MMA Plans	Physician Incentive Programs for Pediatricians	
Plan Name	How does a pediatrician qualify? Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:	How will a pediatrician get paid once they qualify? 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:
AHF dba Positive Healthcare Florida REGIONS 10 and 11	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: Measurement Measurement Period Benchmark to Qualify	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.
Amerigroup Florida, Inc. d/b/a Amerigroup Community Care REGIONS 5, 6, 7, 10, and 11	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: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) 	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.
Better Health, LLC REGIONS 6 and 10	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: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) AND the individual physician has met all of the following access and quality measures for their Medicaid 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.
	MeasurementMeasurement PeriodBenchmark to QualifyHEDIS: Preventive Care Visits CompositeJanuary 1, 2015 – December 31, 2015Achieve the 50th percentile for the health plan's Medicaid members using 2016 HEDIS specificationsER UtilizationJanuary 1, 2015 – December 31, 2015ER Utilization of assigned members of less than 1000 visits/1000 members	
Simply Healthcare Plan, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	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: Measurement Measurement Period Benchmark to Qualify	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.

MMA Plans	s Physician Incentive P	rograms for Ped	iatricians		
Plan Name	How does a pediatrician Providers enrolled in the health p		he qualifications listed below will qualify for the enhanced payment:		How will a pediatrician get paid once they qualify? 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:
Coventry Health Care of Florida REGION 11	re of 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: National Committee for Quality Assurance (NCQA), Level 2			een	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.
	Measurement HEDIS: Lead Screening (LSC) HEDIS: Child Access (CAP), for 3 out of 4 age bands ER Utilization After-hours Availability	Measurement Period January 1, 2015 – December 31, 2015 January 1, 2015 – December 31, 2015 January 1, 2015 – December 31, 2015 – December 31, 2015 Daily	Benchmark to Qualify Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications ER Utilization of assigned members of less than 650 visits/1000 members Group must have after-hours availability by offering hours after 6pm or on weekends		

T					
MMA Plan	s Physician In	centive Prog	rams fo	or Pediatricians	
Plan	How does a p	ediatrician qua	alify?		How will a pediatrician get paid once they qualify?
Name	Providers enrolled	in the health plan n	network wh	o meet the qualifications listed below will qualify for the enhanced payment:	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:
Humana Medical Plan, Inc.	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:				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.
KEOIOI I	Measurement	Measurement F	Period	Benchmark to Qualify	Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member
	Member	January 1, 2015 -	-	The average number, across the measurement period, of members per day who had face-	Per Month (PMPM) capitation rate, for services rendered by Qualified Providers to members
	Encounter Rate	December 31, 201		to-face visits with the PCP must be at 2.5 or higher	under the age of 21, including coverage of Primary Care Services as specified by the Agency,
	ER Utilization	January 1, 2015 – December 31, 201		ER Utilization of assigned members of less than 700 visits/1000 members	beginning with capitation payments made for October 2016.
	certified Pediatriciar	ns), who are practicin	ng at a site a	by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board- as a primary care physician with assigned health plan Medicaid membership and a panel size of ose site has achieved all of the following access and quality measures for the plan's Medicaid	
	Measurem		surement Period	Benchmark to Qualify	
	HEDIS: Well-child		ry 1, 2015	Percentage of members who turned 15 months old during the measurement period	
	the first 15 months	(-,	ember 31,	and who had 6 or more well-child visits with a PCP must meet or exceed NCQA	
	2015		4 OO4E	benchmark of 66.24% using 2016 HEDIS specifications	
	HEDIS: Children a		ry 1, 2015 ember 31,	Percentage of members 12-24 months old who had a visit with a PCP during the measurement period must meet or exceed NCQA benchmark of 97.42% using 2016	
	adolescent access to primary care (12-24 months) – Dec 2015		ombor or,	HEDIS specifications	
	HEDIS: Children a	ind Januai	ry 1, 2015	Percentage of members 25 months – 6 years of age who had a visit with a PCP during	
	adolescent access		ember 31,	the measurement period must meet or exceed NCQA benchmark of 91.21% using	
	care (25 months –			2016 HEDIS specifications	
	HEDIS: Children a adolescent access		ry 1, 2015 ember 31,	Percentage of members 7 – 11 years old who had a visit with a PCP during the measurement period must meet or exceed NCQA benchmark of 93.90% using 2016	
	care (7 – 11 years	, ,	ember 31,	HEDIS specifications	
	Leare (F. Frycare)	, 12010			

