Tear 5: Octobe	er 1, 2020- September 30, 2021			r
Plan Name	How does a physician qu	ualify?		How will a physician get paid once they qualify?
Best Care Assurance d/b/a Vivida Health REGION 8 AP	Pediatric Primary Care Physician (PCP) AP Option 1 - Site has been recognized by one of the following organizations as a Patient-Cen 2020: National Committee for Quality Assuran Accreditation Association for Ambulatory Hea The Joint Commission (TJC) Utilization Review Accreditation Commission OR	nce (NCQA) alth Care (AAAHC) :)	ognition date on or before October 1,	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, 2020 through September 30, 2021. 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,
	AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50th percent measures below must be calculated using HEDIS 2020 specifications/Child Core Set specificational Medicaid Means.			including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.
	Measure	Benchmark to Qualify	1	
	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.) Well Child Visits in the First 15 Mos 0 visits	89%		
	Well Child Visits in the First 15 Mos 6 or more	2% or less 59%		
	Well Child Visits in the 3rd, 4th, 5th and 6th yrs.	75%		
	Lead Screening			
	Obstetrician/Gynecologist (OB/GYN)			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 Assurption Accreditation Association for Ambulatory H	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, 2020 through September 30, 2021.		
	The Joint Commission (T Utilization Review Accreditation Com <u>OR</u>			Payments for sub-capitated qualified providers will be made through ar enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members, including coverage of primary care services as specified by the Agency, beginning with capitation
		1		1

Plan Name	How	How will a physician get paid once they qualify?		
	AP Option 2 – Site must achieve or exceed the benchmark for all the	payments made for dates of service October 1, 2020 through September 30, 2021.		
	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%	
	Pediatric Specialist			Pediatric Specialist
	All physicians who are pediatric specialists, regardless of board cert	ification. No additional qualification measur	es 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, 2020 through September 30, 2021. 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, 2020 through September 30, 2021.
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 pediatripracticing within a group with at least 100 health plan Medicaid mere before October 1, 2020, by one of the following organizations:			
	Accreditation As	sociation for Ambulatory Health Care (AAA	HC)	Payments for sub-capitated qualified providers will be made through an
REGIONS 6,		The Joint Commission (TJC)	, ,	enhanced prospective per member per month (PMPM) capitation rate for
7, and 11	Utilization F	Review Accreditation Commission (URAC)		services rendered to the health plan's Medicaid members under the age of 21,
IHP		AND		including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.

MMA Physician Incentive Program (MPIP) Plan Summaries

an Name		How does a physician of	qualify?		How will a physician get paid once they qualify?
	The site must also achieve the following access and qu December 31, 2019.	ugh			
		Measure	Benchmark to Qualify		
	HEDIS: Children and A Practitioners (3/4 of A	dolescent Access to Primary Care	Medicaid 50 th percentile		
	ER Utilization		<650 visits/1000 members		
	After Hours Availability		After 6 p.m. or on Weekend		
	HEDIS: Lead Screenir	g	Medicaid 50 th Percentile		
	Obstetrician/Gynecologist (OB/GYN)				Obstetrician/Gynecologist (OB/GYN)
	Providers designated by the health plan as OB/GYN physical that achieves the following access and quality measures up	icians practicing within a group with sing 2020 HEDIS specifications withi	at least 10 deliveries for the he in the measurement period.	lth plan's Medicaid members at a	appropriate Medicare rate for services rendered to the health plan's
	Measure Measurement Perio			Benchmark to Qualify	Medicald members including coverage of obstetric services as specified
					Medicaid members, including coverage of obstetric services as specified the Agency, upon submission of a clean claim for dates of service begin
	HEDIS: Frequency of Ongoing Prenatal Car	11/6/18-11/5	5/19 Medi	caid 75 th Percentile	Medicaid members, including coverage of obstetric services as specified the Agency, upon submission of a clean claim for dates of service begin on October 1, 2020 through September 30, 2021.
			5/19 Medi 7/19 Natio		the Agency, upon submission of a clean claim for dates of service begin
	HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	11/6/18-11/5 10/8/18-10/7	5/19 Medi 7/19 Natio	caid 75 th Percentile nal Medicaid Mean	the Agency, upon submission of a clean claim for dates of service begin
	HEDIS: Frequency of Ongoing Prenatal Car HEDIS: Postpartum Care Florida Medicaid Cesarean Section Rate	11/6/18-11/5 10/8/18-10/7 CY 2019	5/19 Medi 7/19 Natic	caid 75 th Percentile nal Medicaid Mean	the Agency, upon submission of a clean claim for dates of service begin on October 1, 2020 through September 30, 2021.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 IHP	Pediatric Primary Care Physician (PCP) 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) Option 2 – ER Utilization must be less than 1,000 visits per 100 assigned members.	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, 2020 through September 30, 2021. 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, 2020 through September 30, 2021.
	Obstetrician/Gynecologist (OB/GYN) 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) Site has been recognized by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Specialty Practice with a recognition date on or before October 1, 2020. 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	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, 2020 through September 30, 2021.
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.

