Year 2: Octobe	er 1, 2017- September 30, 2018			
Plan Name	How doe	es a physician qualify?		How will a physician get paid once they qualify?
Aetna Better	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians	s, family practitioners, and general prac	titioners), regardless of specialty or board certifica	Pediatric Primary Care Physician (PCP) tion, Payments to fee-for-service (FFS) qualified providers will be made at the
Health of Florida	practicing within a group with at least 100 health plan Medicaid members under the age of 21 years, at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:		on or appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.	
REGION 11	 National Committee for Quality Assurance (NCC Accreditation Association for Ambulatory Health The Joint Commission (TJC) Utilization Review Accreditation Commission (UI 	Care (AAAHC)		Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of
	AND The site must also achieve the following access and quality measures using HEDIS 2017 specifications within the measurement period January 1, 2016 through		21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018.	
	December 31, 2016. Measure		c to Qualify	
	HEDIS: Lead Screening	Medicaid 50	th Percentile	
	HEDIS: Child Access to Primary Care (3/4 Age Bands)		th Percentile	
	ER Utilization After-Hours Availability		000 Members on Weekends	
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)		
	Providers designated by the health plan as OB/GYN physicians, board cer American Osteopathic Board of Obstetrics and Gynecology, practicing w achieves the following access and quality measures using 2017 HEDIS sp	r the that Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaic members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates or		
	Measure	Measurement Period	Benchmark to Qualify	service beginning on or after October 1, 2017 through September 30, 2018.
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	Medicaid 75 th Percentile	
	HEDIS: Postpartum Care	11/6/15-11/5/16	National Medicaid Mean	
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	
	Pediatric Specialist	Pediatric Specialist		
	Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric nephrology, pediatric neurology, pediatric neurology surgeon, pediatric oncologist, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon.		neral appropriate Medicare rate for all medically necessary services provided to atric the health plan's Medicaid members under the age of 21, upon submission	

MMA Physician Incentive Program (MPIP) Plan Summaries

	sician Incentive Program (MPIP) Plan Summaries per 1, 2017- September 30, 2018					
Plan Name		How does a physician qualify?	How will a physician get paid once they qualify?			
AHF d/b/a Positive Healthcare Florida REGIONS 10 and 11	Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification practicing within a group with at least one pediatric health plan Medicaid member and who achieve the following access and quality measure within the measurement period January 1, 2016- December 31, 2016. Measure Benchmark to Qualify		Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.			
		as OB/GYN physicians, regardless of board certification, with at least one paid claim for a service provided to a health planent period January 1, 2016 – December 31, 2016.	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.			
	maternal/fetal specialist, pediatric alle gastroenterologist, pediatric general su pediatric ophthalmologist, pediatric ortho psychiatrist pediatric pulmonologist, pediatric	n as a physician in one of the following pediatric specialties, regardless of board certification: adolescent medicine specialist, ergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric argeon, pediatric hematologist, pediatric nephrology, pediatric neurology, pediatric neurology surgeon, pediatric oncologist, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric rheumatologist, pediatric thoracic surgeon, with at least one paid claim for a service provided to a health plan Medicaid g access and quality measures during the measurement period January 1, 2016 through December 31, 2016.	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.			
	Measure Pediatric Visit	Benchmark to Qualify At Least One Pediatric Visit in Measurement Period				

MMA Physician Incentive Program (MPIP) Plan Summaries
Year 2: October 1, 2017- September 30, 2018

	, ,		
Plan Name	How does a physician o	qualify?	How will a physician get paid once they qualify?
Amerigroup	Pediatric Primary Care Physician (PCP)		Pediatric Primary Care Physician (PCP)
Florida, Inc. REGIONS 5,	Providers designated by the health plan as PCPs (including pediatricians, family practitioners, a must also achieve one of the following two qualification options.		Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services
6, 7, 10, and 11	Option 1 : PCPs practicing within a group at a site recognized as a Patient-Centered Med organizations:	as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.	
	 National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC). 	Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate, for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018.	
	<u>OR</u>		
	Option 2: PCPs practicing within a site with at least 50 health plan Medicaid panel members 2017 specifications within the measurement period January 1, 2016 through December 31, 2016	6.	
	HEDIS Measure	Benchmark to Qualify	
	Adolescent Well Care Visits	53%	
	Child Access to Primary Care (12-24 Mos.) Child Access to Primary Care (25 Mos 6 Yrs.)	95% 89%	
	Child Access to Primary Care (23 Mios 6 Trs.)	91%	
	Child Access to Primary Care (12-19 Yrs.)	89%	
	Well Child Visits in the First 15 Months (0 Visits)	2% or less	
	Well Child Visits in the First 15 Months (6 or More)	59%	
	Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.	75%	
	Lead Screening	67%	

Florida, Inc. REGIONS 5, 7, 10, and Providers designated by the health plan as OB/GYN physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, must also achieve one of the following two qualification options. Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medicare rate for services rendered to the	Plan Name	How	does a physician qualify?			How will a physician get paid once they qualify?
Providers designated by the health plan as a physicians, loadro entiried in obsettics and gynecology or the American postar or Obstetrics and Gynecology, must also achieve one of the following two qualification options. Option 1: OB/GYNs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission of Commission of a College of Colleg	Amerigroup	Obstetrician/Gynecologist (OB/GYN)				Obstetrician/Gynecologist (OB/GYN)
organizations: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC). OR Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period. Measure Measurement Period Benchmark to Quality HEDIS: Frequency of Ongoing Prenatal Care 11/6/15-11/5/16 67% HEDIS: Postpartum Care 11/6/15-11/5/16 62% Florida Medicaid Cesarean Section Rate 1/1/16-12/31/16 <35% Pediatric Specialist Providers designated by the health plan as a physician board certified in one of the following pediatric surgeon, pediatric aerdiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric inhephrology, pediatric neurology, pediatric neurology, pediatric plastic surgeon, pediatric designating on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 21 **Revice beginning on or after October 1, 2017 through September 30, 2018.	REGIONS 5,	American Osteopathic Board of Obstetrics and Gynecology, must a	so achieve one of the following two qualific	ation options.		Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medicar members under the age of 21, including coverage of obstetric services
National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC). OR Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period. Measure Measure Measurement Period Benchmark to Qualify HEDIS: Frequency of Ongoing Prenatal Care 11/6/15-11/5/16 67% HEDIS: Postpartum Care 11/6/15-11/5/16 62% Florida Medicaid Cesarean Section Rate 1/1/16-12/31/16 Pediatric Specialist Providers designated by the health plan as a physician board certified in one of the following pediatric specialities: adolescent medicine specialist, maternal/fetal specialist, pediatric cardiology, pediatric cardiology, pediatric cardiology, pediatric dermatologist, pediatric orthopedic surgeon, pediatric cardiology, pediatric methorology, pediatric methorology, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric plastic surgeon, pediatric plastic surgeon, pediatric service beginning on or after October 1, 2017 three Specialist September 30, 2018.	11		ed as a Patient-Centered Medical Home, or	or before September 30, 2017, by o	ne of the following	service beginning on or after October 1, 2017 through September 30, 201
The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC). OR Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period. Measure		9	(NCQA), Level 2			
Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period. Measure		Accreditation Association for Ambulatory H				
Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period. Measure						
Detion 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period. Measure						
Measure Measurement Period Benchmark to Qualify						
HEDIS: Frequency of Ongoing Prenatal Care 11/6/15-11/5/16 62% Florida Medicaid Cesarean Section Rate 11/6/15-11/5/16 62% Florida Medicaid Cesarean Section Rate 1/1/16-12/31/16 Pediatric Specialist Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric general surgeon, pediatric cardiology, pediatric cardiovascular surgeon, pediatric neurology, pediatric neurology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric plastic surgeon, pediatric plastic p		Ontion 2: OR/GVNs practicing within a site that achieves the f	ollowing access and quality measures for t	he health plan's Medicaid members i	sing HEDIS 2017	
HEDIS: Postpartum Care 11/6/15-11/5/16 62% Florida Medicaid Cesarean Section Rate 1/1/16-12/31/16 Pediatric Specialist Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric cardiology, pediatric cardiology, pediatric cardiology, pediatric cardiology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric ophthalmologist, pediatric ophthalmologist, pediatric ophthalmologist, pediatric plastic surgeon, pediatric thoracic surgeon. Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for all medically necessary services to the her sorthopedic surgeon, pediatric ophthalmologist, pediatric ophthalmologist, pediatric plastic surgeon, pediatric plastic surg			ollowing access and quality measures for t	he health plan's Medicaid members u	sing HEDIS 2017	
Florida Medicaid Cesarean Section Rate 1/1/16-12/31/16 Sas%		specifications within the measurement period.			sing HEDIS 2017	
Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric cardiology, pediatric cardiology, pediatric cardiology, pediatric cardiology, pediatric neurology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric ophthalmologist, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric pulmonologist, pediatric pulmonologist, pediatric pulmonologist, pediatric claim for dates of service beginning on or after October 1, 2017 through the diatric plastic surgeon. Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for all medically necessary services to the heat plan's Medicaid members under the age of 21 upon submission of a claim for dates of service beginning on or after October 1, 2017 through the diatric plantic		specifications within the measurement period. Measure	Measurement Period	Benchmark to Qualify	sing HEDIS 2017	
Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric general surgeon, pediatric cardiology, pediatric cardiovascular surgeon, pediatric neurology, pediatric neurology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric pulmonologist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon. Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric specialist, maternal/fetal specialist, maternal/fetal specialist, pediatric general appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric specialist, maternal/fetal specialist, maternal/fetal specialist, pediatric general appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric specialist, maternal/fetal specialist, maternal/fetal specialist, pediatric general appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric general appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric appropriate Medicare rate for all medically necessary services to the health plan as a physician board certified in one of the following pediatric appropriate Medicare rate for all medically necessary services		specifications within the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/15-11/5/16	Benchmark to Qualify 67%	sing HEDIS 2017	
pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric neurology, pediatric neurology, pediatric neurology, pediatric neurology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric plantic ophthalmologist, pediatric plantic plantic pulmonologist, pediatric pulmonologist, pediatric dermatologist, pediatric general surgeon, pediatric hematologist, pediatric neurology, pediatric neurology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric plantic plantic plantic pulmonologist, pediatric cardiology, pediatric dermatology, pediatric general surgeon, pediatric neurology, pediatric neurology, pediatric ophthalmologist, pediatric plantic pla		Specifications within the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16	Benchmark to Qualify 67% 62%	sing HEDIS 2017	
Pediatric Psychiatrist Pediatric Psychiatrist		Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16	Benchmark to Qualify 67% 62%	sing HEDIS 2017	Pediatric Specialist
r culatric i sycillatrist		Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Pediatric Specialist Providers designated by the health plan as a physician board certifie pediatric allergist, pediatric cardiology, pediatric cardiovascular surg surgeon, pediatric hematologist, pediatric nephrology, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 d in one of the following pediatric specialties leon, pediatric dermatologist, pediatric enduleurology, pediatric neurology surgeon, p	Benchmark to Qualify 67% 62% <35% adolescent medicine specialist, mater perinology, pediatric gastroenterologist ediatric oncologist, pediatric ophthali	nal/fetal specialist, pediatric general nologist, pediatric	Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for all medically necessary services to the he plan's Medicaid members under the age of 21 upon submission of a c claim for dates of service beginning on or after October 1, 2017 thro
		Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Pediatric Specialist Providers designated by the health plan as a physician board certifie pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric hematologist, pediatric nephrology, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical rheumatologist, pediatric thoracic surgeon.	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 d in one of the following pediatric specialties leon, pediatric dermatologist, pediatric enduleurology, pediatric neurology surgeon, p	Benchmark to Qualify 67% 62% <35% adolescent medicine specialist, mater perinology, pediatric gastroenterologist ediatric oncologist, pediatric ophthali	nal/fetal specialist, pediatric general nologist, pediatric	Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for all medically necessary services to the he plan's Medicaid members under the age of 21 upon submission of a claim for dates of service beginning on or after October 1, 2017 thro September 30, 2018.

Providers designated by the health plan as pediatric psychiatrists, regardless of board certification, who achieve the following access and quality measures for the healt plan's Medicaid members using HEDIS 2017 specifications within the measurement period January 1, 2016 – December 31, 2016.

