

# 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?												
<p><b>Aetna Better Health of Florida</b></p> <p>REGION 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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 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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul> <p style="text-align: center;"><b>AND</b></p> <p>The site must also achieve the following access and quality measures using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="397 711 1733 841"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Lead Screening</td> <td>Medicaid 50<sup>th</sup> Percentile</td> </tr> <tr> <td>HEDIS: Child Access to Primary Care (3/4 Age Bands)</td> <td>Medicaid 50<sup>th</sup> Percentile</td> </tr> <tr> <td>ER Utilization</td> <td>&lt; 650 Visits/1000 Members</td> </tr> <tr> <td>After-Hours Availability</td> <td>After 6 P.M. or on Weekends</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	HEDIS: Lead Screening	Medicaid 50 <sup>th</sup> Percentile	HEDIS: Child Access to Primary Care (3/4 Age Bands)	Medicaid 50 <sup>th</sup> Percentile	ER Utilization	< 650 Visits/1000 Members	After-Hours Availability	After 6 P.M. or on Weekends	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>		
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	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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 within a group with at least 10 deliveries for the health plan's Medicaid members at a site that achieves the following access and quality measures using 2017 HEDIS specifications within the measurement period.</p> <table border="1" data-bbox="397 1040 1733 1146"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/15-11/5/16</td> <td>Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/15-11/5/16</td> <td>National Medicaid Mean</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/16-12/31/16</td> <td>&lt;35%</td> </tr> </tbody> </table>	Measure	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	Medicaid 75 <sup>th</sup> 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%	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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.</p>
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<p><b>Amerigroup Florida, Inc.</b></p> <p>REGIONS 5, 6, 7, 10, and 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, must also achieve <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> 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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC).</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> PCPs practicing within a site with at least 50 health plan Medicaid panel members that achieves the following access and quality measures using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 803 1733 1153"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Child Access to Primary Care (12-24 Mos.)</td> <td>95%</td> </tr> <tr> <td>Child Access to Primary Care (25 Mos. - 6 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Child Access to Primary Care (7-11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Child Access to Primary Care (12-19 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Months (0 Visits)</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Months (6 or More)</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	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%	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>
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# 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?					
<b>Simply Healthcare Plan, Inc. d/b/a Clear Health Alliance</b> REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, who achieve the following quality and access measure for the health plan's Medicaid members within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="387 418 1741 472"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>ER Utilization</td> <td>&lt; 1000 visits/1000 assigned members</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	ER Utilization	< 1000 visits/1000 assigned members	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>	
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# MMA Physician Incentive Program (MPIP) Plan Summaries

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# 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?																
<p><b>Humana Medical Plan, Inc.</b></p> <p>REGIONS 1, 6, 9, 10, and 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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 <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 483 1741 683"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Member Encounter Rate</td> <td>Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher</td> </tr> <tr> <td>ER Utilization</td> <td>Region 1 - &lt;700 per 1000 members Region 6 - &lt;600 per 1000 members Region 9 - &lt;550 per 1000 members Regions 10, 11 - &lt;650 per 1000 members</td> </tr> </tbody> </table> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> 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.</p> <table border="1" data-bbox="389 834 1741 1065"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Well-Child Visits in the First 15 Mos.</td> <td>97.28% Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (12 - 24 Mos.)</td> <td>90.98% Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)</td> <td>93.25% Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (7 – 11 yrs.)</td> <td>67.76% Medicaid 75<sup>th</sup> Percentile</td> </tr> </tbody> </table>	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	HEDIS Measure	Benchmark to Qualify	Well-Child Visits in the First 15 Mos.	97.28% Medicaid 75 <sup>th</sup> Percentile	Children and Adolescent Access to Primary Care (12 - 24 Mos.)	90.98% Medicaid 75 <sup>th</sup> Percentile	Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)	93.25% Medicaid 75 <sup>th</sup> Percentile	Children and Adolescent Access to Primary Care (7 – 11 yrs.)	67.76% Medicaid 75 <sup>th</sup> Percentile	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p>
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# 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?
<p><b>Humana Medical Plan, Inc.</b></p> <p>REGIONS 1, 6, 9, 10, and 11</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>

