Resolution 26-409

Improving Accountability, Transparency, and Administrative Efficiency in Florida Medicaid Managed Medical Assistance Reimbursement

Florida Chapter American Academy of Pediatrics

Whereas, The December 2025 Agency for Health Care Administration (AHCA) Medicaid Pediatric Physician Fee Increase Analysis demonstrated that despite substantial legislative appropriations intended to support pediatric physician reimbursement, only 53.3% of Medicaid claim lines were paid at or above benchmark rates; and

Whereas, The report found persistent reimbursement gaps, including payment rates of only 87.7% of benchmark for non-MPIP providers and 86.5% for fee-for-service providers, suggesting a disconnect between legislative intent and actual physician payment; and

Whereas, Delayed implementation of updated Medicaid payment rates and reliance on retroactive claims correction processes create significant administrative burden for physician practices, diverting resources away from patient care and contributing to physician burnout; and

Whereas, The report did not identify a meaningful provider appeal process, automatic correction mechanism, or enforceable timeline for correcting Medicaid underpayments, leaving the burden of identifying and resolving payment errors on physician practices; and

Whereas, Excessive administrative complexity and unreliable reimbursement may reduce physician participation in Medicaid programs and threaten access to care for Florida Medicaid beneficiaries, particularly children and other vulnerable populations; and

Whereas, The report did not describe meaningful enforcement actions or financial penalties for Medicaid managed care organizations that fail to consistently reimburse physicians at legislatively intended benchmark levels; and

Whereas, The Florida Medical Association (FMA) has an important role in advocating for transparent Medicaid policies, reduced administrative burden, physician input in policymaking, and preservation of access to high-quality care for Florida Medicaid beneficiaries; therefore, be it

RESOLVED, That the FMA review and evaluate the findings and implications of the AHCA Medicaid Managed Medical Assistance (MMA) report, including its potential impact on patient access to care, physician administrative burden, reimbursement, and continuity of care; and be it further

RESOLVED, That the FMA collaborate with relevant physician stakeholders and specialty societies to develop a coordinated advocacy and policy strategy regarding the AHCA MMA report and any related Medicaid managed care policy proposals prior to engagement with AHCA; and be it further

RESOLVED, That the FMA advocate for transparency, physician input, and policies that reduce unnecessary administrative burden while preserving access to high-quality care for Florida Medicaid beneficiaries.

Fiscal Note:

Description	Amount	Budget Narrative
250 Staff hours	$40,000	Can be accomplished with current staff
Total	$40,000	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics