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GOVERNOR

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SECRETARY

February 9, 2018

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 18-5

#### 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) Data for Year One, Quarters Three and Four

The managed care plan may be required to provide the Agency or its agent 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 thirty (30) days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.)

Pursuant to Section 409.967(2)(a), Florida Statutes, and in accordance with Exhibit I-F, MMA Physician Incentive Program Summary, the managed care plan's physician payment rates must equal or exceed Medicare rates for services provided, and the agency may impose fines or other sanctions on a plan that fails to meet this performance standard after 2 years of continuous operation. (Attachment II, Exhibit I-A, Section VIII.D.2) The purpose of this policy transmittal is to notify the managed care plan of the requirement for submission of an ad hoc data request for the Agency to monitor the MMA Physician Incentive Program.

This ad hoc request requires the managed care plan to submit physician incentive payment data to the Agency, as prescribed in the attached ad hoc report template. This ad hoc request requires data from incurred MPIP expenses, consistent with the total reported by the plan on the Agency's Achieved Savings Rebate (ASR) Report for dates of service during quarter three (April 2017 through June 2017) and quarter four (July 2017 through September 2017).

The managed care plan must upload the requested template to the managed care plan's ad hoc report folder on the Statewide Medicaid Managed Care FTP site no later than close of business March 20, 2018, using the following naming convention: MPIPDATA\*\*\*YYYYMM, where \*\*\* is the managed care plan's three-character identifier, YYYY is the four-digit year and MM is the



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two-digit month in which the templates are being submitted. The managed care plan must include an attestation with the report submission. If the managed care plan does not have a report to submit, the managed care plan must submit an attestation to the Agency to certify that the managed care plan does not generate a claims adjudication accuracy report. The managed care plan must complete and submit the attestation as described in Chapter 2 of the Statewide Medicaid Managed Care Managed Care Plan Report Guide, effective October 1, 2017.

If you have any questions, please contact Darcy Abbott at [Darcy.Abbott@ahca.myflorida.com](mailto:Darcy.Abbott@ahca.myflorida.com) or Wendy Smith at [Wendy.Smith@ahca.myflorida.com](mailto:Wendy.Smith@ahca.myflorida.com).

Sincerely,



Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr  
Attachment