

# MMA Physician Incentive Program (MPIP) Plan Summaries

Year 4: October 1, 2019- September 30, 2020

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?																				
<p><b>Best Care Assurance d/b/a Vivida Health</b></p> <p>REGION 8 AP</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p><b>AP Option 1</b> - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2019:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>AP Option 2</b> – 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 2019 specifications/Child Core Set specifications for CY 2018 services. Benchmarks reflect the 50th percentile National Medicaid Means.</p> <table border="1" data-bbox="626 708 1491 1063"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	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%	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2019 through September 30, 2020.</p>
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<p><b>Coventry d/b/a Aetna Better Health of Florida</b></p> <p>REGIONS 6, 7, and 11</p> <p><b>IHP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, practicing within a group with at least 100 health plan Medicaid members under the age of 21 years, at a site recognized as a Patient-Centered Medical Home, on or before October 1, 2019, by one of the following organizations:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b><u>AND</u></b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2019 through September 30, 2020.</p>												
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	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>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.</p> <table border="1" data-bbox="389 781 1728 883"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/17-11/5/18</td> <td>Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/17-11/5/18</td> <td>National Medicaid Mean</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2018</td> <td>&lt;35%</td> </tr> </tbody> </table>	Measure	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	11/6/17-11/5/18	Medicaid 75 <sup>th</sup> Percentile	HEDIS: Postpartum Care	11/6/17-11/5/18	National Medicaid Mean	Florida Medicaid Cesarean Section Rate	CY 2018	<35%	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p>
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<p><b>Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance</b></p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p><b>IHP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p><b>Option 1</b> – Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2019:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2</b> – ER Utilization must be less than 1,000 visits per 100 assigned members.</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2019 through September 30, 2020.</p>						
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# MMA Physician Incentive Program (MPIP) Plan Summaries

Year 4: October 1, 2019- September 30, 2020

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?																
<p><b>Humana Medical Plan</b></p> <p>REGIONS 1, 6, 9, 10, and 11</p> <p><b>IHP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, practicing within a site with a panel size of 200 health plan Medicaid members under the age of 21 years must also achieve <b>one</b> of the following two qualification options.</p> <p><b>Option 1:</b> PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="384 524 1736 776"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Member Encounter Rate</td> <td>Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher</td> </tr> <tr> <td>E R Utilization</td> <td>Region 1 - &lt;700 per 1000 members Region 6 - &lt;600 per 1000 members Region 9 - &lt;550 per 1000 members Regions 10, 11 - &lt;650 per 1000 members Regions 2, 3, 4, 5, 7, 8 - &lt;550 per 1000 members</td> </tr> </tbody> </table> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> PCPs practicing within a site that achieves the following access and quality measures using HEDIS 2019 specifications within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="384 984 1736 1114"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Well-Child Visits in the First 15 Mos.</td> <td>Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (12 - 24 Mos.)</td> <td>Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)</td> <td>Medicaid 75<sup>th</sup> Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (7 – 11 yrs.)</td> <td>Medicaid 75<sup>th</sup> Percentile</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	Member Encounter Rate	Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher	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	HEDIS Measure	Benchmark to Qualify	Well-Child Visits in the First 15 Mos.	Medicaid 75 <sup>th</sup> Percentile	Children and Adolescent Access to Primary Care (12 - 24 Mos.)	Medicaid 75 <sup>th</sup> Percentile	Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)	Medicaid 75 <sup>th</sup> Percentile	Children and Adolescent Access to Primary Care (7 – 11 yrs.)	Medicaid 75 <sup>th</sup> Percentile	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p>
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<p><b>Lighthouse Health Plan, LLC</b> REGIONS 1 and 2</p> <p><b>AP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p><b>AP Option 1</b> - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2019:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>AP Option 2</b> – 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 2019 specifications/Child Core Set specifications for CY 2018 services. Benchmarks reflect the 50th percentile National Medicaid Means.</p> <table border="1" data-bbox="626 708 1494 1065"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	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%	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p>
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Year 4: October 1, 2019- September 30, 2020

