



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

March 13, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-10

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: MMA Physician Incentive Program (MPIP) and Ad Hoc Request for 2017 MPIP Plan Proposals

The managed care plan may be required to provide the Agency or its agent information or data relative to this contract. 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 verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.) The purpose of this policy transmittal is to provide directions to the managed care plan on submission of the 2017 MMA Physician Incentive Program (MPIP) proposals.

Section 409.967(2)(a), F.S., requires the managed care plan to coordinate care, manage chronic disease, and prevent the need for more costly care, and that such effective care management should enable the plan to redirect available resources and increase compensation for physicians. In order to achieve this performance standard for the contract year beginning October 1, 2017, the managed care plan is required to implement an updated MPIP by October 1, 2017. The managed care plan may choose whether to implement the Agency for Health Care Administration's Alternative Proposal: MMA Incentive Program (AP Incentive Program) or the Individual Health Plan MMA Physician Incentive Program (IHP Incentive Program). The MPIP parameters are specified in the attachments to this policy transmittal.

The managed care plan must complete its proposal in accordance with the instructions in Attachment 2 of this policy transmittal. The managed care plan must clearly identify and label any proprietary information submitted in their proposal documents, where appropriate.

The managed care plan must submit its 2017 MPIP proposal by April 14, 2017 via an electronic platform. The Agency will notify the managed care plan when the electronic platform becomes available for submission of proposals.



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Re: MMA Physician Incentive Program (MPIP) and Ad Hoc Request for 2017 MPIP Plan
Proposals
March 13, 2017
Page Two

The managed care plan must create a list of providers that would qualify for the proposed 2017 MPIP program, either through the Individual Health Plan MMA Physician Incentive Program (IHP Incentive Program) or the Alternative Proposal MMA Physician Incentive Program (AP Incentive Program); qualified providers must start to receive payments for dates of service beginning October 1, 2017. The managed care plan must submit this MPIP qualified provider list to the Agency by September 1, 2017.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive, flowing style.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

- Attachment 1: 2017 MMA Physician Incentive Program (MPIP) Plan Worksheet
- Attachment 2: 2017 MMA Physician Incentive Program (MPIP) Plan Worksheet Instructions
- Attachment 3: Florida Medicaid Cesarean Section Rate Calculation Specifications 2017
- Attachment 4: Agency Proposed Incentive Program Included Services
- Attachment 5: Incentive Proposal Estimated Value Template
- Attachment 6: Medicare Physician Fee Schedule