc report submitted late.	No			Financial Penalty	500	No
TN	3/19/10	Complete response to an adhoc report submitted late.	No			Financial Penalty	2,500	No
TN	3/18/10	Incomplete response to a reconsideration of a denied service.	No			Financial Penalty	500	No
TN	3/18/10	Incomplete response to a reconsideration of a denied service.	No			Financial Penalty	500	No
TN	3/18/10	Adhoc report for reimbursement and billing submitted late.	No			Financial Penalty	500	No
TN	3/18/10	Adhoc report for reimbursement and billing submitted late.	No			Financial Penalty	500	No
TN	3/18/10	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	2/19/10	Rejected encounters submitted late.	No			Financial Penalty	700	No
TN	2/10/10	Jan 2010 provider file review identified provider network deficiencies..	Yes	The CAP included additional contracting to resolve identified network deficiencies and update of provider data.	2/10/10 - 4/12/10 Closed	CAP	-	No
TN	1/27/10	Response to a request to reconsider a denial of a medical service submitted late.	No			Financial Penalty	2,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	1/27/10	Response to a request to reconsider a denial of a medical service submitted late.	No			Financial Penalty	1,000	No
TN	1/27/10	Response to a request for a reconsideration of service denial incomplete.	No			Financial Penalty	500	No
TN	1/27/10	Response to a request for a reconsideration of service denial incomplete.	No			Financial Penalty	500	No
TN	1/27/10	Authorized DME services not provided.	No			Financial Penalty	63,000	No
TN	1/27/10	Authorized DME services not provided.	No			Financial Penalty	43,581	No
TN	1/26/10	Monthly report was submitted late.	No			Financial Penalty	100	No
TN	1/26/10	Rejected encounters submitted late.	No			Financial Penalty	2,600	No
TN	1/25/10	4Q09 provider data survey results identified deficiencies.	Yes	The CAP included correcting provider data information, confirmation of provider participation, and distribution of a provider survey.	1/25/10 - 3/12/10 Closed	Financial Penalty/CAP	15,000	No
TN	1/25/10	Recoupment letter issued to a provider incorrectly.	Yes	Research identified an issue with the state-transmitted 834 file not including the current eligibility for the member in question. We cancelled the recoupment request.	1/25/10 - 2/1/10 Closed	Financial Penalty/CAP	500	No
TN	1/22/10	Dec 2009 claims payment accuracy standard not met.	Yes	The CAP identified an isolated reimbursement issue and instituted a new testing plan for claims payment macros and claims analyst education.	1/22/10 - 3/31/10 Closed	CAP	–	No
TN	1/15/10	4Q09 Geo Access report identified provider network deficiencies.	Yes	The CAP focused on correction of the provider network file and configuration of a specific mental health facility.	1/15/10 - 2/16/10 Closed	CAP	–	No
TN	12/16/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	12/16/09	Response to an appeal reconsideration request submitted late.	No			Financial Penalty	500	No
TN	12/15/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	12/15/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	12/15/09	Response to a coordination of benefits request submitted late.	No			Financial Penalty	500	No
TN	12/15/09	Response to valid factual dispute adhoc report submitted late.	No			Financial Penalty	1,500	No
TN	12/14/09	Monthly report submitted late.	No			Financial Penalty	200	No
TN	11/23/09	Transportation vendor did not meet Feb and Mar 2009 prompt may requirements.	No			Financial Penalty	20,000	No
TN	11/6/09	Response to reimbursement and billing adhoc report submitted late.	No			Financial Penalty	2,500	No
TN	11/6/09	Response to valid factual dispute adhoc report submitted late.	No			Financial Penalty	500	No
TN	11/5/09	Reconsideration response to an appeal request incomplete.	No			Financial Penalty	500	No
TN	11/5/09	Reconsideration response to an appeal request incomplete.	No			Financial Penalty	500	No
TN	10/21/09	3Q09 provider data survey results identified deficiencies.	Yes	The CAP included correcting provider data information, confirmation of provider participation, and distribution of a provider survey.	10/21/09 - 12/18/09 Closed	Financial Penalty/CAP	15,000	No
TN	10/20/09	Two par obstetric providers did not have admission privileges with a par facility.	Yes	Research identified the use of single case agreements to meet obstetric needs for members within the service area. We required the two physicians to stop accepting new patients.	10/20/09 - 12/17/09 Closed	CAP	–	No
TN	10/7/09	3Q09 Geo Access report identified provider network deficiencies.	Yes	identified data issues based on demographic updates at the time the file was pulled; corrected data issues.	10/7/09 - 12/3/09 Closed	CAP	–	No
TN	9/23/09	Acceptable corrective action plan to address the annual quality survey results submitted late.	No			Financial Penalty	16,300	No
