RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 23, 2015

Statewide Medicaid Managed Care Policy Transmittal 15-02

Applicable to:

- ☒ Comprehensive Long-term Care (LTC) Plan
- ☒ Managed Medical Assistance Health Maintenance Organization
- ☒ Managed Medical Assistance Provider Service Network
- ☒ Managed Medical Assistance Specialty Plan
- ☒ Children's Medical Services Network (CMSN)

Re: Affordable Care Act Primary Care Services Rate Increase Audit

Managed care plans serving Managed Medical Assistance enrollees must process claims for and pay certain physicians who provide Florida Medicaid-covered eligible primary care services in accordance with sections 1902(a)(13), 1902(jj), 1932(f), and 1905(dd) of the Social Security Act, as amended by the Affordable Care Act and 42 CFR sections 438, 441 and 447, for dates of service on or after January 1, 2013, through December 31, 2014. This provision also applies to any payments made through subcapitation arrangements. For managed care plans with subcapitation arrangements, the Agency has recommended that the Managed Care Plan implement a physician payment increase methodology similar to the Agency's payment methodology approved by CMS. (Attachment II, Exhibit II-A, Section V.A.1.a.(23)(d)(i)[1])

The managed care plan must document physician eligibility for any increased payments made under this subsection for each calendar year as part of its credentialing information or by the use of a physician self-attestation form. The managed care plan shall ensure the physician payment specified in this section applies to such primary care services provided by physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine or related subspecialists, or by a physician who self-attests that he/she is board certified with such a specialty or subspecialty and/or has furnished evaluation and management services and vaccine administration services under specified codes that equal at least sixty percent (60%) of the Medicaid codes he or she has billed during the most recently completed calendar year or, for newly eligible physicians, the prior month. (Attachment II, Exhibit II-A, Section V.A.1.a.(23)(d)(ii)[2])

Pursuant to our obligations under 42 CFR 447.400(b), the Agency is conducting an audit to determine the validity of the process utilized by the Medicaid managed care plan to determine eligibility for the rate increase. Physicians who are the subject of the reviews have been randomly selected. The sample of providers for the audit is located on the Medicaid Program Analysis (MPA) secure file transfer protocol (SFTP) site, under MPA/fromMPA/PCP Fee Increase/correspondence. The audit includes two phases of review: (1) validation of eligibility, and (2) validation of payment of the increased rate. Managed care plans must complete and submit information requested for each physician in accordance with the attached template and

---

[1] The contract citation for the CMSN Plan is Attachment I, Section V.A.1.a.(23)(ii)(a)
[2] The contract citation for the CMSN Plan is Attachment I, Section V.A.1.a.(23)(ii)(b)

instructions. Phase 1 responses are due within 30 calendar days of the date of this letter. Phase 2 responses are due within 60 calendar days of the date of this letter.

Responses for both phases must be submitted to the MPA SFTP site, under MPA/toMPA/PCP Fee Increase/correspondence.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/slc
Attachment: PCP Audit Phase 2 Template
cc: Stacey Lampkin, Assistant Deputy Secretary for Medicaid Finance
David Rogers, Assistant Deputy Secretary for Medicaid Health Systems