HEDIS Measure	Benchmark to Qualify
Follow-Up after Hospitalization for Mental Illness	Medicaid 60th Percentile
Follow-Up Care for Children Prescribed ADHD Medication	Medicaid 60th Percentile

Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

MMA Physician Incentive Program (MPIP) Plan Summaries
Year 2: October 1, 2017- September 30, 2018

rear 2. Octobe	Year 2: October 1, 2017- September 30, 2018						
Plan Name	How does a p	hysician qualify?	How will a physician get paid once they qualify?				
Better Health, Inc. REGIONS 6 and 10	must also achieve one of the following two qualification options. Option 1: PCPs practicing within a group at a site recognized as a Patient-organizations: National Committee for Quality Assurance (NCQA), Level Accreditation Association for Ambulatory Health Care (A The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC).	OR anel members and that achieves all of the following access and quality measures	Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate, for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018.				
	HEDIS Measure	Benchmark to Qualify					
	Adolescent Well Care Visits	53%					
	Child Access to Primary Care - 12-24 mos.	95%					
	Child Access to Primary Care - 25 mos 6 yrs.	89%					
	Child Access to Primary Care - 7-11 yrs.	91%					
	Child Access to Primary Care - 12-19 yrs.	89%					
	Well Child Visits in the First 15 Months - 0 visits	2% or less					
	Well Child Visits in the First 15 Months - 6 or more	59%					
	Well Child Visits in the 3rd, 4th, 5th and 6th yrs.	75%					
	Lead Screening	67%					

Plan Name	How does a	physician qualify?			How will a physician get paid once they qual
Better	Obstetrician/Gynecologist (OB/GYN)		Obstetrician/Gynecologist (OB/GYN)		
Health, Inc.	Providers designated by the health plan as OB/GYN physicians, board certified American Osteopathic Board of Obstetrics and Gynecology, must also meet or	Payments to fee-for-service (FFS) qualified providers will be made appropriate Medicare Rate for services rendered to the health			
REGIONS 6 and 10	Option 1: OB/GYNs practicing within a group at a site recognized as a Pat organizations: ■ National Committee for Quality Assurance (NCQA), L	Medicaid members under the age of 21, including coverage of c services as specified by the Agency, upon submission of a clean c dates of service beginning on or after October 1, 2017 through Ser 30, 2018.			
	 Accreditation Association for Ambulatory Health Care The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) 	 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC). OR Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 			
	Measure	Measurement Period	Benchmark to Qualify		
	Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/15-11/5/16	Benchmark to Qualify 67%	7	
			,		
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%		
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Pediatric Specialist Providers designated by the health plan as a physician board certified in one of t pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pedia surgeon, pediatric hematologist, pediatric nephrology, pediatric neurology, orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine	11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 he following pediatric specialties: artric dermatologist, pediatric endocrepediatric neurology surgeon, ped	67% 62% <35% dolescent medicine specialist, maternal/frinology, pediatric gastroenterologist, pediatric oncologist, pediatric ophthalmolo	diatric general gist, pediatric	
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Pediatric Specialist Providers designated by the health plan as a physician board certified in one of t pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pedia surgeon, pediatric hematologist, pediatric nephrology, pediatric neurology,	11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 the following pediatric specialties: actric dermatologist, pediatric endocripediatric neurology surgeon, pediatric neurology surgeon, pediatric neurology surgeon, pediatric hand rehab specialist, pediatric pediatric neurology surgeon, pediatric neurology su	67% 62% <35% dolescent medicine specialist, maternal/firinology, pediatric gastroenterologist, pediatric oncologist, pediatric ophthalmologistic surgeon, pediatric pulmonologistic surgeon, pediatric surgeon, pediatric pulmonologistic surgeon, pediatric surgeon, surgeon	diatric general gist, pediatric gist, pediatric	Payments to fee-for-service (FFS) qualified providers will be made appropriate Medicare rate for all medically necessary services to the plan's Medicaid members under the age of 21 upon submission of

	hysician Incentive Program (MPIP) Plan Summaries ctober 1, 2017- September 30, 2018					
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?				
		Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate, for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare Rate for all medically necessary services to the health appropriate Medicare Rate for all medically necessary services to the health				

MMA Phys Year 2: Octobe	A Physician Incentive Program (MPIP) Plan Summaries 2: October 1, 2017- September 30, 2018					
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?				
Simply Healthcare Plan, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	Pediatric Psychiatrist Providers designated by the health plan as pediatric psychiatrists, regardless of board certification, and who achieve the following access and quality measures for the plan's Medicaid members using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016. HEDIS Measure	Pediatric Psychiatrist				

Year 2: October 1, 2017- September 30, 2018

Plan Name

How does a physician qualify?

How will a physician get paid once they qualify?

Humana Medical Plan, Inc.

REGIONS 1, 6, 9, 10, and 11

Pediatric Primary Care Physician (PCP)

Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, practicing within a site with a panel size of 200 health plan Medicaid members under the age of 21 years must also achieve **one** of the following two qualification options.

Option 1: PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2016 through December 31 2016

Measure	Benchmark to Qualify
Member Encounter Rate	Region 1 – 2.5 or higher
	Regions 6, 9, 10, 11 – 3 or higher
ER Utilization	Region 1 - <700 per 1000 members
	Region 6 - <600 per 1000 members
	Region 9 - <550 per 1000 members
	Regions 10, 11 - <650 per 1000 members

OR

Option 2: PCPs practicing within a site that achieves the following access and quality measures using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.

HEDIS Measure	Benchmark to Qualify
Well-Child Visits in the First 15 Mos.	97.28%
	Medicaid 75 th Percentile
Children and Adolescent Access to Primary Care (12 - 24 Mos.)	90.98%
	Medicaid 75 th Percentile
Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)	93.25%
	Medicaid 75 th Percentile
Children and Adolescent Access to Primary Care (7 – 11 yrs.)	67.76%
	Medicaid 75 th Percentile

Obstetrician/Gynecologist (OB/GYN)

Providers designated by the health plan as OB/GYN physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology practicing in a group with 10 deliveries for the health plan's Medicaid members at a site that achieves the following access and quality measures using HEDIS 2017 specifications within the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%
HEDIS: Postpartum Care	11/6/15-11/5/16	62%
Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%

Pediatric Primary Care Physician (PCP)

Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

Obstetrician/Gynecologist (OB/GYN)

Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

	sician Incentive Program (MPIP) Plan Summaries er 1, 2017- September 30, 2018	
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Humana Medical Plan, Inc. REGIONS 1, 6, 9, 10, and 11	Pediatric Specialist Providers designated by the health plan as a physician board certified in one of the following pediatric specialists: adolescent medicine specialist, maternal/fetal specialist, pediatric allergis, pediatric allergis, pediatric pediatri	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

	sician Incentive Program (MPIP) Plan Summaries er 1, 2017- September 30, 2018	
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Florida MHS, Inc. d/b/a Magellan Complete Care REGIONS 2,	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, who achieve the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications during the measurement period January 1, 2016 through December 31, 2016. HEDIS Measure Benchmark to Qualify	Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.
4, 5, 7, 9, 10, and 11	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics who achieve the following access and quality measures for the plan's Medicaid members using HEDIS 2017 specifications during the measurement period November 6, 2015 through November 5, 2016.	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.
	Pediatric Specialist Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric ophthalmologist, pediatric ophthalmologist, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon.	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

an Name	How does a physician qualify?			How wi	How will a physician get paid once they qualify?		
Molina Health Care of Florida, Inc. REGIONS 1, 4, 6, 7, 8, 9, and 11	 one of the following two qualification options. Option 1: PCPs practicing within a group organizations: National Committee for Quality A Accreditation Association for Am 	PCPs (including pediatricians, family popular as ite recognized as Patient-Celessurance (NCQA), Level 2	practitioners, general practitioners), regardless of board certification, must als	Payments to appropriate N members und as specified service begin Payments fo prospective a health plan's	appropriate Medicare rate for services rendered to the health plan's Me members under the age of 21, including coverage of primary care se as specified by the Agency, upon submission of a clean claim for da service beginning on or after October 1, 2017 through September 30, Payments for sub-capitated qualified providers will be made using prospective and retrospective reconciliation for services rendered thealth plan's Medicaid members under the age of 21, including covera primary care services as specified by the Agency. For payments using sub-capitated prospective method, an enhanced prospective per maper month (PMPM) capitation rate will be calculated base encounters/claims rendered by qualified providers beginning with cap payments made for dates of service October 1, 2017 through Septemb 2018. Payments using retrospective reconciliation will be base encounters/claims rendered by qualified providers. Payments will be		
	The Joint Commission (TJC) Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measurement.	<u>C</u> h a panel size of at least 50 health pla	DR an Medicaid members that achieves the following access and quality measure becomber 31, 2016.	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci	d prospective method, an enhanced prospective per r (PMPM) capitation rate will be calculated bas claims rendered by qualified providers beginning with ca ade for dates of service October 1, 2017 through Septen tents using retrospective reconciliation will be ba		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with	h a panel size of at least 50 health pla ement period January 1, 2016 through	an Medicaid members that achieves the following access and quality measure	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci	d prospective method, an enhanced prospective per r (PMPM) capitation rate will be calculated bas claims rendered by qualified providers beginning with ca ade for dates of service October 1, 2017 through Septen tents using retrospective reconciliation will be bas claims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measurement.	h a panel size of at least 50 health pla ement period January 1, 2016 through	an Medicaid members that achieves the following access and quality measure in December 31, 2016.	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per r (PMPM) capitation rate will be calculated bas claims rendered by qualified providers beginning with ca ade for dates of service October 1, 2017 through Septen tents using retrospective reconciliation will be bas claims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site wit HEDIS 2017 specifications within the measur HEDIS N	h a panel size of at least 50 health pla ement period January 1, 2016 through	an Medicaid members that achieves the following access and quality measure in December 31, 2016. Benchmark to Qualify	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per in (PMPM) capitation rate will be calculated baselaims rendered by qualified providers beginning with cause for dates of service October 1, 2017 through Septements using retrospective reconciliation will be baselaims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measur HEDIS N Adolescent Well Care Visits	h a panel size of at least 50 health pla ement period January 1, 2016 through leasure	an Medicaid members that achieves the following access and quality measure in December 31, 2016. Benchmark to Qualify 53%	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per la (PMPM) capitation rate will be calculated baselaims rendered by qualified providers beginning with cause for dates of service October 1, 2017 through Septements using retrospective reconciliation will be baselaims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measure HEDIS Note: Adolescent Well Care Visits Child Access to Primary Care (1)	h a panel size of at least 50 health pla ement period January 1, 2016 through leasure 2-24 Mos.)	an Medicaid members that achieves the following access and quality measure in December 31, 2016. Benchmark to Qualify 53% 95%	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per la (PMPM) capitation rate will be calculated baselaims rendered by qualified providers beginning with cause for dates of service October 1, 2017 through Septements using retrospective reconciliation will be baselaims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measur HEDIS No. Adolescent Well Care Visits Child Access to Primary Care (1) Child Access to Primary Care (2)	h a panel size of at least 50 health pla ement period January 1, 2016 through leasure 2-24 Mos.) 5 Mos 6 Yrs.)	Benchmark to Qualify 53% 95% 89%	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per r (PMPM) capitation rate will be calculated bas claims rendered by qualified providers beginning with ca ade for dates of service October 1, 2017 through Septen tents using retrospective reconciliation will be bas claims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measure HEDIS 2017 specifications within the measure Adolescent Well Care Visits Child Access to Primary Care (12) Child Access to Primary Care (22) Child Access to Primary Care (73) Child Access to Primary Care (74)	h a panel size of at least 50 health pla ement period January 1, 2016 through leasure 2-24 Mos.) 25 Mos 6 Yrs.) 7-11 Yrs.) 2-19 Yrs.)	Benchmark to Qualify 53% 95% 89% 91%	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per la (PMPM) capitation rate will be calculated baselaims rendered by qualified providers beginning with cause for dates of service October 1, 2017 through Septements using retrospective reconciliation will be baselaims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measure HEDIS 2017 specifications within the measure Adolescent Well Care Visits Child Access to Primary Care (1) Child Access to Primary Care (2) Child Access to Primary Care (1) Child Access to Prima	h a panel size of at least 50 health pla ement period January 1, 2016 through leasure 2-24 Mos.) 25 Mos 6 Yrs.) 7-11 Yrs.) 2-19 Yrs.) Months - 0 visits	Benchmark to Qualify 53% 95% 89% 91% 89%	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per la (PMPM) capitation rate will be calculated baselaims rendered by qualified providers beginning with cause for dates of service October 1, 2017 through Septements using retrospective reconciliation will be baselaims rendered by qualified providers. Payments will be		
	Utilization Review Accreditation Option 2: PCPs practicing within a site with HEDIS 2017 specifications within the measur HEDIS No. Adolescent Well Care Visits Child Access to Primary Care (1) Child Access to Primary Care (2) Child Access to Primary Care (1) Child Access to Primary Care (1) Well Child Visits in the First 15 No.	h a panel size of at least 50 health pla ement period January 1, 2016 through leasure 2-24 Mos.) 25 Mos 6 Yrs.) 7-11 Yrs.) 2-19 Yrs.) Wonths - 0 visits Wonths - 6 or more	Benchmark to Qualify 53% 95% 89% 91% 89% 2% or less	sub-capitated per month encounters/ci payments ma 2018. Paym encounters/ci on a quarterl	d prospective method, an enhanced prospective per in (PMPM) capitation rate will be calculated baselaims rendered by qualified providers beginning with cause for dates of service October 1, 2017 through Septements using retrospective reconciliation will be baselaims rendered by qualified providers. Payments will be		

