Assurance d/b/a Vivida Health REGION 8 AP	AP Option 2 – Site with at least 50	National Committee for Quality Assurar Accreditation Association for Ambulatory Hea The Joint Commission (TJC) Utilization Review Accreditation Commission COMMISSION Department of Using HEDIS 2020 specifications/Child Core Set specifications (TJC) Measure Measure	itered Medical Home with a reconce (NCQA) Ith Care (AAAHC) Sion (URAC)	nchmark for the following metrics. All	Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at th appropriate Medicare rate for services rendered to the health plan's Medicai members under the age of 21, including coverage of primary care services a specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through a enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 2' including coverage of primary care services as specified by the Agency beginning with capitation payments made for dates of service October 1, 2022 through September 30, 2023.
Assurance d/b/a Vivida Health REGION 8 AP	AP Option 1 - Site has been recogn 2020: AP Option 2 – Site with at least 50 measures below must be calculated	National Committee for Quality Assurar Accreditation Association for Ambulatory Hea The Joint Commission (TJC) Utilization Review Accreditation Commis O panel members must achieve or exceed the 50th percent dusing HEDIS 2020 specifications/Child Core Set Specifications/Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care	Ice (NCQA) Ith Care (AAAHC) Ision (URAC) Ith Care (AAAHC)	nchmark for the following metrics. All	Payments to fee-for-service (FFS) qualified providers will be made at th appropriate Medicare rate for services rendered to the health plan's Medicai members under the age of 21, including coverage of primary care services a specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through a enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 2' including coverage of primary care services as specified by the Agency beginning with capitation payments made for dates of service October 1, 2022
d/b/a Vivida Health REGION 8 AP	AP Option 2 – Site with at least 50 neasures below must be calculated	National Committee for Quality Assurar Accreditation Association for Ambulatory Hea The Joint Commission (TJC) Utilization Review Accreditation Commiss OR Dispanse members must achieve or exceed the 50th percent dusing HEDIS 2020 specifications/Child Core Set specifications HEDIS 2020 specifications Child Core Set specifications Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Children and Adolescent Access to Primary Care	Ice (NCQA) Ith Care (AAAHC) Ision (URAC) Ith Care (AAAHC)	nchmark for the following metrics. All	appropriate Medicare rate for services rendered to the health plan's Medical members under the age of 21, including coverage of primary care services a specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through a enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 2 including coverage of primary care services as specified by the Agency beginning with capitation payments made for dates of service October 1, 2022.
		Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care	53% 95%		
		Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care	53% 95%		
		Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care	95%		
			89%		
	Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) 89%				
		Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care	91%		
		Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits	89% 2% or less		
		Well Child Visits in the First 15 Mos 6 or more	59%		
		Well Child Visits in the 3rd, 4th, 5th and 6th yrs.	75%		
	Lead Screening 67%				
Ob	Obstetrician/Gynecologist ((OB/GYN)	Obstetrician/Gynecologist (OB/GYN)		
	AP Option 1- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA)			Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medic members, including coverage of obstetric services as specified by the Agen upon submission of a clean claim for dates of service beginning on October 2022, through September 30, 2023.	
		Accreditation Association for Ambulatory H The Joint Commission (To Utilization Review Accreditation Comm	JC)		Payments for sub-capitated qualified providers will be made through enhanced prospective per member per month (PMPM) capitation rate

	MMA Physician Incentive Program (MPIP) Plan Summaries Year 7: October 1, 2022 – September 30, 2023					
Plan Name	How does a physician qualify?			How will a physician get paid once they qualify? payments made for dates of service October 1, 2022, through September 30, 2023.		
	AP Option 2 – Site must achieve or exceed the benchmark for all t					
	Measure	Measurement Period	Benchmark to Qualify			
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%			
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%			
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%			
	Specialist			Specialist		
	All physicians who are Specialists, regardless of board certification.	quired.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.			
		Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.				
	Provider Qualification Requirements					
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year performance data meets the plan's MPIP criteria using the Year 7 to may qualify for MPIP Year 7.					
Coventry	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)		
d/b/a Aetna Better Health of Florida	Providers designated by the health plan as PCPs (including pediatr practicing within a group with at least 100 health plan Medicaid me before October 1, 2020, by one of the following organizations:	mbers under the age of 21 years, at a site re		Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.		
REGIONS 6, 7, and 11 IHP	Accreditation As	Committee for Quality Assurance (NCQA) sociation for Ambulatory Health Care (AAAF The Joint Commission (TJC) Review Accreditation Commission (URAC) AND	HC)	Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency,		

