MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Best Care Assurance d/b/a Vivida Health REGION 8 **AP**	**Pediatric Primary Care Physician (PCP)** **AP Option 1** - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) **OR** **AP Option 2** – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.

Measure	Benchmark to Qualify
Adolescent Well Care Visits	53%
Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)	95%
Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)	89%
Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)	91%
Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)	89%
Well Child Visits in the First 15 Mos. - 0 visits	2% or less
Well Child Visits in the First 15 Mos. - 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 qualify?
	Obstetrician/Gynecologist (OB/GYN) **AP Option 1**- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) **OR**	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019. 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, including coverage of primary care services as specified by the Agency, beginning with

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	AP Option 2 – Site must achieve or exceed the benchmark for all three of the following:	capitation payments made for dates of service rollout date through September 30, 2019.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers Providers who are new to the network as of rollout date may qualify if qualified on by another plan using the Agency's AP Program. Enhanced payments for pediatric primary care physicians that have qualified based on panel size and HEDIS measures will commence on May 1, 2019, retroactive to January 1, 2019, after enrollees have made plan and PCP changes during the 120-day change period, and Vivida Plan can apply panel size criteria. Vivida Health will adjust previously paid claims for dates of service on or after January 1, 2019 for included services provided to enrollees under the age of 21, and issue additional payment to equal the Medicare rate. No additional action is needed from providers to initiate these adjustments.	

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Coventry d/b/a Aetna Better Health of Florida REGIONS 6, 7, and 11 **IHP**	**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, 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, 2018, 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) **AND** The site must also achieve the following access and quality measures using HEDIS 2018 specifications within the measurement period January 1, 2017 through December 31, 2017. (See measures table below.)	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.

Measure	Benchmark to Qualify
HEDIS: Children and Adolescent Access to Primary Care Practitioners (3/4 of Age Bands)	Medicaid 50th percentile
ER Utilization	<650 visits/1000 members
After Hours Availability	After 6 p.m. or on Weekends
HEDIS: Lead Screening	Medicaid 50th Percentile

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019
****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?

Obstetrician/Gynecologist (OB/GYN) — How does a physician qualify?

Providers designated by the health plan as OB/GYN physicians 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 2018 HEDIS specifications within the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	Medicaid 75th Percentile
HEDIS: Postpartum Care	11/6/16-11/5/17	National Medicaid Mean
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Obstetrician/Gynecologist (OB/GYN) — How will a physician get paid once they qualify?

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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Pediatric Specialist — How does a physician qualify?

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

Interim Qualification Requirements for Rollout – For New Network Providers

Providers who are new to the network as of rollout date, may qualify if they have been deemed by at least two managed care health plans in the region as MPIP qualified based on HEDIS performance in the last performance cycle.

Pediatric Specialist — How will a physician get paid once they qualify?

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 rollout date through September 30, 2019.

Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance

REGIONS 1, 2, 3, 4, 5, 6, 7,

Pediatric Primary Care Physician (PCP) — How does a physician qualify?

Option 1 - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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)

OR

Pediatric Primary Care Physician (PCP) — How will a physician get paid once they qualify?

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 rollout date through September 30, 2019.

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,

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
8, 9, 10, and 11	**Option 2** – ER Utilization must be less than 1,000 visits per 100 assigned members.	beginning with capitation payments made for dates of service rollout date through September 30, 2019.

IHP

Obstetrician/Gynecologist (OB/GYN)

How does a physician qualify?

Option 1 - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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)

Site has been recognized by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Specialty Practice with a recognition date on or before September 30, 2018.

OR

Option 2 - Providers designated by the health plan as OB/GYNs physicians and who achieve the following access and quality measures for the health plan's Medicaid members using HEDIS 2018 specifications within the measurement period November 6, 2016 through November 5, 2017.

Measure	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	69.54%
HEDIS: Postpartum Care	67.53%

How will a physician get paid once they qualify?

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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Pediatric Specialist

How does a physician qualify?

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

How will a physician get paid once they qualify?

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 rollout date through September 30, 2019.

Interim Qualification Requirements for Rollout – For New Network Providers

Providers who are new to the network as of rollout date may qualify if they meet the below circumstances.

