

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?																				
<p>Best Care Assurance d/b/a Vivida Health</p> <p>REGION 8 AP</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><u>OR</u></p> <p>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.</p> <table border="1" data-bbox="620 699 1489 1057"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	Adolescent Well Care Visits	53%	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%	Lead Screening	67%	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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.</p>
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	<p>Provider Qualification Requirements</p> <p>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.</p>													
<p>Coventry d/b/a Aetna Better Health of Florida</p> <p>REGIONS 6, 7, and 11 IHP</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, practicing within a group with at least 100 health plan Medicaid members under the age of 21 years, at a site recognized as a Patient-Centered Medical Home, on or before October 1, 2020, by one of the following organizations:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">AND</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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,</p>												

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	<p>Obstetrician/Gynecologist (OB/GYN)</p> <p>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.</p> <table border="1" data-bbox="387 768 1728 873"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>National Medicaid Mean</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table>	Measure	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	Medicaid 75 th Percentile	HEDIS: Postpartum Care	10/8/18-10/7/19	National Medicaid Mean	Florida Medicaid Cesarean Section Rate	CY 2019	<35%	<p>Obstetrician/Gynecologist (OB/GYN)</p> <p>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.</p>
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	<p>Provider Qualification Requirements</p> <p>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.</p>													

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<p>Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>Option 2 – ER Utilization must be less than 1,000 visits per 100 assigned members.</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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.</p>						
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<p>Humana Medical Plan</p> <p>REGIONS 2, 3, 4, 5, 7, and 8</p> <p>IHP</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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.</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p>												

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<p>Community Care Plan</p> <p>REGION 10</p> <p>IHP</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet one of the following two qualification options.</p> <p>Option 1: PCP has participated in-Network for six consecutive months and has executed a capitated agreement.</p> <p style="text-align: center;">OR</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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.</p>												

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<p>United Healthcare</p> <p>REGIONS 3, 4, 6, and 11</p> <p>AP</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> <table border="1" data-bbox="623 1070 1489 1427"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	Adolescent Well Care Visits	53%	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%	Lead Screening	67%	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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.</p>
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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?												
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<p>Children's Medical Services</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p>IHP</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>Option 2: Providers with 80% of claim data for Fiscal Year 4 occurring at a PCMH 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 site).</p>	<p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <p>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.</p>												
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	<p>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).</p>	
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