	sician Incentive Pro er 1, 2022 – September 30, 2	ogram (MPIP) Plan Summaries				
Plan Name	How does a physician qualify?				How will a physician get paid once they qualify?	
	The site must also achieve the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2019, through December 31, 2019					beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.
	Measure Benchmark to Qualify					
		HEDIS: Children and Adolescent Access to Primary Care Practitioners (3/4 of Age Bands)	Medicaid 50 th	•		
		ER Utilization	<650 visits/100	0 members		
		After Hours Availability	After 6 p.m. or o	n Weekends		
		HEDIS: Lead Screening	Medicaid 50 th	Percentile		
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians practicing within a group with at least 10 deliveries for the health plan's Medicaid members at a site that achieves the following access and quality measures using 2020 HEDIS specifications within the measurement period. Measure				Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.	
	HEDIS: Postpartum				Medicaid Mean	
	Florida Medicaid Ce	esarean Section Rate CY 2019			<35%	
	Specialist					Specialist
	All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.					Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.
	Provider Qualification Requirem					
		or MPIP Year 5 and/or MPIP Year 6 will continue to be qualified 's MPIP criteria using the Year 7 benchmarks and targets, incl				
	<u> </u>					

	A Physician Incentive Program (MPIP) Plan Summaries October 1, 2022 – September 30, 2023					
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?				
Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 IHP	Pediatric Primary Care Physician (PCP) Option 1 – Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR Option 2 – ER Utilization must be less than 1,000 visits per 100 assigned members. Obstetrician/Gynecologist (OB/GYN) Option 1 – Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) Option 2 – Providers designated by the health plan as OB/GYNs physicians and who achieve the following access and quality measures for the health plan's Medicaid members using HEDIS 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure Benchmark to Qualify HEDIS: Frequency of Ongoing Prenatal Care 69.54% HEDIS: Postpartum Care 67.53%	Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023. Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
	Specialist All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
	Provider Qualification Requirements					

MMA Physician Incentive Program (MPIP) Plan Summaries Year 7: October 1, 2022 – September 30, 2023						
Plan Name		How does a physician qu		How will a physician get paid once they qualify?		
		PIP Year 5 and/or MPIP Year 6 will continue to be qualified PIP criteria using the Year 7 benchmarks and targets, inclu				
Florida	Pediatric Primary Care Phys	sician (PCP)			Pediatric Primary Care Physician (PCP)	
Community Care REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	AP Option 1 – Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA)				Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.	
AP		<u>OR</u>				
		panel members must achieve or exceed the 50 th percent sing HEDIS 2020 specifications/Child Core Set specification				
		Measure	Benchmark to Qualify			
	Adolescent Well Care Visits 53%					
		Children and Adolescent Access to Primary Care Practitioners (12 – 24 mos.)				
		Children and Adolescent Access to Primary Care Practitioners (25 mos. – 6 yrs.)	89%			
		Children and Adolescent Access to Primary Care Practitioners (7 – 11 yrs.)	91%			
		Children and Adolescent Access to Primary Care Practitioners (12 – 19 yrs.)	89%			
		Well Child Visits in the First 15 Mos. – 0 visits	2% or less			
		Well Child Visits in the First 15 Mos. – 6 or more	59%			
1		Well Child Visits in the 3 rd , 4 th , 5 th and 6 th yrs.	75% 67%			
		Lead Screening				
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)			
					Payments to fee-for-service (FFS) qualified providers will be made at the	

