



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

January 30, 2025

## **Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2025-05**

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, MMA Provider Incentive Program (MPIP) Updated Requirements – Timeframe & Provider Performance Metrics Report**

The Managed Care Plan is required to provide the Agency for Health Care Administration (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 (Attachment II, Section XVI.A.1.b.). The purpose of this policy transmittal is to notify the Managed Care Plan about updated requirements regarding the MPIP 2023-2024 parameters and an ad hoc report for provider-level information and performance measure data for MPIP qualifying criteria.

Pursuant to s. 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 Managed Care Plan must maintain the MPIP 2023-2024 year requirements and payments to qualified providers until the end of the current contract period.

The General Appropriations Act for Fiscal Year 2023-2024 (SB 2500) included an appropriation for recurring funds to increase reimbursement rates for physicians providing pediatric care, including those physicians providing pediatric care currently being paid at the Medicare rate to amounts greater than Medicare reimbursement rates. In accordance with this act, effective October 1, 2024, the reimbursement rates for qualifying physicians for services rendered to members under 21 years of age during the 2024-2025 rate year shall be made at 106.2% of the Medicare or Medicare equivalent rates.

The Managed Care Plan must submit provider-level performance measure data to the Agency using the MPIP Quality Measures Report Template, for measurement year/calendar year 2023, following the instructions in the template. This data is for primary care providers and OB/GYNs only. Other specialty providers are not included in this report.



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The Managed Care Plan must submit the completed report to the Agency's SMMC\_CY18-23 (443) secure file transfer protocol (SFTP) site in the Quality Submissions subfolder located within the Managed Care Plan's designated folder path. The Managed Care Plan must use the file naming convention "XXXyyyymmMPIPCY2023," where "XXX" is the Managed Care Plan's three-character identifier; "yyyymm" corresponds to the four-digit year and two-digit month of the submission; and the ten-character identifier for this report: "MPIPCY2023."

The Managed Care Plan must submit the completed ad hoc report to the Agency by 5:00pm Eastern on March 6, 2025.

If you have any questions, please contact your Agency contract manager.

Sincerely,

A handwritten signature in blue ink that reads "Brian Meyer".

Brian Meyer  
Deputy Secretary for Medicaid

BM/jp  
Attachment: MPIP Quality Measures Report Template CY 2023