

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

| Plan Name | How does a physician qualify? | How will a physician get paid once they qualify? | | | | | | | | | | | | | | | | | | | | |
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| <p>Best Care Assurance d/b/a Vivida Health</p> <p>REGION 8 AP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> <table border="1" data-bbox="626 708 1491 1063"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Adolescent Well Care Visits | 53% | Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) | 95% | Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.) | 89% | Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) | 91% | Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) | 89% | Well Child Visits in the First 15 Mos. - 0 visits | 2% or less | Well Child Visits in the First 15 Mos. - 6 or more | 59% | Well Child Visits in the 3rd, 4th, 5th and 6th yrs. | 75% | Lead Screening | 67% | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> |
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| <p>Coventry d/b/a Aetna Better Health of Florida</p> <p>REGIONS 6, 7, and 11</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, and general practitioners), regardless of specialty or board certification, practicing within a group with at least 100 health plan Medicaid members under the age of 21 years, at a site recognized as a Patient-Centered Medical Home, on or before October 1, 2020, by one of the following organizations:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;"><u>AND</u></p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |
| | <p>Pediatric Specialist</p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |

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| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYN physicians practicing within a group with at least 10 deliveries for the health plan's Medicaid members at a site that achieves the following access and quality measures using 2020 HEDIS specifications within the measurement period.</p> <table border="1" data-bbox="389 781 1728 883"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>National Medicaid Mean</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table> | Measure | Measurement Period | Benchmark to Qualify | HEDIS: Frequency of Ongoing Prenatal Care | 11/6/18-11/5/19 | Medicaid 75 th Percentile | HEDIS: Postpartum Care | 10/8/18-10/7/19 | National Medicaid Mean | Florida Medicaid Cesarean Section Rate | CY 2019 | <35% | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| <p>Florida Community Care</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p>AP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> <table border="1" data-bbox="626 708 1491 1063"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 – 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. – 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 – 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 – 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. – 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. – 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Adolescent Well Care Visits | 53% | Children and Adolescent Access to Primary Care Practitioners (12 – 24 mos.) | 95% | Children and Adolescent Access to Primary Care Practitioners (25 mos. – 6 yrs.) | 89% | Children and Adolescent Access to Primary Care Practitioners (7 – 11 yrs.) | 91% | Children and Adolescent Access to Primary Care Practitioners (12 – 19 yrs.) | 89% | Well Child Visits in the First 15 Mos. – 0 visits | 2% or less | Well Child Visits in the First 15 Mos. – 6 or more | 59% | Well Child Visits in the 3 rd , 4 th , 5 th and 6 th yrs. | 75% | Lead Screening | 67% | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| <p>Humana Medical Plan</p> <p>REGIONS 2, 3, 4, 5, 7, and 8</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, practicing within a site with a panel size of 50 health plan Medicaid members under the age of 21 years must also achieve one of the following two qualification options.</p> <p>Option 1: PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="381 1015 1733 1269"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Member Encounter Rate</td> <td>Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher</td> </tr> <tr> <td>E R Utilization</td> <td>Region 1 - <700 per 1000 members Region 6 - <600 per 1000 members Region 9 - <550 per 1000 members Regions 10, 11 - <650 per 1000 members Regions 2, 3, 4, 5, 7, 8 - <550 per 1000 members</td> </tr> </tbody> </table> <p style="text-align: center;">OR</p> | Measure | Benchmark to Qualify | Member Encounter Rate | Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher | E R Utilization | Region 1 - <700 per 1000 members Region 6 - <600 per 1000 members Region 9 - <550 per 1000 members Regions 10, 11 - <650 per 1000 members Regions 2, 3, 4, 5, 7, 8 - <550 per 1000 members | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan’s Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan’s Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> | | | | | | |
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