MMA Plan	s Physician Incer	ntive Programs for	Pediatricians	
Plan	How does a pedia	atrician qualify?		How will a pediatrician get paid once they qualify?
Name	Providers enrolled in th	ne health plan network who	meet the qualifications listed below will qualify for the enhanced payment:	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:
Humana Medical Plan, Inc. REGION 6	certified Pediatricians) wh	no are practicing at a sité as a	American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board- a primary care physician with assigned health plan Medicaid membership and a panel size e site has achieved all of the following access and quality measures for the plan's Medica	
	Measurement	Measurement Period	Benchmark to Qualify	under the age of 21, including coverage of Primary Care Services as specified by the Agency,
	Member Encounter Rate	January 1, 2015 – December 31, 2015	The average number, across the measurement period, of members per day who had face-to-face visits with the PCP must be at 3.0 or higher	beginning with capitation payments made for October 2016.
	ER Utilization	January 1, 2015 – December 31, 2015	ER Utilization of assigned members of less than 600 visits/1000 members	1
	certified Pediatricians), wat least 200 health plan Members:	ho are practicing at a site as Medicaid members, and whos	with the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (boar a primary care physician with assigned health plan Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel size size size size size size size size	e of
	Measurement HEDIS: Well-child	Measurement Period January 1, 2015 –	Benchmark to Qualify	
	visits in the first 15 months (W15)	December 31, 2015	Percentage of members who turned 15 months old during the measurement period and who had 6 or more well-child visits with a PCP must meet or exceed NCQA benchmark of 66.24% using 2016 HEDIS specifications	
	HEDIS: Children and adolescent access to primary care (12-24 months)	January 1, 2015 – December 31, 2015	Percentage of members 12-24 months old who had a visit with a PCP during the measurement period must meet or exceed NCQA benchmark of 97.42% using 2016 HEDIS specifications	
	HEDIS: Children and adolescent access to primary care (25 months – 6 years)	January 1, 2015 – December 31, 2015	Percentage of members 25 months – 6 years of age who had a visit with a PCP during the measurement period must meet or exceed NCQA benchmark of 91.21% using 2016 HEDIS specifications	
	HEDIS: Children and adolescent access to primary care (7 – 11 years)	January 1, 2015 – December 31, 2015	Percentage of members 7 – 11 years old who had a visit with a PCP during the measurement period must meet or exceed NCQA benchmark of 93.90% using 2016 HEDIS specifications	