TN	9/23/09	EPSDT Record Review identified deficiencies.	Yes	Completed CAP included additional provider auditing and education, outreach events, and increased member communications.	9/23/09 - 1/15/10 Closed	CAP	–	No
TN	9/22/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	9/22/09	Response to a reimbursement and billing adhoc report submitted late.	No			Financial Penalty	500	No
TN	9/4/09	Response to a request to reconsider a denial of a medical service incomplete.	No			Financial Penalty	3,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TN	9/4/09	Response to a reimbursement and billing adhoc report submitted late.	No			Financial Penalty	6,000	No
TN	9/4/09	Response to a reimbursement and billing adhoc report submitted late.	No			Financial Penalty	6,000	No
TN	9/4/09	State-required notice not issued.	No			Financial Penalty	500	No
TN	9/3/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	9/1/09	Proof of compliance for receipt of medical services not included.	No			Financial Penalty	500	No
TN	9/1/09	Required elements in a notice of adverse action regarding a medical service request not included.	No			Financial Penalty	500	No
TN	9/1/09	Response to a request to reconsider a denial of medical service incomplete.	No			Financial Penalty	500	No
TN	9/1/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	9/1/09	Notice of action regarding a service denial was deficient.	No			Financial Penalty	500	No
TN	8/27/09	Response to an appeal request incomplete.	No			Financial Penalty	500	No
TN	8/27/09	4Q08 claims payment accuracy benchmark not met.	No			Financial Penalty	10,000	No
TN	8/10/09	Annual performance improvement report incomplete.	No			Financial Penalty	600	No
TX	6/2/14	Failure to reinstate services after Fair Hearing decision.	No			Financial Penalty	62,250	No
TX	6/2/14	Inaccurate member complaints report.	No			Financial Penalty	400	No
TX	6/2/14	Member appeals processing failed to meet performance standard.	Yes	Conducted refresher training and coached employees regarding appeal processing and workflow and timeliness standards. Put monitoring in place and collection of monthly appeal report detail for quarterly report submission to confirm 2 consecutive quarters of compliance.	6/2/14 - 8/31/14 Closed	Financial Penalty/CAP	100	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
TX	6/2/14	Member appeal performance standards below standard.	Yes	Conducted refresher training and coached employees regarding appeal processing and workflow and timeliness standards. Put monitoring in place and collection of monthly appeal report detail for quarterly report submission to confirm 2 consecutive quarters of compliance.	6/2/14 - 8/31/14 Closed	CAP	-	No
TX	6/2/14	Member appeal performance standards below standard.	Yes	Conducted refresher training and coached employees regarding appeal processing and workflow and timeliness standards. Put monitoring in place and collection of monthly appeal report detail for quarterly report submission to confirm 2 consecutive quarters of compliance.	6/2/14 - 8/31/14 Closed	Financial Penalty/CAP	300	No
TX	6/2/14	Claims processing failed to meet 30 day performance standard.	No			Financial Penalty	2,000	No
TX	6/2/14	Claims processing failed to meet 30 day performance standard.	No			Financial Penalty	5,000	No
TX	6/2/14	FY2013 Q2 claims processing did not meet 30 day performance standard.	Yes	Continued increased oversight of appealed claims and submits monthly detail to the state, though non-compliance is primarily due to extremely low denominators for some the measures. Continue monthly report submissions to confirm 2 consecutive quarters of compliance.	6/2/14 - 8/31/14 Closed	Financial Penalty/CAP	8,000	No
TX	6/2/14	Q2 encounter reconciliation fell outside of performance variance standard.	No			Financial Penalty	1,000	No
TX	6/2/14	Q2 out of network utilization was higher than allowed for outpatient services.	No			Financial Penalty	7,500	No
TX	6/2/14	Q2 out of network utilization was higher than allowed for outpatient services.	No			Financial Penalty	7,500	No
TX	6/2/14	Claims processing failed to meet 30 day performance standard.	No			Financial Penalty	75,000	No
TX	6/2/14	Failed to meet 30 day claims adjudication performance measure.	No			Financial Penalty	100,000	No
TX	6/2/14	Q3 encounter reconciliation outside of performance variance.	No			Financial Penalty	5,000	No
TX	6/2/14	Member appeals failed to meet 30 day resolution standard.	No			Financial Penalty	1,000	No
TX	6/2/14	Member appeals failed to meet 30 day resolution standard.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	6/2/14	Failed to meet 30 day claims adjudication performance measure.	No			Financial Penalty	50,000	No
TX	6/2/14	Q4 encounter reconciliation outside of performance variance.	No			Financial Penalty	5,575	No