Tear 5. Octobe	er 1, 2020- September 30, 2021			r	
Plan Name	How does a physician qu	ialify?		How will a physician get paid once they qualify?	
Florida	Pediatric Primary Care Physician (PCP)			Pediatric Primary Care Physician (PCP)	
Community Care	AP Option 1 – Site has been recognized by one of the following organizations as a Patient-Cer 2020:	n recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1,			
REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11	Accreditation Association for Ambulatory Hea The Joint Commission (TJC) Utilization Review Accreditation Commis	National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)			
АР	<u>OR</u> AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50 th percentil measures below must be calculated using HEDIS 2020 specifications/Child Core Set specifications Medicaid Means.				
	Measure	Benchmark to Qualify			
	Adolescent Well Care Visits	53%			
	Children and Adolescent Access to Primary Care Practitioners (12 – 24 mos.)	95%			
	Children and Adolescent Access to Primary Care Practitioners (25 mos. – 6 yrs.)	89%			
	Children and Adolescent Access to Primary Care Practitioners (7 – 11 yrs.)	91%			
	Children and Adolescent Access to Primary Care Practitioners (12 – 19 yrs.)	89%			
	Well Child Visits in the First 15 Mos. – 0 visits Well Child Visits in the First 15 Mos. – 6 or more	2% or less 59%			
	Well Child Visits in the Frist T5 Mos. – 6 of hore	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 the following organizations as a Patient-Centered Medical Home with a recognition date on or before	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,			
	National Committee for Quality Assu Accreditation Association for Ambulatory H The Joint Commission (T Utilization Review Accreditation Comm	ealth Care (AAAHC) JC)		upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.	
	<u>OR</u>				
		F			

Plan Name	He AP Option 2 – Site must achieve or exceed the benchmark for specifications for the measurement period.	ow does a physician qualify?		How w	ill a physician get paid once they qualify?		
			How does a physician qualify?				
		all three of the following measures for the health p	olan's Medicaid members using HEDIS 20.	,			
	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%				
	Pediatric Specialist			Pediatric	Specialist		
	All physicians who are pediatric specialists, regardless of board	appropriate l health plan's	o fee-for-service (FFS) qualified providers will be made at the Medicare rate for all medically necessary services provided to the s Medicaid members under the age of 21, upon submission of a for dates of service beginning on October 1, 2020 through 30, 2021.				
Humana Medical Plan	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including per a site with a panel size of 50 health plan Medicaid members un			ng within Payments to	Primary Care Physician (PCP) o fee-for-service (FFS) qualified providers will be made at the Medicare rate for services rendered to the health plan's Medicaid		
REGIONS 2, 3, 4, 5, 7, and 8	Option 1 : PCPs practicing within a site that achieves the follo 31, 2018.	wing access and quality measures within the mea	asurement period January 1, 2018 through	ecember members un specified by	der the age of 21, including coverage of primary care services as the Agency, upon submission of a clean claim for dates of service of October 1, 2020 through September 30, 2021.		
	Measure		Benchmark to Qualify				
IHP	Member Encounter Rate	<u>Region 1</u> – 2.5 or <u>Regions 6, 9, 10,</u> <u>Regions 2, 3, 4, 5</u>	higher 11 – 3 or higher				
	E R Utilization	<u>Region 6</u> - <600 p <u>Region 9</u> - <550 p Regions 10, 11 -	ber 1000 members ber 1000 members ber 1000 members <650 per 1000 members 5, 7, 8 - <550 per 1000 members				
		OR					

Plan Name	How does a	How will a physician get paid once they qualify?		
	Option 2: PCPs practicing within a site that achieves the following access January 1, 2018 through December 31, 2018.	and quality measures using HED	IS 2020 specifications within the measurem	ent period
	HEDIS Measure 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. – 6 yrs Children and Adolescent Access to Primary Care (7 – 11 yrs.)	S.)	Benchmark to Qualify Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile Medicaid 75 th Percentile	
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYN physicians practicing in a the following access and quality measures using HEDIS 2020 specifications w Measure	appropriate Medicare rate for services rendered to the health plan's Medica members, including coverage of obstetric services as specified by the Agence upon submission of a clean claim for dates of service beginning on October		
	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 1/1/18-12/31/18	Benchmark to Qualify 67% 64% <35%	2020 through September 30, 2021.
	Pediatric Specialist			Pediatric Specialist
,	All physicians who are pediatric specialists, regardless of board certification. N	o additional qualification measure	es 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 clean claim for dates of service beginning on October 1, 2020 throug September 30, 2021. Payments for sub-capitated qualified providers will be made through a enhanced prospective per member per month (PMPM) capitation rate of services rendered to the health plan's Medicaid members over the age of 2 including coverage of primary care services as specified by the Agence beginning with capitation payments made for dates of service October 1, 200 through September 30, 2021.

