Plan Name	How does a physician q	How will a physician get paid once they qualify?				
Best Care	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)				
Assurance d/b/a Vivida Health REGION 8 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 October 1, 2020: National Committee for Quality Assurance (NCQA) 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 2020 specifications/Child Core Set specifications for CY 2019 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 Medical members under the age of 21, including coverage of primary care services a specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022. Payments for sub-capitated qualified providers will be made through a enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 2 including coverage of primary care services as specified by the Agency beginning with capitation payments made for dates of service October 1, 2022 through September 30, 2022.		
			1			
	Measure Adolescent Well Care Visits	Benchmark to Qualify 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.) Well Child Visits in the First 15 Mos 0 visits	89% 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)			Obstetrician/Gynecologist (OB/GYN)		
	AP Option 1- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by th following organizations as a Patient-Centered Medical Home with a recognition date on or befor	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicare members, including coverage of obstetric services as specified by the Agencupon submission of a clean claim for dates of service beginning on October				
	National Committee for Quality Assi	National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)				

	sician Incentive Program (MPIP) Plan er 1, 2021 – September 30, 2022	Summaries		
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 the	ree of the following:		payments made for dates of service October 1, 2021, through September 30, 2022.
	Measure	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%	
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%	
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%	
	Specialist			Specialist
	All physicians who are Specialists, regardless of board certification.	No additional qualification measures are red	quired.	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, 2021, through September 30, 2022. 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, 2021, through September 30, 2022.
	Provider Qualification Requirements			
	Eligible providers who qualified for MPIP Year 5 will continue to be of the plan's MPIP criteria using the Year 5 benchmarks and targets, in			
Coventry	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)
d/b/a Aetna Better Health of Florida	Providers designated by the health plan as PCPs (including pediatri practicing within a group with at least 100 health plan Medicaid mer before October 1, 2020, by one of the following organizations:	nbers under the age of 21 years, at a site r		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, 2021, through September 30, 2022.
REGIONS 6, 7, and 11 IHP	Accreditation As	committee for Quality Assurance (NCQA) sociation for Ambulatory Health Care (AAAI The Joint Commission (TJC) Review Accreditation Commission (URAC) AND	⊣C)	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,

Year 6: Octobe	ear 6: October 1, 2021 – September 30, 2022						
Plan Name	How does a physician qualify?				How will a physician get paid once they qualify?		
	The site must also achieve the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2019, through December 31, 2019			beginning with capitation payments made for dates of service October 1, 2021, through September 30, 2022.			
		Measure	Benchmark to Qua	lify			
		EDIS: Children and Adolescent Access to Primary Care actitioners (3/4 of Age Bands)	Medicaid 50 th percer				
	ER	R Utilization	<650 visits/1000 mem	nbers			
	After Hours Availability After 6 p.m. or on Weekends						
	HEDIS: Lead Screening Medicaid 50 th Percentile						
	Obstetrician/Gynecologist (OB/GYN)				Obstetrician/Gynecologist (OB/GYN)		
	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 2020 HEDIS specifications within the measurement period.				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		
	Measure Measurement Period Benchmark to Qualify				the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022.		
				on October 1, 2021, through September 30, 2022.			
	HEDIS: Postpartum Care 10/8/18-10/7/19 National Medicaid Mean Florida Medicaid Cesarean Section Rate CY 2019 <35%						
	Specialist				Specialist		
	All physicians who are 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 October 1, 2021, through September 30, 2022.	
	Provider Qualification Requirements						
	Eligible providers who qualified for MP the plan's MPIP criteria using the Year	PIP Year 5 will continue to be qualified for MPIP Year 6. And to be providers that were start were and targets, including providers that were	dditionally, eligible provide e not previously qualified fo	rs whose CY r MPIP Year	7 2020 performance data meets r 5, may qualify for MPIP Year 6.		

