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June 07, 2023

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2023-04

Applicable to the following benefits in the **2018-2024 SMMC contract**:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-term Care (LTC)
- Dental

Re: MMA Physician Incentive Program (MPIP) Requirements

Pursuant to s. 409.967(2)(a), F.S., and as specified by the Agency for Health Care Administration (Agency), MMA plans must implement an incentive program wherein payment rates for eligible physicians must equal or exceed Medicare rates for services provided. The Agency fulfilled this requirement through the implementation of the MMA Physician Incentive Program (MPIP) (Attachment II, Exhibit II-A, Section VIII.E.1.). The purpose of this policy transmittal is to notify the managed care plan about multiple updated requirements to the MPIP parameters for 2023-2024.

Program Type

Effective October 1, 2023, the managed care plan must implement the Agency’s MPIP model and qualifying criteria to determine eligible providers that qualify for MPIP-enhanced rates for included services provided October 1, 2023 – September 30, 2024. The managed care plan is required to implement the Agency MPIP model in all regions in which the managed care plan is providing services.

Providers who qualified for MPIP Year 7 (October 1, 2022 – September 30, 2023) through an Individual Health Plan MPIP (IHP Incentive Program) must continue to be qualified for the MPIP year beginning October 1, 2023. If any providers have newly qualified for MPIP under the 2023-2024 Agency MPIP model requirements, these providers must also be added for the MPIP year beginning October 1, 2023.

Agency MPIP Requirements

The managed care plan is required to qualify eligible providers for the 2023-2024 Agency MPIP model based on the following criteria:

Option 1 Qualifications for Pediatric Primary Care Physicians (PCP)
<p>A site has been recognized by one of the following organizations as a Patient-Centered Medical Home (PCMH) with a recognition date on or before October 1, 2023:</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>



OR

Option 2 Qualifications for Pediatric Primary Care Physicians (PCP)

A site with at least fifty (50) panel members must achieve or exceed the benchmarks for the following metrics. All measures below must be calculated using HEDIS Measurement Year 2022 specifications/Child Core Set specifications for Measurement Year 2022 services.

Measure	Measure Description	HEDIS Measurement Year	Benchmark to Qualify
Child and Adolescent Well-Care Visits (3-21 yrs.)	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2022	55.59%
Child and Adolescent Well-Care Visits (3-11 yrs.)	Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2022	62.24%
Child and Adolescent Well-Care Visits (12-17 yrs.)	Percentage of members 12-17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2022	53.71%
Child and Adolescent Well-Care Visits (18-21 yrs.)	Percentage of members 18-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2022	27.94%

Well Child Visits in the First 30 Mos. (0-15 mos.) – 6 or more visits	Percentage of members who had the following number of well-child visits with a PCP for Age 0 Months–15 Months: six or more visits	2022	58.68%
Well Child Visits in the First 30 Mos. (15-30 mos.) – 2 or more visits	Percentage of members who had the following number of well-child visits with a PCP for Age 15 Months–30 Months: two or more visits	2022	76.50%
Lead Screening	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday	Children turning 2 years old in 2022	72.34%

Option 1 Qualifications for Obstetrician/Gynecologist (OB/GYN)
<p>A 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 (PCMH) with a recognition date on or before October 1, 2023:</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>
<u>OR</u>

Option 2 Qualifications for Obstetrician/Gynecologist (OB/GYN)

A site must achieve or exceed the benchmark for all three of the following:

Measure	Measure Description	Measurement Period	Benchmark to Qualify
Timeliness of Prenatal Care	The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization using HEDIS Measurement Year 2022 specifications	HEDIS Measurement Year 2022	83.53%
Postpartum Care	Percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery using HEDIS Measurement Year 2022 specifications	HEDIS Measurement Year 2022	76.18%
Florida Medicaid Cesarean Section Rate	The percentage of single live-born Medicaid births in a practice (pay to provider) that were delivered via cesarean section (C-section), using the 2023 Florida Medicaid Cesarean Section Rate Calculation Specifications, as provided in Attachment 1 to this policy transmittal.	CY 2022	<35%

Specialists

All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.

Provider Communications

The managed care plan is required to issue the following provider communications to ensure information about the Agency MPIP is distributed to Identified and Qualified Providers.

- (1) MPIP General Announcement Letter – This letter must inform providers of the implementation of the Agency MPIP, notify providers that they have been identified as one of the provider types eligible to qualify for MPIP, and include detailed information about how to achieve Qualified Provider status.

The managed care plan is required to update the General Announcement Letter Template, as provided in Attachment 2 of this policy transmittal, to include the managed care plan's letterhead, plan name, contact information, and plan-specific instructions for providers to monitor their progress in the Agency MPIP. The managed care plan must submit the updated General Announcement Letter Template to their Agency contract manager within thirty (30) days of the release of this policy transmittal.

Upon the Agency's approval of the managed care plan's submission of the updated General Announcement Letter Template, the Agency shall furnish the managed care plan with final versions of an MPIP General Announcement Letter Template and an MPIP Qualified Provider Letter Template, which must be used to provide written notice of Agency MPIP status to all Identified and Qualified Providers.

- (2) MPIP Qualified Provider Letter – This letter must inform Qualified Providers how they meet the criteria to be considered a Qualified Provider under the Agency MPIP.

Qualified Providers

The managed care plan is required to qualify eligible Specialist Physicians for all services provided to enrollees under the age of twenty-one (21) years (Attachment II, Exhibit II-A, Section VIII.E.1.a (2))

- (1) There shall not be a delay in specialty physicians receiving enhanced payments, even if they joined a plan network between October and April.
- (2) The managed care plan's systems shall be set up to automatically make enhanced payments to specialty physicians for eligible services provided to members under the age of 21 years.

Plan Reporting Requirements

The managed care plan must comply with the Managed Care Plan Report Guide in submitting required reports: including the report formats, templates, instructions, data specifications, submission timetables and locations, and other materials contained in the guide. The Managed

Care Plan Report Guide is posted on the Agency's website. (Attachment II, Exhibit II-A, Section XVI.A.) The Agency is developing a new annual report submission to evaluate the performance metrics of MPIP-qualified providers receiving enhanced payments. As part of this annual MPIP report, the managed care plan will be required to submit information for all primary care physicians contracted in their network, including each physician's panel size, PCMH recognition status, and the provider's performance for each of the metrics included within the Agency MPIP model. The Agency will issue a new policy transmittal with additional information and a template for the new MPIP report.

Florida Medicaid Cesarean Section Rate Calculation Specifications

The Agency updated information included in the Florida Medicaid Cesarean Section Rate Calculation Specifications, which is provided for managed care plans' MPIP operations and attached to this policy transmittal.

MPIP Website

The Agency maintains an MPIP website with updated payment information for Qualified Providers at http://ahca.myflorida.com/Medicaid/statewide_mc/mma_physician_incentive.shtml, which is provided for managed care plans' MPIP operations. The Agency's MPIP website for 2023-2024 will be available by October 1, 2023.

If you have any questions, please contact your Agency contract manager.

Sincerely,



Austin Noll
Deputy Secretary
Medicaid Policy, Quality and Operations

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Attachment 1: 2023-2024 MPIP General Announcement Letter Template
Attachment 2: 2023-2024 Florida Medicaid Cesarean Rate Calculation Specifications