

MMA Physician Incentive Program

Managed Care Plan Name:			
<input type="checkbox"/>	Initial Submission	<input type="checkbox"/>	Resubmission
		Date:	
Introduction			
<p>The Agency has designed the MMA Physician Incentive Program with the expectation that managed care plans should be able to fund higher physician reimbursement out of managed care savings, as specified by section 409.967(2) (a), F.S. Enhanced reimbursement associated with this program will not contribute to higher capitation rates, either in 16-17 rates or in later contract periods when 16-17 expenditures are used as a rate base. Managed care plans must have an MMA Physician Incentive Program in place effective October 1, 2016.</p> <p>Managed care plans operating in more than one Region may implement separate MMA Physician Incentive Programs in different Regions of operation.</p> <p>Managed care plans must submit one Plan MMA Physician Incentive Program Submission Form (Submission Form) for each separate program.</p> <p>If a Managed care plan is proposing to implement the same Individual Health Plan MMA Physician Incentive Program (IHP Incentive Program) in multiple regions, one Submission Form may be completed for those multiple regions.</p> <p>This Submission Form includes the following sections:</p> <ol style="list-style-type: none"> 1. Applicable Region(s) 2. Program Type 3. Identified Providers 4. Excluded Providers 5. Qualified Providers 6. Payment Structure 7. Included Services 8. Estimated Value of Enhanced Reimbursement 9. Provider Communication Plan <p>Managed care plans proposing to implement an IHP Incentive Program must complete all sections, including sections 6 and 8 for both the submitted IHP Incentive Program <u>and</u> the Agency for Health Care Administration’s Alternative Proposal: MMA Incentive Program (AP Incentive Program), and submit Attachment IV, Incentive Proposal Estimated Value Template.</p> <p>Managed care plans choosing to adopt the AP Incentive Program must complete sections 1, 2, 6, 8 and 9, and must complete and submit Attachment IV, Incentive Proposal Estimated Value Template.</p>			

1. Applicable Region(s)

Check all regions that apply

Region:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11

2. Program Type

The MMA Physician Incentive Program may be an Individual Health Plan MMA Physician Incentive Program (IHP Incentive Program) or the Agency for Health Care Administration’s Alternative Proposal: MMA Incentive Program (AP Incentive Program).

Managed care plans should indicate below whether they proposed to implement an IHP Incentive Program or the AP Incentive Program for the Regions indicated on this Submission Form.

For managed care plans unable to gain Agency approval of an IHP Incentive Program by July 1, 2016, the AP Incentive Program must be implemented.

Check either IHP Incentive Program or AP Incentive Program

<input type="checkbox"/>	IHP Incentive Program	<input type="checkbox"/>	AP Incentive Program
--------------------------	-----------------------	--------------------------	----------------------

If a managed care plan adopts or is required to adopt the AP Incentive program, the managed care plan will be required to keep the AP Incentive Program in place for one full contract year. If the managed care plan elects to adopt an IHP Incentive Program after the one full contract year, the managed care plan must submit that proposal to the Agency by May 1, 2017, along with a transition plan that addresses all providers who are qualified providers under the AP Incentive Program, and how they may continue to receive the MMA Physician Incentive under the proposed IHP Incentive Program.

3. Identified Providers					
Program Parameters					
<p>Identified Providers are those eligible to qualify for the MMA Physician Incentive Program. The term “Identified Providers” includes both Agency Identified Providers and Managed Care Plan Identified providers.</p> <p>The MMA Incentive Program must include the Agency Identified providers below. IHP Incentive Programs must, at a minimum, include the Agency Identified Providers listed below and may include other primary care provider types as Managed Care Plan Identified Providers.</p> <p>Agency Identified Providers:</p> <ul style="list-style-type: none">(1) Physicians who are board-certified in pediatrics by the American Board of Pediatrics (board certified Pediatricians)(2) Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board certified OB/GYNs)					
IHP Submission Requirement/Response					
<p>The Managed care plan may propose additional primary care providers for inclusion as Managed Care Plan Identified Providers.</p> <p><i>Check one below</i></p> <table border="1"><tr><td><input type="checkbox"/></td><td>Additional PCPs will be included</td><td><input type="checkbox"/></td><td>No additional PCPs will be included</td></tr></table>		<input type="checkbox"/>	Additional PCPs will be included	<input type="checkbox"/>	No additional PCPs will be included
<input type="checkbox"/>	Additional PCPs will be included	<input type="checkbox"/>	No additional PCPs will be included		
<p>Please include detailed specifications below regarding the Managed Care Plan Identified Providers that will be eligible to qualify for the IHP Incentive Program payment. For each provider, include the Medicaid provider type and specialty type as used for Provider Network Verification submission, and any licensure requirements, board certification requirements or other certification requirements.</p> <p><i>Include description below of all additional PCPs to be included as Identified Providers.</i></p> <p>Response:</p>					