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 6: Octobe	October 1, 2021 – September 30, 2022						
Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?					
Simply	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)					
Healthcare Plans, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	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 October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR Option 2 – ER Utilization must be less than 1,000 visits per 100 assigned members.	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, 2021, through September 30, 2022. 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, 2021, through September 30, 2022.					
'	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)					
	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 October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) 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 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure Benchmark to Qualify HEDIS: Frequency of Ongoing Prenatal Care 69.54% HEDIS: Postpartum Care 67.53%	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, 2021, through September 30, 2022.					
	Specialist All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	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 October 1, 2021, through September 30, 2022.					
	Provider Qualification Requirements						
	Eligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. Additionally, eligible providers whose CY 2020 performance data meets the plan's MPIP criteria using the Year 5 benchmarks and targets, including providers that were not previously qualified for MPIP Year 5, may qualify for MPIP Year 6.						

MMA Physician Incentive Program (MPIP) Plan Summaries

	sician Incentive Program (MPIP) Plan Summaries er 1, 2021 – September 30, 2022			
Plan Name	How does a physician o	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 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 October 1, 2020: National Committee for Quality Assurance (NCQA) 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 50 th percentile National Medicaid Mean benchmark for the following metrics. All measures below must be calculated using HEDIS 2020 specifications/Child Core Set specifications for CY 2019 services. Benchmarks reflect the 50 th percentile National Medicaid Means. Measure Benchmark to Qualify Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 – 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos. – 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 – 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 – 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 – 19 yrs.) Practitioners (12 – 19 yrs.)		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 October 1, 2021, through September 30, 2022.	
	Well Child Visits in the First 15 Mos. – 0 visits Well Child Visits in the First 15 Mos. – 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. Lead Screening Obstetrician/Gynecologist (OB/GYN) AP Option 1- Site has been recognized as a Patient Centered Specialty Practice (PCSP) by the following organizations as a Patient-Centered Medical Home with a recognition date on or before National Committee for Quality Asses Accreditation Association for Ambulatory The Joint Commission (Utilization Review Accreditation Commission Commission Review Accreditation Commission Commission Commission Review Accreditation Commission Commissio	re October 1, 2020 urance (NCQA) Health Care (AAAHC) TJC)	Assurance (NCQA) or by one of the	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 October 1, 2021, through September 30, 2022.

	sician Incentive Program (MPIP) Plar er 1, 2021 – September 30, 2022			
Plan Name	Hov	v 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 specifications for the measurement period.	three of the following measures for the health	plan's Medicaid members using HEDIS 2020	
	Measure	Measurement Period	Benchmark to Qualify	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%	
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%	
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%	
	Specialist			Specialist
	All physicians who are Specialists, regardless of board certification	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, 2021, through September 30, 2022.		
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 will continue to be the plan's MPIP criteria using the Year 5 benchmarks and targets,			
Humana Medical Plan	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pedia a site with a panel size of 50 health plan Medicaid members under	Pediatric Primary Care Physician (PCP) ng within 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		
REGIONS 2, 3, 4, 5, 7, and	Option 1: PCPs practicing within a site that achieves the followi 31, 2019.			
0	Measure		Benchmark to Qualify	
IHP	Member Encounter Rate	Region 1 – 2.5 c Regions 6, 9, 10 Regions 2, 3, 4,		
	E R Utilization	Region 6 - <600 Region 9 - <550 Regions 10, 11	per 1000 members per 1000 members per 1000 members > <650 per 1000 members 5, 7, 8 - <550 per 1000 members	

	MMA Physician Incentive Program (MPIP) Plan Summaries Year 6: October 1, 2021 – September 30, 2022						
Plan Name	How do	How will a physician get paid once they qualify?					
	Option 2: PCPs practicing within a site that achieves the following a January 1, 2019, through December 31, 2019.						
	Well-Child Visits in the First 15 Mos. Children and Adolescent Access to Primary Care (12 - 24 Mos.) Children and Adolescent Access to Primary Care (25 mos.) Children and Adolescent Access to Primary Care (7 - 11 yr.)						
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians practicing the following access and quality measures using HEDIS 2020 specificates.	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 October 1,					
	Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate	Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19 1/1/19-12/31/19	67% 64% <35%	2021, through September 30, 2022.			
	Specialist All physicians who are Specialists, regardless of board certification. No a	additional qualification measures are requi	ired.	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 October 1, 2021, through September 30, 2022. 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 October 1, 2021, through September 30, 2022.			
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 will continue to be qualithe plan's MPIP criteria using the Year 5 benchmarks and targets, include						