| Plan Name | How does a physician qualify? | How will a physician get paid once they qualify? | | | | | | | | | | | | |
|---|---|---|----------------------|--|---|---|--------------------------------------|---|--------------------------------------|--|--|-----------------|------|--|
| | <p>Option 2: PCPs practicing within a site that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="384 402 1736 532"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Well-Child Visits in the First 15 Mos.</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (12 - 24 Mos.)</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (7 – 11 yrs.)</td> <td>Medicaid 75th Percentile</td> </tr> </tbody> </table> | 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 | | | |
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| Children and Adolescent Access to Primary Care (7 – 11 yrs.) | Medicaid 75 th Percentile | | | | | | | | | | | | | |
| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYN physicians practicing in a group with 10 deliveries for the health plan's Medicaid members at a site that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period.</p> <table border="1" data-bbox="376 773 1744 899"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>64%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/18-12/31/18</td> <td><35%</td> </tr> </tbody> </table> | 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 | 64% | Florida Medicaid Cesarean Section Rate | 1/1/18-12/31/18 | <35% | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| | <p>Pediatric Specialist</p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members 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.</p> | | | | | | | | | | | | |

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

| Plan Name | How does a physician qualify? | How will a physician get paid once they qualify? | | | | | | | | | | | | | | | | |
|--|--|--|----------------------|-----------------------|---|-----------------|--|---------------|----------------------|--|--------------------------------------|---|--------------------------------------|---|--------------------------------------|--|--------------------------------------|---|
| <p>Humana Medical Plan</p> <p>REGIONS 1, 6, 9, 10, and 11</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, practicing within a site with a panel size of 200 health plan Medicaid members under the age of 21 years must also achieve one of the following two qualification options.</p> <p>Option 1: PCPs practicing within a site that achieves the following access and quality measures within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="384 524 1736 776"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Member Encounter Rate</td> <td>Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher</td> </tr> <tr> <td>E R Utilization</td> <td>Region 1 - <700 per 1000 members Region 6 - <600 per 1000 members Region 9 - <550 per 1000 members Regions 10, 11 - <650 per 1000 members Regions 2, 3, 4, 5, 7, 8 - <550 per 1000 members</td> </tr> </tbody> </table> <p style="text-align: center;">OR</p> <p>Option 2: PCPs practicing within a site that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="384 984 1736 1114"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Well-Child Visits in the First 15 Mos.</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (12 - 24 Mos.)</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)</td> <td>Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (7 – 11 yrs.)</td> <td>Medicaid 75th Percentile</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Member Encounter Rate | Region 1 – 2.5 or higher Regions 6, 9, 10, 11 – 3 or higher Regions 2, 3, 4, 5, 7, 8: 3 or higher | E R Utilization | Region 1 - <700 per 1000 members Region 6 - <600 per 1000 members Region 9 - <550 per 1000 members Regions 10, 11 - <650 per 1000 members Regions 2, 3, 4, 5, 7, 8 - <550 per 1000 members | HEDIS Measure | Benchmark to Qualify | Well-Child Visits in the First 15 Mos. | Medicaid 75 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 | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| 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 | | | | | | | | | | | | | | | | | |
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

| Plan Name | How does a physician qualify? | How will a physician get paid once they qualify? | | | | | | | | | | | | |
|---|--|---|--------------------|----------------------|---|-----------------|-----|------------------------|-----------------|-----|--|-----------------|------|--|
| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYN physicians practicing in a group with 10 deliveries for the health plan's Medicaid members at a site that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period.</p> <table border="1" data-bbox="373 415 1741 540"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>64%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/18-12/31/18</td> <td><35%</td> </tr> </tbody> </table> | 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 | 64% | Florida Medicaid Cesarean Section Rate | 1/1/18-12/31/18 | <35% | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
| Measure | Measurement Period | Benchmark to Qualify | | | | | | | | | | | | |
| HEDIS: Frequency of Ongoing Prenatal Care | 11/6/18-11/5/19 | 67% | | | | | | | | | | | | |
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

