

## MMA Plans Physician Incentive Programs for Pediatricians

Plan Name	How does a pediatrician qualify?	How will a pediatrician get paid once they qualify?									
<b>AHF dba Positive Healthcare Florida</b>  <b>REGIONS 10 and 11</b>	Providers designated by the health plan as Primary Care Physicians (PCPs), regardless of specialty or board certification, with at least one pediatric member and who have met all of the following access and quality measures below for the plan's Medicaid members:  <table border="1" data-bbox="236 386 1569 467"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Pediatric Visit</td> <td>January 1, 2015 - December 31, 2015</td> <td>At least one pediatric visit in measurement period</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	Pediatric Visit	January 1, 2015 - December 31, 2015	At least one pediatric visit in measurement period	Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:  Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on or after October 1, 2016.			
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<b>Amerigroup Florida, Inc. d/b/a Amerigroup Community Care</b>  <b>REGIONS 5, 6, 7, 10, and 11</b>	Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home: <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> </ul>	Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on or after October 1, 2016.  Payments for Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.									
<b>Better Health, LLC</b>  <b>REGIONS 6 and 10</b>	Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home: <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> </ul> <p><b>AND</b> the individual physician has met all of the following access and quality measures for their Medicaid members:</p> <table border="1" data-bbox="236 1019 1569 1149"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Preventive Care Visits Composite</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>ER Utilization</td> <td>January 1, 2015 – December 31, 2015</td> <td>ER Utilization of assigned members of less than 1000 visits/1000 members</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Preventive Care Visits Composite	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	ER Utilization	January 1, 2015 – December 31, 2015	ER Utilization of assigned members of less than 1000 visits/1000 members	Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on October 1, 2016.  Payments for Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.
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<b>Simply Healthcare Plan, Inc. d/b/a Clear Health Alliance</b>  <b>REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11</b>	Providers designated by the health plan as Primary Care Physicians (PCPs), regardless of specialty or board certification, servicing members under 21 years of age, who have achieved the following utilization/access measures for the health plan's Medicaid members:  <table border="1" data-bbox="236 1250 1569 1331"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>ER Utilization</td> <td>January 1, 2015 – December 31, 2015</td> <td>ER Utilization of assigned members of less than 1000 visits/1000 members</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	ER Utilization	January 1, 2015 – December 31, 2015	ER Utilization of assigned members of less than 1000 visits/1000 members	Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.  Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.			
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<p><b>Coventry Health Care of Florida</b></p> <p><b>REGION 11</b></p>	<p>Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:</p> <p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing in a group with at least 100 paneled Medicaid members over the measurement period, at a site which has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>AND</b> whose group achieves all of the following access and quality measures for the plan's Medicaid members:</p> <table border="1" data-bbox="236 540 1567 768"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Lead Screening (LSC)</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Child Access (CAP), for 3 out of 4 age bands</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>ER Utilization</td> <td>January 1, 2015 – December 31, 2015</td> <td>ER Utilization of assigned members of less than 650 visits/1000 members</td> </tr> <tr> <td>After-hours Availability</td> <td>Daily</td> <td>Group must have after-hours availability by offering hours after 6pm or on weekends</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Lead Screening (LSC)	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	HEDIS: Child Access (CAP), for 3 out of 4 age bands	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	ER Utilization	January 1, 2015 – December 31, 2015	ER Utilization of assigned members of less than 650 visits/1000 members	After-hours Availability	Daily	Group must have after-hours availability by offering hours after 6pm or on weekends	<p>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</p> <p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.</p>
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using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. 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**MMA Plans Physician Incentive Programs for Pediatricians**