	is Physician incent	tive Programs for	Pediatricians	
Plan Name	How does a pedia	trician qualify?		How will a pediatrician get paid once they qualify?
Name	Providers enrolled in the	e health plan network who	meet the qualifications listed below will qualify for the enhanced payment:	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:
Humana Medical Plan, Inc. REGION 9	certified Pediatricians) who	o are practicing at a site as a	e American Board of Pediatrics or the American Osteopathic Board of Pediatrics (boarda primary care physician with assigned health plan Medicaid membership and a panel size site has achieved all of the following access and quality measures for the plan's Medical	
	Measurement	Measurement Period	Benchmark to Qualify	Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member
	Member Encounter Rate	January 1, 2015 – December 31, 2015	The average number, across the measurement period, of members per day who had face-to-face visits with the PCP must be at 3.0 or higher	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,
	ER Utilization	January 1, 2015 -	ER Utilization of assigned members of less than 550 visits/1000 members	beginning with capitation payments made for October 2016.
	OR Physicians who are be certified Pediatricians), wh	December 31, 2015 pard-certified in pediatrics by no are practicing at a site as	y the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board a primary care physician with assigned health plan Medicaid membership and a panel s	ard- ize of
	OR Physicians who are be certified Pediatricians), what least 200 health plan M members:	December 31, 2015 pard-certified in pediatrics by no are practicing at a site as edicaid members, and whose	y the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board a primary care physician with assigned health plan Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has a panel see access and quality measures for the plan's membership and a panel see access and quality measures for the plan's membership and a panel see access and quality measures for the plan's membership and a panel see access and quality measures for the plan's membership and a panel see access and quality measures are panel see access and quality measures and quality measures are panel see access and quality meas	ard- ize of
	OR Physicians who are be certified Pediatricians), what least 200 health plan M	December 31, 2015 pard-certified in pediatrics by no are practicing at a site as	y the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board a primary care physician with assigned health plan Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medical Med	ard- ize of
	OR Physicians who are be certified Pediatricians), what least 200 health plan M members: Measurement	December 31, 2015 pard-certified in pediatrics by no are practicing at a site as edicaid members, and whose Measurement Period	y the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board a primary care physician with assigned health plan Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medicaid membership and a panel see site has a panel see access and quality measures for the plan's membership and a panel see access and quality measures for the plan's membership and a panel see access and quality measures for the plan's membership and a panel see access and quality measures for the plan's membership and a panel see access and quality measures are panel see access and quality measures and quality measures are panel see access and quality meas	ard- ize of
	OR Physicians who are be certified Pediatricians), what least 200 health plan M members: Measurement HEDIS: Well-child visits in the first 15 months	December 31, 2015 pard-certified in pediatrics by no are practicing at a site as edicaid members, and whose Measurement Period January 1, 2015 –	y the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board a primary care physician with assigned health plan Medicaid membership and a panel see site has achieved all of the following access and quality measures for the plan's Medical Medical Medical Medical Medical Medical Medical Medical Members who turned 15 months old during the measurement period and who had 6 or more well-child visits with a PCP must meet or exceed NCQA	ard- ize of
	OR Physicians who are be certified Pediatricians), what least 200 health plan M members: Measurement HEDIS: Well-child visits in the first 15 months (W15) HEDIS: Children and adolescent access to primary care (12-24	December 31, 2015 pard-certified in pediatrics by no are practicing at a site as edicaid members, and whose Measurement Period January 1, 2015 - December 31, 2015	y the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (boar a primary care physician with assigned health plan Medicaid membership and a panel sees ite has achieved all of the following access and quality measures for the plan's Medical Medical Medical Medical Medical Members Medical Members Medical Members Medical Members Members Medical Members Memb	ard- ize of

