



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 1, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-09

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 (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad Hoc Request for MMA Physician Incentive Program (MPIP) Provider Lists

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Exhibit II-A, Section II.D.2.) The purpose of this policy transmittal is to inform the managed care plan of an ad hoc request for two MMA Physician Incentive Program (MPIP) provider lists that must be submitted to the Agency.

As required by Attachment 1: MMA Physician Incentive Program Submission Form, Item 5. Qualified Providers, the managed care plan must submit an updated list of Qualified Providers to the Agency every six months, specifying the providers qualified for the following 6-month period. The managed care plan must complete the revised MPIP Qualified Provider Template and the MPIP Removed Provider Template attached to this policy transmittal, and submit the completed templates to the Agency by March 8, 2017. To complete the MPIP Qualified Provider Template, the managed care plan must include all newly qualified providers (including providers who were added to the MPIP program during the first 6-month period, but were not on the plan's September list). If a provider does NOT meet the MPIP qualifications, but has otherwise negotiated a payment rate at or above the Medicare level, they should not be included on the list. To complete the MPIP Removed Provider Template, the managed care plan must include any provider removed from the plan's MPIP since the inception of the Agency-approved program.



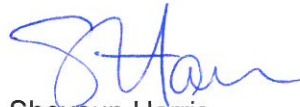
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The Agency revised the MPIP Qualified Provider Template that was attached to policy transmittal 16-07. The revised MPIP Qualified Provider Template attached to this policy transmittal includes two new columns: the qualifying effective date and the PCMH certifying body.

The managed care plan must submit the completed templates to the 2017 ad hoc report folder on the Statewide Medicaid Managed Care FTP site using the following naming convention: QPUPDATE***YYYYMM, where *** is the managed care plan's three-character identifier, YYYY is the four digit year and MM is the two-digit month in which the templates are being submitted.

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

Attachment 1: MPIP Removed Provider Template Feb 2017

Attachment 2: MPIP Qualified Provider Template Revised Feb 2017