MMA Phys	MMA Physician Incentive Program (MPIP) Plan Summaries ear 7: October 1, 2022 – September 30, 2023					
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?				
	Utilization Review Accreditation Commission (URAC)					
	<u>OR</u>					
	AP Option 2 – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2020 specifications for the measurement period.					
	MeasureMeasurement PeriodBenchmark to QualifyHEDIS: Frequency of Ongoing Prenatal Care11/6/18-11/5/1967%					
	HEDIS: Postpartum Care 10/8/18-10/7/19 62%					
	Florida Medicaid Cesarean Section Rate CY 2019 <35%					
	Specialist	Specialist				
	All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
	Provider Qualification Requirements					
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified for MPIP Year 7. Additionally, eligible providers whose CY 2021 performance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including providers that were not previously qualified for MPIP Year 6, may qualify for MPIP Year 7.					
Humana	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)				
Medical Plan	Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, practicing within a site with a panel size of 50 health plan Medicaid members under the age of 21 years must also achieve one of the following two qualification options.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid				
REGIONS 2, 3, 4, 5, 7, and 8	Option 1: PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2019, through December 31, 2019.	members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
IHP						

n Name	How		How will a physician get paid once they qualify?		
	Measure		Benchmark to Qualify		
	Member Encounter Rate	Region 1 – 2.5 c Regions 6, 9, 10 Regions 2, 3, 4,	higher <u>11</u> – 3 or higher <u>5, 7, 8</u> : 3 or higher		
	E R Utilization	Region 6 - <600 Region 9 - <550 Regions 10, 11	per 1000 members per 1000 members per 1000 members <650 per 1000 members 5, 7, 8		
	otion 2: PCPs practicing within a site that achieves the follow muary 1, 2019, through December 31, 2019.	rement period			
	HEDIS Measure		Benchmark to Qualify		
	Well-Child Visits in the First 15 Mos. Medicaid 75 th Percentile Children and Adelegant Assess to Primary Care (12, 24 Mag.)				
			Medicaid 75 th Percentile		
	Children and Adolescent Access to Primary Care (12	- 24 Mos.)	Medicaid 75 th Percentile Medicaid 75 th Percentile		
		- 24 Mos.) mos. – 6 yrs.)	Medicaid 75 th Percentile		
Ob	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25	- 24 Mos.) mos. – 6 yrs.)	Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile		Obstetrician/Gynecologist (OB/GYN)
Prov	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 –	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the h	Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile	that achieves	Payments to fee-for-service (FFS) qualified providers will be made a appropriate Medicare rate for services rendered to the health plan's Med members, including coverage of obstetric services as specified by the Age
Prov	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 – Distetrician/Gynecologist (OB/GYN) Eviders designated by the health plan as OB/GYN physicians proposition following access and quality measures using HEDIS 2020 specific measures. Measure	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the h	Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile	that achieves	Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octob
Pro	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 – Distetrician/Gynecologist (OB/GYN) Eviders designated by the health plan as OB/GYN physicians primary following access and quality measures using HEDIS 2020 specific Measure HEDIS: Frequency of Ongoing Prenatal Care	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the holifications within the measurement period. Measurement Period 11/6/18-11/5/19	Medicaid 75 th Percentile alth plan's Medicaid members at a site Benchmark to Qualify 67%	that achieves	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octob 2022, through September 30, 2023.
Prov	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 – Distetrician/Gynecologist (OB/GYN) Dividers designated by the health plan as OB/GYN physicians primary following access and quality measures using HEDIS 2020 specific Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the holifications within the measurement period. Measurement Period	Medicaid 75 th Percentile alth plan's Medicaid members at a site Benchmark to Qualify	that achieves	Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Med members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octob
Prov	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 – Distetrician/Gynecologist (OB/GYN) Eviders designated by the health plan as OB/GYN physicians primary following access and quality measures using HEDIS 2020 specific Measure HEDIS: Frequency of Ongoing Prenatal Care	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the holifications within the measurement period. Measurement Period 11/6/18-11/5/19	Medicaid 75 th Percentile alth plan's Medicaid members at a site Benchmark to Qualify 67%	that achieves	Payments to fee-for-service (FFS) qualified providers will be made a appropriate Medicare rate for services rendered to the health plan's Med members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octob
Prothe	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 - Distetrician/Gynecologist (OB/GYN) Eviders designated by the health plan as OB/GYN physicians profollowing access and quality measures using HEDIS 2020 specific Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the holifications within the measurement period. Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19	Medicaid 75 th Percentile alth plan's Medicaid members at a site Benchmark to Qualify 67% 64%	that achieves	Payments to fee-for-service (FFS) qualified providers will be made a appropriate Medicare rate for services rendered to the health plan's Med members, including coverage of obstetric services as specified by the Agrupon submission of a clean claim for dates of service beginning on Octob 2022, through September 30, 2023.
Provide Sp.	Children and Adolescent Access to Primary Care (12 Children and Adolescent Access to Primary Care (25 Children and Adolescent Access to Primary Care (7 – Distetrician/Gynecologist (OB/GYN) Dividers designated by the health plan as OB/GYN physicians primary following access and quality measures using HEDIS 2020 specific Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	- 24 Mos.) mos. – 6 yrs.) 11 yrs.) acticing in a group with 10 deliveries for the heifications within the measurement period. Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19 1/1/19-12/31/19	Medicaid 75 th Percentile alth plan's Medicaid members at a site Benchmark to Qualify 67% 64% <35%	that achieves	Payments to fee-for-service (FFS) qualified providers will be made a appropriate Medicare rate for services rendered to the health plan's Med members, including coverage of obstetric services as specified by the Agupon submission of a clean claim for dates of service beginning on Octob

Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for

MMA Physician Incentive Program (MPIP) Plan Summaries
Year 7: October 1, 2022 – September 30, 2023

Plan Name	How does	e How does a physician qualify?					
		services rendered to the health plan's Medicaid members over the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.					
	Provider Qualification Requirements						
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will coperformance data meets the plan's MPIP criteria using the Year 7 benchmany qualify for MPIP Year 7.						
Humana	Pediatric Primary Care Physician (PCP)		Pediatric Primary Care Physician (PCP)				
Medical Plan REGIONS 1, 6, 9, 10, and	Providers designated by the health plan as PCPs (including pediatricians, f a site with a panel size of 200 health plan Medicaid members under the age Option 1: PCPs practicing within a site that achieves the following acces 31, 2019.	appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care					
11							
IHP	Measure	Benchmark to Qualify					
""	Member Encounter Rate	Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher					
	E R Utilization	Region 1 - <700 per 1000 members Region 6 - <600 per 1000 members Region 9 - <550 per 1000 members Regions 10, 11 - <650 per 1000 members Regions 2, 3, 4, 5, 7, 8 - <550 per 1000 members					
	Option 2: PCPs practicing within a site that achieves the following access January 1, 2019, through December 31, 2019.	ess and quality measures using HEDIS 2020 specifications within the measurement period					
	HEDIS Measure	Benchmark to Qualify					
	Well-Child Visits in the First 15 Mos.	Medicaid 75 th Percentile					
	Children and Adolescent Access to Primary Care (12 - 24 Mos Children and Adolescent Access to Primary Care (25 mos. – 6						
	Children and Adolescent Access to Primary Care (25 mos. – 6 Children and Adolescent Access to Primary Care (7 – 11 yrs.)	Medicaid 75 Percentile Medicaid 75 th Percentile					
	(,						

	IMA Physician Incentive Program (MPIP) Plan Summaries ar 7: October 1, 2022 – September 30, 2023					
Plan Name	How doe	How does a physician qualify?				
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)				
	Providers designated by the health plan as OB/GYN physicians practicing the following access and quality measures using HEDIS 2020 specifications.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency,				
	Measure	upon submission of a clean claim for dates of service beginning on October 1,				
	HEDIS: Frequency of Ongoing Prenatal Care	2022, through September 30, 2023.				
	HEDIS: Postpartum Care	10/8/18-10/7/19	64%			
	Florida Medicaid Cesarean Section Rate 1/1/19-12/31/19 <35%					
	Specialist All physicians who are Specialists, regardless of board certification. No a	additional qualification measures are requir	ed.		Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members over the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.	
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will performance data meets the plan's MPIP criteria using the Year 7 bench may qualify for MPIP Year 7.					

	Physician Incentive Program (MPIP) Plan Summaries October 1, 2022 – September 30, 2023						
Plan Name		How does a physician o	How will a physician get paid once they qualify?				
Molina Healthcare REGION 4,5,7,8	one of the following two qualification AP Option 1: PCPs practicing organizations: AP Option 2: PCPs practicing organizations	Physician (PCP) plan as PCPs (including pediatricians, family practitioners,	Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medicare rate based on the volume and value of covered services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.				