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
Humana Medical Plan REGIONS 1, 6, 9, 10, and	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, practicing with a site with a panel size of 200 health plan Medicaid members under the age of 21 years must also achieve one of the following two qualification options. <u>Option 1</u> : PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2018 through Decem 31, 2018.	appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care
11 IHP	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	rind
	January 1, 2018 through December 31, 2018. HEDIS Measure Benchmark to Qualify Well-Child Visits in the First 15 Mos. Medicaid 75 th Percentile Children and Adolescent Access to Primary Care (12 - 24 Mos.) Medicaid 75 th Percentile Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.) Medicaid 75 th Percentile Children and Adolescent Access to Primary Care (7 – 11 yrs.) Medicaid 75 th Percentile	

Plan Name	How do	es a physician qualify?		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 practice the following access and quality measures using HEDIS 2020 specification	appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency,		
	Measure	upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.		
	HEDIS: Frequency of Ongoing Prenatal Care	11/6/18-11/5/19	67%	
	HEDIS: Postpartum Care	10/8/18-10/7/19	64%	
	Florida Medicaid Cesarean Section Rate	1/1/18-12/31/18	<35%	
	Pediatric Specialist			Pediatric Specialist
	All physicians who are pediatric specialists, regardless of board certifica	ation. No additional qualification measures a	re 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, 2020 through September 30, 2021. 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, 2020 through September 30, 2021.

Plan Name	How does a physician o	qualify?	How will a physician get paid once they qualify?
Molina Healthcare REGION 8 AP	Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, 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 Assure Accreditation Association for Ambulatory H The Joint Commission (T, Utilization Review Accreditation Commission (T, Utilization and Adolescent Access to Primary Care Practitioners (12 - 12 mos.) Children and Adolescent Access to Primary Care Practitioners (12 - 19 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 0 visits Well Child Visits in the First 15 Mos 0 visits Well Child Visits in the First 15 Mos 0 visits	general practitioners), regardless of board certification Medical Home, on or before October 1, 2020, by o rance (NCQA) ealth Care (AAAHC) IC) nission (URAC)	n, must also meet the of the following the of the following 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 Medicain members under the age of 21, including coverage of primary care services at specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021. Payments made Per Member Per Month (PMPM) to sub-capitated medicar groups are adjusted to reflect the relative effect of reimbursing at the Medicard 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 rest of the services of the serv

lame	How	How does a physician qualify?		How will a physician get paid once they qualify?
Obs	tetrician/Gynecologist (OB/GYN)			Obstetrician/Gynecologist (OB/GYN)
Optio	Accreditation /	s a Patient Centered Specialty Practice (PC ed Medical Home with a recognition date or Committee for Quality Assurance (NCQA) Association for Ambulatory Health Care (AA The Joint Commission (TJC)	SP) by the National Committee for Quality Assurance or before October 1, 2020: AHC)	Payments to fee-for-service (FFS) qualified providers will be made at t appropriate Medicare rate for services rendered to the health plan's Medicar members, including coverage of obstetric services as specified by the Agent upon submission of a clean claim for dates of service beginning on October 2020 through September 30, 2021.
	on 2 – Site must achieve or exceed the benchmark for all three	n Review Accreditation Commission (URAC) OR of the following measures for the health pla		
	on 2 – Site must achieve or exceed the benchmark for all three fications for the measurement period.	OR of the following measures for the health pla	n's Medicaid members using HEDIS 2020	
	on 2 – Site must achieve or exceed the benchmark for all three	OR		
	on 2 – Site must achieve or exceed the benchmark for all three fications for the measurement period.	OR of the following measures for the health plan Measurement Period	n's Medicaid members using HEDIS 2020 Benchmark to Qualify	
	on 2 – Site must achieve or exceed the benchmark for all three fications for the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care	OR of the following measures for the health plan Measurement Period 11/6/18-11/5/19	n's Medicaid members using HEDIS 2020 Benchmark to Qualify 67%	
specif	on 2 – Site must achieve or exceed the benchmark for all three fications for the measurement period. Measure HEDIS: Frequency of Ongoing Prenatal Care HEDIS: Postpartum Care	OR of the following measures for the health plan Measurement Period 11/6/18-11/5/19 10/8/18-10/7/19	n's Medicaid members using HEDIS 2020 Benchmark to Qualify 67% 62%	Pediatric Specialist

