From:	Jarrod Fowler
To:	solicitation.questions
Subject:	RE: SMMC RFI 014-21/22
Date:	Thursday, June 2, 2022 9:12:51 AM
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png SMMC RFI Final.docx

Dear Mr. Massa,

Attached is the Florida Medical Association's response to the SMMC RFI. Please feel free to contact me if you have any questions. Thank you for your consideration.

-Jarrod



Jarrod Fowler

Director of Health Care Policy and Innovation W: (850) 224-6496 F: (850) 224-6627

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Mr. Cody Massa Procurement Officer solicitation.guestions@ahca.myflorida.com

RE: State of Florida Agency for Health Administration Request for Information, RFI 014-21/22

Dear Mr. Massa,

Thank you for this opportunity to help improve the quality of the Statewide Medicaid Managed Care (SMMC) Program. As you know, physician participation in the Medicaid program lags behind physician participation in the Medicare program. According to the latest Physician Workforce Annual Report published by the Florida Department of Health, the most common reason that physicians do not accept Medicaid is low reimbursementⁱ. In total, the report found that 44 percent of physicians who do not accept Medicaid patients do so due to the unacceptably low reimbursement offered by the program. According to the report, this amounts to 5,935 physicians who do not accept Medicaid patients due to low reimbursement. Conversely, 745 physicians indicated that they do not accept Medicare patients due to low reimbursementⁱⁱ. It therefore stands to reason that physician participation in the Medicaid program could be substantially improved if Medicaid payment levels were established at or above the Medicare rate.

As you are also aware, the SMMC Program currently offers a Managed Medical Assistance Physician Incentive Program (MPIP), which guarantees enhanced rates at or above the Medicare level for physicians who meet certain criteria. While we are fully supportive of the MPIP, not all physicians and services are eligible for this enhanced reimbursement, and it is clear from the aforementioned data that Medicaid rates remain inadequate for many physicians. We therefore urge the Agency to expand the MPIP to include all physicians and physician services. It is evident that this would attract more robust provider panels and help equalize physician participation rates in the Medicare and Medicaid programs. This, in turn, would enhance the timeliness and availability of covered services for all Medicaid beneficiaries across the state.

We also believe that this change in policy would result in fewer emergency room visits. According to research published by the CDC, Medicaid patients have ER utilization rates that are significantly greater than those of Medicare patients, privately insured patients, and patients without insuranceⁱⁱⁱ. As a result of this proposal, more Medicaid beneficiaries would have access to medical homes with the resources needed to manage chronic conditions and coordinate care, thereby reducing the need for emergency room utilization.

We also note that the Agency can enforce this requirement under 409.967(2)(a), F.S. which reads as follows: "Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. Effective care management should enable plans to redirect available resources and increase compensation for physicians. Plans achieve this performance standard when physician payment rates equal or exceed Medicare

rates for similar services. The agency may impose fines or other sanctions on a plan that fails to meet this performance standard after 2 years of continuous operation."

We therefore urge the Agency to use this authority to require any plan that has been operating under the SMMC Program for at least two years to immediately begin paying at least the Medicare rate to all physicians for all covered services. We further urge the Agency to require any new market entrants that are admitted into the SMMC Program to pay at least the Medicare rate immediately following two years of continuous operation. We thank the Agency for its consideration of these comments. If you have any questions, please do not hesitate to contact us.

Sincerely,

Douglas R. Murphy Jr., MD President, Florida Medical Association 1430 Piedmont Dr E, Tallahassee, FL 32308 (850)224-6496

" Id

ⁱ 2021 Physician Workforce Annual Report, Florida Department of Health

^{III} Emergency Department Visit Rates by Selected Characteristics: United States, 2018, Centers for Disease Control and Prevention