



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

August 24, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-16

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 Updated Lists of MMA Physician Incentive Program (MPIP) Providers

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 MPIP provider lists that must be submitted to the Agency.

As required by Attachment I to Policy Transmittal 16-07, *MMA Physician Incentive Program & Ad hoc Request for Plan Proposals*, the managed care plan must submit an updated list of Qualified Providers to the Agency every six (6) months, specifying the providers qualified for the following six-month period. By September 22, 2017 the managed care plan must complete and submit to the Agency the revised MPIP Qualified Provider Template and the MPIP Removed Provider Template, attached to this policy transmittal. To complete the MPIP Qualified Provider Template, the managed care plan must include all newly qualified providers, including physicians who meet the Agency-approved MPIP qualifications, regardless of whether the physician will receive an increase to their reimbursement level through the MPIP (i.e., if the physician already meets or exceeds the Medicare rate). The managed care plan should not include providers who do not meet the MPIP qualifications but have otherwise negotiated a payment rate at or above the Medicare level. To complete the MPIP Removed Provider Template, the managed care plan must include all providers removed from the managed care plan's MPIP since the inception of the Agency-approved program.



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As established in Policy Transmittal 16-32, *MMA Physician Incentive Program (MPIP) Florida Medicaid Cesarean Section Rate Calculation Specifications 2016*, the managed care plan must apply a different re-measurement period to the Florida Medicaid Cesarean Section Rate Calculation Specifications. The 2017 re-measurement period is July 1, 2017 through November 30, 2017. The managed care plan may not use this re-measurement period to remove a October 1, 2017 qualified provider from receiving the April 1, 2018 incentive payment.

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 Revised Aug 2017

Attachment 2: MPIP Qualified Provider Template Revised Aug 2017