REGION 11 appropriate Medicare rate for services rendered to the health plan's Med members under the age of 21, including coverage of primary care services	Plan Name	How does a physician qu	ualify?		How will a physician get paid once they qualify?	
REGION 11 mer of the following two qualification options. Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicate rate for services rendered to the health plan Medi appropriate Medicate rate for services rendered to the health plan Medicate appropriate Medicate rate for services rendered to the health plan Medicate rate for services rendered to the health plan Medicate appropriate Medicate rate for services rendered to the health plan Medicate rate for services (FFS) qualified providers will be made at appropriate Medicate rate for services rendered to the health plan Medicate appropriate Medicate rate for services rendered to the health plan Medicates appropriate Medicate rate for services rendered to the health plan Medicates of set degrining on October 1, 2020 through September 30, 2021. Payments made Fer Member Per Month (PMPN) to sub-capitated ment providers will be made using a retroscey provider. Nature (Medicate rate for services provided, Paym septifications within the measurement period January 1, 2018 through December 31, 2018. PCPs practicing within a site with a panel size of at least 50 health plan Medicate members that achieves the following access and quality measures using HEDIS 2020 Medicate row approximation commission (URAC) periodifier and Addrescent Medicate row approximation at the decise of quarter. Medicate row approximation at the class of the set of at least 50 health plan Medicate row approximation at the class of the periodifier and Addrescent Access to Primary Care periodifier and Addrescent Access to Primary Care 95% Practitioners (2 + 19 yrs.) 91% Practitioners (2 + 19 yrs.) 91% Practitioners (2 + 19 yrs.) 91%		Pediatric Primary Care Physician (PCP)	Pediatric Primary Care Physician (PCP)			
REGION 11 IHP One of the following two qualification options. Payments to fee-for-service (FFS) qualified providers will be made to a made at moments under the age of 21, including coveres rendered to the health plans Medicing the made at moments under the age of 21, including coveres rendered to the health plans Medicing the made at moments under the age of 21, including coveres rendered to the health plans Medicing the made at moments under the age of 21, including coveres rendered to the health plans Medicing the made at moments under the age of 21, including coveres rendered to the health plans Medicing the made at moments under the age of 21, including coveres rendered to the health plans Medicing the made at moments under the age of 21, including coveres rendered to the health plans Medicing the month atter the close of the dilations in the measurement period January 1, 2018 through December 31, 2018. Payments to fee-for-service (FFS) qualified the media to reflect the relative effect of the health plans Medicing the month atter the close of quarter? Option 2: Notice 12: Notice 11, 2020 functions (ICRA) Payments and the mode at a minimum, payments will be made at quarter? 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 200 Payments made Render Medicing Payments metal effect the relative effect of environs of a gea of payments and the does of quarter? Children and Addivescent Well Care Visits Measure Service 11, 2020 functions (ICRA) Payments measures using HEDIS 200 Children and Addivescent Medicas to Primary Care Service 11, 202, 30, 30, 30, 30, 30, 30, 30, 30, 30, 30	Healthcare	Providers designated by the health plan as PCPs (including pediatricians, family practitioners, g	eneral practitioners) regardless	of board certification must also meet		
IMP 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 on October 1, 2020 throughsion of a clean of addes of see organizations: specified by the AgenCy, upon submission of a clean of addes of see organizations: National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (URAC) Utilization Review Accreditation Commission (URAC) Payments made Per Member Per Month (PMPM) to sub-capitated me groups are adjusted to reflect the relative effect of retrospective reconcilian bind addes of the colume and value of orgen experiments and using a retrospective reconcilian bind addes of the column and value of set order services provider swills en adde using a tertospective reconcilian bind addes of the column and value of addes of set order of set order services provider and value of a correspective reconcilian bind addes of the column and value of a correspective reconcilian bind addes of the column and value of a correspective reconcilian bind the measurement period January 1, 2018 through December 31, 2018. Payments made Per Member Per Month (PMPM) to sub-capitated metapate addition and Addiescent Well Care Visits Note the clean of addition addition addition and the clean of a diagnee of the clean of a diagnee of a least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2020 Payments made Per Member Per Month (PMPM) to sub-capitated metapate addition addition and Additions of addition and Additions of addition and Additions of addition and Additions of addition addition addition addition and Additions of addition and Additions of addition and Additions of addition and Additions addition additin additin addition addition addition addition addition	REGION 11				Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaic members under the age of 21, including coverage of primary care services as	
Accredition Association for Ambuilatory Health Care (AAHC) The Joint Commission (TUC) Utilization Review Accreditation Commission (URAC) groups are adjusted to use flect the reliable desirvices provided. Paym to sub-capitated providers will be made using a retrospective recondition sub-capitated providers will be made using the Medical members that achieves the following access and quality measures using HEDIS 2020 PCPs practicing within a panel size of at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2020 Image: Capitated providers will be made using the Medical Capitated providers within 90 days following the month after the close of practiciners (12 - 12 will will be made will Child visits in the First 15 Mos 6 or more Well Child Visits in the First 15 Mos 0 visits 2% or less Well Child Visits in the First 15 Mos 0 visits 2% or less Well Child Visits in the First 15 Mos 0 visits 2% or less	IHP		Home (PCMH), on or before Oc	tober 1, 2020, by one of the following	specified by the Agency, upon submission of a clean claim for dates of service	
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, 2018 through December 31, 2018. Measure Benchmark to Qualify Adolescent Well Care Visits 53% Children and Adolescent Access to Primary Care 95% Practitioners (12 - 24 mos.) 89% Children and Adolescent Access to Primary Care 91% Well Child Visits in the First 15 Mos 0 visits 2% or less 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%		Accreditation Association for Ambulatory Hea The Joint Commission (TJC Utilization Review Accreditation Commis	National Committee for Quality Assurance (NCQA)PAccreditation Association for Ambulatory Health Care (AAAHC)gThe Joint Commission (TJC)raUtilization Review Accreditation Commission (URAC)to			
Adolescent 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 Practitioners (12 - 19 yrs.)91%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 3rd, 4th, 5th and 6th yrs.75%		PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members that a	CPs 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			
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.)91%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 3rd, 4th, 5th and 6th yrs.75%						
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.)91%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 3rd, 4th, 5th and 6th yrs.75%			53%			
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 3rd, 4th, 5th and 6th yrs.75%		Practitioners (12 - 24 mos.)	95%			
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 3rd, 4th, 5th and 6th yrs.75%		Practitioners (25 mos 6 yrs.)	89%			
Practitioners (12 - 19 yrs.)09%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 3rd, 4th, 5th and 6th yrs.75%		Practitioners (7 - 11 yrs.)	91%			
Well Child Visits in the First 15 Mos 6 or more59%Well Child Visits in the 3rd, 4th, 5th and 6th yrs.75%			89%			
Well Child Visits in the 3rd, 4th, 5th and 6th yrs. 75%			2% or less			
Lead Screening 67%						
		Lead Screening	67%			