Plan Name	How does a pediatrician qualify?	How will a pediatrician get paid once they qualify?																								
<p><b>Humana Medical Plan, Inc.</b></p> <p><b>REGION 10 &amp; 11</b></p>	<p>Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:</p> <p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians) who are practicing at a site as a primary care physician with assigned health plan Medicaid membership and a panel size of at least 200 health plan Medicaid members, and whose site has achieved all of the following access and quality measures for the plan's Medicaid members:</p> <table border="1" data-bbox="236 462 1572 589"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Member Encounter Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>The average number, across the measurement period, of members per day who had face-to-face visits 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Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.</p>
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<p><b>Florida MHS, Inc. d/b/a Magellan Complete Care</b></p> <p><b>REGIONS 2, 4, 5, 7, 9, 10, and 11</b></p>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), who are practicing as a primary care physician, and have achieved both of the following access and quality measures for the plan's Medicaid members:</p> <table border="1" data-bbox="236 1263 1572 1390"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Body Mass Index (BMI)</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the Medicaid 50<sup>th</sup> percentile, as calculated by NCQA, for the health plan's Medicaid members age 3 – 17 years old using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Adolescent Well Child Visit (AWC)</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the Medicaid 50<sup>th</sup> percentile, as calculated by NCQA, for the health plan's Medicaid members aged 12 -21 years old using 2016 HEDIS specifications</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Body Mass Index (BMI)	January 1, 2015 – December 31, 2015	Achieve the Medicaid 50 <sup>th</sup> percentile, as calculated by NCQA, for the health plan's Medicaid members age 3 – 17 years old using 2016 HEDIS specifications	HEDIS: Adolescent Well Child Visit (AWC)	January 1, 2015 – December 31, 2015	Achieve the Medicaid 50 <sup>th</sup> percentile, as calculated by NCQA, for the health plan's Medicaid members aged 12 -21 years old using 2016 HEDIS specifications	<p>Payment to all providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016. Payments will be made at the group level unless the practitioner is a solo provider.</p>															
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<p><b>Molina Health Care of</b></p>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered</p>	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's</p>																								

**MMA Plans Physician Incentive Programs for Pediatricians**

Plan Name	How does a pediatrician qualify?	How will a pediatrician get paid once they qualify?																					
<p><b>Florida, Inc.</b></p> <p><b>REGIONS 1, 6, 7 &amp; 8</b></p>	<p>Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:</p> <p>Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul>	<p><b>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</b></p> <p>Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective reconciliation based on encounters/claims data for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made on a quarterly basis on the 15<sup>th</sup> of the month following the month after the close of the quarter.</p>																					
<p><b>Molina Health Care of Florida, Inc.</b></p> <p><b>REGIONS 4, 9 &amp; 11</b></p>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>AND</b> whose group achieves <b>one</b> of the following quality measures below for the plan's Medicaid members:</p> <table border="1" data-bbox="236 813 1569 1289"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Childhood Immunizations Status (CIS) Combo 3</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Well Child</td> <td>January 1, 2015 - December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Lead Screening (LSC)</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Immunization for Adolescents (IMA) Combo 1</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Adolescent Well Visits</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</td> <td>January 1, 2015 – December 31, 2015</td> <td>Achieve the 50<sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Childhood Immunizations Status (CIS) Combo 3	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	HEDIS: Well Child	January 1, 2015 - December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	HEDIS: Lead Screening (LSC)	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	HEDIS: Immunization for Adolescents (IMA) Combo 1	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	HEDIS: Adolescent Well Visits	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	HEDIS: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	January 1, 2015 – December 31, 2015	Achieve the 50 <sup>th</sup> percentile for the health plan's Medicaid members using 2016 HEDIS specifications	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective reconciliation based on encounters/claims data for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made on a quarterly basis on the 15<sup>th</sup> of the month following the month after the close of the quarter.</p>
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## MMA Plans Physician Incentive Programs for Pediatricians

Plan Name	How does a pediatrician qualify?	How will a pediatrician get paid once they qualify?
<b>Florida True Health d/b/a Prestige Health Choice, LLC</b>  <b>REGIONS 2, 3, 5, 6, 7, 8, 9, and 11</b>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul>	<p><b>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</b></p> <p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, with a quarterly reconciliation of actual encounters for Primary Care Services, at the group level, beginning with capitation payments made for October 2016.</p>
<b>South Florida Community Care Network d/b/a Community Care Plan</b>  <b>REGION 10</b>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), who have participated in-network for six consecutive months, and have executed a capitation agreement.</p>	<p>Payments for Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.</p>
<b>Simply Healthcare Plans, Inc.</b>  <b>REGION 11</b>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul>	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payments for Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October, 2016.</p>
<b>WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida</b>  <b>REGIONS 2, 3, 4, 5, 6, 7, 8, and 11</b>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul>	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective reconciliation based on encounters/claims data for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made on a quarterly basis, three (3) months following the end of the quarter.</p>
<b>Sunshine State Health Plan, Inc.</b>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p>	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>