Plan Name	How de	How will a physician get paid once they qualify?		
Humana	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)		
Medical Plan	Providers designated by the health plan as PCPs (including pediatricia a site with a panel size of 200 health plan Medicaid members under the	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care		
REGIONS 1, 6, 9, 10, and 11	Option 1: PCPs practicing within a site that achieves the following a 31, 2019.			
	Measure	В	Senchmark to Qualify	
IHP	Member Encounter Rate	Region 1 – 2.5 or h Regions 6, 9, 10, 1 Regions 2, 3, 4, 5,	11 – 3 or higher	
	E R Utilization	Region 1 - <700 pe Region 6 - <600 pe Region 9 - <550 pe Regions 10, 11 - < Regions 2, 3, 4, 5,	er 1000 members	
	Option 2: PCPs practicing within a site that achieves the following January 1, 2019, through December 31, 2019.	access and quality measures using HEDIS	2020 specifications within the measurement	t period
	HEDIS Measure	В	Senchmark to Qualify	
	Well-Child Visits in the First 15 Mos.	M	ledicaid 75 th Percentile	
	Children and Adolescent Access to Primary Care (12 - 24		ledicaid 75 th Percentile	
	Children and Adolescent Access to Primary Care (25 mos Children and Adolescent Access to Primary Care (7 – 11		ledicaid 75 th Percentile ledicaid 75 th Percentile	
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)		
		chieves Payments to fee-for-service (FFS) qualified providers will be made at the		
	Providers designated by the health plan as OB/GYN physicians practi- the following access and quality measures using HEDIS 2020 specifications.	cing in a group with 10 deliveries for the hea ations within the measurement period.		appropriate Medicare rate for services rendered to the health plan's Medicai members, including coverage of obstetric services as specified by the Agency
	Providers designated by the health plan as OB/GYN physicians practice the following access and quality measures using HEDIS 2020 specification. Measure	cing in a group with 10 deliveries for the hea ations within the measurement period. Measurement Period	Benchmark to Qualify	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
	the following access and quality measures using HEDIS 2020 specification. Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/18-11/5/19	67%	
	the following access and quality measures using HEDIS 2020 specification. Measure	ations within the measurement period. Measurement Period	-	members, including coverage of obstetric services as specified by the Agenc upon submission of a clean claim for dates of service beginning on October

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 6: October 1, 2021 – September 30, 2022

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Specialist	Specialist
	All physicians who are 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 October 1, 2021, through September 30, 2022. 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 October 1, 2021, through September 30, 2022.
	Provider Qualification Requirements	
	Eligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. Additionally, eligible providers whose CY 2020 performance data meets the plan's MPIP criteria using the Year 5 benchmarks and targets, including providers that were not previously qualified for MPIP Year 5, may qualify for MPIP Year 6.	