Plan Name	Hov	How does a physician qualify?				
	Obstetrician/Gynecologist (OB/GYN)			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		the benchmark for all three of the following measures	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,		
	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	Benchmark to Qualify 67% 62%	upon submission of a clean claim for dates of service beginning on October 1 2020 through September 30, 2021.		
	Pediatric Specialist	CY 2019	<35%	Pediatric Specialist		
	All physicians who are pediatric specialists, regardless of board ce	rtification. 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, 2020 through September 30, 2021		
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.	tricians, family practitioners, general practitione	rs), regardless of board certification, must also meet	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		
IHP	Option 1: PCP has participated in-Network for six consecutive	nonths and has executed a capitated agreemer	nt.	specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.		
	Option 2: Physician practices within an organization recognize on or before October 1, 2020: National Accreditation A Utilization	Payments for sub-capitated qualified providers will be made through ar 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, 2020 through September 30, 2021.				

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	Obstetrician/Gynecologist (OB/GYN) Providers designated by the health plan as OB/GYNs physicians, who participate in-network for six consecutive months, sign a Pay for Performance Program Agreement, and achieve the 75 th percentile for at least one of the following access and quality measures listed below and achieve the 60 th percentile for the other measures, using HEDIS 2020 specifications for services rendered to health plan Medicaid members within the measurement period. Measure Measurement Period Benchmark to Qualify HEDIS: Prenatal and Postpartum – Timeliness of Care 10/8/18-10/7/19 See narrative above. HEDIS: Frequency of Ongoing Prenatal Care 11/6/18-11/5/19 See narrative above. HEDIS: Prenatal and Postpartum Care 10/8/18-10/7/19 See narrative above. Florida Medicaid Cesarean Rate CY 2019 See narrative above.	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, 2020 through September 30, 2021.
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.
Florida True Health d/b/a Prestige Health Choice REGIONS 9 and 11 AP	Pediatric Primary Care Physician (PCP) AP Option 1 – Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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.	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, 2020 through September 30, 2021. 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, 2020 through September 30, 2021.