MMA Plans Physician Incentive Programs for Pediatricians How will a pediatrician get paid once they qualify? Plan How does a pediatrician qualify? Name Beginning with dates of service on October 1, 2016 through September 30, 2017, the Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment: health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, as follows: Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Humana Medical Plan. certified Pediatricians) who are practicing at a site as a primary care physician with assigned health plan Medicaid membership and a panel size of Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Inc. 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 Medicaid members under the age of 21. Payments will be made to the qualifying providers upon members: submission of a clean claim for dates of service October 1, 2016 through September 30, 2017. **REGION 10** &11 Measurement **Measurement Period** Benchmark to Qualify 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 Member Encounter January 1, 2015 -The average number, across the measurement period, of members per day who under the age of 21, including coverage of Primary Care Services as specified by the Agency, December 31, 2015 had face-to-face visits with the PCP must be at 3.0 or higher Rate beginning with capitation payments made for October 2016. **ER** Utilization January 1, 2015 -ER Utilization of assigned members of less than 650 visits/1000 members December 31, 2015 **OR** Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (boardcertified 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 the following access and quality measures for the plan's Medicaid members: Measurement **Measurement Period** Benchmark to Qualify HEDIS: Well-child visits January 1, 2015 -Percentage of members who turned 15 months old during the measurement period in the first 15 months December 31, 2015 and who had 6 or more well-child visits with a PCP must meet or exceed NCQA benchmark of 66.24% using 2016 HEDIS specifications (W15) HEDIS: Children and January 1, 2015 -Percentage of members 12-24 months old who had a visit with a PCP during the adolescent access to December 31, 2015 measurement period must meet or exceed NCQA benchmark of 97.42% using primary care (12-24 2016 HEDIS specifications months) HEDIS: Children and January 1, 2015 -Percentage of members 25 months - 6 years of age who had a visit with a PCP adolescent access to December 31, 2015 during the measurement period must meet or exceed NCQA benchmark of 91.21% primary care (25 using 2016 HEDIS specifications months - 6 years) HEDIS: Children and Percentage of members 7 – 11 years old who had a visit with a PCP during the January 1, 2015 adolescent access to December 31, 2015 measurement period must meet or exceed NCQA benchmark of 93.90% using primary care (7 – 11 2016 HEDIS specifications vears) Florida MHS Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-Payment to all providers will be made through an enhanced prospective Per Member Per Month Inc. d/b/a certified Pediatricians), who are practicing as a primary care physician, and have achieved both of the following access and quality measures for the (PMPM) capitation rate, for services rendered by Qualified Providers to members under the age plan's Medicaid members: of 21, including coverage of Primary Care Services as specified by the Agency, beginning with Magellan Complete capitation payments made for October 2016. Payments will be made at the group level unless Care **Measurement Period** the practitioner is a solo provider. Measurement Benchmark to Qualify Achieve the Medicaid 50th percentile, as calculated by NCQA, for the health plan's **HEDIS: Body Mass** January 1, 2015 -**REGIONS 2, 4.** Index (BMI) December 31, 2015 Medicaid members age 3 – 17 years old using 2016 HEDIS specifications 5, 7, 9, 10, and HEDIS: Adolescent January 1, 2015 -Achieve the Medicaid 50th percentile, as calculated by NCQA, for the health plan's Medicaid members aged 12 -21 years old using 2016 HEDIS specifications Well Child Visit (AWC) December 31, 2015 Molina Health Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care of certified Pediatricians), practicing within a group at a site that has been recognized by one of the following organizations as a Patient-Centered Care Services, as specified by the Agency, rendered by Qualified Providers to the health plan's

MMA Plan	s Physician Incenti	ve Programs for	Pediatricians	
Plan Name			meet the qualifications listed below will qualify for the enhanced payment:	How will a pediatrician get paid once they qualify? 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:
Florida, Inc. REGIONS 1, 6, 7 & 8		nittee for Quality Assurance ssociation for Ambulatory mission (TJC)		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 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 th of the month following the month after the close of the quarter.
Molina Health Care of Florida, Inc. REGIONS 4, 9 & 11	certified Pediatricians), prac Medical Home: National Comm Accreditation A The Joint Com	ticing within a group at a si nittee for Quality Assurance association for Ambulatory mission (TJC)		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 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 th of the month following the month after the close of the quarter.
	Measurement HEDIS: Childhood Immunizations Status (CIS) Combo 3 HEDIS: Well Child HEDIS: Lead Screening (LSC) HEDIS: Immunization for Adolescents (IMA) Combo 1 HEDIS: Adolescent Well Visits HEDIS: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Measurement Period January 1, 2015 – December 31, 2015 January 1, 2015 – December 31, 2015	Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications	

MMA Plan	MMA Plans Physician Incentive Programs for Pediatricians					
Plan Name	How does a pediatrician qualify? Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:	How will a pediatrician get paid once they qualify? 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:				
Florida True Health d/b/a Prestige Health Choice, LLC REGIONS 2, 3, 5, 6, 7, 8, 9, and 11	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: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) 	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, with a quarterly reconciliation of actual encounters for Primary Care Services, at the group level, beginning with capitation payments made for October 2016.				
South Florida Community Care Network d/b/a Community Care Plan REGION 10	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.	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.				
Simply Healthcare Plans, Inc. REGION 11	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: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) 	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. 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.				
WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida REGIONS 2, 3, 4, 5, 6, 7, 8, and 11	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: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) 	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 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.				
Sunshine State Health Plan, Inc.	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:	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.				

MMA Plans	MMA Plans Physician Incentive Programs for Pediatricians				
Plan Name	How does a pediatrician qualify? Providers enrolled in the health plan network who meet the qualifications listed below will qualify for the enhanced payment:	How will a pediatrician get paid once they qualify? 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:			
REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	 National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) 	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.			
United Health Care of Florida, Inc. REGION 3, 4, 7, and 11	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: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) 	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 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.			