MMA Physician Incentive Program (MPIP) Plan Summaries
Year 2: October 1, 2017- September 30, 2018

	er 1, 2017- September 30, 2018			
Plan Name	How doe	s a physician qualify?		How will a physician get paid once they qualify?
Molina	Obstetrician/Gynecologist (OB/GYN)			Obstetrician/Gynecologist (OB/GYN)
Health Care of Florida, Inc. REGIONS 1, 6, 7, and 8	Providers designated by the health plan as OB/GYN physicians, board cert American Osteopathic Board of Obstetrics and Gynecology, must also me Option 1: OB/GYNs practicing within a group at a site recognized as a organizations: National Committee for Quality Assurance (NCQ Accreditation Association for Ambulatory Health The Joint Commission (TJC) Utilization Review Accreditation Commission (UF) Option 2: OB/GYNs practicing within a site that achieves the following specifications within the measurement period.	appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Payments for sub-capitated qualified providers will be made using both prospective and retrospective reconciliation for obstetric services, as specified by the Agency, rendered to the health plan's Medicaid members under the age of 21. For payments using the sub-capitated prospective method, an enhanced prospective per member per month (PMPM) capitation rate will be calculated based on encounters/claims rendered by qualified providers beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments using retrospective reconciliation will be based on encounters/claims rendered by qualified providers. Payments will be made on a quarterly basis, no later than three		
I	Measure	Measurement Period	Benchmark to Qualify	months following the end of the quarter.
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%	
	HEDIS: Postpartum Care	11/6/15-11/5/16	62%	
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	
Molina Health Care of Florida, Inc.	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians, board cer the American Osteopathic Board of Obstetrics and Gynecology, practicing Medicaid members using HEDIS 2017 specifications within the measurem	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of		
REGIONS 4,	Measure	Measurement Period	Benchmark to Qualify	service beginning on or after October 1, 2017 through September 30, 2018.
9, and 11	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%	Payments for sub-capitated qualified providers will be made using both
,	HEDIS: Postpartum Care	11/6/15-11/5/16	62%	prospective and retrospective reconciliation for obstetric services, as
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	specified by the Agency, rendered to the health plan's Medicaid members under the age of 21. For payments using the sub-capitated prospective
				method, an enhanced prospective per member per month (PMPM) capitation rate will be calculated based on encounters/claims rendered by qualified providers beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments using retrospective reconciliation will be based on encounters/claims rendered by qualified providers. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.

	A Physician Incentive Program (MPIP) Plan Summaries 2: October 1, 2017- September 30, 2018			
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?		
Molina	Pediatric Specialist	Pediatric Specialist		
Health Care of Florida, Inc.	Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric nephrology, pediatric neurology, pediatric neurology surgeon, pediatric oncologist, pediatric ophthalmologist, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.		
REGIONS 1, 4, 6, 7, 8, 9, and 11		Payments for sub-capitated qualified providers will be made using both prospective and retrospective reconciliation for all medically necessary services rendered to the health plan's Medicaid members under the age of 21. For payments using the sub-capitated prospective method, an enhanced prospective per member per month (PMPM) capitation rate will be calculated based on encounters/claims rendered by qualified providers beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments using retrospective reconciliation will be based on encounters/claims rendered by qualified providers. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.		

Plan Name	How does a physician qua	alify?	How will a physician get paid once they qualify?
Florida True Health d/b/a Prestige Health Choice REGIONS 2, 3, 5, 6, 7, 8, 9, and 11	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and must also meet one of the following two qualification options. Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical organizations: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR Option 2: PCPs practicing within a site with a panel size of at least 50 health plan Medicaid mem HEDIS 2017 specifications during the measurement period January 1, 2016 through December 31,	Home, on or before September 30, 2017, by one of the following access and quality measures us 2016.	appropriate Medicare rate for services rendered to the health plan's Medic members under the age of 21, including coverage of obstetric services specified by the Agency, upon submission of a clean claim for dates service beginning on or after October 1, 2017 through September 30, 20. Payments for sub-capitated qualified providers will be made us retrospective reconciliation based on encounters or claims data for primic care services rendered to the health plan's Medicaid members under the a of 21, as specified by the Agency, beginning with capitation payments may for dates of service October 1, 2017 through September 30, 2018. Payme will be made on a quarterly basis, no later than three months following and of the quarter.
	HEDIS Measure	Benchmark to Qualify	
	Adolescent Well Care Visits	53%	
	Child Access to Primary Care (12-24 Mos.)	95%	
	Child Access to Primary Care (25 Mos 6 Yrs.)	89%	
	Child Access to Primary Care (7-11 Yrs.)	91%	
	Child Access to Primary Care (12-19 Yrs.)	89%	

Well Child Visits in the First 15 Months - 0 visits

Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.