AP Requirements

For the AP Incentive Program, Identified Providers are the following Agency Identified Providers:

- (1) Physicians who are board-certified in pediatrics by the American Board of Pediatrics (board certified Pediatricians)
- (2) Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board certified OB/GYNs)

4. Excluded Providers

Program Parameters

Excluded providers are providers who would otherwise be included in the definition of Identified Providers except for their specific exclusion. The following providers are excluded from the MMA Physician Incentive Program, both the AP Incentive Program and any IHP Incentive Program:

1. Non-Participating providers- providers without a contractual arrangement with the plan to offer Included Services.
2. Federally Qualified Health Centers (FQHCs)- Services provided in an FQHC may not be included in the MMA Incentive Program, regardless of whether or not the service is billed by the FQHC as an FQHC service or by the rendering provider using their own Medicaid ID.
3. Rural Health Clinics (RHCs)- Services provided in an RHC may not be included in the MMA Incentive Program, regardless of whether or not the service is billed by the RHC as an RHC service or by the rendering provider using their own Medicaid ID.
4. County Health Departments (CHDs)- Services provided in a CHD may not be included in the MMA Incentive Program, regardless of whether or not the service is billed by the CHD as an CHD service or by the rendering provider using their own Medicaid ID.

IHP Submission Requirement/Response

The managed care plan may propose additional criteria that results in the exclusion of certain Identified Providers.

Check one below

Additional Excluded Providers

No additional Excluded Providers

Please include detailed specifications below regarding any additional subset of the Identified Providers identified in the response to #3 above that the managed care plan proposes to exclude from the IHP Incentive Program. For each proposed excluded provider, please include specific characteristics that will result in exclusion from the IHP Incentive program. Some examples of such characteristic might include: panel size too small participation in other incentive program, etc.

Include description below of all additional providers to be included as Excluded Providers.

Response:

AP Requirements

For the AP Incentive Program, the following providers are excluded:

1. Non-Participating providers- providers without a contractual arrangement with a specific plan to offer Included Services.
2. Federally Qualified Health Centers (FQHCs)- Services provided in an FQHC may not be included in the MMA Incentive Program, regardless of whether or not the service is billed by the FQHC as an FQHC service or by the rendering provider using their own Medicaid ID.
3. Rural Health Clinics (RHCs)- Services provided in an RHC may not be included in the MMA Incentive Program, regardless of whether or not the service is billed by the RHC as an RHC service or by the rendering provider using their own Medicaid ID.
4. County Health Departments (CHDs)- Services provided in a CHD may not be included in the MMA Incentive Program, regardless of whether or not the service is billed by the CHD as an CHD service or by the rendering provider using their own Medicaid ID.

5. Qualified Providers

Program Parameters

A Qualified Provider is an Identified Provider who has met all requirements to receive the Physician Incentive Program payment.

Identified Providers must have a reasonable opportunity to earn the MMA Physician Incentive. Any Identified Provider who is not initially a Qualified Provider must be given the opportunity to reach Qualified Provider status within a 6-month period.

Managed care plans must submit to the Agency, by September 1, 2016, a list of providers who will qualify for either the IHP Incentive Program payment or the AP Incentive Program payment, for services with dates of service beginning on October 1, 2016.