# 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?						
<b>Florida MHS, Inc. d/b/a Magellan Complete Care</b>  REGIONS 2, 4, 5, 7, 9, 10, and 11	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <table border="1" data-bbox="389 435 1741 513"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Body Mass Index (3 –17 Yrs.)</td> <td>Medicaid 50<sup>th</sup> Percentile</td> </tr> <tr> <td>Adolescent Well Child Visit (12-21 Yrs.)</td> <td>Medicaid 50<sup>th</sup> Percentile</td> </tr> </tbody> </table>	HEDIS Measure	Benchmark to Qualify	Body Mass Index (3 –17 Yrs.)	Medicaid 50 <sup>th</sup> Percentile	Adolescent Well Child Visit (12-21 Yrs.)	Medicaid 50 <sup>th</sup> Percentile	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p>
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<p><b>Molina Health Care of Florida, Inc.</b></p> <p>REGIONS 1, 4, 6, 7, 8, 9, and 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> PCPs practicing within a group at a site recognized as Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 751 1741 1101"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Child Access to Primary Care (12-24 Mos.)</td> <td>95%</td> </tr> <tr> <td>Child Access to Primary Care (25 Mos. - 6 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Child Access to Primary Care (7-11 Yrs.)</td> <td>91%</td> </tr> <tr> <td>Child Access to Primary Care (12-19 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Months - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Months - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	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%	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>Payments for sub-capitated qualified providers will be made using both prospective and retrospective reconciliation 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. 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.</p>
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<p><b>Molina Health Care of Florida, Inc.</b></p> <p>REGIONS 4, 9, and 11</p>	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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 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.</p> <table border="1" data-bbox="381 1073 1749 1219"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/15-11/5/16</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/15-11/5/16</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/16-12/31/16</td> <td>&lt;35%</td> </tr> </tbody> </table>	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%	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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.</p> <p>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 months following the end of the quarter.</p>
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# MMA Physician Incentive Program (MPIP) Plan Summaries

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

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<p><b>Molina Health Care of Florida, Inc.</b></p> <p>REGIONS 1, 4, 6, 7, 8, 9, and 11</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p> <p>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.</p>

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

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?																				
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Year 2: October 1, 2017- September 30, 2018

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<p><b>Florida True Health d/b/a Prestige Health Choice</b></p> <p>REGIONS 2, 3, 5, 6, 7, 8, 9, and 11</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p> <p>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.</p>

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<b>South Florida Community Care Network d/b/a Community Care Plan</b>  REGION 10	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>															
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	<p><b>Pediatric Psychiatrist</b></p> <p>Providers designated by the health plan as pediatric psychiatrists, regardless of board certification, who have met the following access and quality measures for the health plan Medicaid members using HEDIS 2017 specifications during the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="387 1247 1744 1336"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Follow-Up after Hospitalization for Mental Illness</td> <td>Medicaid 60<sup>th</sup> Percentile</td> </tr> <tr> <td>Follow-Up Care for Children Prescribed ADHD Medication</td> <td>Medicaid 60<sup>th</sup> Percentile</td> </tr> </tbody> </table>	HEDIS Measure	Benchmark to Qualify	Follow-Up after Hospitalization for Mental Illness	Medicaid 60 <sup>th</sup> Percentile	Follow-Up Care for Children Prescribed ADHD Medication	Medicaid 60 <sup>th</sup> Percentile	<p><b>Pediatric Psychiatrist</b></p> <p>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.</p>						
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# 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?											
<p><b>WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida</b></p> <p>REGIONS 2, 3, 4, 5, 6, 7, 8, and 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>											
	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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 <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> 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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> 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.</p> <table border="1" data-bbox="416 1190 1714 1336"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/15-11/5/16</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/15-11/5/16</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/16-12/31/16</td> <td>&lt;35%</td> </tr> </tbody> </table>	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%
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# 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?
<p><b>WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida</b></p> <p>REGIONS 2, 3, 4, 5, 6, 7, 8, and 11</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>

# 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?											
<p><b>Sunshine State Health Plan, Inc.</b></p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>											
	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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 <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> 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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> 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.</p> <table border="1" data-bbox="416 1161 1714 1295"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/15-11/5/16</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/15-11/5/16</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/16-12/31/16</td> <td>&lt;35%</td> </tr> </tbody> </table>	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%
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Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
<p><b>Sunshine State Health Plan, Inc.</b></p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>	<p><b>Pediatric Specialist</b></p> <p>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.</p>



# 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?																				
<p><b>United Health Care of Florida, Inc.</b></p> <p>REGION 3, 4, 7, and 11</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, must achieve <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> 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:</p> <ul style="list-style-type: none"> <li>• National Committee for Quality Assurance (NCQA), Level 2</li> <li>• Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li>• The Joint Commission (TJC)</li> <li>• Utilization Review Accreditation Commission (URAC)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> 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.</p> <table border="1" data-bbox="392 727 1736 1057"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Child Access to Primary Care (12-24 Mos.)</td> <td>95%</td> </tr> <tr> <td>Child Access to Primary Care (25 Mos. - 6 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Child Access to Primary Care (7-11 Yrs.)</td> <td>91%</td> </tr> <tr> <td>Child Access to Primary Care (12-19 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Months - 0 Visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Months - 6 or More</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th Yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	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%	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>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.</p> <p>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.</p>
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Year 2: October 1, 2017- September 30, 2018

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