Molina Healthcare REGION 4,5,7,8 AP Molina Healthcare REGION 4,5,7,8 AP Mational Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) OR Molina Healthcare Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also meet one of the following appropriate Medicare rate for services rendered to the health pappropriate Medicare rate for service		sician Incentive Program (MPIP) Plan Summaries er 1, 2021 – September 30, 2022		
Healthcare REGION 4,5,7,8 AP Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home, on or before October 1, 2020, by one of the following organizations: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (URAC) Utilization Review Accreditation Commission (URAC) 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 Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also meet one of the following two qualification options. Payments to fee-for-service (FFS) qualified providers will be appropriate Medicare rate for services rendered to the health members under the age of 21, including coverage of primary of specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for specified by the Agency, upon submission of a clean claim for	Plan Name	How does a physician o	How will a physician get paid once they qualify?	
MeasureBenchmark to QualifyAdolescent Well Care Visits53%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 	Molina Healthcare REGION 4,5,7,8	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, one of the following two qualification options. AP Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered organizations: National Committee for Quality Assur Accreditation Association for Ambulatory He The Joint Commission (TJ Utilization Review Accreditation Commission (TJ Utilization Review Accreditation Commission HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within the measurement period January 1, 2019, through Deciding HEDIS 2020 specifications within a site with a panel size of at least 50 health plan Mediusing HEDIS 2020 specification commission (TJ 2019, through Deciding HEDIS 2020 specifications within a site with a panel size of at least 50 health plan Mediusing HEDIS 2020 specification Commission (TJ 2019, through Deciding HEDIS 2020 specification Commission (TJ 2019, t	general practitioners), regardless of board certification, must also me Medical Home, on or before October 1, 2020, by one of the following ance (NCQA) ealth Care (AAAHC) IC) inission (URAC) Benchmark to Qualify 53% 95% 95% 89% 91% 89% 2% or less 59% 75%	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 Medicar members under the age of 21, including coverage of primary care services a specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022. Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medical rate based on the volume and value of covered services provided. Payment to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on quarterly basis within 90 days following the month after the close of the

	Physician Incentive Program (MPIP) Plan Summaries ctober 1, 2021 – September 30, 2022					
Plan Name	Hov	How will a physician get paid once they qualify?				
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)				
	Providers designated by the health plan as OB/GYN physicians m	Payments to fee-for-service (FFS) qualified providers will be made at the				
	Option 1- OB/GYNs practicing within a group at a site recognized (NCQA) or by one of the following organizations as a Patient-Cent Nation Accreditation Utilizat	appropriate Medicare rate for services rendered to the health plan's Medica members, including coverage of obstetric services as specified by the Agenc upon submission of a clean claim for dates of service beginning on October 2021, through September 30, 2022.				
	Option 2 – Site must achieve or exceed the benchmark for all thre specifications for the measurement period.					
	Measure					
	HEDIS: Frequency of Ongoing Prenatal Care					
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%			
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%			
	Specialist			Specialist		
	All physicians who are Specialists, regardless of board certification	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, 2021, through September 30, 2022.				
	Provider Qualification Requirements					
	Eligible providers who qualified for MPIP Year 5 will continue to be the plan's MPIP criteria using the Year 5 benchmarks and targets,					

Holina Healthcare REGION 11 IHP Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians. family practitioners), regardless of board certification, must also meet one of the following two qualification options. Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home (PCMH), on or before October 1, 2020, by one of the following organizations: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambutatory Health Care (AAAHC) The Joint Commission (11/20) 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 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure Measure Measure Measure Addescent Well Care Visitis Children and Addescent Access to Primary Care Practitioners (12 - 29 ms). Children and Addescent Access to Primary Care Practitioners (12 - 19 yrs). Children and Addescent Access to Primary Care Practitioners (12 - 19 yrs). Children and Addescent Access to Primary Care Practitioners (12 - 19 yrs). Well Chald Visits in the First 15 Mos 0 visits Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S9%, Well Chald Visits in the First 15 Mos 0 or omo S97, Well Chald Visits in the First 15 Mos 0 or omo S97,		sician Incentive Program (MPIP) Plan Summaries		
Healthcare REGION 11 IHP Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also men one of the following two qualification options. Option 1: PCPs practicing within a group at a site recognized as a Patient-Centered Medical Home (PCMH), on or before October 1, 2020, by one of the following organizations: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TUC) Utilization Review Accreditation Commission (URAC) 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 2020 Specifications within the measurement period January 1, 2019, through December 31, 2019. Measure Addescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos 69 vis.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 vis.) Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the First 15 Mos 0 wisits Well Child Visits in the Fir	Plan Name	How does a physician q	How will a physician get paid once they qualify?	
Providers designated by the health plan as PCPs (including pediatricians, family practitioners), regardless of board certification, must also meet one of the following two qualification options. Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plans Advices of the plans and rendered		Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)	
In Paralticines: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC) 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 2020 Specifications within the measurement period January 1, 2019, through December 31, 2019. Measure		one of the following two qualification options.	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as	
Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TLC) Utilization Review Accreditation Commission (URAC) 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 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure Benchmark to Qualify Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits	IHP		I Home (PCMH), on or before October 1, 2020, by one of the following	
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 2020 specifications within the measurement period January 1, 2019, through December 31, 2019. Measure		Accreditation Association for Ambulatory He The Joint Commission (TJC Utilization Review Accreditation Commi	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	
Adolescent Well Care Visits Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%		specifications within the measurement period January 1, 2019, through December 31, 2019.		
Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%			-	
Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.) Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. The state of the series of the se		Children and Adolescent Access to Primary Care		
Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. Practitioners (7 - 11 yrs.) 89% 89% 89% 89% 89% 75%		Children and Adolescent Access to Primary Care Practitioners (25 mos 6 yrs.)	89%	
Practitioners (12 - 19 yrs.) Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 6 or more Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%		Practitioners (7 - 11 yrs.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)		
Well Child Visits in the First 15 Mos 6 or more59%Well Child Visits in the 3rd, 4th, 5th and 6th yrs.75%				
Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%				
Lead Screening 67%		Lead Screening	67%	
	I			
	I			