- Providers who qualified for MPIP with another Plan and are listed on the Agency website will become eligible for payment at the MPIP rate effective with the above regional roll out of new SMMC contract.
- The criteria for providers listed above will be in effect from Rollout – September 30, 2019. Halfway through the program, Clear will reassess all eligible providers to determine if any additional providers qualify for the incentive Program.

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Florida Community Care REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 **AP**	**Pediatric Primary Care Physician (PCP)** **AP Option 1** - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) **OR** **AP Option 2** – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.	**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 rollout date through September 30, 2019.

Measure	Benchmark to Qualify
Adolescent Well Care Visits	53%
Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)	95%
Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)	89%
Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)	91%
Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)	89%
Well Child Visits in the First 15 Mos. - 0 visits	2% or less
Well Child Visits in the First 15 Mos. - 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 qualify?
	Obstetrician/Gynecologist (OB/GYN) **AP Option 1**- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) **OR**	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	AP Option 2 – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period.	

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Pediatric Specialist

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

Payment – 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 rollout date through September 30, 2019.

Interim Qualification Requirements for Rollout – For New Network Providers

Providers who are new to the network as of your date of rollout may qualify if they are listed as a qualified provider for any other Florida Medicaid Managed Care Plan on the Qualified Providers List published by the Agency. Florida Community Care will recognize the MPIP qualification awarded under any other plan.

The criteria for pediatric primary care physicians/OB/GYNs/ pediatric specialists listed above will be in effect from date of rollout – September 30, 2019. Halfway through the program, Florida Community Care will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.

Humana Medical Plan

REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11

IHP

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, 2017 through December 31, 2017.

Measure	Benchmark to Qualify
Member Encounter Rate	Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher

Payment – 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 rollout date through September 30, 2019.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?

E R 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 Regions 2, 3, 4, 5, 7, 8 - <550 per 1000 members

OR

Option 2: PCPs practicing within a site that achieves the following access and quality measures using HEDIS 2018 specifications within the measurement period January 1, 2017 through December 31, 2017.

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

Obstetrician/Gynecologist (OB/GYN)

Providers designated by the health plan as OB/GYN physicians 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 2018 specifications within the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	64%
Florida Medicaid Cesarean Section Rate	1/1/17-12/31/17	<35%

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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Adult Primary Care Physician (PCP)

Providers designated by the health plan as PCPs, regardless of board certification, practicing within a site with a panel size of 200 health plan Medicaid members over the age of 21 years must also achieve the following access and quality measures within the measurement period January 1, 2017 through December 31, 2017.

Measure	Benchmark to Qualify
ER Utilization	<800/1000 members
14-Day Readmission Rate	<=13%
After Hours Availability	After hours availability met health plan requirements (After hours defined as weekdays after 6:00 p.m. and before 8:00 a.m. and holidays and weekends; health plan requirement >= average 5 hours per week)

Adult 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 over 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 rollout date through September 30, 2019.

Pediatric Specialist

Pediatric Specialist

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	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 rollout date through September 30, 2019. 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 over the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers The criteria listed below will be in effect from rollout date – September 30, 2019. Halfway through the program, Humana will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program. **Pediatric PCPs:** Providers who are new to the network may qualify if the Provider is on the AHCA Year 2 MPIP list and meet the minimum panel size of 200 members by April of 2019. In April of 2019, provider panel size will be evaluated and if provider meets the requirement then provider will be flagged to pay MPIP for the remainder of year 3 and a retroactive payment will also be made back to the regional roll-out date. **OB/GYNs:** Providers who are new to the network may qualify if the Provider is on the AHCA Year 2 MPIP list. They will be automatically qualified to receive MPIP payment on day 1 of the contract. **Pediatric Specialists:** Providers who are new to the network as of 1/1/2019 will qualify to receive MPIP payment on day 1 of the contract. **Adult PCPs:** For new providers, utilization data for dates of service from January 1st through June 30th, 2019 and paid through September 30th, 2019 will be analyzed to determine if a PCP meets the benchmarks. For providers who meet the benchmarks, the plan will retroactively reimburse the provider the enhanced rates for services rendered back to the regional rollout date or 1/1/19 (the later of the two).	
Lighthouse Health Plan, LLC REGIONS 1 and 2 **AP**	**Pediatric Primary Care Physician (PCP)** **AP Option 1** - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) **OR**	**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 rollout date through September 30, 2019.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?

AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.

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

Obstetrician/Gynecologist (OB/GYN)

AP Option 1- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018:

Accreditation Association for Ambulatory Health Care (AAAHC)
The Joint Commission (TJC)
Utilization Review Accreditation Commission (URAC)

OR

AP Option 2 – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Pediatric Specialist

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

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

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
		of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers Providers who are new to the network as of rollout date will qualify if qualified by another plan using the Agency's AP Program. The criteria for pediatric primary care physicians, OB/GYNs, and pediatric specialists listed above will be in effect from rollout date - September 30, 2019. Halfway through the program, Lighthouse Health Plan will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	
Miami Children's Health Plan, LLC REGIONS 9 and 11 **AP**	**Pediatric Primary Care Physician (PCP)** **AP Option 1** - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) **OR** **AP Option 2** – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.

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

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN) **AP Option 1**- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) **OR** **AP Option 2** – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period. (see measure table below)	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019. 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, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service rollout date through September 30, 2019.
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Interim Qualification Requirements for Rollout – For New Network Providers Providers who are new to the network as of rollout date will qualify if qualified by another plan using the Agency's AP Program. For those providers who qualified based on panel size and HEDIS measures, qualified provider status will be assessed on April 1, 2019, retroactive to December 1, 2018, after enrollees have made plan and PCP changes during the 120-day change period, and Miami Children's Health Plan can apply panel size criteria. The criteria for pediatric primary care physicians, OB/GYNs, and pediatric specialists listed above will be in effect from rollout date - September 30, 2019. Halfway through the program, Miami Children's Health Plan will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program. Enhanced payments for pediatric primary care physicians that have qualified based on panel size and HEDIS measures will commence on April 1, 2019, retroactive to December 1, 2018, after enrollees have made plan and PCP changes during the 120-day change period, and Miami Children's Health Plan can apply panel size criteria. Miami Children's Health Plan will adjust previously paid claims for dates of service on or after December 1, 2018 for included services provided to enrollees under the age of 21, and issue additional payment to equal the Medicare rate. No additional action is needed from the provider to initiate these adjustments.	

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Molina Healthcare REGION 8 **AP**	**Pediatric Primary Care Physician (PCP)** Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet **one** of the following two qualification options. **AP Option 1:** PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2018, 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** **AP Option 2:** 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 2018 specifications within the measurement period January 1, 2017 through December 31, 2017.	**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 rollout date through September 30, 2019. Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medicare rate based on the volume and value of covered services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.

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

MMA Physician Incentive Program (MPIP) Plan Summaries

*Year 3: *Rollout- September 30, 2019*
**Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019*

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians must meet one of the following two qualification options. **Option 1**- OB/GYNs practicing within a group at a site recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) **OR** **Option 2** – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period. (see table below)	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers Providers who are new to the network as of rollout date may qualify if the provider was already confirmed to be a qualified provider for MPIP with another health plan. Validation of qualified status will be required. The criteria for pediatric primary care physicians, OB/GYNs, and pediatric specialist physicians listed above will be in effect from rollout date - September 30, 2019. Halfway through the program period, Molina will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	
Molina Healthcare	**Pediatric Primary Care Physician (PCP)** Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet **one** of the following two qualification options.	**Pediatric Primary Care Physician (PCP)**

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
REGION 11 **IHP**	**Option 1:** PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home (PCMH), on or before September 30, 2018, 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 at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2018 specifications within the measurement period January 1, 2017 through December 31, 2017. (see Option 2 table below)	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 rollout date through September 30, 2019. Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medicare rate based on the volume and value of covered services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians practicing within a group must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period. (see OB/GYN table below)	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.
	Pediatric Specialist	**Pediatric Specialist**