Plan Name	How does an Obste	trician qualify?		How will an Obstetrician get paid once they qualify?
				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:
AHF dba Positive Healthcare Florida			n, with at least one paid claim for a service provided within the measurement period, who or the plan's Medicaid members:	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
	Measurement	Measurement Period	Benchmark to Qualify	clean claim for dates of service beginning on October 1, 2016.
REGIONS 10 and 11		January 1, 2015 - December 31, 2015	Rate of cervical screenings for the measurement period ≥90%	
Amerigroup Florida, Inc. d/b/a Amerigroup Community Care REGIONS 5, 6, 7, 10, and 11	of the following organizations as a Patient-Centered Medical Home: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC)			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.
io, and ii	OR Physicians who are boar Osteopathic Board of Obstet measures for the health plan	rics and Gynecology (board	gynecology by the American Board of Obstetrics and Gynecology or the American I-certified OB/GYNs) whose group has achieved all of the following access and quality	
	Measurement	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of	November 6, 2014 –	Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile	
	Ongoing Prenatal Care	November 5, 2015	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	January 1, 2015 –	Percentage of single liveborn Medicaid births in a group that were delivered via	
	Cesarean Rate	December 31, 2015	cesarean during the measurement period. The Group rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016	
Better Health, LLC REGIONS 6 and	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:			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.
10	Measurement	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of	November 6, 2014 –	Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile	
	Ongoing Prenatal Care HEDIS: Postpartum Care	November 5, 2015 November 6, 2014 – November 5, 2015	as calculated by NCQA using 2016 specifications 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	

IVIIVIA FIAIIS I	Physician Incentive	Programs for Obs	stetrician	
Plan Name	How does an Obste	trician qualify?		How will an Obstetrician get paid once they qualify?
				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:
Healthcare Plan, Inc. d/b/a Clear Health Alliance	Medicaid members:			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.
REGIONS 1, 2, 3,	Measurement HEDIS: Frequency of	Measurement Period November 6, 2014 –	Benchmark to Qualify Rate of patients with 81% or more expected visits must be at or above the	
5, 6, 7, 8, 9, 10,	Ongoing Prenatal Care	November 5, 2014 –	Medicaid 75 th percentile as calculated by NCQA using 2016 specifications	
and 11	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	
Coventry Health Care of Florida REGION 11	Osteopathic Board of Obstet	rics and Gynecology (board- s Medicaid members over th	ecology by the American Board of Obstetrics and Gynecology or the American certified OB/GYNs), and who are practicing within a group that had at least 10 the measurement period. The group must also have achieved all of the following access bers:	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.
	Measurement	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of	November 6, 2014 –	Rate of patients with ≥81% visits must be at or above the Medicaid 75 th	
	Ongoing Prenatal Care HEDIS: Postpartum Care	November 5, 2015 November 6, 2014 –	percentile as calculated by NCQA using 2016 specifications Rate must be at or above the National Medicaid Mean as calculated by NCQA	
	HEDIS. Postpartuili Care			
		November 5, 2015	using 2016 specifications	
	Florida Medicaid	January 1, 2015 -	Percentage of single liveborn Medicaid births in a practice that were delivered	
	Florida Medicaid Cesarean Rate			
Humana Medical	Cesarean Rate Physicians who are board-ce	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	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
Humana Medical Plan, Inc. REGION 1	Physicians who are board-ce Osteopathic Board of Obstet	January 1, 2015 – December 31, 2015 ertified in obstetrics and gynerics and Gynecology (board-	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	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.
Plan, Inc.	Physicians who are board-ce Osteopathic Board of Obstet deliveries for the measureme Medicaid members:	January 1, 2015 – December 31, 2015 ertified in obstetrics and gynerics and Gynecology (boardent period, and whose group	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 ecology by the American Board of Obstetrics and Gynecology or the American certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid has achieved all of the following access and quality measures for the health plan's	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.
Plan, Inc.	Cesarean Rate Physicians who are board-ce Osteopathic Board of Obstet deliveries for the measureme Medicaid members: Measurement HEDIS: Frequency of	January 1, 2015 – December 31, 2015 ertified in obstetrics and gynerics and Gynecology (boardent period, and whose group Measurement Period November 6, 2014 –	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 ecology by the American Board of Obstetrics and Gynecology or the American certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid has achieved all of the following access and quality measures for the health plan's Benchmark to Qualify	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. 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
Plan, Inc.	Cesarean Rate Physicians who are board-ce Osteopathic Board of Obstet deliveries for the measureme Medicaid members: Measurement HEDIS: Frequency of Ongoing Prenatal Care	January 1, 2015 – December 31, 2015 ertified in obstetrics and gynerics and Gynecology (boardent period, and whose group Measurement Period November 6, 2014 – November 5, 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 ecology by the American Board of Obstetrics and Gynecology or the American certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid has achieved all of the following access and quality measures for the health plan's Benchmark to Qualify	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. Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member
Plan, Inc.	Cesarean Rate Physicians who are board-ce Osteopathic Board of Obstet deliveries for the measureme Medicaid members: Measurement HEDIS: Frequency of	January 1, 2015 — December 31, 2015 entified in obstetrics and gynerics and Gynecology (boardent period, and whose group Measurement Period November 6, 2014 — November 5, 2015 November 6, 2014 —	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 ecology by the American Board of Obstetrics and Gynecology or the American certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid has achieved all of the following access and quality measures for the health plan's Benchmark to Qualify	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. 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
Plan, Inc.	Cesarean Rate Physicians who are board-ce Osteopathic Board of Obstet deliveries for the measureme Medicaid members: Measurement HEDIS: Frequency of Ongoing Prenatal Care	January 1, 2015 – December 31, 2015 ertified in obstetrics and gynerics and Gynecology (boardent period, and whose group Measurement Period November 6, 2014 – November 5, 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 ecology by the American Board of Obstetrics and Gynecology or the American certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid has achieved all of the following access and quality measures for the health plan's Benchmark to Qualify	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. 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