TX	2/20/14	Failed to meet timely checkup program requirement.	Yes	The CAP outlined actions to bring checkup rates to required participation rates, including new call strategies with our Health Promotion team to increase appointment scheduling assistance and using a vendor to schedule appointments with provider offices in real-time. The health plan also partnered with 6 select physician offices/groups to deliver PCP level services on a Saturday for our members. Also created new reports for Provider Relations staff to use with provider offices to increase various measures.	2/20/14 - ongoing	CAP	-	No
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	48,960	No
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	200	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	500	No
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	500	No
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	50	No
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	4,965	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
TX	5/29/13	4Q12 performance standards not met.	Yes	The CAP addressed a number of areas, including: retraining staff on invalid naming conventions on a report; reviewing case details prior to report submission to address errors on a member complaints report; improving member appeals processing; actively participating in a project with HHSC regarding reconciliation of encounter data to FSRs; improving BH claims processing; and improving process for addressing report follow-up requests.	5/29/13 - 8/31/14 Closed	Financial Penalty/CAP	7,600	No
TX	3/14/13	Performance bond was not filed with the Department of Insurance.	No			Deficiency Notice	–	No
TX	12/20/12	3Q12 implementation of pharmacy prior auth requirements not met.	No			Deficiency Notice	–	No
TX	12/20/12	3Q12 reporting deficient.	No			Financial Penalty	933	No
TX	12/20/12	3Q12 claims adjudication benchmark not met.	Yes	The health plan continued increased oversight of the appealed claims and submitted monthly detail to the state, though non-compliance is primarily due to extremely low denominators for some measures.	9/1/11 - 12/20/12 Closed	CAP	–	No
TX	12/20/12	3Q12 Claims adjudication benchmark not met.	Yes	The health plan continued increased oversight of the appealed claims and submitted monthly detail to the state, though non-compliance is primarily due to extremely low denominators for some measures.	9/1/11 - 12/20/12 Closed	CAP	–	No
TX	12/20/12	3Q12 implementation of pharmacy prior auth requirements not met.	No			Deficiency Notice	–	No
TX	12/20/12	3Q12 reporting deficient.	No			Financial Penalty	1,008	No
TX	12/20/12	3Q12 reporting deficient.	No			Financial Penalty	933	No
TX	8/17/12	1Q12 member appeals processing timeframe not met.	No			Financial Penalty	250	No
TX	6/12/12	1Q12 member appeals processing timeframe not met.	Yes	The health plan continued increased oversight of the appealed claims and submitted monthly detail to the state, though non-compliance is primarily due to extremely low denominators for some measures.	9/1/11 - 12/20/12 Closed	CAP	–	No
TX	3/26/12	4Q11 member appeals processing timeframe not met.	No			Financial Penalty	250	No
TX	3/26/12	4Q11 member appeals processing timeframe not met.	No			Financial Penalty	250	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	3/26/12	Encounters reconciliation to paid claims benchmark not met.	No			Financial penalty	7,500	No
TX	3/26/12	Out-of-network standards not met.	No			Financial penalty	10,000	No
TX	3/14/12	2011 quality audit found areas of non-compliance.	Yes	The CAP included actions to address deficiencies in several areas: conducted member advocate training focused on member complaints processes; reviewed procedures around utilization review/adverse determinations, including working with UM vendors and monitoring refresher training effectiveness; developed a reminder process for annual network submissions access plans.	3/14/12 - 8/1/14 Closed	CAP	–	No
TX	1/12/12	Benchmarks established for medical checkup participation not met.	Yes	Closely monitored claims processing performance to better manage even the categories of claims with very small volume.	1/12/12 - 4/29/13 Closed	CAP	–	No
TX	12/19/11	Grievance record review identified deficiencies.	Yes	Revised the complaint process to have a single point of control process. Revised 'Your Rights' language to include a complete description of the appeal process and started a daily review of the complaint and appeal log to ensure timeliness. Revised provider and member notification processes. Filed executed delegation contract agreements with the state's Department of Insurance.	12/19/11 - 2/29/12 Closed	CAP	–	No
TX	12/7/11	Performance standards deficiencies.	No			Financial Penalty	32,500	No
TX	10/31/11	Provider network deficiencies.	Yes	The CAP was issued during the readiness review prior to go-live for new service areas. Submitted the specific status of provider types and outlined recruitment strategies to meet adequacy standards. The health plan did pass the readiness review.	10/31/11 - 3/1/12 Closed	CAP	–	No