	MMA Physician Incentive Program (MPIP) Plan Summaries ear 7: October 1, 2022 – September 30, 2023					
Plan Name	How	How will a physician get paid once they qualify?				
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)				
	Providers designated by the health plan as OB/GYN physicians m	Payments to fee-for-service (FFS) qualified providers will be made at the				
	Option 1- OB/GYNs practicing within a group at a site recognized (NCQA) or by one of the following organizations as a Patient-Cent Nation Accreditation Utilizati	appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
	Option 2 – Site must achieve or exceed the benchmark for all thre specifications for the measurement period.					
	Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/18-11/5/19	Benchmark to Qualify 67%			
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%			
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%			
	Specialist All physicians who are Specialists, regardless of board certification	Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 and/or MPIP Year performance data meets the plan's MPIP criteria using the Year 7 may qualify for MPIP Year 7.					

Proper street of the season of		sician Incentive Program (MPIP) Plan Summaries		
Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also men on the following two qualification options. Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also men on the following two qualification options. Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home (PCMH), on or before October 1, 2020, by one of the following ordering and a class of service services rendered to the health plan shedical members under the age of 21, including coverage of primary care services recordication. National Committee for Quality Assurance (NCOA)	Plan Name	How does a physician q	How will a physician get paid once they qualify?	
Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also men one of the following two qualification options. Power of the following two qualification options		Pediatric Primary Care Physician (PCP)		Pediatric Primary Care Physician (PCP)
National Committee for Quality Assurance (NCQA) Accreditation Association for Ambitatory Health Care (AAAHC) The Joint Commission (TLC) Utilization Review Accreditation Commission (URAC) OR OR Option 2: PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2020 Measure		one of the following two qualification options.		Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as
Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR Option 2: PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 0 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 75%	IHP		I Home (PCMH), on or before October 1, 2020, by one of the following	
Option 2: PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure		Accreditation Association for Ambulatory He The Joint Commission (TJ0 Utilization Review Accreditation Comm	Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medicare rate based on the volume and value of covered services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the	
Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%		specifications within the measurement period January 1, 2019, through December 31, 2019.		
Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%				
Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. Children and Adolescent Access to Primary Care 89% 89% 2% or less Well Child Visits in the First 15 Mos 6 or more 59% Well Child Visits in the 3rd, 4th, 5th and 6th yrs.		Children and Adolescent Access to Primary Care		
Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. Practitioners (7 - 11 yrs.) 89% 2% or less Well Child Visits in the First 15 Mos 6 or more 59% Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%		Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.)	89%	
Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%		Practitioners (7 - 11 yrs.)	91%	
Well Child Visits in the First 15 Mos 6 or more59%Well Child Visits in the 3rd, 4th, 5th and 6th yrs.75%		Practitioners (12 - 19 yrs.)		
Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%				
		Lead Screening		

	sician Incentive Program (MPIP) Plar er 1, 2022 – September 30, 2023			
Plan Name	How	does a physician qualify?		How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians providers designated by the health plan as OB/GYNs physicians provided the health plan's Medicaid members using HEDIS 2020 specific Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Specialist All physicians who are Specialists, regardless of board certification	Measurement period. 11/6/18-11/5/19 10/8/18-10/7/19 CY 2019	Benchmark to Qualify 67% 62% <35%	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 and/or MPIP Year performance data meets the plan's MPIP criteria using the Year 7 may qualify for MPIP Year 7.			
Community Care Plan	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)
REGION 10	Providers designated by the health plan as PCPs (including pedia one of the following two qualification options.			Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service
IHP	Option 1: PCP has participated in-Network for six consecutive months and has executed a capitated agreement. OR Option 2: Physician practices within an organization recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)			beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.

	sician Incentive Program (MPIP) Plan Sun r 1, 2022 – September 30, 2023			
Plan Name	How does a physician qualify?			How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians, who	participate in-network for six consec	cutive months, sign a Pay for Performance Program	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the
	Agreement, and achieve the 75 th percentile for at least one of the following measures, using HEDIS 2020 specifications for services rendered to health	appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.		
	Measure	Measurement Period	Benchmark to Qualify	,
	HEDIS: Prenatal and Postpartum – Timeliness of Care	10/8/18-10/7/19	See narrative above.	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	See narrative above.	
	HEDIS: Prenatal and Postpartum Care	10/8/18-10/7/19	See narrative above.	
	Florida Medicaid Cesarean Rate	CY 2019	See narrative above.	
	All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.			Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.
	Provider Qualification Requirements			
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will coperformance data meets the plan's MPIP criteria using the Year 7 benchmar may qualify for MPIP Year 7.			
AmeriHealth Caritas	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)
Florida, Inc.	AP Option 1 – Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020:			Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as
REGIONS 9	National Committ	ee for Quality Assurance (NCQA)		specified by the Agency, upon submission of a clean claim for dates of services
	Accreditation Association	on for Ambulatory Health Care (AAAH	IC)	beginning on October 1, 2022, through September 30, 2023.
and 11	The Jo	oint Commission (TJC)		
	Utilization Review	Accreditation Commission (URAC)		Payments for sub-capitated qualified providers will be made through an
AP	The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR			enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022,