An updated list of Qualified Providers must be submitted to the Agency every six months, specifying the providers qualified for the following 6-month period. The next required submission will be due to the Agency on March 1, 2017, for the 6-month period beginning on April 1, 2017.

IHP Submission Requirement/Response

Please include detailed specifications below outlining the qualifications that each provider included in #1 as a Managed Care Plan Identified Provider must meet to qualify for the IHP Incentive Program payment.

Include description below for each of the Agency Identified Providers (Board Certified Pediatricians and Board Certified OB/GYNs) as well as any additional providers identified in Section 3 of this Submission Form.

Response:

1. *Please indicate provider qualifications for Board-Certified Pediatricians to receive the MMA Physician Incentive Payment under the IHP Incentive Program*

2. *Please indicate provider qualifications for Board-Certified OB/GYNs to receive the MMA*

Physician Incentive Payment under the IHP Incentive Program

3. *Please indicate provider qualifications for Other PCPs (if included) to receive the MMA Physician Incentive Payment under the IHP Incentive Program*

AP Requirements

For the AP Incentive Program, any Agency Identified Provider who has met one of the following qualifications, is considered a Qualified Provider and must receive the MMA Physician Incentive Program payment:

- A) Has been recognized by one of the following organizations as a Patient-Centered Medical Home:
- National Committee for Quality Assurance (NCQA), Level 2
 - Accreditation Association for Ambulatory Health Care (AAAHC)
 - The Joint Commission (TJC)
- B) For board certified OB/GYNs only, those who achieve all of the following for the plan's Medicaid patients:
- **HEDIS measure, Frequency of Ongoing Prenatal Care:** for calendar year 2015, the Identified Provider's rate of the plan's patients with 81% or more of expected visits must be at or above the Medicaid 75th percentile as calculated by NCQA. Plans must use 2015 HEDIS specifications to calculate each measure except that the measure must be calculated at the practice (pay to provider) level, rather than at the plan level.
 - **HEDIS measure, Postpartum Care:** for calendar year 2015, the Identified Provider's rate must be at or above the National Medicaid Mean as calculated by NCQA. Plans must use 2015 HEDIS specifications to calculate each measure except that the measure must be calculated at the practice (pay to provider) level, rather than at the plan level.
 - **Florida Medicaid Cesarean Section Rate measure:** the Identified Provider's rate must be below 35% for Medicaid births between January 1, 2015 – December 31, 2015. For the Florida Medicaid Cesarean Section Rate measure, plans must use the Florida Medicaid Cesarean Rate Calculation Specifications 2016 (Attachment II). The measure must be calculated at the practice (pay to provider) level, not the rendering/treating provider level.

Board certified OB/GYNs may qualify for the AP incentive Program payment by meeting either A or B above.

NOTE: If adopting the AP Incentive program, the managed care plan is prohibited from requiring providers to meet any additional qualifications or benchmarks to earn the AP incentive payment other than those listed above.

6. Payment Structure

Program Parameters

Payments to Qualified Providers must be at least equivalent to the appropriate Medicare Fee-for-Service (FFS) Rate, which for the purposes of the MMA Physician Incentive Program, is as follows:

Medicare-Fee for-Service Rate:

1. Specific Locality FFS rate for the Region in which the provider is contracted.
2. For the 2016 contract year, the Medicare Specific Locality FFS rate in effect as of October 1, 2016, which will be posted on the Agency's website.
3. The Medicare non-facility fee distinction should be applied as it is applied in the Medicare reimbursement process.
4. The Medicare Fee-for-Service rate will include the impact of sequestration.

Incentive payments must be made to Qualified Providers in the following manner:

1. Fee-for-service (FFS) payment using a fee schedule equivalent to the appropriate Medicare Rate,
2. For sub capitated medical groups, PMPM adjusted to reflect the relative effect of reimbursing Qualified Providers at the Medicare rate, based on the volume and value of the services they provide, or
3. Alternative payment methodology (APM) for which the Managed Care Plan has demonstrated convincing reimbursement equivalency with Medicare levels.

