



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

April 29, 2024

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-06

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

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

Re: Updated MMA Physician Incentive Program (MPIP) Requirements – Pediatric Evaluation and Management Codes and Fee Increase for MPIP 2023-2024 Year

Pursuant to §.409.967(2)(a), F.S., and as specified by the Agency, MMA plans must implement an incentive program wherein payment rates for eligible physicians must equal or exceed Medicare rates for services provided. The Agency fulfilled this requirement through the implementation of the MPIP (Attachment II, Exhibit II-A, Section VIII.E.1.). The purpose of this policy transmittal is to notify managed care plans about updated requirements to the MPIP 2023-2024 parameters.

The General Appropriations Act for Fiscal Year 2023-2024 (SB 2500) included an appropriation to increase reimbursement rates for physicians providing pediatric care. This includes those physicians providing pediatric care currently being paid at the Medicare rate to amounts greater than Medicare reimbursement rates. In accordance with this Act, the reimbursement rates for qualifying physicians for services rendered to members under twenty-one (21) years of age shall be made at 105.6% of the Medicare or Medicare equivalent rates as outlined below.

The Medicaid fee schedule includes Current Procedural Terminology (CPT) pediatric Evaluation and Management (E/M) codes that are not listed on the Medicare fee schedule. For the purpose of reimbursing MPIP-qualified providers for the pediatric E/M codes included in the MPIP, but not listed in the Medicare fee schedule, managed care plans must use the reimbursement rates included in the list of Children's Primary Care Codes as provided in the attachment to this policy transmittal. The reimbursement rates listed reflect an increase to 105.6% of the Medicare rate for services provided between October 1, 2023 – December 31, 2023 and January 1, 2024 – September 30, 2024.

Managed care plans must program their billing systems to make these payments beginning no later than sixty (60) days after the date of this policy transmittal and reprocess MPIP-qualified provider claims paid prior to the pricing updates of its billing systems by the ninetieth (90th) day after the date of this policy transmittal.



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Should you have questions, please contact your Agency contract manager.

Sincerely,



Austin Noll
Deputy Secretary
Medicaid Policy, Quality, and Operations

AN/jp

Attachment: EM Codes Rates Medicare Rates 2023-2024