TX	9/2/11	Out-of-network standards not met.	No			Financial penalty	25,000	No
TX	9/2/11	PCP open panel benchmark not met.	Yes	Recruited new PCPs and reviewed all PCP closed panels to determine the reason for closure. Provider network education representative outreached to numerous PCPs during monthly routine visits with a goal of re-opening the panels.	9/2/11 - 2/29/12 Closed	Financial Penalty/CAP	25,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	9/2/11	Performance requirements for acute appealed claims processing not met.	No			Financial penalty	250	No
TX	9/2/11	PCP error report benchmark not met.	No			Financial penalty	500	No
TX	9/2/11	Performance requirements for the member complaint and appeal process not met.	No			Financial penalty	500	No
TX	9/1/11	2Q11 benchmarks for timeliness and accuracy of member complaints reporting not met.	Yes	Reprogrammed the regulatory report deliverable for complaints and retrained staff on appropriate coding of complaints.	9/1/11 - 6/30/12 Closed	Financial Penalty/CAP	17,000	No
TX	9/1/11	2Q11 benchmark standard for claims processing not met.	No			Financial Penalty	10,000	No
TX	9/1/11	2Q11 member complaint response and provider complaint response delinquency.	No			Financial Penalty	1,500	No
TX	8/8/11	Failure to secure approval prior to issuing a media release related to award announcements.	No			Financial Penalty	5,000	No
TX	8/8/11	Failure to secure approval prior to issuing a media release related to award announcements.	No			Financial Penalty	5,000	No
TX	5/9/11	1Q11 benchmark for timely adjudicated claims not met.	No			Financial Penalty	20,000	No
TX	5/9/11	1Q11 response to provider complaints untimely and insufficient.	No			Financial Penalty	55,325	No
TX	5/9/11	Performance requirements for acute appealed claims processing not met.	No			Financial penalty	500	No
TX	5/9/11	PCP open panel benchmark not met.	Yes	Reviewed all PCP closed panels to determine reason for closure. Provider network education representatives outreach to numerous PCPs during monthly routine visits with a goal of re-opening the panels.	5/9/11 - 2/29/12 Closed	Financial Penalty/CAP	10,000	No
TX	5/9/11	Out-of-network standards not met.	No			Financial penalty	25,000	No
TX	5/9/11	1Q11 response to provider complaints untimely and insufficient.	No			Financial Penalty	500	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	2/22/11	Failure to apply appropriate guidelines and/or language in medical necessity determinations and denial notices.	Yes	Health plan staff attended state-sponsored training and made changes to member and provider notifications to comply with the requirements. Staff received additional training on the regulations and in responding to requests for Fair Hearings.	2/22/11 - 3/16/11 Closed	CAP	-	No
TX	2/3/11	Q410 complaints processing untimely.	No			Financial Penalty	34,000	No
TX	2/3/11	Q410 processing appealed claims not meeting 30 days standard.	Yes	The health plan continued increased oversight of the appealed claims and submitted monthly detail to the state, though non-compliance is primarily due to extremely low denominators for some measures.	2/3/11 - 8/31/11 Closed	Financial Penalty/CAP	5,000	No
TX	2/3/11	Q410 late regulatory reports.	No			Financial Penalty	375	No
TX	2/3/11	4Q10 collaborative efforts with community based organizations insufficient.	Yes	Identified additional organizations to collaborate with regarding children of migrant farmworkers and established target dates for contact. Delivered quarterly logs of the contacts to the state.	2/3/11 - 5/30/11 Closed	CAP	-	No
TX	2/3/11	Performance requirements for acute appealed claims processing not met.	No			Financial Penalty	10,000	No
TX	2/3/11	Q410 complaints processing untimely.	No			Financial penalty	500	No
TX	2/3/11	Reconciliation standard not met for encounters to paid claims.	No			Financial penalty	5,000	No
TX	2/3/11	PCP open panel benchmark not met.	Yes	Reviewed all PCP closed panels to determine reason for closure. Provider network education representatives outreached to numerous PCPs during monthly routine visits with a goal of re-opening the panels.	2/3/11 - 2/29/12 Closed	CAP	-	No
TX	2/3/11	Administrative services for Spanish translation services not performed.	Yes	Key activities included identifying existing letters that required Spanish language translation. Versions of each translated letter were verified so that no altered letters are sent to members.	2/3/11 - 2/29/12 Closed	Financial Penalty/CAP	80,000	No
TX	2/3/11	Member complaint report submitted late.	No			Financial Penalty	1,500	No
TX	2/3/11	Failed to meet out of network standards.	No			Financial penalty	25,000	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Amount	Admin. Proceed.
