

Agency for Health Care Administration

MMA Physician Incentive Program (PIP) -- Request for Submission of Managed Care Plan Proposals

General Instructions

Complete the attached worksheet(s) and submit with your managed care plan's proposal for its MMA Physician Incentive Program (PIP). These worksheets support your proposal submission by outlining the expected number of identified and qualified providers by identification class (for example, Board Certified Pediatricians), and forecasts the levels of expected payment associated with reimbursement levels no lower than Medicare.

Each managed care plan must complete and submit the Agency for Health Care Administration's Alternative Proposal (AP) worksheet. Any managed care plan submitting an Individual Health Plan (IHP) Incentive Proposal must also complete and submit the IHP worksheet.

The 12-month reporting period is segmented into two six month periods, to enable managed care plans to explicitly forecast changes in the pool of qualified providers.

Detailed Instructions

Column A: Region

Identify the region; managed care plans must report AP metrics by region for each region in which it operates an MMA plan, and by region for each region in which it proposes an IHP.

Column B: Type of Identified Provider

Each grouping of the types of identified providers should be reported separately. For example, in the AP, the two categories of identified providers are board certified Pediatricians and board certified OB/GYN.

Column C: Number of Identified Providers

Report the total number of providers in the plan's network that meet the type of identified provider criteria.

If the number reported for the second six-month period is different than the number reported for the first six-month period, please explain the difference on the Notes page.

Column D: Total Number of Qualified Providers (QP) [F + G]

Report the total number of providers in the managed care plan's network that meet the qualification standards for that type of identified provider. As the proposal must allow for identified providers to become qualified at least every six months, the number of QPs reported for the second six months is expected to be different than the number reported for the first six months.

Please provide a brief description of your assumptions for the second six months on the Notes page.

Column E: Number of Enrollees Served by QPs

Report the number of enrollees expected to be served by the QPs. This number should reflect the average monthly number over the six-month period.

Column F: Number of QP Already Paid at/above Medicare [QP1]

Report the number of QPs already receiving Medicare-equivalent reimbursement from the plan as of September 30, 2016. Please note that the same September 30, 2016 "as of" date applies to each of the six-month periods reported.

Column G: Number of QP to be raised to Medicare [QP2]

Report the number of QPs NOT already receiving Medicare -equivalent reimbursement from the plan as of September 30, 2016.

For each six-month period reported, the numbers in columns F and G should sum to the number in column D.

Column H: QP1 "Baseline" Payment

Because the plan is able to take "credit" for providers it has paid at or above Medicare prior to the PIP implementation, it is important to be able to calculate the value of that enhanced reimbursement. The value reported in Column H should reflect the reimbursement this group of providers ***would receive during the six month period, if they were paid at the same reimbursement levels as the QP2 providers in the same type of identified providers grouping.***

Column I: QP1 Expected Payment PIP

Report the expected payment levels to these providers during the six month period. Note that as the QP1 providers are the providers already receiving Medicare-equivalent reimbursement as of September 30, 2016, the payment levels reported here may not be affected by the PIP.

Column J: QP1 Enhanced Payment [I - H]

Column J is the difference between Column I and Column H. This represents the value of the enhanced payment to qualified providers who were already receiving Medicare-equivalent reimbursement prior to the start of the PIP. It is proxy value which may be applied toward the target enhanced reimbursement for the plan.

Column K: QP2 "Baseline" Payment

Report the expected payment for the six month period for the providers, in the absence of the PIP. Generally, this is expected to reflect reimbursement agreements as of September 30, 2016, for each of the six month periods.

Column L: QP2 Expected Payment PIP

Report the expected payment levels to these providers during the six month period, under the terms of the PIP. This payment level will reflect Medicare equivalent reimbursement levels.

Column M: QP2 Enhanced Payment [L - K]

Column M is the difference between Column L and Column K. This represents the value of the enhanced payment to qualified providers who were not already receiving Medicare-equivalent reimbursement prior to the start of the PIP. This value is applied to the plan's target enhanced reimbursement.

Column N: Total Enhanced Payment [J + M]

Column N is the sum of Columns J and M, representing the total value of enhanced payment to be applied to the target enhanced reimbursement.

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MMA Physician Incentive Program -- Estimated Value - AP NOTES

Period Covered: October 1, 2016 - September 30, 2017

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MMA Physician Incentive Program -- Estimated Value - IHP NOTES

Period Covered: October 1, 2016 - September 30, 2017