AGENCY FOR HEALTH CARE ADMINISTRATION

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A Division of the Agency for Health Care Administration

Florida Medicaid Health Care Alert

January 8, 2020

Provider Type(s): 70

Transition from Special Feed to Encounter data for Rate Setting Initiative: Capitated Network Provider Paid Amounts

CORRECTION and CLARIFICATION for the below 12/30/2019 Alert: CN101 '09' reference corrected to '05'

'09' will continue to be used for fee-for service.

'05' is used for a capitation relationship when there is a downstream claim i.e., managed care provider

'06' is used for a capitation relationship when there is not a downstream claim i.e., a physician group

Effective April 1, 2020: Encounters must include payments of capitated network providers.

The Agency for Health Care Administration (the Agency) is continuing its efforts to transition from the special feed to FMMIS encounter data for capitation rate setting. To support this effort, one of the Agency's goals is to develop a means for the Agency to reconcile the Florida Medicaid Achieved Savings Rebate (ASR) reported costs and encounter data reported payments. In instances where a health plan has a capitated relationship with a network provider, health plans are often not reporting the downstream payments for services performed within the encounter data submission.

The Agency recognizes that there are two types of provider networks that health plans have capitated relationships:

1. A capitated relationship with a subcontracted service provider network where there is a downstream paid claim. In this scenario, the health plan is required to report the downstream paid amount for the service in SVD02 within the 2400 loop, and '05' in CN101 within the 2300 loop of their X12 transactions. Example: a managed care provider

2. A capitated relationship with a subcontracted service provider network where there is not a downstream paid claim. In this scenario, the health plan is required to report the health plan's internally determined amount, calculated price, or allowed amount for the service in the SVD02 within the 2400 loop, and '06' in CN101 within the 2300 loop of their X12 transactions. Example: a physician group.

The health plans are required to complete these modifications before April 1, 2020, encounter submissions with a date-of-service, April 1, 2020, or greater.

The Agency is in the process of updating the applicable companion guides and will notify the health plans when the updated companion guides are available on the provider web portal.

Health plans are encouraged to monitor future alerts for additional information regarding the new requirements and may contact the Florida Health Plan Support team at healthplan.support@dxc.com for additional assistance.

Thank you.

QUESTIONS? FLMedicaidManagedCare@ahca.myflorida.com
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