Name	How does a physician qualify?					How will a physician get paid once they qualify?
	Mea	sure	Benchmark to Qualify			
	Adolescent Well Care Visits		53%			
	Children and Adolescent Acc Practitioners (12 – 24 mos.)	-	95%			
	Children and Adolescent Acc Practitioners (25 mos. – 6 yrs	s.)	89%			
	Children and Adolescent Acc Practitioners (7 – 11 yrs.)	-	91%			
	Children and Adolescent Acc Practitioners (12 – 19 yrs.)	ess to Primary Care	89%			
	Well Child Visits in the First 1		2% or less			
	Well Child Visits in the First 1		59%			
	Well Child Visits in the 3 rd , 4 th	, 5 th and 6 th yrs.	75%			
	Lead Screening		67%			
Obste	etrician/Gynecologist (OB/GYN)					Obstetrician/Gynecologist (OB/GYN)
AP Op followir	tion 1- Site has been recognized as a Patient Centered Spe g organizations as a Patient-Centered Medical Home with a	cialty Practice (PCSP) by th recognition date on or before	e National Committee for Qu e October 1, 2020:	ality Assurance (NCQA) or	by one of the	appropriate Medicare rate for services rendered to the health plan's Medi
AP Op followir	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation	cialty Practice (PCSP) by th recognition date on or before I Committee for Quality Assu Association for Ambulatory F The Joint Commission (T n Review Accreditation Com	e October 1, 2020: urance (NCQA) Health Care (AAAHC) ГJC)	ality Assurance (NCQA) or	by one of the	appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age
followir AP Op	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation	recognition date on or before I Committee for Quality Asso Association for Ambulatory H The Joint Commission (T n Review Accreditation Com	e October 1, 2020: urance (NCQA) Health Care (AAAHC) IJC) mission (URAC)			appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on October
followir AP Op	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation Utilizatio	recognition date on or before I Committee for Quality Asso Association for Ambulatory H The Joint Commission (T n Review Accreditation Com <u>OR</u> nree of the following measure	e October 1, 2020: urance (NCQA) Health Care (AAAHC) TJC) mission (URAC) es for the health plan's Medic	aid members using HEDIS		appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octob
followir AP Op	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation Utilization tion 2 – Site must achieve or exceed the benchmark for all th ations for the measurement period.	recognition date on or before I Committee for Quality Asso Association for Ambulatory H The Joint Commission (T n Review Accreditation Com	e October 1, 2020: urance (NCQA) Health Care (AAAHC) FJC) mission (URAC) es for the health plan's Medic			Payments to fee-for-service (FFS) qualified providers will be made at appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octobe 2020 through September 30, 2021.
followir AP Op	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation Utilizatio tion 2 – Site must achieve or exceed the benchmark for all th ations for the measurement period. <u>Measure</u> HEDIS: Frequency of Ongoing Prenatal Care	recognition date on or before I Committee for Quality Asso Association for Ambulatory H The Joint Commission (T n Review Accreditation Com <u>OR</u> nree of the following measure <u>Measurement P</u>	e October 1, 2020: urance (NCQA) Health Care (AAAHC) TJC) mission (URAC) es for the health plan's Medic /eriod Bo	aid members using HEDIS enchmark to Qualify		appropriate Medicare rate for services rendered to the health plan's Medi members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on October
followir AP Op	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation Utilization tion 2 – Site must achieve or exceed the benchmark for all th ations for the measurement period.	recognition date on or before I Committee for Quality Association for Ambulatory H The Joint Commission (T n Review Accreditation Com <u>OR</u> nree of the following measure <u>Measurement P</u> 11/6/18-11/5/	e October 1, 2020: urance (NCQA) Health Care (AAAHC) TJC) mission (URAC) es for the health plan's Medic /eriod Bo	aid members using HEDIS enchmark to Qualify 67%		appropriate Medicare rate for services rendered to the health plan's Mec members, including coverage of obstetric services as specified by the Age upon submission of a clean claim for dates of service beginning on Octob
followir AP Op specific	g organizations as a Patient-Centered Medical Home with a Nationa Accreditation Utilizatio tion 2 – Site must achieve or exceed the benchmark for all th ations for the measurement period. <u>Measure</u> <u>HEDIS: Frequency of Ongoing Prenatal Care</u> <u>HEDIS: Postpartum Care</u>	recognition date on or before Il Committee for Quality Assu Association for Ambulatory H The Joint Commission (T n Review Accreditation Com <u>OR</u> aree of the following measure <u>Measurement P</u> <u>11/6/18-11/5/</u> 10/8/18-10/7/	e October 1, 2020: urance (NCQA) Health Care (AAAHC) TJC) mission (URAC) es for the health plan's Medic /eriod Bo	aid members using HEDIS enchmark to Qualify 67% 62%		appropriate Medicare rate for services rendered to the health plan's Med members, including coverage of obstetric services as specified by the Ag upon submission of a clean claim for dates of service beginning on Octol

	er 1, 2020- September 30, 202				
Plan Name		How does a physician q	ualify?		How will a physician get paid once they qualify?
Simply	Pediatric Primary Care Phy	vsician (PCP)			Pediatric Primary Care Physician (PCP)
Healthcare Plans, Inc.	AP Option 1 - Site has been recog 2020:	nized by one of the following organizations as a Patient-Ce	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, 10, and 11		National Committee for Quality Assura Accreditation Association for Ambulatory He The Joint Commission (TJ0 Utilization Review Accreditation Commi	specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021. Payments for sub-capitated qualified providers will be made through an		
AP	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. Al				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, 2020
		d using HEDIS 2020 specifications/Child Core Set specific			through September 30, 2021.
		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.)				
		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 Well Child Visits in the 3rd, 4th, 5th and 6th yrs.	59%		
		Lead Screening	75% 67%		
	Obstetrician/Gynecologist	(OB/GYN)			Obstetrician/Gynecologist (OB/GYN)
		nized as a Patient Centered Specialty Practice (PCSP) by the Centered Medical Home with a recognition date on or before	e October 1, 2020:	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,
		National Committee for Quality Ass	upon submission of a clean claim for dates of service beginning on October 1,		

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?
	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.	
	MeasureMeasurement PeriodBenchmark to QualifyHEDIS: Frequency of Ongoing Prenatal Care11/6/18-11/5/1967%HEDIS: Postpartum Care10/8/18-10/7/1962%Florida Medicaid Cesarean Section RateCY 2019<35%	
	Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.	Pediatric Specialist Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.
Wellcare of Florida, Inc. dba Staywell Health Plan of Florida 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) Option 2: Providers with 80% of claim data for Fiscal Year 4 occurring at a PCMH location (on a claim count basis). If 80% or greater of the provider's services are rendered at a PCMH location, Staywell will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH site).	Pediatric Primary Care Physician (PCP) Payments to fee-for-service (FFS) qualified providers will be made at 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 servic beginning on October 1, 2020 through September 30, 2021. 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 21 including coverage of primary care services as specified by the Agency beginning with capitation payments made for dates of service October 1, 202 through September 30, 2021.
	Obstetrician/Gynecologist (OB/GYN) Option 1- OB/GYN provider has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020:	Obstetrician/Gynecologist (OB/GYN) Payments to fee-for-service (FFS) qualified providers will be made at th appropriate Medicare rate for services rendered to the health plan's Medicai members, including coverage of obstetric services as specified by the Agency