TX	10/7/10	Call center and grievance and appeal staff additional training required.	Yes	Developed additional training for call center and grievance and appeal staff, including post-training assessments to measure comprehension levels. Quality reassessments confirm employees' comprehension and identify retraining needs. Imitated project to produce all letters in bilingual format. Developed a complaint Log and received state approval. Developed a process flow and policy for the complaint log.	10/7/10 - 2/29/12 Closed	CAP	-	No
TX	9/22/10	3Q10 untimely claims processing.	Yes	Began submitting monthly detail on appealed claims and oversight of the appealed claims queues was increased.	9/22/10 - 12/31/10 Closed	Financial Penalty/CAP	1,000	No
TX	9/22/10	3Q10 late report submission.	No			Financial Penalty	6,625	No
TX	9/22/10	3Q10 untimely resolution of complaints.	No			Financial Penalty	27,000	No
TX	9/22/10	Q310 member hotline closed on regular business day.	No			Financial Penalty	12,000	No
TX	9/22/10	Q310 failed to meet member complaint resolution timeliness standards and acute appealed claims processing.	No			Financial Penalty	10,000	No
TX	9/22/10	Q310 failed to meet member complaint resolution timeliness standards.	No			Financial Penalty	500	No
TX	6/24/10	2Q10 report submission untimely.	No			Financial Penalty	450	No
TX	6/24/10	2Q10 complaint responses late.	No			Financial Penalty	600	No
TX	6/24/10	Provider complaint summary report submitted late.	Yes	Corrected the methodology for the provider counts and resubmitted the report.	6/24/10 - 2/29/12 Closed	Financial Penalty/CAP	1,800	No
TX	6/24/10	Member and provider complaint summary reports inaccurately categorized complaints.	Yes	Audited 120 state-specific calls per month that were not initially determined to be complaints in order to help ensure the accuracy of the calls being categorized as inquiries. Staff also audited 10 state calls per agent per month until the corrective action was closed.	6/24/10 - 2/29/12 Closed	Financial Penalty/CAP	150,000	No
TX	6/24/10	Provider directory not formatted to be included in the enrollee handbook.	Yes	Received state approval of the most recent directory submission and the directory is available to existing members and providers.	6/24/10 - 2/29/12 Closed	Financial Penalty/CAP	6,850	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	6/24/10	Provider files contain inaccurate information.	Yes	Conducted a complete audit of all PCP panel information and instituted process to complete the audit quarterly. Provider changes to panel information are captured during routine provider visits.	6/24/10 - 2/29/12 Closed	Financial Penalty/CAP	7,650	No
TX	6/24/10	Performance requirements for the member complaint and appeal process not met.	Yes	Developed additional training tools to ensure a comprehensive curriculum that integrate the functional areas, including complaint processing as well as appeals processing.	6/24/10 - 2/29/12 Closed	Financial Penalty/CAP	500	No
TX	6/24/10	Failure to meet PCP open panel performance requirements.	Yes	Reviewed all PCP closed panels to determine reason for closure. Provider network education representatives outreached to numerous PCPs during monthly routine visits with a goal of re-opening the panels.	6/24/10 - 2/29/12 Closed	CAP	–	No
TX	6/7/10	Provider directory weight limit benchmark not met.	No			Financial Penalty	14,931	No
TX	5/13/10	Performance standards not met resulting in enrollment freeze.	No			Deficiency Notice	–	No
TX	3/24/10	1Q10 claims and claims appeals standards not met.	Yes	Made revisions to the monthly claims report to help better manage provider disputes.	3/24/10 - 12/31/10 Closed	Financial Penalty/CAP	20,000	No
TX	3/24/10	1Q10 benchmark for behavioral health services hotline abandonment rate not met.	No			Financial Penalty	100	No
TX	3/24/10	1Q10 report submitted late.	No			Financial Penalty	150	No
TX	3/24/10	1Q10 complaint response submitted late.	No			Financial Penalty	2,250	No
TX	12/22/09	4Q09 claims processing performance standard not met.	Yes	Implemented a monthly report to monitor claims processing that shows claim volume by days. Conducted daily meetings with staff to set priorities, research aging claims, and monitor progress.	12/22/09 - 12/31/10 Closed	Financial Penalty/CAP	2,500	No