**MMA Plans Physician Incentive Programs for Pediatricians**

Plan Name	How does a pediatrician qualify?	How will a pediatrician get paid once they qualify?
<p><b>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</b></p>	<p><i>Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:</i></p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> </ul>	<p><i>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</i></p> <p>Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective reconciliation based on encounters/claims data for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Pay for Performance (P4P) payments will be adjusted to achieve an equivalent to the appropriate Medicare Rate. Payments will be made on a quarterly basis, beginning in December, 2016.</p>
<p><b>United Health Care of Florida, Inc.</b></p> <p><b>REGION 3, 4, 7, and 11</b></p>	<p>Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> </ul>	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated providers will be made using a retrospective reconciliation based on encounters/claims data for Primary Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made on a quarterly basis no later than three (3) months following the end of the quarter.</p>

**MMA Plans Physician Incentive Programs for Obstetrician**

Plan Name	How does an Obstetrician qualify?	How will an Obstetrician get paid once they qualify?												
<p><b>AHF dba Positive Healthcare Florida</b></p> <p><b>REGIONS 10 and 11</b></p>	<p>All OB/GYN Physicians, regardless of board certification, with at least one paid claim for a service provided within the measurement period, who has met all of the access and quality measures below for the plan's Medicaid members:</p> <table border="1" data-bbox="271 448 1602 526"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Cervical Screenings</td> <td>January 1, 2015 - December 31, 2015</td> <td>Rate of cervical screenings for the measurement period ≥90%</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	Cervical Screenings	January 1, 2015 - December 31, 2015	Rate of cervical screenings for the measurement period ≥90%	<p><i>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</i></p> <p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on October 1, 2016.</p>						
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<p><b>Amerigroup Florida, Inc. d/b/a Amerigroup Community Care</b></p> <p><b>REGIONS 5, 6, 7, 10, and 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>OR</b> Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 829 1602 1029"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a group that were delivered via cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a group that were delivered via cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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<p><b>Better Health, LLC</b></p> <p><b>REGIONS 6 and 10</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) and have met all of the following access and quality measures for their Medicaid members:</p> <table border="1" data-bbox="271 1162 1602 1362"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Practitioner's rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Practitioner's rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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<p><b>Simply</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American</p>	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric</p>												

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<p><b>Healthcare Plan, Inc. d/b/a Clear Health Alliance</b></p> <p><b>REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11</b></p>	<p>Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) and who have achieved all of the following for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 399 1602 529"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with 81% or more expected visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 5, 2014 – November 4, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with 81% or more expected visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 5, 2014 – November 4, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	<p><b>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</b></p> <p>Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>			
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<p><b>Coventry Health Care of Florida</b></p> <p><b>REGION 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), and who are practicing within a group that had at least 10 deliveries for the health plan's Medicaid members over the measurement period. The group must also have achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 704 1602 906"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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<p><b>Humana Medical Plan, Inc.</b></p> <p><b>REGION 1</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid deliveries for the measurement period, and whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 1060 1602 1261"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births that were delivered via cesarean during the measurement period. The OB/GYNs rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births that were delivered via cesarean during the measurement period. The OB/GYNs rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, including coverage of Obstetric Services as specified by the Agency, beginning with capitation payments made for October 2016.</p>
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<p><b>Humana Medical Plan, Inc.</b> <b>REGION 9</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid deliveries for the measurement period, and whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 805 1607 1008"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 56, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births that were delivered via cesarean during the measurement period. The OB/GYNs rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 56, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births that were delivered via cesarean during the measurement period. The OB/GYNs rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate, including coverage of Obstetric Services as specified by the Agency, beginning with capitation payments made for October 2016.</p>
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<p><b>Florida MHS, Inc. d/b/a Magellan Complete Care</b></p> <p><b>REGIONS 2, 4, 5, 6, 7, 9, 10, and 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) and have achieved both of the following access and quality measures for the plan's Medicaid members:</p> <table border="1" data-bbox="271 423 1607 548"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% expected visits must be at or above the Medicaid 50<sup>th</sup> percentile as calculated by NCQA using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 HEDIS specifications</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% expected visits must be at or above the Medicaid 50 <sup>th</sup> percentile as calculated by NCQA using 2016 HEDIS specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 HEDIS specifications	<p><i>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</i></p> <p>Payments to Fee-For-Service (FFS) providers will be made using an enhanced bundled payment, equivalent to the Medicare Rate, for each delivery, for deliveries occurring on or after October 1, 2016.</p>			
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<p><b>Molina Health Care of Florida, Inc.</b></p> <p><b>REGIONS 1, 6, 7 &amp; 8</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>OR</b> Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group and have submitted at least one claim during the 2015 calendar year, and whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 902 1607 1130"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective reconciliation based on encounters/claims data for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made on a quarterly basis on the 15<sup>th</sup> of the month following the month after the close of the quarter.</p>
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<p><b>Molina Health Care of Florida, Inc.</b></p> <p><b>Regions 4, 9 &amp; 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group and have submitted at least one claim during the 2015 calendar year, and whose group has achieved all of the following for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 1260 1607 1463"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 HEDIS specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 HEDIS specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 HEDIS specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 HEDIS specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning October 1, 2016 through September 30, 2017.</p> <p>Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective reconciliation based on encounters/claims data for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made on a quarterly basis on the 15<sup>th</sup> of the month following the month after the close of the quarter.</p>
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**MMA Plans Physician Incentive Programs for Obstetrician**

