



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

September 1, 2023

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2023-11

Applicable to the **2018-2024 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

### Re: Ad Hoc Request for Pediatricians in Certain Value-Based Payment Arrangements

The managed care plan is required to provide the Agency or its agents any other information or data relative to this contract in accordance with 42 CFR 438.604(b). 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 certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606. (MMA & LTC: Attachment II, Section XVI.A.1.b.). The purpose of this policy transmittal is to notify the managed care plan of an ad hoc request for submission of pediatricians in certain value-based payment arrangements to the Agency.

Chapter 2023-239, Laws of Florida, General Appropriations Act included the following proviso:

*“From the funds in Specific Appropriation 210, \$6,078,000 in recurring funds from the General Revenue Fund and \$8,922,000 in recurring funds from the Medical Care Trust Fund are provided to increase reimbursement, effective October 1, 2023, for value-based pediatric behavioral health services provided in a pediatrician’s office setting and for medically fragile children receiving services in a nursing facility under Part II of chapter 400, Florida Statutes.”*

The Agency is requesting information from the managed care plan to assist with implementing this proviso. The managed care plan must identify individual or group pediatric practices in its network that have a current value-based purchasing (VBP) arrangement with the managed care plan to cover a broad array of services (i.e., a risk arrangement for one type of service will not satisfy this requirement). The managed care plan shall only identify in-network pediatricians that have an eighty-five percent (85%) or greater risk-sharing arrangement for service revenue. The contractual arrangement must cover a broad array of services. This includes risk-sharing arrangements from eighty-five percent (85%) up to one hundred percent (100%) risk for service revenue.

A list of pediatricians enrolled in the Florida Medicaid program is included as an attachment to this policy transmittal. The managed care plan must use the attached “Pediatric VBP Template” Excel template to identify which pediatricians (individual or group) listed on the template are in an eighty-five percent (85%) or greater risk-sharing contractual arrangement with the managed care plan for a broad array of services.



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The managed care plan must submit the completed ad hoc report to the Agency's secure file transfer protocol (SFTP) site in the Adhoc 2023 subfolder located within the managed care plan's designated folder path. The managed care plan must use the file naming convention "XXXyyyymmPedVBP", where "XXX" is the managed care plan's three-character identifier; "yyyymm" is the four-digit year and two-digit month of the submission.

The managed care plan must submit the completed ad hoc report to the Agency by 5:00 p.m. EST on Friday, September 8, 2023. If you have any questions, please contact your Agency contract manager.

Sincerely,

A handwritten signature in black ink, appearing to read 'AN', is positioned above the printed name.

Austin Noll  
Deputy Secretary for Medicaid Policy, Quality, and  
Operations

AN/jp  
Attachment: Pediatric VBP Template 9.1.2023