Community First Health Plan SFY 2018 Q4

Count	LD Matrix Number	Program	Service Area and Plan Code	Contractual Obligation	Quarter of Non- compliance	Occurrence	MCO Performance	Remedy Imposed
1	13.1	CHIP	3	The MCO must resolve at least 98% of Provider Appeals within 30 calendar days of the MCO's receipt. HHSC may assess up to \$5000 per reporting period if the MCO fails to meet the performance standard.	Quarter 4 2018	Fourth	Appealed Claims Aggregate Month 1 = 83.24% Month 2 = 11.67% Month 3 = 42.62%	\$ 15,000.00
2	13.1	STAR	42	The MCO must resolve at least 98% of Provider Appeals within 30 calendar days of the MCO's receipt. HHSC may assess up to \$5000 per reporting period if the MCO fails to meet the performance standard.	Quarter 4 2018	Fourth	Appealed Claims Aggregate Month 1 = 82.91% Month 2 = 20.83% Month 3 = 39.32%	\$ 15,000.00
3	43	STAR KIDS	KA	The MCO must resolve at least 98% of Provider Appeals within 30 calendar days of the MCO's receipt. HHSC may assess up to \$5000 per reporting period if the MCO fails to meet the performance standard.	Quarter 4 2018	Fourth	Appealed Claims Aggregate Month 1 = 79.76% Month 2 = 15.59% Month 3 = 35.16%	\$ 15,000.00
4	33	STAR KIDS	KA	The MCO must comply with the claims processing requirements and standards as described in the contract and UMCM. HHSC may assess liquidated damages of up to \$5,000 for the first quarter that an MCO's Claims Performance percentages by claim type, by Program, and by service area, fall below the performance standards. HHSC may assess up to \$25,000 per quarter for each additional quarter that the Claims Performance percentages by claim type, by Program, and by service area, fall below the performance standards.	Quarter 4 2018	Fourth	Clean Claims Processing Acute 97.36%	\$ 25,000.00
5	33.1	STAR KIDS	KA	The MCO must complete all Claims projects within 60 days of the Claims project's start date with the exception of Claims projects for Nursing Facility Unit/Daily Rate claims. The MCO must complete Claims projects for Nursing Facility Unit/Daily Rate claims within 30 days of the Claims project's start date. HHSC may assess up to \$5,000 per incident of noncompliance.	Quarter 4 2018	First	Claims Project 34 Days Late	\$ 3,750.00
6	1	STAR KIDS	KA	The MCO fails to timely perform an MCO Administrative Service that is not otherwise associated with a performance standard in the matrix . HHSC may assess up to \$5,000.00 per calendar day for each incident of noncompliance per MCO Program and SA.	Quarter 4 2018	First	Administrative Services Wrong Template 1 Day Inaccurate	Waive
7	4	CHIP	3	All reports and deliverables as specified in Sections 6, 7, 8 and 9 of Attachment B-1, must be submitted according to the timeframes and requirements stated in the Contract (including all attachments) and the UMCM. HHSC may assess up to \$250 per calendar day if the report/deliverable is not submitted, late, inaccurate, or incomplete.	Quarter 4 2018	First	Reports/Deliverables Provider Complaints Report 1 Day Late	Waive
8	4	STAR	42	All reports and deliverables as specified in Sections 6, 7, 8 and 9 of Attachment B-1, must be submitted according to the timeframes and requirements stated in the Contract (including all attachments) and the UMCM. HHSC may assess up to \$250 per calendar day if the report/deliverable is not submitted, late, inaccurate, or incomplete.	Quarter 4 2018	First	Reports/Deliverables Provider Complaints Report 1 Day Late	Waive
9	4	STAR KIDS	KA	All reports and deliverables as specified in Sections 6, 7, 8 and 9 of Attachment B-1, must be submitted according to the timeframes and requirements stated in the Contract (including all attachments) and the UMCM. HHSC may assess up to \$250 per calendar day if the report/deliverable is not submitted, late, inaccurate, or incomplete.	Quarter 4 2018	First	Reports/Deliverables Provider Complaints Report 1 Day Late	Waive
10	31	ALL	ALL	The MCO fails to include valid national drug codes (NDCs) on encounters for outpatient prescription drugs, including physician-administered drugs. HHSC may assess up to \$500 for each incident of noncompliance per MCO Program.	Quarter 4 2018	First	Encounter Data 97% (MCO did not include rebatable NDCs on 24 encounters)	\$ 9,000.00
11	24	ALL	ALL	The MCO must respond to Office of Inspector General request for information in the manner and format requested. HHSC may assess up to \$1,000 per calendar day, per MCO Program, that the report is not submitted, late, inaccurate, or incomplete. This amount will increase to \$5,000 per day per MCO program for the fourth and each subsequent occurrence within a 12-month period.		Third	Investigation 2017D03927 58 Days Inaccurate	\$ 8,700.00