MMA Plans I	Physician Incentive	Programs for Ob	stetrician	
Plan Name	How does an Obste	trician qualify?		How will an Obstetrician get paid once they qualify?
				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:
Humana Medical Plan, Inc. REGION 6	Osteopathic Board of Obsteti	rics and Gynecology (board	ecology by the American Board of Obstetrics and Gynecology or the American -certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid b has achieved all of the following access and quality measures for the health plan's	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.
	Measurement HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Rate	Measurement Period November 6, 2014 – November 5, 2015 November 6, 2014 – November 5, 2015 January 1, 2015 – December 31, 2015	Benchmark to Qualify Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile as calculated by NCQA using 2016 specifications Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications 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	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.
Humana Medical Plan, Inc. REGION 9	Osteopathic Board of Obsteti	rics and Gynecology (board	ecology by the American Board of Obstetrics and Gynecology or the American -certified OB/GYNs), who are practicing within a group and had at least 10 Medicaid b has achieved all of the following access and quality measures for the health plan's	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.
	Measurement	Measurement Period	Benchmark to Qualify	Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member
	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 th percentile as calculated by NCQA using 2016 specifications	Per Month (PMPM) capitation rate, including coverage of Obstetric Services as specified by the Agency, beginning with capitation payments made for October 2016.
	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	
Humana Medical Plan, Inc. REGION 10 &11	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:			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.
	Measurement	Measurement Period	Benchmark to Qualify	Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member
	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 th percentile as calculated by NCQA using 2016 specifications	Per Month (PMPM) capitation rate, including coverage of Obstetric Services as specified by the Agency, beginning with capitation payments made for October 2016.
	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	