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

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	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 rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers Providers who are new to the network as of rollout date may qualify if the provider was already confirmed to be a qualified provider for MPIP with another health plan. Validation of qualified status will be required. The criteria for pediatric primary care physicians, OB/GYNs, and pediatric specialist physicians listed above will be in effect from rollout date - September 30, 2019. Halfway through the program period, Molina will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	
Community Care Plan REGION 10 **IHP**	**Pediatric Primary Care Physician (PCP)** Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet **one** of the following two qualification options. **Option 1:** PCP has participated in-Network for six consecutive months and has executed a capitated agreement. **OR** **Option 2:** Physician practices within an organization recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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)	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians, who participate in-network for six consecutive months, sign a Pay for Performance Program Agreement, and achieve the 75th percentile for at least one of the following access and quality measures listed below and achieve the 60th percentile for the other measures, using HEDIS 2018 specifications for services rendered to health plan Medicaid members within the measurement period.	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	(see table below)	
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers **PCPs** Providers who are new to the network as of rollout date may qualify by participating in-network six (6) consecutive months and executing a capitation agreement, OR being PCMH accredited. The criteria for pediatric primary care physicians listed above will be in effect from rollout date – September 30, 2019. Halfway through the program, Community Care Plan will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program. **OB/GYNs** Providers who are new to the network as of December 1, 2018 may qualify by participating in-network six (6) consecutive months, signing a Pay for Performance Program Agreement, and for at least one of the following access and quality measures listed below, achieve the Medicaid 75th percentile and for the other access and quality measures, achieve at least the Medicaid 60th percentile, as calculated by NCQA. The quality measures will be calculated bi-annually for new OBGYNs who have signed a Pay for Performance Agreement and have participated in-network for six (6) consecutive months. The criteria for OB/GYNs listed above will be in effect from October 1, 2018 – September 30, 2019. Halfway through the program on May 1, 2018, Community Care Plan will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program. **Pediatric Specialists** Providers who are new to the network as of rollout date may qualify by executing a Pay for Performance Program Agreement for program participation. The criteria for pediatric specialists listed above will be in effect from rollout date – September 30, 2019. Halfway through the program, will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	
	Pediatric Primary Care Physician (PCP)	**Pediatric Primary Care Physician (PCP)**

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Prenatal and Postpartum – Timeliness of Care	11/6/16-11/5/17	See narrative above.
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	See narrative above.
HEDIS: Prenatal and Postpartum Care	11/6/16-11/5/17	See narrative above.
Florida Medicaid Cesarean Rate	CY 2017	See narrative above.

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Florida True Health d/b/a Prestige Health Choice REGIONS 9 and 11 **AP**	**AP Option 1** - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) **OR** **AP Option 2** – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.	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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.

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

	How does a physician qualify?	How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN) **AP Option 1**- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) **OR** **AP Option 2** – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period.	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Measure	Measurement Period	Benchmark to Qualify

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?

HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Pediatric Specialist

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

Pediatric Specialist (payment)

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 rollout date through September 30, 2019.

Interim Qualification Requirements for Rollout – For New Network Providers

Providers who are new to the network as of rollout date may qualify if they meet one of the two following options:

- Option 1: If the new provider is practicing within a group recognized as a Patient-Centered Specialty Practice (PCSP) or Patient-Centered Medical Home (PCMH).
- Option 2: If the new provider qualified under the HEDIS requirements for another Medicaid health plan in year 2, Prestige will enroll the provider in MPIP after verification against the MPIP Year 2 Qualified Provider list on the AHCA website.

Simply Healthcare Plans, Inc.

REGIONS 5, 6, 7, 10, and 11

AP

Pediatric Primary Care Physician (PCP)

AP Option 1 - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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)

OR

AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.

Measure	Benchmark to Qualify
Adolescent Well Care Visits	53%
Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)	95%
Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)	89%

Pediatric Primary Care Physician (PCP) (payment)

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 rollout date through September 30, 2019.

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 rollout date through September 30, 2019.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?

Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)	91%
Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)	89%
Well Child Visits in the First 15 Mos. - 0 visits	2% or less
Well Child Visits in the First 15 Mos. - 6 or more	59%
Well Child Visits in the 3rd, 4th, 5th and 6th yrs.	75%
Lead Screening	67%

Obstetrician/Gynecologist (OB/GYN)

AP Option 1- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018:

Accreditation Association for Ambulatory Health Care (AAAHC)
The Joint Commission (TJC)
Utilization Review Accreditation Commission (URAC)

OR

AP Option 2 – Site must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2018 specifications for the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Pediatric Specialist

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

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 rollout date through September 30, 2019.

Interim Qualification Requirements for Rollout – For New Network Providers

Providers who are new to the network as of rollout date may qualify if they meet the below circumstances.

- Providers who qualified for MPIP with another Plan and is listed on the Agency website will become eligible for payment at the MPIP rate effective with the above regional roll out of new SMMC contract.
- The criteria for providers listed above will be in effect from Rollout – September 30, 2019. Halfway through the program, Clear will reassess all eligible providers to determine if any additional providers qualify for the incentive Program.

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Wellcare of Florida, Inc. dba Staywell Health Plan of Florida REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 **IHP**	**Pediatric Primary Care Physician (PCP)** **Option 1:** 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, 2018, 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:** Providers with 80% of claim data for Fiscal Year 2 occurring at a PCMH location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Staywell will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH site).	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.
	Obstetrician/Gynecologist (OB/GYN) **Option 1**- OB/GYN provider has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: 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 has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2018 specifications within the measurement period. (see table below) **OR**	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019
****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Option 3 – Providers with 80% of claim data for Fiscal Year 2 occurring at a PCMH or PCSP location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Staywell will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH or PCSP site).	
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers **Pediatric Primary Care Physician (PCP)** providers who are new to the network as of rollout date may qualify if they provide services at a location Recognized by one of the following organizations as a Patient-Centered Medical Home (PCMH): National Committee for Quality Assurance (NCQA); Accreditation Association for Ambulatory Health Care (AAAHC); The Joint Commission (TJC); or, Utilization Review Accreditation Commission (URAC). **Obstetrician/Gynecologist (OB/GYN)** providers who are new to the network as of rollout date have the following options to qualify: **Option 1:** Recognition by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Specialty Practice (PCSP) or by one of the following organizations as a Patient-Centered Medical Home (PCMH): Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC); or, Utilization Review Accreditation Commission (URAC). **OR, Option 2:** Staywell will evaluate all available Qualification data from other health plans in a given Region. If the OB/GYN is qualified on at least half of the health plans currently operating in the Region, Staywell will consider them Qualified for its MPIP Program. This qualification criteria will be in place for Year 1 of our MPIP Program in our 3 new Regions, after which point Staywell will re-evaluate the OB/GYN's results in accordance with our program methodology to determine continued qualification. The criteria for Pediatric Primary Care Physicians and OB/GYNs listed above will be in effect from rollout date - September 30, 2019. Halfway through the program period, Staywell will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	
Sunshine State Health Plan, Inc.	**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 also practice within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2018, by one of the following organizations:	**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

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 **IHP**	National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)	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 rollout date through September 30, 2019. Reimbursement for qualified sub-capitated providers will incorporate Pay for Performance (P4P) payments and will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.
	Obstetrician/Gynecologist (OB/GYN) **AP Option 1**- OB/GYN provider has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018: Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) **OR** **AP Option 2** – Site must achieve or exceed the benchmark for all three of the following measures for the health plan Medicaid members using HEDIS 2018 specifications within the measurement period. (see table below)	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019. Reimbursement for qualified sub-capitated providers will incorporate Pay for Performance (P4P) payments and will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019. Reimbursement for qualified sub-capitated providers will incorporate Pay for Performance (P4P) payments and will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.
	Interim Qualification Requirements for Rollout – For New Network Providers	