Community First Health Plan SFY 2018 Q4

Total Remedies imposed \$							\$ 105,850.00	
14	18.9	ALL	ALL	The MCO must file TPL/TPR Reports in accordance with the format developed by HHSC. Quarterly submissions are due the last day of the month following the end of the reporting period. HHSC may assess up to \$500 per calendar day the report is not submitted, late, inaccurate, or incomplete.	Quarter 4 2018	First	TPR 1 Day Incomplete	Waive
13	18.5	ALL	ALL	The MCO must provide HHSC with a copy of the Annual Audited Financial Report submitted to TDI, including all schedules, attachments, exhibits, supplements, management discussion, supplemental filings, etc. The MCO must notify HHSC if it cannot provide the Annual Audited Financial Report by June 30th each year. The notice should include an expected submission date. HHSC may assess up to \$500 per Day the report is not submitted, late, inaccurate, or incomplete.	Quarter 4 2018	First	TDI Financial Findings 1 Day Late	Waive
12	24	ALL	ALL	The MCO must respond to Office of Inspector General request for information in the manner and format requested. HHSC may assess up to \$1,000 per calendar day, per MCO Program, that the report is not submitted, late, inaccurate, or incomplete. This amount will increase to \$5,000 per day per MCO program for the fourth and each subsequent occurrence within a 12-month period.	Quarter 4 2018	Third	Investigation 2017D04022 24 Days Inaccurate	\$ 14,400.00

Community First Health Plans, Inc. 12238 Silicon Drive, Suite 100

Total Remedies imposed

CFHP SFY 2018 Q3

San Antonio, Texas 78249 LD Service Quarter of Non-Remedy Count Matrix Program Area and **Contractual Obligation** Occurrence **MCO Performance** compliance Imposed Number Plan Code The MCO must submit Financial Statistical Reports (FSRs) quarterly. Reports are due, complete and correct, no later than 30 days after the conclusion of the reporting period. Financial Statistical HHSC may assess up to \$1,000 per calendar day the report 1 17 ALL ALL Quarter 3 Reports (FSR) \$ 500.00 Fourth is not submitted, late, inaccurate or incomplete. 1 Day Inaccurate The MCO must resolve at least 98% of Provider Appeals within 30 calendar days of the MCO's receipt. **Appealed Claims** HHSC may assess HHSC may assess up to \$5000 per Aggregate 10,000.00 2 13.1 CHIP ALL Quarter 3 Seventh \$ reporting period if the MCO fails to meet the performance Month 1 = 51.11% standard. Month 3 = 90.34% The MCO must resolve at least 98% of Provider Appeals Appealed Claims within 30 calendar days of the MCO's receipt. Aggregate 3 \$ 10,000.00 13.1 **STAR** ALL HHSC may assess up to \$5000 per reporting period if the Quarter 3 Seventh Month 1 = 21.89% MCO fails to meet the performance standard. Month 3 = 94.39% The MCO must resolve at least 98% of Provider Appeals Appealed Claims within 30 calendar days of the MCO's receipt. Aggregate HHSC may assess up to \$5000 per reporting period if the ALL Month 1 = 43.44% 4 43 STAR Kids Quarter 3 Sixth 15,000.00 MCO fails to meet the performance standard. Month 2 = 63.70% Month 3 = 97.22% The MCO must adjudicate 98% of clean claims within 30 days. Acute Clean Claims standards. HHSC may assess up to \$25,000 per guarter for Processing each additional quarter that the Claims Performance 5 33 STAR Kids ALL Third \$ 25,000.00 Quarter 3 Month 3 = 94.22% percentages by claim type, by Program, and by service area, fall below the performance standards. The MCO must adjudicate 98% of Long Term Clean Claims within 30 days. HHSC may assess up to \$25,000 per quarter for each Long Term Clean Claims additional quarter that the Claims Performance percentages 25.000.00 6 33 STAR Kids ALL Quarter 3 Fifth Processing by claim type, by Program, and by service area, fall below Month 3 = 92.18% the performance standards.

