[*Date*]

[*Provider Name*]

[*Address*]

[*City, State, ZIP code*]

Dear Provider:

[*Plan Name*] is pleased to announce the continued implementation of the 2023-2024 MMA Physician Incentive Program (MPIP). MPIP provides the opportunity for designated physician types to earn enhanced payments equivalent to the appropriate Medicare Fee-for-Service Rate, as established by the Agency for Health Care Administration (Agency), based on the achievement of key access and quality measures.

This letter is to inform you that you have been identified as one of the provider types eligible to qualify for MPIP. If you are not qualified to receive the enhanced payment at this time, you will have another opportunity to reach Qualified Provider status following program implementation, or on *[April 1, 2024]*.

**How do I Qualify?**

**Pediatric Primary Care Physicians:** Qualified providers are pediatric primary care physicians (including pediatricians, family practitioners, and general practitioners) that provide medical services to enrollees under the age of 21 years. There are two ways a pediatric primary care provider may achieve qualified provider status:

Option 1: Recognition by one of the following organizations as a Patient-Centered Medical Home (PCMH) on or before *[October 1, 2023]*:

* National Committee for Quality Assurance (NCQA);
* Accreditation Association for Ambulatory Health Care (AAAHC);
* The Joint Commission (TJC); or,
* Utilization Review Accreditation Commission (URAC).

Option 2: The provider’s site with at least 50 panel members must achieve or exceed the benchmark for the following metrics. NOTE - The NCQA requirements for at least 30 members in the denominator do not apply to the calculations for each of these measures. However, if a provider does not have any members eligible for a measure, the provider must meet or exceed the benchmarks for the other measures. For example, if a provider only serves patients < 10 years of age, two of the nine measures, Child and Adolescent Well-Care Visits (12-17 yrs.) and Child and Adolescent Well-Care Visits (18-21 yrs.), would not apply and would not be reported; however, all other measures must meet or exceed the benchmark.

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| **Agency MPIP Qualifications for Pediatric Primary Care Physicians** | | | |
| **Measure** | **Measure Description**  (HEDIS Measurement Year 2022 specifications) | **HEDIS Measurement Year** | **Benchmark** |
| 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. | HEDIS 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 | 2022 | 72.34% |

**NOTE:** Pediatric Primary Care Physicians who qualified for the MPIP Year 7 (October 1, 2022 – September 30, 2023) through an Individual Health Plan MPIP (IHP Incentive Program) will continue to be qualified for the Agency MPIP model in the program year beginning October 1, 2023.

**Obstetrician/Gynecologist (OB/GYN):** Qualified providers are OB/GYN physicians. There are two ways an OB/GYN provider may achieve qualified provider status:

**Option 1**: Recognition by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Specialty Practice (PCSP) or by one of the following organizations as a Patient-Centered Medical Home (PCMH) on or before *[October 1, 2023]*:

* National Committee for Quality Assurance (NCQA);
* Accreditation Association for Ambulatory Health Care (AAAHC);
* The Joint Commission (TJC); or,
* Utilization Review Accreditation Commission (URAC).

**OR:**

**Option 2**: Site must achieve or exceed the benchmark for all three of the following metrics.

NOTE - The NCQA requirements for at least 30 members in the denominator does not apply to the calculations for these measures.

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| **Agency MPIP Qualifications for Obstetricians/Gynecologists** | | | |
| **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 women who had a postpartum visit on or between 21 and 56 days after delivery using HEDIS Measurement Year 2022 specifications | HEDIS Measurement Year 2022 | 76.18% |
| Florida Medicaid Cesarean Section Rate | The percentage of single liveborn 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 | CY 2022 | <35% |

**NOTE:** OB/GYNs who qualified for the MPIP Year 7 (October 1, 2022 – September 30, 2023) through an Individual Health Plan MPIP (IHP Incentive Program) will continue to be qualified for the Agency MPIP model for the program year beginning October 1, 2023.

**Specialty Physicians**: Qualified providers are all specialty physicians, regardless of board certification. These criteria for Specialists will be in effect from *[October 1, 2023 - September 30, 2024]*.

The criteria for pediatric primary care physicians, OB/GYNs, and specialty physicians listed above will be in effect for one year from [*October 1, 2023 - September 30, 2024]*. Halfway through the program, *[Plan Name]* will reassess all eligible primary care physicians and OB/GYN providers to determine if any additional providers qualify for the Agency MPIP model. Specialty physicians are not required to meet any specific qualifying criteria and therefore, the qualification windows for the MPIP do not apply.

**How are Payments Made?**

For dates of service *[October 1, 2023-September 30, 2024],* payments to qualified providers for all medically necessary MPIP-included services must be at least equivalent to the appropriate Medicare Fee-for-Service (FFS) Rate, as established by the Agency.

For FFS payments:

Payments to FFS providers will be made using a Medicare fee schedule for covered services upon submission of a clean claim for dates of service beginning on or after *[October 1, 2023]*.

For sub-capitated payments:

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. Payment to sub-capitated providers will be made *[Select either Option 1 or Option 2.]*

*Option 1:* through an enhanced prospective PMPM capitation rate beginning with capitation payments made for *[October 1, 2023]*.

*OR, Option 2:* 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.

[*If applicable, provide a schedule for any contract amendments required for provider participation in the MPIP program.*]

**Monitor Your Progress**

[*Insert description of how the Plan will provide quarterly status updates to providers on progress toward obtaining a Qualified Provider designation or for currently qualified providers to track their progress toward receipt of the next incentive payment.*]

For more information about the MPIP program parameters, visit the Agency’s webpage at *:* [*https://ahca.myflorida.com/medicaid/statewide\_mc/mma\_physician\_incentive.shtml*](https://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml)

Thank you for your continued dedication to our members. Should you have any questions about the MPIP, please do not hesitate to contact your Provider Services Representative directly or Provider Services at [*Phone number*].

Sincerely,

[*Name*]

[*Title*]