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

Last Updated: 12.5.18, Antraneise Jackson, Bureau of Medicaid Quality

MMA Physician Incentive Program (MPIP) Plan Summaries

*Year 3: *Rollout- September 30, 2019*

***Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019**

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Providers who are new to the network as of rollout date, that are MPIP eligible, and meet the qualified criteria noted above, will be added as Qualified Providers. Every six months, Sunshine Health will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program. In addition, OBGYNs listed on the Agency's website within the listing of qualified OB/GYNs for meeting the HEDIS criteria for the most recent MPIP measurement period for any health plan who services the applicable region will be added as a Qualified Provider. The criteria for pediatric primary care physicians listed above will be in effect from rollout date - September 30, 2019. Halfway through the program period, Sunshine Health will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	
United Healthcare REGIONS 3, 4, 6, and 11 **AP**	**Pediatric Primary Care Physician (PCP)** **AP Option 1** - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) **OR** **AP Option 2** – Site with at least 50 panel members must achieve or exceed the 50th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2018 specifications/Child Core Set specifications for CY 2017 services. Benchmarks reflect the 50th percentile National Medicaid Means.	**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 rollout date through September 30, 2019. 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 rollout date through September 30, 2019.

Measure	Benchmark to Qualify
Adolescent Well Care Visits	53%
Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)	95%
Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)	89%
Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)	91%
Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)	89%
Well Child Visits in the First 15 Mos. - 0 visits	2% or less
Well Child Visits in the First 15 Mos. - 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 qualify?
	Obstetrician/Gynecologist (OB/GYN) **AP Option 1**- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?

How does a physician qualify?

Accreditation Association for Ambulatory Health Care (AAAHC)
The Joint Commission (TJC)
Utilization Review Accreditation Commission (URAC)

OR

AP Option 2 – Site must achieve or exceed the benchmark for all three of the following measures for the health plan Medicaid members using HEDIS 2018 specifications within the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

How will a physician get paid once they qualify?

members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

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, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service rollout date through September 30, 2019.

Pediatric Specialist (How does a physician qualify?)

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.

Pediatric Specialist (How will a physician get paid once they qualify?)

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 rollout date through September 30, 2019.

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 rollout date through September 30, 2019.

Interim Qualification Requirements for Rollout – For New Network Providers

Providers who are new to the network as of rollout date may qualify if indicated as being a qualified provider for Year 2 of the MPIP program.
The criteria for pediatric primary care physicians listed above will be in effect from rollout date - September 30, 2019. Halfway through the program period, UnitedHealthcare Community Plan will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

<table>
<tr><th>Plan Name</th><th>How does a physician qualify?</th><th>How will a physician get paid once they qualify?</th></tr>
<tr><td rowspan="3">Magellan Complete Care

REGIONS 4, 5, and 7

IHP</td><td>Pediatric Primary Care Physician (PCP)

Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners) must achieve or exceed the following benchmarks for the health plan's Medicaid members using HEDIS 2018 specifications during the measurement period January 1, 2017 through December 31, 2017.

<table><tr><th>Measure</th><th>Benchmark to Qualify</th></tr><tr><td>Adolescent Well Care Visits</td><td>Medicaid 50th Percentile</td></tr><tr><td>Weight Assessment (BMI 3-17 Yrs.)</td><td>Medicaid 50th Percentile</td></tr></table></td><td>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 rollout date through September 30, 2019.</td></tr>
<tr><td>Obstetrician/Gynecologist (OB/GYN)

Providers designated by the health plan as OB/GYNs physicians must achieve or exceed the following benchmarks for the plan's Medicaid members using HEDIS 2018 specifications during the measurement period November 6, 2017 through November 5, 2018.

<table><tr><th>Measure</th><th>Benchmark to Qualify</th></tr><tr><td>Frequency of Ongoing Prenatal</td><td>Medicaid 50th Percentile</td></tr><tr><td>Postpartum Care</td><td>National Medicaid Mean</td></tr></table></td><td>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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.</td></tr>
<tr><td>Pediatric Specialist

All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</td><td>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 rollout date through September 30, 2019.</td></tr>
<tr><td></td><td>Interim Qualification Requirements for Rollout – For New Network Providers

For any new providers to the plan's network, the plan will qualify any providers on the AHCA MPIP Qualified Provider List for Year 2, so the providers will be eligible for enhanced payments on Day 1 of regional rollout.