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	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>Providers designated by the health plan as OB/GYN physicians must meet one of the following two qualification options.</p> <p><b>Option 1-</b> OB/GYNs practicing within a group at a site recognized as a Patient Centered 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 October 1, 2019:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2</b> – Site must achieve or exceed the benchmark for all three of the following measures for the health plan’s Medicaid members using HEDIS 2019 specifications for the measurement period.</p> <table border="1" data-bbox="389 711 1728 834"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/17-11/5/18</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/17-11/5/18</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2018</td> <td>&lt;35%</td> </tr> </tbody> </table>	Measure	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	11/6/17-11/5/18	67%	HEDIS: Postpartum Care	11/6/17-11/5/18	62%	Florida Medicaid Cesarean Section Rate	CY 2018	<35%	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan’s Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p>
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<p><b>Simply Healthcare Plans, Inc.</b></p> <p>REGIONS 5, 6, 7, 10, and 11</p> <p><b>AP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p><b>AP Option 1</b> - Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2019:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>AP Option 2</b> – 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 2019 specifications/Child Core Set specifications for CY 2018 services. Benchmarks reflect the 50th percentile National Medicaid Means.</p> <table border="1" data-bbox="626 708 1491 1063"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table>	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%	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2019 through September 30, 2020.</p>
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# MMA Physician Incentive Program (MPIP) Plan Summaries

Year 4: October 1, 2019- September 30, 2020

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?												
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<p><b>Wellcare of Florida, Inc. dba Staywell Health Plan of Florida</b></p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p><b>IHP</b></p>	<p><b>Pediatric Specialist</b></p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p>	<p><b>Pediatric Specialist</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services 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 October 1, 2019 through September 30, 2020.</p>												
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<p><b>Sunshine State Health Plan, Inc.</b></p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 <b>IHP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p><b>Option 1:</b> 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 October 1, 2019, by one of the following organizations:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p>	<p><b>Pediatric Specialist</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services 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 October 1, 2019 through September 30, 2020.</p> <p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency,</p>												

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Frequency of Ongoing Prenatal	Medicaid 50 <sup>th</sup> Percentile							
Postpartum Care	National Medicaid Mean							
	<p><b>Pediatric Specialist</b></p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p>	<p><b>Pediatric Specialist</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services 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 October 1, 2019 through September 30, 2020.</p>						
<p><b>Children's Medical Services</b></p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p><b>IHP</b></p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p><b>Option 1:</b> 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 October 1, 2019, by one of the following organizations:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> Providers with 80% of claim data for Fiscal Year 3 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).</p>	<p><b>Pediatric Primary Care Physician (PCP)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2019 through September 30, 2020.</p>						
	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p><b>Option 1-</b> 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 October 1, 2019:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA), Level 2 Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p>	<p><b>Obstetrician/Gynecologist (OB/GYN)</b></p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2019 through September 30, 2020.</p>						

# MMA Physician Incentive Program (MPIP) Plan Summaries

Year 4: October 1, 2019- September 30, 2020

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?												
	<p style="text-align: center;"><b>OR</b></p> <p><b>Option 2:</b> OB/GYNs practicing within a site that has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2019 specifications within the measurement period.</p> <table border="1" data-bbox="411 435 1709 578"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/17-11/5/18</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/17-11/5/18</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2018</td> <td>&lt;35%</td> </tr> </tbody> </table> <p style="text-align: center;"><b>OR</b></p> <p><b>Option 3</b> – Providers with 80% of claim data for Fiscal Year 3 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).</p>	Measure	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	11/6/17-11/5/18	67%	HEDIS: Postpartum Care	11/6/17-11/5/18	62%	Florida Medicaid Cesarean Section Rate	CY 2018	<35%	
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