\$ 85,500.00

Community First Quarter 2							
Item #	Program	Service Area	Deliverables/Liquidated Damages Matrix #	Performance	MCO Actual Performance	Remedies Imposed	
1	ALL	ALL	3	All reports/deliverables must be on time, accurate, and complete. Material Subccontractor, First Occurrence	1 day late	Waive	
2	ALL	ALL	3.2	Privacy Incident - Security Breach (First Occurrence)	1 file	\$5,000.00	
3	CHIP	ALL	13.1	Claims Processing 98% adjudicated within 30 days. Appealed Claims Aggregate (Acute, Behavioral Health), Sixth Occurrence	Month 1: 25% Month 2: 26% Month 3: 24%	\$15,000.00	
4	STAR	ALL	13.1	Claims Processing 98% adjudicated within 30 days. Appealed Claims Aggregate (Acute, Behavioral Health), Fifth Occurrence	Month 1:25% Month 2: 13% Month 3: 27%	\$15,000.00	
5	CHIP	03; BEXAR	17	All reports/deliverables must be on time, accurate, and complete. Financial Statistical Report, First Occurrence	2 days inaccurate	Waive	
6	STAR KIDS	ALL	43	Claims Processing 98% adjudicated within 30 days. Appealed Claims Aggregate (Acute, Behavioral Health, LTSS), Fifth Occurrence	Month 1: 13% Month 2: 10% Month 3: 23%	\$15,000.00	
Total	Total Q2 Remedies Imposed \$50,000.00						

Item #	Program	Service Area	Deliverables/ LD Matrix #	Performance	MCO Actual Performance	Remedies Imposed
1	STAR	ALL	9	Appointment availability within 5 days High Risk Prenatal, Second Occurrence	1 day late	\$250
1	STAR	ALL	9	Appointment availability within 5 days High Risk Prenatal, Second Occurrence	2 days late	\$250
1	STAR	ALL	9	Appointment availability within 5 days High Risk Prenatal, Second Occurrence	2 days late	\$250
1	STAR	ALL	9	Appointment availability within 5 days High Risk Prenatal, Second Occurrence	8 days late	\$500
1	STAR	ALL	9	Appointment availability within 5 days High Risk Prenatal, Second Occurrence	8 days late	\$500
1	STAR	ALL	9	Appointment availability within 5 days	12 days late	\$750
1	STAR	ALL	9	High Risk Prenatal, Second Occurrence Appointment availability within 5 days	4 days late	\$250
1	STAR	ALL	9	High Risk Prenatal, Second Occurrence Appointment availability within 5 days	1 day late	\$250
1	STAR	ALL	9	High Risk Prenatal, Second Occurrence Appointment availability within 5 days	7 days late	\$500
1	STAR	ALL	9	High Risk Prenatal, Second Occurrence Appointment availability within 5 days	8 days late	\$500
2	STAR	ALL	9	High Risk Prenatal, Second Occurrence Appointment availability within 5 days	,	\$250
	STAR	ALL	9	Third Trimester Prenatal, Second Occurrence	1 day late	φ250
3	CHIP	ALL	13.1	Claims Processing 98% adjudicated within 30 days. Appealed Claims Aggregate, Fifth Occurrence	Month 1: 12.20% Month 2: 0.00% Month3: 0.00%	\$15,000
4	STAR	42; BEXAR	13.1	Claims Processing 98% adjudicated within 30 days. Appealed Claims Aggregate, Fifth Occurrence	Month 1: 6.62% Month 2: 11.85% Month 3: 4.46%	\$15,000
5	CHIP	03; BEXAR	27	All reports/deliverables must be on time, accurate, and complete. Claims Summary Report, First Occurrence	10 days late	\$2,500
6	STAR	42; BEXAR	27	All reports/deliverables must be on time, accurate, and complete. Claims Summary Report, First Occurrence	10 days inaccurate	\$2,500
7	STAR KIDS	KA; BEXAR	36	All reports/deliverables must be on time, accurate, and complete. Claims Summary Report, First Occurrence	28+ days late	\$21,000
8	STAR KIDS	ALL	43	Claims Processing 98% adjudicated within 30 days. Appealed Claims Aggregate, Fourth Occurrence	Month 1: 22.63% Month 2: 18.75% Month 3: 15.07%	\$15,000
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	2 days late	\$250
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	8 days late	\$500
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	9 days late	\$500
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	11 days late	\$750
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	11 days late	\$750
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	8 days late	\$500
9	STAR	ALL	9	Appointment availability within 14 days Prenatal Low Risk, Second Occurrence	8 days late	\$500
9	STAR	ALL	9	Appointment availability within 14 days	4 days late	-
9	STAR	ALL	9	Prenatal Low Risk, Second Occurrence Appointment availability within 14 days	1 days late	\$250
9	STAR	ALL	9	Prenatal Low Risk, Second Occurrence Appointment availability within 14 days	1 days late	\$250
9	STAR	ALL	9	Prenatal Low Risk, Second Occurrence Appointment availability within 14 days	2 days late	\$250
9	STAR	ALL	9	Prenatal Low Risk, Second Occurrence Appointment availability within 14 days	2 days late	\$250
9	STAR	ALL	9	Prenatal Low Risk, Second Occurrence Appointment availability within 14 days	2 days late	\$250
				Prenatal Low Risk, Second Occurrence Appointment availability within 14 days	•	\$250
9 Total	STAR Q1 Remedies	ALL s Imposed	9	Prenatal Low Risk, Second Occurrence	1 days late	\$250 \$80,750