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<p><b>Florida True Health d/b/a Prestige Health Choice, LLC</b></p> <p><b>REGIONS 2, 3, 5, 6, 7, 8, 9, and 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>OR</b> Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 623 1607 849"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p><b>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</b></p> <p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>			
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<p><b>South Florida Community Care Network d/b/a Community Care Plan</b></p> <p><b>REGIONS 10</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) who have participated in-network for six consecutive months, have signed a Pay for Performance Program Agreement, and have achieved the Medicaid 75<sup>th</sup> percentile, as calculated by NCQA, for at least one of the following access and quality measures, and at least the Medicaid 60<sup>th</sup> percentile, as calculated by NCQA, for the other access and quality measures listed below:</p> <table border="1" data-bbox="271 1027 1607 1352"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Prenatal and Postpartum Care - Timeliness of Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>See above Qualified Provider narrative</td> </tr> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits See above Qualified Provider narrative</td> </tr> <tr> <td>HEDIS: Prenatal and Postpartum Care - Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>See above Qualified Provider narrative</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. See above Qualified Provider narrative</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Prenatal and Postpartum Care - Timeliness of Prenatal Care	November 6, 2014 – November 5, 2015	See above Qualified Provider narrative	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits See above Qualified Provider narrative	HEDIS: Prenatal and Postpartum Care - Postpartum Care	November 6, 2014 – November 5, 2015	See above Qualified Provider narrative	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. See above Qualified Provider narrative	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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<p><b>Simply Healthcare Plans, Inc.</b></p> <p><b>REGION 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>OR</b> Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 625 1607 824"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a group that were delivered via cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a group that were delivered via cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p><i>Beginning with dates of service on October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows:</i></p> <p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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<p><b>WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida</b></p> <p><b>REGION 2, 3, 4, 5, 6, 7, 8, and 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>OR</b> Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="271 1179 1607 1404"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean during the measurement period. The Group/Practice rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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<p><b>United Health Care of Florida, Inc.</b></p> <p><b>REGION 3, 4, 7, and 11</b></p>	<p>Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Medical Home:</p> <ul style="list-style-type: none"> <li>National Committee for Quality Assurance (NCQA), Level 2</li> <li>Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>The Joint Commission (TJC)</li> </ul> <p><b>OR</b> Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) whose group has achieved all of the following access and quality measures for the health plan's Medicaid members:</p> <table border="1" data-bbox="268 1128 1607 1331"> <thead> <tr> <th>Measurement</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate of patients with ≥81% visits must be at or above the Medicaid 75<sup>th</sup> percentile as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>November 6, 2014 – November 5, 2015</td> <td>Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>January 1, 2015 – December 31, 2015</td> <td>Percentage of single liveborn Medicaid births in a group that were delivered via cesarean during the measurement period. The group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016</td> </tr> </tbody> </table>	Measurement	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 – November 5, 2015	Rate of patients with ≥81% visits must be at or above the Medicaid 75 <sup>th</sup> percentile as calculated by NCQA using 2016 specifications	HEDIS: Postpartum Care	November 6, 2014 – November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications	Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single liveborn Medicaid births in a group that were delivered via cesarean during the measurement period. The group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	<p>Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service October 1, 2016 through September 30, 2017.</p>
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