	sician Incentive Program (MPIP) Plan Summaries r 1, 2021 – September 30, 2022					
Plan Name	Hov	How will a physician get paid once they qualify?				
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians p for the health plan's Medicaid members using HEDIS 2020 specifi Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Specialist All physicians who are Specialists, regardless of board certification	Measurement period. Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19 CY 2019	Benchmark to Qualify 67% 62% <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 October 1, 2021, through September 30, 2022. 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 October 1, 2021, through September 30, 2022		
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 will continue to be the plan's MPIP criteria using the Year 5 benchmarks and targets,					
Community Care Plan	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)		
REGION 10	Providers designated by the health plan as PCPs (including pedia one of the following two qualification options. Option 1: PCP has participated in-Network for six consecutive	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, 2021, through September 30, 2022.				
	Accreditation A	OR d by one of the following organizations as a Pat Committee for Quality Assurance (NCQA) Association for Ambulatory Health Care (AAAHC The Joint Commission (TJC) Review Accreditation Commission (URAC)	•	Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2021, through September 30, 2022.		

Pro Agr	How does a physician qualify? Dbstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians, who participate in-network for six consecutive greement, and achieve the 75 th percentile for at least one of the following access and quality measures listed be neasures, using HEDIS 2020 specifications for services rendered to health plan Medicaid members within the measures are listed by the provided HEDIS 2020 specifications for services rendered to health plan Medicaid members within the measures. Measure	elow and achieve the 60th percentile for the other	How will a physician get paid once they qualify? 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 October 1, 2021, through September 30, 2022.
Pro Agr	roviders designated by the health plan as OB/GYNs physicians, who participate in-network for six consecutive greement, and achieve the 75th percentile for at least one of the following access and quality measures listed by neasures, using HEDIS 2020 specifications for services rendered to health plan Medicaid members within the measures, using HEDIS: Prenatal and Postpartum – Timeliness of Care 10/8/18-10/7/19 HEDIS: Frequency of Ongoing Prenatal Care 11/6/18-11/5/19	selow and achieve the 60 th percentile for the other surement period. Benchmark to 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 October 1,
	HEDIS: Prenatal and Postpartum – Timeliness of Care 10/8/18-10/7/19 HEDIS: Frequency of Ongoing Prenatal Care 11/6/18-11/5/19		
	Florida Medicaid Cesarean Rate CY 2019		
	Specialist Il physicians who are Specialists, regardless of board certification. No additional qualification measures are require	ed.	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 October 1, 2021, through September 30, 2022.
Elig	rovider Qualification Requirements ligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. Additionally, eligible providers MPIP criteria using the Year 5 benchmarks and targets, including providers that were not previously qualified.		
Caritas	Pediatric Primary Care Physician (PCP) Pediatric Primary Care Physician (PCP) Poption 1 – Site has been recognized by one of the following organizations as a Patient-Centered Medical Homozo:	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	
REGIONS 9 and 11	National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)		specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022. Payments for sub-capitated qualified providers will be made through an
mea	<u>OR</u> P Option 2 – Site with at least 50 panel members must achieve or exceed the 50 th percentile National Medica neasures below must be calculated using HEDIS 2020 specifications/Child Core Set specifications for CY 2019 service Medicaid Means.	aid Mean benchmark for the following metrics. All ces. Benchmarks reflect the 50 th percentile National	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, 2021, through September 30, 2022.