MMA Plans Physician Incentive Programs for Obstetrician How does an Obstetrician qualify? How will an Obstetrician get paid once they qualify? **Plan Name** 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: Florida MHS. Inc. Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Payments to Fee-For-Service (FFS) providers will be made using an enhanced bundled payment, d/b/a Magellan Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) and have achieved both of the following access and guality equivalent to the Medicare Rate, for each delivery, for deliveries occurring on or after October 1, **Complete Care** measures for the plan's Medicaid members: **REGIONS 2. 4. 5.** Measurement Measurement Period Benchmark to Qualify 6, 7, 9, 10, and 11 HEDIS: Frequency of November 6, 2014 -Rate of patients with ≥81% expected visits must be at or above the Medicaid 50th Ongoing Prenatal Care November 5, 2015 percentile as calculated by NCQA using 2016 HEDIS specifications HEDIS: Postpartum Care November 6, 2014 -Rate must be at or above the National Medicaid Mean as calculated by NCQA November 5, 2015 using 2016 HEDIS specifications **Molina Health** Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Care of Florida, Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group at a site that has been recognized by one Services, as specified by the Agency, rendered by Qualified Providers to the health plan's of the following organizations as a Patient-Centered Medical Home: 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. **REGIONS 1.6.7** National Committee for Quality Assurance (NCQA), Level 2 & 8 Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective Accreditation Association for Ambulatory Health Care (AAAHC) reconciliation based on encounters/claims data for Obstetric Services, as specified by the The Joint Commission (TJC) Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made on a quarterly basis on the 15th of the month following the month after the close of the **OR** Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American quarter. 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: Measurement Measurement Period Benchmark to Qualify HEDIS: Frequency of November 6, 2014 -Rate of patients with ≥81% visits must be at or above the Medicaid 75th percentile Ongoing Prenatal Care November 5, 2015 as calculated by NCQA using 2016 specifications HEDIS: Postpartum Care November 6, 2014 -Rate must be at or above the National Medicaid Mean as calculated by NCQA November 5, 2015 using 2016 specifications Percentage of single liveborn Medicaid births in a practice that were delivered via Florida Medicaid January 1, 2015 -December 31, 2015 cesarean during the measurement period. The Group/Practice rate must be Cesarean Rate below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016 Molina Health Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Care of Florida, Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs), practicing within a group and have submitted at least one claim Services, as specified by the Agency, rendered by Qualified Providers to the health plan's Inc. during the 2015 calendar year, and whose group has achieved all of the following for the health plan's Medicaid members: 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. Regions 4, 9 & 11 Measurement **Measurement Period** Benchmark to Qualify Payment to Sub-Capitated and Shared Risk providers will be made using a retrospective HEDIS: Frequency of November 6, 2014 -Rate of patients with ≥81% visits must be at or above the Medicaid 75th percentile as reconciliation based on encounters/claims data for Obstetric Services, as specified by the Ongoing Prenatal Care November 5, 2015 calculated by NCQA using 2016 HEDIS specifications Agency, rendered by Qualified Providers to the health plan's Medicaid members. Payments will HEDIS: Postpartum November 6, 2014 -Rate must be at or above the National Medicaid Mean as calculated by NCQA using be made on a quarterly basis on the 15th of the month following the month after the close of the Care November 5, 2015 2016 HEDIS specifications quarter. Florida Medicaid January 1, 2015 -Percentage of single liveborn Medicaid births in a practice that were delivered via Cesarean Rate December 31, 2015 cesarean during the measurement period. The Group/Practice rate must be below