Lead Screening

Well Child Visits in the First 15 Months - 6 or more

2% or less

59%

75% 67%

Plan Name	How	does a physician qualify?		How will a physician get paid once they qualify?
Florida True Health d/b/a	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the			
Prestige Health Choice	American Osteopathic Board of Obstetrics and Gynecology, must also achieve one of the following two qualification options. Option 1: OB/GYNs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:		appropriate Medicare rate for services rendered to the health plan's Medicar members under the age of 21, including coverage of obstetric services a specified by the Agency, upon submission of a clean claim for dates service beginning on or after October 1, 2017 through September 30, 2018	
REGIONS 2, 3, 5, 6, 7, 8, 9, and 11	 National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) 			Payments for sub-capitated qualified providers will be made usin retrospective reconciliation based on encounters or claims data for obstetr services rendered to the health plan's Medicaid members under the age 21, as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Paymen will be made on a quarterly basis, no later than three months following the end of the quarter.
	<u>OR</u>			end of the quarter.
	Option 2: OB/GYNs practicing within a site that achieves all of the specifications within the measurement period.	following access and quality measures	for the health plan Medicaid members using F	HEDIS 2017
	Measure	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%	
	HEDIS: Postpartum Care	11/6/15-11/5/16	62%	
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	

	MMA Physician Incentive Program (MPIP) Plan Summaries Year 2: October 1, 2017- September 30, 2018			
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?		
Florida True	Pediatric Specialist	Pediatric Specialist		
Health d/b/a Prestige Health Choice	Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric nephrology, pediatric neurology, pediatric neurology surgeon, pediatric oncologist, pediatric ophthalmologist, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.		
REGIONS 2, 3, 5, 6, 7, 8, 9, and 11		Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for all medically necessary services rendered to the health plan's Medicaid members under the age of 21 beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.		

MMA Physician Incentive Program (MPIP) Plan Summaries Year 2: October 1, 2017- September 30, 2018						
Plan Name	How does a physician qualify?					How will a physician get paid once they qualify?
South	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, who provide medical services to health plan enrollees under the age of 21. PCPs must also participate in-network for six consecutive months and execute a capitation agreement.					Pediatric Primary Care Physician (PCP)
Florida Community Care Network d/b/a						Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.
Community Care Plan REGION 10						Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for primary care services rendered to the health plan's Medicaid members under the ago of 21, as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payment will be made on a quarterly basis, no later than three months following the end of the quarter.
	Obstetrician/Gynecologist (OB/GYN)					Obstetrician/Gynecologist (OB/GYN)
	Providers designated by the health plan as OB/GYN physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, who participate in-network six consecutive months, sign a Pay for Performance Agreement, and achieve the 75 th percentile for at least one of the following access and quality measures listed below and achieve the 60 th percentile for all other access and quality measures, using HEDIS 2017 specifications for services rendered to health plan Medicaid members within the measurement period.				nd achieve the	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.
	Measure	ı	Measurement Period	Benchmark to Qualify		
	HEDIS: Prenatal and Postpartum Care-Tim	eliness of Ongoing Prenatal Care	11/6/16-11/5/16	See narrative above.		
	HEDIS: Frequency of Ongoing Prenatal Ca	re e	11/6/15-11/5/16	See narrative above.		
	HEDIS: Postpartum Care		11/6/15-11/5/16	See narrative above.		
	Florida Medicaid Cesarean Section Rate 1/1/16-12/31/16 See narrative above.					
	Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric neurology, pediatric neurology surgeon, pediatric oncologist, pediatric ophthalmologist, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon.					Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

	ician Incentive Program (MPIP) Plan Summaries r 1, 2017- September 30, 2018

How does a physician qualify? Plan Name How will a physician get paid once they qualify? Simply **Pediatric Primary Care Physician (PCP)** Healthcare Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, Plans, Inc. must also meet **one** of the following two qualification options. **REGION 11** Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) 2017 through September 30, 2018. OR

HEDIS Measure	Benchmark to Qualify
Adolescent Well Care Visits	53%
Child Access to Primary Care (12-24 Mos.)	95%
Child Access to Primary Care (25 Mos 6 Yrs.)	89%
Child Access to Primary Care (7-11 Yrs.)	91%
Child Access to Primary Care (12-19 Yrs.)	89%
Well Child Visits in the First 15 Months - 0 Visits	2% or less
Well Child Visits in the First 15 Months - 6 or More	59%
Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.	75%
Lead Screening	67%

Option 2: PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members at a site that has met all of the following access and quality

measures using HEDIS 2017 specifications during the measurement period January 1, 2016 through December 31, 2016.

Pediatric Primary Care Physician (PCP)

Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate, for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1,