ar 6: Octobei	sician Incentive Program (MPIP) Plan r 1, 2021 – September 30, 2022	Julillaries			
an Name	How	How will a physician get paid once they qualify?			
	Meas	sure Bend	chmark to Qualify		
	Adolescent Well Care Visits		53%		
	Children and Adolescent According Practitioners (12 – 24 mos.)	·	95%		
	Children and Adolescent According Practitioners (25 mos. – 6 yrs	.)	89%		
	Children and Adolescent According Practitioners (7 – 11 yrs.)		91%		
	Children and Adolescent According Practitioners (12 – 19 yrs.)	,	89%		
	Well Child Visits in the First 1		2% or less		
	Well Child Visits in the First 1: Well Child Visits in the 3 rd , 4 th		59% 75%		
	Lead Screening	5 and 6 yrs.	67%		
	Load Goldening	I	01 70		
	Obstetrician/Gynecologist (OB/GYN)				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 t following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)			Assurance (NCQA) or by one of the	Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022.
	AP Option 2 – Site must achieve or exceed the benchmark for all th specifications for the measurement period.	OR ree of the following measures for the h	ealth plan's Medicaid m	nembers using HEDIS 2020	
	Measure	Measurement Period	Benchr	mark to Qualify	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19		67%	
	HEDIS: Postpartum Care	10/8/18-10/7/19		62%	
	Florida Medicaid Cesarean Section Rate	CY 2019		<35%	
	Specialist				Specialist
	Specialist All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.				Payments to fee-for-service (FFS) qualified providers will be made at tappropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission or

	sician Incentive Program (MPIP) Plan Summaries er 1, 2021 – September 30, 2022					
Plan Name	How does a physician q	ualify?		How will a physician get paid once they qualify?		
	Provider Qualification Requirements					
	Eligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. At the plan's MPIP criteria using the Year 5 benchmarks and targets, including providers that were					
Simply Healthcare	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)				
Plans, Inc.	AP Option 1 - Site has been recognized by one of the following organizations as a Patient-Ce 2020:	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				
REGIONS 1, 2, 5, 6, 7, 9,	National Committee for Quality Assura Accreditation Association for Ambulatory He The Joint Commission (TJC	specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022.				
10, and 11	Utilization Review Accreditation Commi	ssion (URAC)		Payments for sub-capitated qualified providers will be made through enhanced prospective per member per month (PMPM) capitation rate services rendered to the health plan's Medicaid members under the age of		
АР	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 2020 specifications/Child Core Set specifications for CY 2019 services. Benchmarks reflect the 50th percentile National Medicaid Means.			including coverage of primary care services as specified by the Agenc beginning with capitation payments made for dates of service October 1, 202 through September 30, 2022.		
	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 visits2% or lessWell Child Visits in the First 15 Mos 6 or more59%					
	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					

	nysician Incentive Program (MPIP) Plan Summaries ober 1, 2021 – September 30, 2022				
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 October 1, 2020: National Committee for Quality Assurance (NCQA) 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 2020 specifications for the measurement period. Measure Measurement Period Benchmark to Qualify HEDIS: Frequency of Ongoing Prenatal Care 11/6/18-11/5/19 67% HEDIS: Postpartum Care 10/8/18-10/7/19 62% Florida Medicaid Cesarean Section Rate CY 2019 <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 October 1, 2021, through September 30, 2022.			
	Specialist All physicians who are Specialists, regardless of board certification. No additional qualification measures are required.	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 October 1, 2021, through September 30, 2022.			
	Provider Qualification Requirements Eligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. Additionally, eligible providers whose CY 2020 performance data meets the plan's MPIP criteria using the Year 5 benchmarks and targets, including providers that were not previously qualified for MPIP Year 5, may qualify for MPIP Year 6.				
Sunshine State Health Plan, Inc. REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	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 October 1, 2020, by one of the following organizations: National Committee for Quality Assurance (NCQA) 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 October 1, 2021, through September 30, 2022. 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,			