35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016

MMA Plans I	Physician Incentive	Programs for Ob	stetrician	
Plan Name	How does an Obste	etrician qualify?		How will an Obstetrician get paid once they qualify?
				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:
Florida True Health d/b/a Prestige Health Choice, LLC REGIONS 2, 3, 5, 6, 7, 8, 9, and 11	Osteopathic Board of Obstet of the following organizations National Comm Accreditation A: The Joint Comr OR Physicians who are boar	trics and Gynecology (boards as a Patient-Centered Me hittee for Quality Assurance ssociation for Ambulatory Homission (TJC) rd-certified in obstetrics and trics and Gynecology (boards)	(NCQA), Level 2	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.
		1 (5 : 1		
	Measurement HEDIS: Frequency of	Measurement Period November 6, 2014 –	Benchmark to Qualify Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile	
	Ongoing Prenatal Care	November 5, 2014 –	as calculated by NCQA using 2016 specifications	
	HEDIS: Postpartum Care	November 6, 2014 –	Rate must be at or above the National Medicaid Mean as calculated by NCQA	
		November 5, 2015	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	
South Florida Community Care Network d/b/a Community Care Plan	Osteopathic Board of Obstet signed a Pay for Performance the following access and quameasures listed below:	trics and Gynecology (board be Program Agreement, and ality measures, and at least	necology by the American Board of Obstetrics and Gynecology or the American d-certified OB/GYNs) who have participated in-network for six consecutive months, have d have achieved the Medicaid 75 th percentile, as calculated by NCQA, for at least one of the Medicaid 60 th percentile, as calculated by NCQA, for the other access and quality	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.
KEGIONS IU	Measurement HEDIS: Prenatal and	November 6, 2014 –	Benchmark to Qualify	
	Postpartum Care - Timeliness of Prenatal Care	November 5, 2015	See above Qualified Provider narrative	
	HEDIS: Frequency of	November 6, 2014 –	Rate of patients with ≥81% visits	
	Ongoing Prenatal Care	November 5, 2015	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	January 1, 2015 -	Percentage of single liveborn Medicaid births in a practice that were delivered via	
	Cesarean Rate	December 31, 2015	cesarean during the measurement period. See above Qualified Provider narrative	

Plan Name	How does an Obste	etrician qualify?		How will an Obstetrician get paid once they qualify?
		,		Beginning with dates of service on October 1, 2016 through September 30, 2017, the healt plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agencias follows:
Simply Healthcare Plans, nc.		rics and Gynecology (board	ecology by the American Board of Obstetrics and Gynecology or the American l-certified OB/GYNs), practicing within a group at a site that has been recognized by one dical Home:	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.
REGION 11		ittee for Quality Assurance ssociation for Ambulatory H nission (TJC)		
		rics and Gynecology (board	gynecology by the American Board of Obstetrics and Gynecology or the American l-certified OB/GYNs) whose group has achieved all of the following access and quality	
	Measurement	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of	November 6, 2014 –	Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile	
	Ongoing Prenatal Care	November 5, 2015	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	
WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida	Osteopathic Board of Obstet of the following organizations	rics and Gynecology (boards s as a Patient-Centered Me		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.
REGION 2, 3, 4, 5, 6, 7, 8, and 11		ittee for Quality Assurance ssociation for Ambulatory H nission (TJC)		
		rics and Gynecology (board	gynecology by the American Board of Obstetrics and Gynecology or the American -certified OB/GYNs) whose group has achieved all of the following access and quality	
	Measurement	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of	November 6, 2014 –	Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile	
	Ongoing Care HEDIS: Postpartum Care	November 5, 2015 November 6, 2014 – November 5, 2015	as calculated by NCQA using 2016 specifications 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	

MMA Plans Physician Incentive Programs for Obstetrician								
Plan Name	How does an Obste	trician qualify?		How will an Obstetrician get paid once they qualify? 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:				
Health Plan, Inc. REGIONS 1,2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	National Commi Accreditation As The Joint Comm OR Physicians who are board	s as a Patient-Centered Me ittee for Quality Assurance esociation for Ambulatory H nission (TJC) d-certified in obstetrics and rics and Gynecology (board	(NCQA), Level 2	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.				
	Measurement HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Rate	Measurement Period November 6, 2014 – November 5, 2015 November 6, 2014 – November 4, 2015 January 1, 2015 – December 31, 2015	Benchmark to Qualify Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile as calculated by NCQA using 2016 specifications Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications 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					
United Health Care of Florida, Inc. REGION 3, 4, 7, and 11	Osteopathic Board of Obsteti of the following organizations National Commi Accreditation As The Joint Comm	rics and Gynecology (boards as a Patient-Centered Me ittee for Quality Assurance association for Ambulatory Houssion (TJC) d-certified in obstetrics and rics and Gynecology (boards)	(NCQA), Level 2	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.				
	Measurement HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Rate	Measurement Period November 6, 2014 – November 5, 2015 November 6, 2014 – November 5, 2015 January 1, 2015 – December 31, 2015	Benchmark to Qualify Rate of patients with ≥81% visits must be at or above the Medicaid 75 th percentile as calculated by NCQA using 2016 specifications Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications 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					