Both the AP Incentive Program and any IHP Incentive Program approved by the Agency must make the incentive payments for dates of service beginning on October 1, 2016. Payments may be made retroactively to allow for network provider contracts to be updated to include the MMA Physician Incentive Program provisions if the structure of the managed care plan's contracts require that modification occur.

Include description below for each of the Agency Identified Providers (Board Certified Pediatricians and Board Certified OB/GYNs) as well as any additional providers identified in Section 3 of this Submission Form.

Please also complete the Response table based on the AP Incentive Program (under header AP Requirements) as applied to the managed care plan, should the managed care plan either choose to, or be required to, implement the AP Incentive Program.

For each Identified provider:

Please include detailed specifications below regarding the payment methodology that will be utilized under the proposed IHP Incentive Program. For each proposed payment methodology other than FFS, the managed care plan must provide a detailed demonstration that the proposed methodology produces reimbursement equivalent to Medicare payment levels for qualified providers, where the Medicare payment level is represented by application of the Medicare fee schedule to expected service utilization. Illustration does not need to be provided at the procedure code level; however, utilization and unit cost buildup should be summarized at a granular enough level of detail that reasonability can be assessed. For example: visits, lab tests, in-office surgeries, etc.

IHP Submission Requirement/Response

Please indicate Payment Structure used for Board-Certified Pediatricians – check all that apply

FFS Sub capitation APM Contract Amendment Needed?

Response:

Large empty rectangular box for providing a response to the pediatrician payment structure question.

Please indicate Payment Structure used for Board Certified OB/GYNs– check all that apply

FFS Sub capitation APM Contract Amendment Needed?

Response:

Large empty rectangular box for providing a response to the OB/GYN payment structure question.

Please indicate Payment Structure used for Other PCPs (if included) – check all that apply

FFS Sub capitation APM Contract Amendment Needed?

Response:

AP Requirements- All Managed Care Plans Must Complete This Section

Under the AP Incentive Program, payments must be made to Qualified Providers in one of the two following manners:

1. Fee-for-service (FFS) payment using a fee schedule equivalent to the appropriate Medicare rate, or
2. For sub capitated medical groups, PMPM adjusted to reflect the relative effect of reimbursing Qualified Providers at the Medicare rate, based on the volume and value of the services they provide.

For each Qualified Provider under the AP Incentive program:

Please include detailed specifications below regarding the payment methodology that will be utilized under the proposed IHP Incentive Program. For each proposed payment methodology other than FFS, the managed care plan must provide a detailed demonstration that the proposed methodology produces reimbursement equivalent to Medicare payment levels for qualified providers, where the Medicare payment level is represented by application of the Medicare fee schedule to expected service utilization. Illustration does not need to be provided at the procedure code level; however, utilization and unit cost buildup should be summarized at a granular enough level of detail that reasonability can be assessed. For example: visits, lab tests, in-office surgeries, etc.

Attachment I: Plan MMA Physician Incentive Program Submission Form

Please indicate Payment Structure used for Board-Certified Pediatricians – check all that apply

FFS Sub capitation Contract Amendment Needed?

Response:

Please indicate Payment Structure used for Board-Certified OB/GYNs– check all that apply

FFS Sub capitation Contract Amendment Needed?

Response:

7. Included Services

Program Parameters

Included Services are those services for which a Qualified Provider will receive an MMA Physician Incentive payment.

For Agency Identified Providers under the AP Incentive Program, Included Services are as follows.

1. Primary Care Services provided by physicians, who are board-certified in pediatrics by the American Board of Pediatrics, to recipients under the age of 21, as specified in Attachment III, Agency Proposed Incentive Program Included Services.
2. Obstetric Services provided by physicians, who are board-certified in obstetrics by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, as specified in Attachment III, Agency Proposed Incentive Program Included Services.

IHP Submission Requirement/Response

Managed Care Plans may propose to include services other than those identified in Attachment III.

Choose one below

<input type="checkbox"/>	Adopt Agency Proposed Program Included Services	<input type="checkbox"/>	Identify unique IHP Incentive Program Included Services
--------------------------	---	--------------------------	---

If the Managed Care Plan chooses to include services other than those outlined in Attachment III, please include detailed specifications below.