Plan Name	How	How will a physician get paid once they quali		
IHP	Option 2: Providers with 80% of claim data for Fiscal Year 4 occurr rendered at a PCMH location, Sunshine will pay the provider the MI PCMH site)	OR ing at a PCMH location (on a claim count ba PIP incentive at any location where they rend	sis). If 80% or greater of the provider's sen er services (regardless of whether the loca	including coverage of primary care services as specified by the privices are beginning with capitation payments made for dates of service October through September 30, 2022.
	NOTE : Option 2 only applies to eligible providers that were previous in Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11.	ly qualified for MPIP Year 5 through WellCa	re of Florida, Inc. dba Staywell Health Plan	n of Florida,
	Obstetrician/Gynecologist (OB/GYN)			Obstetrician/Gynecologist (OB/GYN)
	Option 1- OB/GYN provider has been recognized as a Patient Ce one of the following organizations as a Patient-Centered Medical He National Accreditation Utilization Option 2: OB/GYNs practicing within a site that has achieved the specifications within the measurement period.	appropriate Medicare rate for services rendered to the health plan's M members, including coverage of obstetric services as specified by the upon submission of a clean claim for dates of service beginning on Oc 2021, through September 30, 2022.		
	Measure	Measurement Period	Benchmark to Qualify	
	Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period 11/6/18-11/5/19	Benchmark to Qualify 67%	
			•	
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%	
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	11/6/18-11/5/19 10/8/18-10/7/19	67% 62%	
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	11/6/18-11/5/19 10/8/18-10/7/19 CY 2019 OR ing at a PCMH or PCSP location (on a claim	67% 62% <35% count basis). If 80% or greater of the prov	
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Option 3: Providers with 80% of claim data for Fiscal Year 4 occurs services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the providers with services are rendered at a PCMH location, Sunshine will pay the present the	11/6/18-11/5/19 10/8/18-10/7/19 CY 2019 OR ing at a PCMH or PCSP location (on a claim ovider the MPIP incentive at any location wh	67% 62% <35% count basis). If 80% or greater of the provere they render services (regardless of whom	nether the
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate Option 3: Providers with 80% of claim data for Fiscal Year 4 occurs services are rendered at a PCMH location, Sunshine will pay the procession is a PCMH or PCSP site). NOTE: Option 3 only applies to eligible providers that were previous	11/6/18-11/5/19 10/8/18-10/7/19 CY 2019 OR ing at a PCMH or PCSP location (on a claim ovider the MPIP incentive at any location wh	67% 62% <35% count basis). If 80% or greater of the provere they render services (regardless of whom	nether the

Plan Name	How does a physician qu	alify?	How will a physician get paid once they qualify?
			clean claim for dates of service beginning on October 1, 2021, throug September 30, 2022.
	Provider Qualification Requirements		
	Eligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. Add the plan's MPIP criteria using the Year 5 benchmarks and targets, including providers that were r		
United	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)	
Healthcare REGIONS 3, 4, 6, and 11 AP	AP Option 1 - Site has been recognized by one of the following organizations as a Patient-Cen 2020: National Committee for Quality Assurar Accreditation Association for Ambulatory Hea The Joint Commission (TJC) Utilization Review Accreditation Commis	ce (NCQA) th Care (AAAHC)	Payments to fee-for-service (FFS) qualified providers will be made at th appropriate Medicare rate for services rendered to the health plan's Medicai members under the age of 21, including coverage of primary care services a specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2021, through September 30, 2022. Payments for sub-capitated qualified providers will be made through a enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 2.