Plan Name	How d	loes a physician qualify?		How will a physician get paid once they qualify?
	National Co Accreditation As Utilization <u>Option 2</u> : OB/GYNs practicing within a site that has achieved the f specifications within the measurement period.	upon submission of a clean claim for dates of service beginning on October 1 2020 through September 30, 2021. 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%	
	Option 3 – Providers with 80% of claim data for Fiscal Year 4 occurrin services are rendered at a PCMH location, Staywell will pay the provid location is a PCMH or PCSP site). Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification			
Sunshine State Health Plan, Inc. REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 IHP	Accreditation Asso		n or before October 1, 2020, by one of	

	How do	es a physician qualify?		How will a physician get paid once they qualify?
			beginning with capitation payments made for dates of service October 1, 2 through September 30, 2021.	
Ob	stetrician/Gynecologist (OB/GYN)			Obstetrician/Gynecologist (OB/GYN)
one Op	Option 1- OB/GYN provider has been recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before 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) <u>Option 2</u> : OB/GYNs practicing within a site that has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2020 specifications within the measurement period.			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 2020 through September 30, 2021.
	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%	

Plan Name	How does a physician q	ualify?		How will a physician get paid once they qualify?
United Healthcare REGIONS 3, 4, 6, and 11 AP	Pediatric Primary Care Physician (PCP) AP Option 1 - Site has been recognized by one of the following organizations as a Patient-Ce 2020: National Committee for Quality Assurate Accreditation Association for Ambulatory He The Joint Commission (TJC) Utilization Review Accreditation Commit QR AP Option 2 – Site with at least 50 panel members must achieve or exceed the 50th percer measures below must be calculated using HEDIS 2020 specifications/Child Core Set specific	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, 2020 through September 30, 2021. 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, 2020 through September 30, 2021.		
	MeasureAdolescent Well Care VisitsChildren and Adolescent Access to Primary CarePractitioners (12 - 24 mos.)Children and Adolescent Access to Primary CarePractitioners (25 mos 6 yrs.)Children and Adolescent Access to Primary CarePractitioners (7 - 11 yrs.)Children and Adolescent Access to Primary CarePractitioners (7 - 11 yrs.)Children and Adolescent Access to Primary CarePractitioners (12 - 19 yrs.)Well Child Visits in the First 15 Mos 0 visitsWell Child Visits in the First 15 Mos 6 or moreWell Child Visits in the 3rd, 4th, 5th and 6th yrs.Lead Screening	Benchmark to Qualify 53% 95% 89% 91% 89% 2% or less 59% 75% 67%		
	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 National Committee for Quality Ass Accreditation Association for Ambulatory I The Joint Commission (Utilization Review Accreditation Com	e 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, 2020 through September 30, 2021. Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members, including coverage of primary care services as specified by the Agency, beginning with capitation

AP Option 2 – Site must achieve or esceed the benchmark for all three of the following measures for the health plan Medicaid members using HEDIS 2020 2021. <u>information of the plan information of the following measures for the health plan Medicaid members using HEDIS 2020 2021. <u>information of the plan information of the following measures for the health plan Medicaid members using HEDIS 2020 Pediatric Specialist Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required. Pediatric Specialist Magellan Core Pediatric Primary Care Physician (PCP) Pediatric Primary Care Physician (PCP) Provides designated by the health plan is Medicaid members using HEDIS 2020 specifications, family practitioners, and general practitioners) must achieve or exceed the following Pediatric Primary Care Physician (PCP) </u></u>	Plan Name	How	How will a physician get paid once they qualify?		
HEDIS: Frequency of Orgoing Prenatal Care 11x6/14-107/19 67% HEDIS: Frequency of Orgoing Prenatal Care 10x8/14-107/19 62% Florida Medicald Cesarean Section Rate CY 2019 -35% Pediatric Specialist Pediatric specialist, regardless of board certification. No additional qualification measures are required. Payments to tee-for-service (FFS) qualified providers will be enhanced prospective per member you must be benchmark to Qualify Payments to tee-for-service (FFS) qualified providers will be enhanced prospective per member you must be benchmark to Qualify Magellan Complete Care Pediatric Primary Care Physician (PCP) Pediatric Primary Care Physician (PCP) Pediatric Primary Care Physician (PCP) Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners) must achieve or exceed the following enhancemarks for the health plan s Medical members using HEDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018. Payments to tee-for-service (FFS) qualified providers wing the measurement period January 1, 2018 through December 31, 2018.			payments made for dates of service October 1, 2020 through September 30, 2021.		
HEDIS: Frequency of Orgoing Prenatal Care 11/8/18-10/7/19 67% HEDIS: September 10 Care 10/8/18-10/7/19 62% Florida Medicaid Cesarean Section Rate CY 2019 -35% Pediatric Specialist Payments to tee-for-service (FFS) qualified providers with eage of 21, upc clean chain of the head part of the head					
HEDIS: Postpartum Care 108/16-107/19 62% Florids CY 2019					
Finde Medicaid Cesarean Section Rate CY 2019 <35% Pediatric Specialist All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required. Payments to fee-for-service (FFS) qualified providers with heading parcostate Medicare rate for dates of service the age of 21, updates of the date at date of the date at date of the date of the date at date of the date date date of the date at date of the date of t					
Magellan Complete Care Pediatric Primary Care Physician (PCP) Providers designated by the health plan's Medicaid members using HEDIS 2020 specifications, family practitioners, and general practitioners) must achieve or exceed the following headth plan's decided members using the EDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018. REGIONS 4, 5, and 7 Imagellan to decide the set of the health plan's Medicaid members using the DIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018.					
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magellan Complete Care Pediatric Primary Care Physician (PCP) Providers designated by the health plan's Medicaid members using HEDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018. Pediatric Primary Care Physician (PCP) Providers designated by the health plan's Medicaid members using HEDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018. Pediatric Primary Care Physician (PCP) REGIONS 4, 5, and 7 Medicaid members using HEDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018. Pediatric Primary Care Physician (PCP)		Pediatric Specialist			Pediatric Specialist
Complete Care Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners) must achieve or exceed the following benchmarks for the health plan's Medicaid members using HEDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018. Payments to fee-for-service (FFS) qualified providers will appropriate Medicare rate for services rendered to the health members under the age of 21, including coverage of primar specified by the Agency, upon submission of a clean claim for beginning on October 1, 2020 through September 30, 2021		All physicians who are pediatric specialists, regardless of board cer	tification. No additional qualification measures	are required.	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, 2020
REGIONS 4, specified by the Agency, upon submission of a clean claim f 5, and 7 Measure Benchmark to Qualify					
Measure Benchmark to Quality	Complete	Providers designated by the health plan as PCPs (including peo	liatricians, family practitioners, and general p 2020 specifications during the measurement p	practitioners) must achieve or exceed the followi eriod January 1, 2018 through December 31, 2018	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
	Complete Care REGIONS 4,	Providers designated by the health plan as PCPs (including peo benchmarks for the health plan's Medicaid members using HEDIS 2	2020 specifications during the measurement p	eriod January 1, 2018 through December 31, 2018	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
Adolescent Well Care Visits Medicaid 50 th Percentile IHP Weight Assessment (BMI 3-17 Yrs.) Medicaid 50 th Percentile	Complete Care REGIONS 4,	Providers designated by the health plan as PCPs (including peo benchmarks for the health plan's Medicaid members using HEDIS 2	2020 specifications during the measurement p	eriod January 1, 2018 through December 31, 2018	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