lan Name		How o	loes a physician qu	alify?		How will a physician get paid once they qualify?
					enchmark for the following metrics. All marks reflect the 50 th percentile National	
		Meas	ure	Benchmark to Qualify		
		Adolescent Well Care Visits		53%		
		Children and Adolescent Acce Practitioners (12 – 24 mos.)	<u>-</u>	95%		
		Children and Adolescent Acce Practitioners (25 mos. – 6 yrs.))	89%		
		Children and Adolescent Acce Practitioners (7 – 11 yrs.)	<u>-</u>	91%		
		Children and Adolescent Acce Practitioners (12 – 19 yrs.)	-	89%		
		Well Child Visits in the First 15		2% or less		
		Well Child Visits in the First 15		59%		
		Well Child Visits in the 3 rd , 4 th ,	5" and 6" yrs.	75% 67%	_	
		Lead Screening		07%		
	Obstetrician/Gynecolog	gist (OB/GYN)				Obstetrician/Gynecologist (OB/GYN)
		- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the anizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)			Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicar members, including coverage of obstetric services as specified by the Agency upon submission of a clean claim for dates of service beginning on October 2022, through September 30, 2023.	
	AP Option 2 – Site must achie specifications for the measuren	ve or exceed the benchmark for all thr nent period. Measure	OR ee of the following measures Measurement Pe	·	d members using HEDIS 2020	
	HEDIS: Frequence	cy of Ongoing Prenatal Care	11/6/18-11/5/19		67%	
	HEDIS: Postpartu	ım Care	10/8/18-10/7/1	9	62%	
	Florida Medicaid	Cesarean Section Rate	CY 2019		<35%	
	Specialist					Specialist
	All physicians who are Speciali	sts, regardless of board certification. N	lo additional qualification me	easures are required.		Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the

Simply Healthcare	How does a physician q rovider Qualification Requirements ligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified erformance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including yealify for MPIP Year 7. Pediatric Primary Care Physician (PCP) P Option 1 - Site has been recognized by one of the following organizations as a Patient-Ce 020: National Committee for Quality Assura	I for MPIP Year 7. Additionally, e uding providers that were not pre	viously qualified for MPIP Year 6,	How will a physician get paid once they qualify? clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Pediatric Primary Care Physician (PCP)	
Simply Healthcare Plans, Inc. REGIONS 1, 2, 5, 6, 7, 9,	ligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified erformance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including qualify for MPIP Year 7. Pediatric Primary Care Physician (PCP) IP Option 1 - Site has been recognized by one of the following organizations as a Patient-Ce 020:	uding providers that were not pre	viously qualified for MPIP Year 6,	September 30, 2023.	
Simply Healthcare Plans, Inc. REGIONS 1, 2, 5, 6, 7, 9,	ligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified erformance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including qualify for MPIP Year 7. Pediatric Primary Care Physician (PCP) IP Option 1 - Site has been recognized by one of the following organizations as a Patient-Ce 020:	uding providers that were not pre	viously qualified for MPIP Year 6,	Pediatric Primary Care Physician (PCP)	
Simply Healthcare Plans, Inc. REGIONS 1, 2, 5, 6, 7, 9,	Pediatric Primary Care Physician (PCP) Poption 1 - Site has been recognized by one of the following organizations as a Patient-Ce 020:	uding providers that were not pre	viously qualified for MPIP Year 6,	Pediatric Primary Care Physician (PCP)	
Healthcare Plans, Inc. REGIONS 1, 2, 5, 6, 7, 9,	P Option 1 - Site has been recognized by one of the following organizations as a Patient-Ce 020:	ntered Medical Home with a rec		Pediatric Primary Care Physician (PCP)	
Healthcare Plans, Inc. REGIONS 1, 2, 5, 6, 7, 9,	020:	ntered Medical Home with a rec			
2, 5, 6, 7, 9,	National Committee for Quality Assura	unco (NCOA)	Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1,		
	Accreditation Association for Ambulatory Hea The Joint Commission (TJC	Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC)			
AP AP mea	Utilization Review Accreditation Commission (URAC) OR AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2020 specifications/Child Core Set specifications for CY 2019 services. Benchmarks reflect the 50th percentile National Medicaid Means.		Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.		
		T	-		
	Measure Adolescent Well Care Visits	Benchmark to Qualify 53%	4		
	Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)	95%	-		
	Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.)	89%			
	Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)	91%			
	Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)	89%]		
	Well Child Visits in the First 15 Mos 0 visits	2% or less			
	Well Child Visits in the First 15 Mos 6 or more	59%			
	Well Child Visits in the 3rd, 4th, 5th and 6th yrs.	75%	4		
	Lead Screening	67%	1		