	ysician Incentive Program (MPIP) Plan Summaries per 1, 2021 – September 30, 2022					
Plan Name	Ho	How will a physician get paid once they qualify?				
	Obstetrician/Gynecologist (OB/GYN)		Obstetrician/Gynecologist (OB/GYN)			
	AP Option 1- Site has been recognized as a Patient Centered following organizations as a Patient-Centered Medical Home with National Accreditate Accreditate Utiliz AP Option 2 – Site must achieve or exceed the benchmark for a specifications within the measurement period.	Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medic members, including coverage of obstetric services as specified by the Ager upon submission of a clean claim for dates of service beginning on Octobe 2021, through September 30, 2022. Payments for sub-capitated qualified providers will be made through enhanced prospective per member per month (PMPM) capitation rate services rendered to the health plan's Medicaid members, including cover of primary care services as specified by the Agency, beginning with capitat payments made for dates of service October 1, 2021, through September 2022.				
	Measure HEDIS: Frequency of Ongoing Prenatal Care	Measurement Period Benchmark to Qualify 11/6/18-11/5/19 67%				
	HEDIS: Postpartum Care	10/8/18-10/7/19 62%				
	Florida Medicaid Cesarean Section Rate	CY 2019 <35%				
	Specialist	Specialist				
	All physicians who are Specialists, regardless of board certificati	on. No additional qualification measures are required.	Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for all medically necessary services provided to health plan's Medicaid members under the age of 21, upon submission clean claim for dates of service beginning on October 1, 2021, thro September 30, 2022. Payments for sub-capitated qualified providers will be made through enhanced prospective per member per month (PMPM) capitation rate services rendered to the health plan's Medicaid members under the age of including coverage of primary care services as specified by the Ager beginning with capitation payments made for dates of service October 1, 20 through September 30, 2022.			
	Provider Qualification Requirements					
	The state of the s					

Plan Name	How do	oes a physician qualify?			How will a physician get paid once they qualify?
Children's	Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)			
Medical Services REGIONS 1, 2, 3, 4, 5, 6, 7,	Option 1: Providers designated by the health plan as PCPs (including certification, must also practice within a group at a site recognized a organizations: National Con	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, 2021, through September 30, 2022.			
8, 9, 10, and	Accreditation Assort		Payments for sub-capitated qualified providers will be made through an		
11		he Joint Commission (TJC) view Accreditation Commission (URAC)			enhanced prospective per member per month (PMPM) capitation rate for
		<u>OR</u>			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,
IHP	beginning with capitation payments made for dat				
	Option 2: Providers with 80% of claim data for Fiscal Year 4 occurring rendered at a PCMH location, Children's Medical Services will pay the the location is a PCMH site).	through September 30, 2022.			
	Obstetrician/Gynecologist (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)			
	Option 1- OB/GYN provider has been recognized as a Patient Center one of the following organizations as a Patient-Centered Medical Homonomy National Control of Accreditation As	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, 2021, through September 30, 2022.			
	Option 2 : OB/GYNs practicing within a site that has achieved the for specifications within the measurement period.	OR ollowing access and quality measures for	the health plan Medicaid members u	sing HEDIS 2020	
	Measure	Measurement Period	Benchmark to Qualify		
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%		
	HEDIS: Postpartum Care	10/8/18-10/7/19	62%		
	Florida Medicaid Cesarean Section Rate	CY 2019	<35%		
		<u>OR</u>			
	Option 3 – Providers with 80% of claim data for Fiscal Year 4 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).				

MMA Physician Incentive Program (MPIP) Plan Summaries

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 6: October 1, 2021 – September 30, 2022

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Specialist	Specialist
	All physicians who are 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 October 1, 2021, through September 30, 2022.
	Provider Qualification Requirements	
	Eligible providers who qualified for MPIP Year 5 will continue to be qualified for MPIP Year 6. Additionally, eligible providers whose CY 2020 performance data meets the plan's MPIP criteria using the Year 5 benchmarks and targets, including providers that were not previously qualified for MPIP Year 5, may qualify for MPIP Year 6.	