



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

February 28, 2018

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 18-9

#### 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) Qualified Provider Data

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 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate, truthful, and complete. (Attachment II, Section II.D.2.) The purpose of this policy transmittal (PT) is to inform the managed care plan of an ad hoc request for completion of a revised MPIP Qualified Provider template 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 March 16, 2018 the managed care plan must complete and submit to the Agency the revised MPIP Qualified Provider template, attached to this PT. The instructions to complete the template are located in the instructions tab within the template.

The Agency has identified additional savings to expand the MPIP, through a comprehensive comparison and analysis of each managed care plan's Year 1 and Year 2 Estimated Value of Enhanced Reimbursement templates and the MPIP expenditures in each managed care plan's Achieved Savings Rebate report. The Agency is therefore including additional provider types under the pediatric specialist category beginning with the submission of the revised MPIP Qualified Provider template for the reporting period of April 1, 2018 – September 30, 2018. The managed care plan must apply the pediatric specialists qualification standards outlined in its Agency-approved MPIP proposal to qualify additional physicians. The managed care plan must pay the enhanced rate for pediatric specialist services for the period of April 1, 2018 – September 30, 2018.



The new, additional provider types under the pediatric specialist categories are as follows:

- Adolescent Medicine Specialist (001)
- Maternal/Fetal Specialist (065)
- Pediatric Allergist (002, 036)
- Pediatric Cardiovascular Surgeon (053)
- Pediatric Critical Care Specialist (101)
- Pediatric Dermatologist (005)
- Pediatric Gastroenterologist (010)
- Pediatric General Surgeon (055)
- Pediatric Hematologist (015)
- Pediatric Hospitalist (015)
- Pediatric Infectious Disease Specialist (017)
- Pediatric Internal Medicine Specialist (018)
- Pediatric Neurology Surgeon (057)
- Pediatric Oncologist (029)
- Pediatric Ophthalmologist (030)
- Pediatric Orthopedic Surgeon (058)
- Pediatric Otolaryngologist (031)
- Pediatric Physical Medicine and Rehab Specialist (041)
- Pediatric Plastic Surgeon (060)
- Pediatric Pulmonologist (046)
- Pediatric Rheumatologist (051)
- Pediatric Thoracic Surgeon (061)

The managed care plan must submit the completed template to the 2018 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 template is being submitted. The managed care plan must complete and submit an attestation with the report submission 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 your Agency contract manager at (850) 412-4004.

Sincerely,

  
Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/mf  
Attachment: Ad Hoc MPIP Qualified Provider Template