	sician Incentive Program (MPIP) Plan Summaries er 1, 2022 – September 30, 2023	
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)
	AP Option 1- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.
	AP Option 2 – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2020 specifications for the measurement period. Measure	
	Florida Medicaid Cesarean Section Rate CY 2019 <35%	
	Specialist All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.
	Provider Qualification Requirements	
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified for MPIP Year 7. Additionally, eligible providers whose CY 2021 performance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including providers that were not previously qualified for MPIP Year 6, may qualify for MPIP Year 7.	
Sunshine	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)
State Health Plan, Inc.	Option 1: Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, must also practice within a group at a site recognized as a Patient-Centered Medical Home, on or before October 1, 2020, by one of the following organizations:	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as

Plan Name	How d	oes a physician qualify?			How will a physician get paid once they qualify?			
REGIONS 1, 2, 3, 4, 5, 6, 7, 3, 9, 10, and 11 I HP	National Cor Accreditation Asso T Utilization Re Option 2: Providers with 80% of claim data for Fiscal Year 4 occurring rendered at a PCMH location, Sunshine will pay the provider the MPIF PCMH site) NOTE: Option 2 only applies to eligible providers that were previously in Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11.	specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21 including coverage of primary care services as specified by the Agency beginning with capitation payments made for dates of service October 1, 2022 through September 30, 2023.						
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)						
	Option 1- OB/GYN provider has been recognized as a Patient Center one of the following organizations as a Patient-Centered Medical Hom National C Accreditation As	Payments to fee-for-service (FFS) qualified providers will be made at th appropriate Medicare rate for services rendered to the health plan's Medicai members, including coverage of obstetric services as specified by the Agency upon submission of a clean claim for dates of service beginning on October 1 2022, through September 30, 2023.						
	Option 2 : OB/GYNs practicing within a site that has achieved the fol specifications within the measurement period.	OR lowing access and quality measures for	the health plan Medicaid members us	ing HEDIS 2020				
	Measure	Measurement Period	Benchmark to Qualify					
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%					
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%					
		CY 2019	<35%					
	Florida Medicaid Cesarean Section Rate		<u>OR</u>					
	Florida Medicaid Cesarean Section Rate	<u>OR</u>		OR Option 3: Providers with 80% of claim data for Fiscal Year 4 occurring at a PCMH or PCSP location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Sunshine will pay the provider the MPIP incentive at any location where they render services (regardless of whether the ocation is a PCMH or PCSP site).				

	sician Incentive Program (MPIP) Plan Summaries er 1, 2022 – September 30, 2023	
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Specialist All abortions are Considered and Consid	Specialist
	All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.
	Provider Qualification Requirements	
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified for MPIP Year 7. Additionally, eligible providers whose CY 2021 performance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including providers that were not previously qualified for MPIP Year 6, may qualify for MPIP Year 7.	
United	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)
Healthcare	AP Option 1 - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020:	Payments to fee-for-service (FFS) qualified providers will be made at the
REGIONS 3,	National Committee for Quality Assurance (NCQA)	appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service
4, 6, and 11	Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC)	beginning on October 1, 2022, through September 30, 2023.
AP	Utilization Review Accreditation Commission (URAC)	Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for
	<u>OR</u>	services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency,
	AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2020 specifications/Child Core Set specifications for CY 2019 services. Benchmarks reflect the 50th percentile National Medicaid Means.	beginning with capitation payments made for dates of service October 1, 2022, through September 30, 2023.
	Measure Benchmark to Qualify	
	Adolescent Well Care Visits 53% Children and Adolescent Access to Primary Care	
	Practitioners (12 - 24 mos.)	
	Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) 89%	
	Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) 91%	
	Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) 89%	
	Well Child Visits in the First 15 Mos 0 visits 2% or less	
	Well Child Visits in the First 15 Mos 6 or more 59%	
	Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75% Lead Screening 67%	
	Lead Screening 07%	