	ician Incentive Progra er 1, 2017- September 30, 2018	m (MPIP) Plan S	Summaries			
Plan Name	How does a physician qualify?			How will a physician get paid once they qualify?		
Simply	Obstetrician/Gynecologist (O	B/GYN)				Obstetrician/Gynecologist (OB/GYN)
Healthcare Plans, Inc. REGION 11	American Osteopathic Board of Obsteti Option 1: OB/GYNs practicing within	rics and Gynecology, must als	so meet one of the following two qualifi	by the American Board of Obstetrics and cation options. e on or before September 30, 2017, by c		appropriate Medicare rate for services rendered to the health plan's Medica members under the age of 21, including coverage of obstetric services a
	organizations: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR			Service beginning on or alter October 1, 2017 through September 30, 2016		
	Option 2: OB/GYNs practicing within a site that achieves the following access and quality measures for the health plan Medicaid members using HEDIS 2017 specifications within the measurement period.					
			ollowing access and quality measures	for the health plan Medicaid members	using HEDIS 2017	
	specifications within the measurement	period. easure	Measurement Period	for the health plan Medicaid members Benchmark to Qualify	using HEDIS 2017	
	specifications within the measurement Measurement Measurement Measurement Measurement	easure Dngoing Prenatal Care	Measurement Period 11/6/15-11/5/16	Benchmark to Qualify 67%	using HEDIS 2017	
	specifications within the measurement Months HEDIS: Frequency of Comparison HEDIS: Postpartum Ca	easure Ongoing Prenatal Care	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16	Benchmark to Qualify 67% 62%	using HEDIS 2017	
	specifications within the measurement Measurement Measurement Measurement Measurement	easure Ongoing Prenatal Care	Measurement Period 11/6/15-11/5/16	Benchmark to Qualify 67%	using HEDIS 2017	
	specifications within the measurement Months HEDIS: Frequency of Comparison HEDIS: Postpartum Ca	easure Ongoing Prenatal Care	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16	Benchmark to Qualify 67% 62%	using HEDIS 2017	Pediatric Specialist
	Modern Specifications within the measurement process of the DIS: Frequency of the DIS: Postpartum Called Florida Medicaid Cesal Pediatric Specialist Providers designated by the health plan pediatric allergist, pediatric cardiology, surgeon, pediatric hematologist, pediatric pediatric pediatric hematologist, pediatri	period. peasure Dongoing Prenatal Care are rean Section Rate as a physician board certified pediatric cardiovascular surge atric nephrology, pediatric negologist, pediatric physical	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 in one of the following pediatric special eon, pediatric dermatologist, pediatric eeurology, pediatric neurology surgeor	Benchmark to Qualify 67% 62%	ernal/fetal specialist, st, pediatric general	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the heal plan's Medicaid members under the age of 21 upon submission of a clean
	Pediatric Specialist Providers designated by the health plan pediatric allergist, pediatric cardiology, surgeon, pediatric hematologist, pedia orthopedic surgeon, pediatric otolary	period. peasure Dongoing Prenatal Care are rean Section Rate as a physician board certified pediatric cardiovascular surge atric nephrology, pediatric negologist, pediatric physical	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 in one of the following pediatric special eon, pediatric dermatologist, pediatric eeurology, pediatric neurology surgeor	Benchmark to Qualify 67% 62% <35% ies: adolescent medicine specialist, mate indocrinology, pediatric gastroenterologis, pediatric oncologist, pediatric ophthal	ernal/fetal specialist, st, pediatric general	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the heal plan's Medicaid members under the age of 21 upon submission of a clear claim for dates of service beginning on or after October 1, 2017 through
	Pediatric Specialist Providers designated by the health plan pediatric allergist, pediatric cardiology, surgeon, pediatric hematologist, pedia orthopedic surgeon, pediatric thoracic surgeon Pediatric Psychiatrist	period. peasure Ongoing Prenatal Care are rean Section Rate as a physician board certified pediatric cardiovascular surgeatric nephrology, pediatric nengologist, pediatric physical on.	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 in one of the following pediatric special eon, pediatric dermatologist, pediatric eurology, pediatric neurology surgeor medicine and rehab specialist, pe	Benchmark to Qualify 67% 62% <35% ies: adolescent medicine specialist, mate endocrinology, pediatric gastroenterologis, pediatric oncologist, pediatric ophthal diatric plastic surgeon, pediatric pulmo ave met the following access and quality	ernal/fetal specialist, st, pediatric general almologist, pediatric ionologist, pediatric	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clear claim for dates of service beginning on or after October 1, 2017 throug september 30, 2018. Pediatric Psychiatrist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clear
	Pediatric Specialist Providers designated by the health plan pediatric surgeon, pediatric thoracic surgeon pediatric thoracic surgeon pediatric surgeon, pediatric thoracic surgeon pediatric hematologist, pediatric thoracic surgeon pediatric thoracic surgeon pediatric hematologist, pediatric thoracic surgeon pediatric pediatric thoracic surgeon pediatric pediatric pediatric pediatric pediatric pediatric pediatric thoracic surgeon pediatric p	period. peasure Dingoing Prenatal Care are rean Section Rate as a physician board certified pediatric cardiovascular surge atric nephrology, pediatric negologist, pediatric physical pon. n as pediatric psychiatrists, redictions duri	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 in one of the following pediatric special eon, pediatric dermatologist, pediatric eurology, pediatric neurology surgeor medicine and rehab specialist, pe	Benchmark to Qualify 67% 62% <35% ies: adolescent medicine specialist, mate endocrinology, pediatric gastroenterologis, pediatric oncologist, pediatric ophthal diatric plastic surgeon, pediatric pulmo ave met the following access and quality 2016 through December 31, 2016.	ernal/fetal specialist, st, pediatric general almologist, pediatric ionologist, pediatric	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clear claim for dates of service beginning on or after October 1, 2017 throug september 30, 2018. Pediatric Psychiatrist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health
	Pediatric Specialist Providers designated by the health plan pediatric during orthopedic surgeon, pediatric thoracic surgeon pediatric Psychiatrist Providers designated by the health plan pediatric allergist, pediatric cardiology, surgeon, pediatric hematologist, pediatric otolary rheumatologist, pediatric thoracic surgeon, pediatric thoracic surgeon, pediatric psychiatrist Providers designated by the health plan health plan Medicaid members using H	period. peasure Dingoing Prenatal Care are rean Section Rate as a physician board certified pediatric cardiovascular surge atric nephrology, pediatric negologist, pediatric physical pon. n as pediatric psychiatrists, redictions duri	Measurement Period 11/6/15-11/5/16 11/6/15-11/5/16 1/1/16-12/31/16 in one of the following pediatric special earn, pediatric dermatologist, pediatric earnology, pediatric neurology surgeor medicine and rehab specialist, pediatric earnology surgeor medicine and rehab specialist, pediatric neurology surgeor medicine and rehab specialist neurology surgeor medicine and rehab specialist neurology neu	Benchmark to Qualify 67% 62% <35% ies: adolescent medicine specialist, mate andocrinology, pediatric gastroenterologis, pediatric oncologist, pediatric ophthal diatric plastic surgeon, pediatric pulmo ave met the following access and quality 2016 through December 31, 2016.	ernal/fetal specialist, st, pediatric general almologist, pediatric ionologist, pediatric	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clear claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Pediatric Psychiatrist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clear claim for dates of service beginning on or after October 1, 2017 through

Plan Name	How do	es a physician qualify?		How will a physician get paid once they qualify?
VellCare of	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)
Florida, Inc. I/b/a Staywell Health Plan of Florida REGIONS 2, 1, 4, 5, 6, 7, 8, 1nd 11	Providers designated by the health plan as PCPs (including pediatriciar must also practice within a group at a site recognized as a Patient-Center National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHO) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)	ered Medical Home, on or before Septem	titioners), regardless of specialty or board of ber 30, 2017, by one of the following organ	Payments to fee-for-service (FFS) qualified providers will be made at t appropriate Medicare rate for services rendered to the health plan's Medicare members under the age of 21, including coverage of primary care service as specified by the Agency, upon submission of a clean claim for dates service beginning on or after October 1, 2017 through September 30, 201 Payments for sub-capitated qualified providers will be made usi retrospective reconciliation based on encounters or claims data for primar care services rendered to the health plan's Medicaid members under the a of 21, as specified by the Agency, beginning with capitation payments ma for dates of service October 1, 2017 through September 30, 2018. Paymer will be made on a quarterly basis, no later than three months following tend of the quarter.
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)		
	Providers designated by the health plan as OB/GYN physicians, board of American Osteopathic Board of Obstetrics and Gynecology, must also note to Designate the control of	appropriate Medicare rate for services rendered to the health plan's Medicar members under the age of 21, including coverage of obstetric services appointed by the Agency upon submission of a clean claim for dates.		
	 National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) 			
	Option 2: OB/GYNs practicing within a site that has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2017 specifications within the measurement period.			IEDIS 2017
	Measure	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%	
	HEDIS: Postpartum Care	11/6/15-11/5/16	62%	
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
WellCare of	Pediatric Specialist	Pediatric Specialist
Florida, Inc. d/b/a Staywell Health Plan of Florida	Providers designated by the health plan as a physician board certified in one of the following pediatric specialties: adolescent medicine specialist, maternal/fetal specialist, pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric nephrology, pediatric neurology, pediatric orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric pulmonologist, pediatric rheumatologist, pediatric thoracic surgeon.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the heal plan's Medicaid members under the age of 21 upon submission of a clear claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.
REGIONS 2, 3, 4, 5, 6, 7, 8, and 11		