For each proposed Included Service, the managed care plan must include an explanation of the service, the CPT code, any applicable modifier and a description of the CPT code.

Response:

1. *Please provide explanation of serviced, CPT code, any applicable modified and description of CPT code for all included services for Board-Certified Pediatricians.*

2. *Please provide explanation of serviced, CPT code, any applicable modified and description of*

CPT code for all included services for Board-Certified OB/GYNs.

3. *Please provide explanation of serviced, CPT code, any applicable modified and description of CPT code for all included services for any other Qualified PCP provider.*

AP Requirement

For Agency Identified Providers under the AP Incentive Program, included services are as follows.

1. Primary Care Services provided by physicians who are board-certified in pediatrics by the American Board of Pediatrics to recipients under the age of 21, as specified in Attachment III, Agency Proposed Incentive Program Included Services.
2. Obstetric Services provided by physicians who are board-certified in obstetrics by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology as specified in Attachment III, Agency Proposed Incentive Program Included Services.

8. Estimated Value of Enhanced Reimbursement

Please complete Attachment IV, Incentive Proposal Estimated Value Template for each Region in which the managed care plan operates and which is included in this Submission Form. Please also complete the table based on the AP Incentive Program as applied to the managed care plan, should the managed care plan either choose to, or be required to, implement the AP Incentive program.

Program Parameters

The Agency has designed the MMA Physician Incentive Program with the expectation that managed care plans should be able to fund higher physician reimbursement out of managed care savings, as specified by section 409.967(3), F.S. Enhanced reimbursement associated with this program will not contribute to higher capitation rates, either in 16-17 rates or in later contract periods when 16-17 expenditures are used as a rate base.

The Agency will monitor the MMA Physician Incentive Program to ensure that the scale is appropriate in light of expected savings.

Managed care plans choosing to adopt the AP Incentive Program must complete Attachment IV, Incentive Proposal Estimated Value Template for the AP Incentive Program parameters.

All managed care plans submitting a proposal to implement an IHP Incentive Program must complete Attachment IV, Incentive Proposal Estimated Value Template for both their IHP Incentive Program proposal and for the AP Incentive Program.

Check all that apply- NOTE: Completion of Attachment IV for the AP Incentive Program is mandatory for all Managed Care Plans:

<input type="checkbox"/>	Attachment IV, Incentive Proposal Estimated Value Template Completed for IHP Incentive Program	<input type="checkbox"/>	Attachment IV, Incentive Proposal Estimated Value Template Completed for AP Incentive Program
--------------------------	--	--------------------------	---

9. Provider Communication Plan

Program Parameters

Managed care plans must develop a provider communication plan to ensure information about their plan specific MMA Physician Incentive Program is distributed to Identified and Qualified Providers. At a minimum, managed care plans' provider communication plan must include the following elements, including a proposed date for distribution of the elements:

1. An overview of the MMA Physician Incentive Program to be implemented by the plan.
2. Contact information at the plan for questions on the MMA Physician Incentive Program.
3. Detailed information regarding how to achieve Qualified Provider status.
4. A schedule for which Identified Provider contracts will be updated (if applicable).
5. A schedule for which payments will be made by the managed care plan to Qualified Providers.
6. A schedule and method for Identified Providers to receive quarterly status updates on their progress towards becoming a Qualified Provider or for Qualified Providers to track their progress towards receiving the next incentive payment.

Include managed care plan proposed Provider Communication Plan below. Please address each of items one through six above.

If the managed care plan is proposing to implement an IHP Incentive Program, a Provider Communication Plan, and a response to this item, is required for both the IHP Incentive Program and the AP Incentive Program should the managed care plan either choose to, or be required to, implement the AP Incentive program.

Check all that apply:

- | | | | |
|--------------------------|-----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | IHP Incentive Program | <input type="checkbox"/> | AP Incentive Program |
|--------------------------|-----------------------|--------------------------|----------------------|

Response: