



RON DESANTIS  
GOVERNOR

SHEVAUN L. HARRIS  
ACTING SECRETARY

November 25, 2020

## **Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-66**

Applicable to the following benefits in the **2018-2023 SMMC contract**:

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

### **Re: MMA Physician Incentive Program (MPIP) Year 5: Florida Medicaid Cesarean Section Rate Calculation Specifications**

Pursuant to s. 409.967(2)(a), F.S., and as specified by the Agency, the managed care plan must implement an incentive program wherein payment rates for eligible physicians must equal or exceed Medicare rates for services provided. (Attachment II, Exhibit II-A, Section VIII.E.1.) The Agency fulfilled this requirement through implementation of the MMA Physician Incentive Program (MPIP). The purpose of this policy transmittal is to notify the managed care plan about updates to the MPIP Year 5 parameters.

The Agency updated information included in the Florida Medicaid Cesarean Section Rate Calculation Specifications, which is provided for your MPIP operations and attached to this policy transmittal. The following parameters will be effective December 1, 2020:

1. The measurement period has been updated to clarify that the managed care plan must use the January 1, 2019 through December 31, 2019 measurement period for the C-Section rate calculation to determine which Identified Providers are qualified to receive the MPIP incentive payment as of October 1, 2020. The re-measurement period has been updated to clarify that the managed care plan must use the July 1, 2020 through November 30, 2020 measurement period for the C-section rate calculation to determine any additional (new) providers that qualify to receive MPIP incentive payments from April 1, 2021 through September 30, 2021.
2. While the general guidelines for the calculation have not changed, the term "Identified Provider" has been removed from the numerator and denominator descriptions as the calculation should include all deliveries by a practice, including those by non-physician providers such as ARNPs, PAs, and CNMs. The rate calculations must be inclusive of all providers at a practice who were responsible for performing deliveries for Medicaid recipients within the measurement period.

If you have any questions, please contact Tiffany Krampota by emailing [Tiffany.Krampota@ahca.myflorida.com](mailto:Tiffany.Krampota@ahca.myflorida.com) and copy your contract manager.



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Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with a large initial "B" and "K".

Beth Kidder  
Deputy Secretary for Medicaid

BK/sar  
Attachment: Year 5 Attachment II Florida Medicaid Cesarean Rate Calculation Specifications  
FINAL