Providers who are new to the network as of rollout date may qualify if provider is listed as a qualifying provider on the Agency list of qualifying providers: http://ahca.myflorida.com/medicaid/statewide_mc/qualified_providers_2017-18.shtml

The criteria for pediatric primary care providers, OBGYNs, and pediatric specialists listed above will be in effect from rollout date – September 30, 2019. Halfway through the program, Magellan Complete Care will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.</td><td></td></tr>
</table>

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

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	**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, 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, 2017- December 31, 2017. **Measure**: Pediatric Visit — **Benchmark to Qualify**: At Least One Pediatric Visit	**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 rollout date through September 30, 2019.
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians, regardless of board certification, with at least one paid claim for a service provided to a health plan Medicaid member and who achieve the following access and quality measures within the measurement period January 1, 2017 through December 31, 2017. **Measure**: Cervical Screenings — **Benchmark to Qualify**: Rate of Cervical Screenings ≥90%	**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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.
	Pediatric Specialist Providers designated by the health plan as pediatric endocrinologists, pediatric cardiologists, pediatric infectious disease specialists, pediatric nephrologists, pediatric neurologists, or as pediatric psychiatrists, regardless of board certification, with at least one paid claim for a service provided to a health plan Medicaid member, must also achieve the following access and quality measures during the measurement period January 1, 2017 through December 31, 2017. **Measure**: Pediatric Visit — **Benchmark to Qualify**: At Least One Pediatric Visit in Measurement Period	**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 rollout date through September 30, 2019.

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name | **How does a physician qualify?** | **How will a physician get paid once they qualify?**

Chidren's Medical Services

REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11

IHP

Pediatric Primary Care Physician (PCP)

How does a physician qualify?

Option 1: 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, 2018, 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: Providers with 80% of claim data for Fiscal Year 2 occurring at a PCMH location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Children's Medical Services will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH site).

How will a physician get paid once they qualify?

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 rollout date through September 30, 2019.

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 rollout date through September 30, 2019.

Obstetrician/Gynecologist (OB/GYN)

How does a physician qualify?

Option 1- OB/GYN provider has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2018:

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 has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2018 specifications within the measurement period.

Measure	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	11/6/16-11/5/17	67%
HEDIS: Postpartum Care	11/6/16-11/5/17	62%
Florida Medicaid Cesarean Section Rate	CY 2017	<35%

OR

Option 3 – Providers with 80% of claim data for Fiscal Year 2 occurring at a PCMH or PCSP location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Children's Medical Services will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH or PCSP site).

How will a physician get paid once they qualify?

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, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after rollout date through September 30, 2019.

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 3: *Rollout- September 30, 2019

****Rollout Dates: December 1, 2018; January 1, 2019; February 1, 2019***

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	**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 rollout date through September 30, 2019.
	Interim Qualification Requirements for Rollout – For New Network Providers **Pediatric Primary Care Physician (PCP)** providers who are new to the network as of rollout date may qualify if they provide services at a location Recognized by one of the following organizations as a Patient-Centered Medical Home (PCMH): National Committee for Quality Assurance (NCQA); Accreditation Association for Ambulatory Health Care (AAAHC); The Joint Commission (TJC); or, Utilization Review Accreditation Commission (URAC). **Obstetrician/Gynecologist (OB/GYN)** providers who are new to the network as of rollout date have the following options to qualify: **Option 1:** Recognition by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Specialty Practice (PCSP) or by one of the following organizations as a Patient-Centered Medical Home (PCMH): Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC); or, Utilization Review Accreditation Commission (URAC). **OR, Option 2:** Children's Medical Services will evaluate all available Qualification data from other health plans in a given Region. If the OB/GYN is qualified on at least half of the health plans currently operating in the Region, Children's Medical Services will consider them Qualified for its MPIP Program. This qualification criteria will be in place for Year 1 of our MPIP Program in our 3 new Regions, after which point Children's Medical Services will re-evaluate the OB/GYN's results in accordance with our program methodology to determine continued qualification. The criteria for Pediatric Primary Care Physicians and OB.GYNs listed above will be in effect from rollout date - September 30, 2019. Halfway through the program period, Children's Medical Services will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.	