

SMMC Managed Care Plan Report Guide
Actual Value of Enhanced Payment (AVEP) Report Summary

05/06/2024

BENEFIT TYPE(S)

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA & MMA Specialty
- Dental

REPORT PURPOSE:

The purpose of this report is to provide the Agency with semi-annual reports detailing payments incurred by the Managed Care Plans' qualified providers, and the number of unduplicated enrollees served by qualified providers with enhanced payments, pursuant to s. 409.967(2)(a), F.S.

FREQUENCY & DUE DATES:

Report Year Type	Report Year Period
F = Federal	10/01 – 09/30

Report Frequency	Reporting Data Period
S = Semi-annually	01 or 02 for first or second data period being reported

The MMA Physician Incentive Program (MPIP) and Dental Provider Incentive Program (DPIP) reporting year begins on October 1st and ends on September 30th of each year.

The Actual Value of Enhanced Payment (AVEP) MPIP Report is due to the Agency on June 15th for Quarters 1 and 2, and on December 15th for Quarters 3 and 4. The first AVEP DPIP Report is due to the Agency sixty (60) days after the date of policy transmittal 2024-07 for the October 1, 2023 – March 31, 2024 time period. The second AVEP DPIP report submission will be due to the Agency on December 15, 2024, for the April 1, 2024 – September 30, 2024 period.

REPORT CODE & SUBMISSION:

Report Code	0194
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Using the file naming convention described in Chapter 2, the Managed Care Plan must submit the following to the applicable SFTP site:

- Dental Provider Incentive Program Report using the template provided.
- MMA Physician Incentive Program Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

For the reporting period, the report must include:

- Managed Care Plan Name
- Managed Care Plan Representative's Name
- Managed Care Plan Representative's Email Address
- Date Report Completed
- This report must include all qualified physicians/dental providers as originally submitted by the managed care plan on the Estimated Value of Enhanced Reimbursement (EVER) MPIP and DPIP Reports, regardless of whether the physician received payment, and must

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accurately reflect all incurred payments at or above the Medicare rate for MPIP and at or above the enhanced rate for the DPIIP, including amounts paid under a separate contracting arrangement, consistent with the total reported by the Managed Care Plan on the Achieved Savings Rebate (ASR) Report.

VARIATIONS BY MANAGED CARE PLAN TYPE:

MMA Plans: The MMA Managed Care Plan must create and report its required MPIP AVEP data according to the instructions detailed in the report template.

Dental Plans: The Dental Plan must create and report its required DPIIP AVEP data according to the instructions detailed in the report template.

REPORT TEMPLATE:

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
PT 2024-07	05/06/2024	Addition of DPIIP related report information and updates to Variations by Managed Care Plan Type section.
None	None	No change(s) from the SMMC Report Guide 9/1/2019.

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