Plan Name	How does a physician qualify?				How will a physician get paid once they qualify?
Sunshine	Pediatric Primary Care Physician (PCP)				Pediatric Primary Care Physician (PCP)
State Health Plan, Inc. REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, must also practice within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations: • National Committee for Quality Assurance (NCQA), Level 2				Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medical members under the age of 21, including coverage of primary care service as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Payments for sub-capitated qualified providers will be made usin retrospective reconciliation based on encounters or claims data for primar care services rendered to the health plan's Medicaid members under the agof 21, as specified by the Agency beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payment will be made on a quarterly basis, no later than three months following the end of the quarter.
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OR/GYN)			
	Providers designated by the health plan as OB/GYN physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, must also meet one of the following two qualification options. Option 1: OB/GYNs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations: National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC)			. 0,	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at th appropriate Medicare rate for services rendered to the health plan's Medicai members under the age of 21, including coverage of obstetric services a specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018
	Utilization Review Accreditation Commission				
	OR Option 2: OB/GYNs practicing within a site that has met all of the following access and quality measures for the health plan Medicaid members using HEDIS 2017 specifications within the measurement period.				
	Measure	Measurement Period	Benchmark to Qualify		
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%		
	HEDIS: Postpartum Care	11/6/15-11/5/16	62%		
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	1	

pediatric allergist, pediatric cardiology, pediatric cardiology, pediatric cardiology, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general appropriate Medicare rate for all medically necessary service surgeon, pediatric hematologist, pediatric hematologist, pediatric neurology, pediatric neurology, pediatric neurology, pediatric oncologist, pediatric ophthalmologist, pediatric hematologist, pediatric neurology, pediatric	Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Plan, Inc. REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and	Sunshine	Pediatric Specialist	Pediatric Specialist
REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and orthopedic surgeon, pediatric otolaryngologist, pediatric physical medicine and rehab specialist, pediatric plastic surgeon, pediatric psychiatrist, pediatric psychiatrist, pediatric plastic surgeon, pediatric pulmonologist, pediatric plastic surgeon, pediatric plastic surge	Plan, Inc.	pediatric allergist, pediatric cardiology, pediatric cardiovascular surgeon, pediatric dermatologist, pediatric endocrinology, pediatric gastroenterologist, pediatric general surgeon, pediatric hematologist, pediatric neurology, pediatric n	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the heal plan's Medicaid members under the age of 21 upon submission of a clean
	2, 3, 4, 5, 6, 7, 8, 9, 10, and		claim for dates of service beginning on or after October 1, 2017 throug September 30, 2018.

Year 2: October 1, 2017- September 30, 2018

United Health Care of Florida, Inc.

Plan Name

REGION 3, 4, 7, and 11

How does a physician qualify?

How will a physician get paid once they qualify?

Pediatric Primary Care Physician (PCP)

Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, must achieve **one** of the following two qualification options.

Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:

- National Committee for Quality Assurance (NCQA), Level 2
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission (TJC)
- Utilization Review Accreditation Commission (URAC)

OR

Option 2: PCPs practicing within a site with a panel size of a at least 50 health plan Medicaid members that achieved the following access and quality measures using HEDIS 2017 specifications during the measurement period January 1, 2016 through December 31, 2016.

HEDIS Measure	Benchmark to Qualify
Adolescent Well Care Visits	53%
Child Access to Primary Care (12-24 Mos.)	95%
Child Access to Primary Care (25 Mos 6 Yrs.)	89%
Child Access to Primary Care (7-11 Yrs.)	91%
Child Access to Primary Care (12-19 Yrs.)	89%
Well Child Visits in the First 15 Months - 0 Visits	2% or less
Well Child Visits in the First 15 Months - 6 or More	59%
Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.	75%
Lead Screening	67%

Obstetrician/Gynecologist (OB/GYN)

Providers designated by the health plan as OB/GYN physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, must achieve **one** of the following two qualification options.

Option 1: OB/GYNs practicing within a group at a site recognized as a Patient-Centered Medical Home on or before September 30, 2017, by one of the following organizations:

- National Committee for Quality Assurance (NCQA), Level 2
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission (TJC)
- Utilization Review Accreditation Commission (URAC)

Pediatric Primary Care Physician (PCP)

Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for primary care services rendered to the health plan's Medicaid members under the age of 21, as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.

Obstetrician/Gynecologist (OB/GYN)

Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.

Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for obstetric services rendered to the health plan's Medicaid members under the age of 21, as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments

	IMA Physician Incentive Program (MPIP) Plan Summaries ear 2: October 1, 2017- September 30, 2018						
Plan Name	How does a physician qualify?				How will a physician get paid once they qualify?		
United Health Care of Florida, Inc.	OR Option 2: OB/GYNs practicing within a site that has met all of the following access and quality measures for the health plan Medicaid members using HEDIS 2017 specifications within the measurement period.			will be made on a quarterly basis, no later than three months following the end of the quarter.			
DECION A	Measure	Measurement Period	Benchmark to Qualify				
REGION 3, 4,	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%				
7, and 11	HEDIS: Postpartum Care	11/6/15-11/5/16	62%				
	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%				
	HEDIS: Postpartum Care 11/6/15-11/5/16 62%				Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018. Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for all medically necessary services rendered to the health plan's Medicaid members under the age of 21, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.		