TX	12/22/09	4Q09 state required reports submitted late.	No			Financial Penalty	2,150	No
TX	12/4/09	Credentialing/provider relations and complaints/appeals deficiencies identified.	Yes	Reviewed and revised all P&Ps related to credentialing and member complaint processing.	12/4/09 - 6/31/10 Closed	CAP	–	No
TX	12/3/09	Provider complaint resolution untimely.	No			Deficiency Notice	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
TX	9/15/09	3Q09 claims processing benchmark not met.	No			Financial Penalty	27,500	No
TX	9/15/09	3Q09 reconciliation file compliance benchmark not met.	Yes	Revised the selection logic for the NPI/Taxonomy combination. Submitted process steps and logic revisions to the state.	6/1/09 - 9/15/09 Closed	CAP	–	No
TX	9/15/09	3Q09 QAPI program summary report submitted late.	No			Financial Penalty	750	No
VA	9/16/13	Deficiencies in appeal processing.	Yes	The CAP included actions to: verify that proper review is conducted and have the Chief Medical Director conduct monthly case audits to ensure compliance.	9/16/13 - 11/1/13 Closed	CAP	–	No
WA	6/26/14	Deficiencies found in multiple operational areas during 2014 site visit.	Yes	The CAP included activities to address: care coordination oversight; authorizations of services; compensation for utilization directions; outpatient mental health; enrollee rights (format, alternative formats); adoption of practice guidelines; detecting over- and under-utilization of services; assess care furnished to enrollees with special health care needs; and health home health action plans.	9/22/14 - ongoing	CAP	–	No
WA	3/27/13	Deficiencies found in multiple operational areas during 2013 site visit.	Yes	CAP actions included: development of network reports; enrollee rights to access women's health; reports and analysis to assess member demographics; program integrity staff responsibilities; provider payment suspensions notification; development of case management program P&Ps; P&P for patient review and coordination activities; behavioral policy; employee and provider training related to enrollee rights and advance directives; diversity council to evaluate the membership needs; quarterly quality management reporting; more detailed meeting minutes; grievance system and process; documentation and reporting of Clinical Practice Guidelines; development of provider watch list; and delegation oversight	4/1/13 - 9/30/13 Closed	CAP	–	No
WA	11/2/12	Findings at 2012 monitoring visit identified areas requiring correction.	Yes	We took action to address: initial health screening completion timeliness; reports with analysis and opportunities for action; standardized reporting activities; notifications sent to incorrect locations; balance billing issues; clear reasons for grievance determination.	10/18/12 - 7/30/13 Closed	CAP	–	No

**Medicaid Affiliates--Non-Compliance with Contract Terms**

State	Date	Description	CAP?	CAP Description	CAP Dates and Status	Sanction Type	Sanction Amount	Admin. Proceed.
WA	5/2/12	2012 readiness review site visit identified multiple operational areas that were not fully met.	Yes	The CAP included actions to: revise language in policies and procedures related to out-of-network providers; process to monitor and report the provider network; address language barriers to care; track and monitor EPLS; missing compliance committee information; revisions to case management program; changes in P&P language for the patient review and coordination program; language insert in member mailings; and written description of the grievance system.	4/10/12 - 7/30/13 Closed	CAP	–	No
WV	4/10/14	Annual External Quality Review audit found deficiencies.	Yes	CAP actions included activities to: improve member notification of right to request financial statement; improve appointment availability and after hours care; clarify policies and procedures for credentialing and disenrollment; and making sure that verification of services letters are mailed quarterly.	4/10/14 - ongoing	CAP	–	No
WV	3/4/14	Dental vendor paid claims late and did not submit encounter data.	Yes	Worked with dental vendor to resolve claims payment issues. Implemented increased monitoring of dental vendor claims timeliness and encounter submission.	3/14/14 - ongoing	CAP	–	No

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