Year 7: Octobe	sician Incentive Program (MPIP) Plan er 1, 2022 – September 30, 2023	Summaries			
Plan Name	How does a physician qualify?				How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN)				Obstetrician/Gynecologist (OB/GYN)
	following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR			Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicare members, including coverage of obstetric services as specified by the Agency upon submission of a clean claim for dates of service beginning on October 1 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for	
					services rendered to the health plan's Medicaid members, including coverage of primary care services as specified by the Agency, beginning with capitation
	AP Option 2 – Site must achieve or exceed the benchmark for all the specifications within the measurement period.	nree of the following measures for the health p	olan Medicaid members using HEDIS 202		payments made for dates of service October 1, 2022, through September 30 2023.
	AP Option 2 – Site must achieve or exceed the benchmark for all the specifications within the measurement period. Measure	nree of the following measures for the health p Measurement Period	plan Medicaid members using HEDIS 202 Benchmark to Qualify		
	specifications within the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/18-11/5/19	Benchmark to Qualify 67%		
	specifications within the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19	Benchmark to Qualify 67% 62%		
	specifications within the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/18-11/5/19	Benchmark to Qualify 67%		
	specifications within the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19	Benchmark to Qualify 67% 62%	20	
	Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate	Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19 CY 2019	Benchmark to Qualify 67% 62% <35%		Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a service of the service
	Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Specialist	Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19 CY 2019	Benchmark to Qualify 67% 62% <35%		Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through are enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21 including coverage of primary care services as specified by the Agency
	Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Specialist	Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19 CY 2019	Benchmark to Qualify 67% 62% <35%		Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022,

	sician Incentive Program (MPIP) Plan Su r 1, 2022 – September 30, 2023					
Plan Name	How does a physician qualify?			How will a physician get paid once they qualify?		
		Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified for MPIP Year 7. Additionally, eligible providers whose CY 2021 performance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including providers that were not previously qualified for MPIP Year 6, may qualify for MPIP Year 7.				
Children's	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)		
Medical Services	Option 1: Providers designated by the health plan as PCPs (including pertification, must also practice within a group at a site recognized as organizations:	appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as				
REGIONS 1, 2, 3, 4, 5, 6, 7,		nittee for Quality Assurance (NCQA)		specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.		
8, 9, 10, and	Utilization Review Accreditation Commission (URAC)			Payments for sub-capitated qualified providers will be made through an		
11				enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21,		
IHP		including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2022,				
	Option 2: Providers with 80% of claim data for Fiscal Year 4 occurring a rendered at a PCMH location, Children's Medical Services will pay the puthe location is a PCMH site).	through September 30, 2023.				
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)				
	Option 1- OB/GYN provider has been recognized as a Patient Centere one of the following organizations as a Patient-Centered Medical Home v	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency,				
	National Cor Accreditation Asso T Utilization Re	upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.				
	Option 2 : OB/GYNs practicing within a site that has achieved the followage specifications within the measurement period.					
	Measure	Measurement Period	Benchmark to Qualify			
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%			
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%			
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%			
		<u>OR</u>				

MMA Physician Incentis	ve Program (MPIP) Plan Summaries
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Year 7: October 1, 2022 – September 30, 2023

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Option 3 – Providers with 80% of claim data for Fiscal Year 4 occurring at a PCMH or PCSP location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Children's Medical Services will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH or PCSP site).	
	Specialist	Specialist
	All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2022, through September 30, 2023.
	Provider Qualification Requirements	
	Eligible providers who qualified for MPIP Year 5 and/or MPIP Year 6 will continue to be qualified for MPIP Year 7. Additionally, eligible providers whose CY 2021 performance data meets the plan's MPIP criteria using the Year 7 benchmarks and targets, including providers that were not previously qualified for MPIP Year 6, may qualify for MPIP Year 7.	