Plan Name	How does a physician qualify?			How will a physician get paid once they qualify?	
	Obstetrician/Gynecologis	t (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)		
	Providers designated by the health plan as OB/GYNs physicians must achieve or exceed the following benchmarks for the plan's Medicaid members using HEDIS 2020 specifications during the measurement period January 1, 2018 through December 31, 2018.		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	Benchmark to Qualify	2020 through September 30, 2021.	
		Frequency of Ongoing Prenatal	Medicaid 50 th Percentile		
		Postpartum Care	National Medicaid Mean		
	Pediatric Specialist			Pediatric Specialist	
	All physicians who are pediatric sp	pecialists, regardless of board certification. No addition	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, 2020 through September 30, 2021.		
Children's	Pediatric Primary Care Ph	ysician (PCP)		Pediatric Primary Care Physician (PCP)	
Medical Services	Option 1: Providers designated by certification, must also practice w organizations:	y the health plan as PCPs (including pediatricians, f ithin a group at a site recognized as a Patient-Cer	family practitioners, and general practitioners), regardless of specialty or board intered Medical Home, on or before October 1, 2020, by one of the following	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	
REGIONS 1, 2, 3, 4, 5, 6, 7,		National Committee for Quali Accreditation Association for Ambul	ity Assurance (NCQA) Ilatory Health Care (AAAHC)	beginning on October 1, 2020 through September 30, 2021.	
8, 9, 10, and 11		The Joint Commis Utilization Review Accreditatio		Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for	
IHP	OR			services rendered to the health plan's Medicaid members under the age of 2 including coverage of primary care services as specified by the Agend beginning with capitation payments made for dates of service October 1, 20	
	Option 2: Providers with 80% of claim data for Fiscal Year 4 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).			through September 30, 2021.	
	Obstetrician/Gynecologis	t (OB/GYN)	Obstetrician/Gynecologist (OB/GYN)		
		been recognized as a Patient Centered Specialty Prass a Patient-Centered Medical Home with a recognit	ractice (PCSP) by the National Committee for Quality Assurance (NCQA) or by tion date on or before October 1, 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, including coverage of obstetric services as specified by the Agency,	
		National Committee for Qu Accreditation Association for Am The Joint Comr Utilization Review Accredita	ibulatory Health Care (AAAHC) mission (TJC)	upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.	

Plan Name	How d	loes a physician qualify?		How will a physician get paid once they qualify?
	<u>Option 2</u> : OB/GYNs practicing within a site that has achieved the specifications within the measurement period.	ing 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%	
	Option 3 – Providers with 80% of claim data for Fiscal Year 4 occurri services are rendered at a PCMH location, Children's Medical Service (regardless of whether the location is a PCMH or PCSP site).	e provider's vices		
	Pediatric Specialist			Pediatric Specialist
	All physicians who are pediatric specialists, regardless of board certifi	cation. No additional qualification measure	s 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, 2020 through September 30, 2021.