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|---|--|--|----------------------|-----------------------------|-----|---|-----|---|-----|--|-----|---|-----|---|------------|--|-----|---|-----|----------------|-----|---|
| <p>Molina Healthcare</p> <p>REGION 8</p> <p>AP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet one of the following two qualification options.</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>AP Option 2: PCPs practicing within a site with a panel size of at least 50 health plan Medicaid members that achieves the following access and quality measures using HEDIS 2020 specifications within the measurement period January 1, 2018 through December 31, 2018.</p> <table border="1" data-bbox="626 760 1491 1117"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Adolescent Well Care Visits | 53% | Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) | 95% | Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.) | 89% | Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) | 91% | Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) | 89% | Well Child Visits in the First 15 Mos. - 0 visits | 2% or less | Well Child Visits in the First 15 Mos. - 6 or more | 59% | Well Child Visits in the 3rd, 4th, 5th and 6th yrs. | 75% | Lead Screening | 67% | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medicare rate based on the volume and value of covered services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.</p> |
| Measure | Benchmark to Qualify | | | | | | | | | | | | | | | | | | | | | |
| Adolescent Well Care Visits | 53% | | | | | | | | | | | | | | | | | | | | | |
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

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|---|--|---|--------------------|----------------------|---|-----------------|-----|------------------------|-----------------|-----|--|---------|------|--|
| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYN physicians must meet one of the following two qualification options.</p> <p>Option 1- OB/GYNs practicing within a group at a site recognized as a Patient Centered Specialty Practice (PCSP) by the National Committee for Quality Assurance (NCQA) or by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> <table border="1" data-bbox="389 711 1728 834"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table> | 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% | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan’s Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| <p>Molina Healthcare</p> <p>REGION 11</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet one of the following two qualification options.</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> <table border="1" data-bbox="626 808 1491 1166"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Adolescent Well Care Visits | 53% | Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) | 95% | Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.) | 89% | Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) | 91% | Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) | 89% | Well Child Visits in the First 15 Mos. - 0 visits | 2% or less | Well Child Visits in the First 15 Mos. - 6 or more | 59% | Well Child Visits in the 3rd, 4th, 5th and 6th yrs. | 75% | Lead Screening | 67% | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments made Per Member Per Month (PMPM) to sub-capitated medical groups are adjusted to reflect the relative effect of reimbursing at the Medicare rate based on the volume and value of covered services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.</p> |
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

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| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYNs physicians practicing within a group must achieve or exceed the benchmark for all three of the following measures for the health plan's Medicaid members using HEDIS 2020 specifications for the measurement period.</p> <table border="1" data-bbox="389 406 1728 511"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table> | 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% | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| HEDIS: Frequency of Ongoing Prenatal Care | 11/6/18-11/5/19 | 67% | | | | | | | | | | | | |
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| Florida Medicaid Cesarean Section Rate | CY 2019 | <35% | | | | | | | | | | | | |
| <p>Community Care Plan</p> <p>REGION 10</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Providers designated by the health plan as PCPs (including pediatricians, family practitioners, general practitioners), regardless of board certification, must also meet one of the following two qualification options.</p> <p>Option 1: PCP has participated in-Network for six consecutive months and has executed a capitated agreement.</p> <p style="text-align: center;">OR</p> <p>Option 2: Physician practices within an organization recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before October 1, 2020:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |

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| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYNs physicians, who participate in-network for six consecutive months, sign a Pay for Performance Program Agreement, and achieve the 75th percentile for at least one of the following access and quality measures listed below and achieve the 60th percentile for the other measures, using HEDIS 2020 specifications for services rendered to health plan Medicaid members within the measurement period.</p> <table border="1" data-bbox="411 456 1709 586"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Prenatal and Postpartum – Timeliness of Care</td> <td>10/8/18-10/7/19</td> <td>See narrative above.</td> </tr> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>See narrative above.</td> </tr> <tr> <td>HEDIS: Prenatal and Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>See narrative above.</td> </tr> <tr> <td>Florida Medicaid Cesarean Rate</td> <td>CY 2019</td> <td>See narrative above.</td> </tr> </tbody> </table> | 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. | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| <p>Florida True Health d/b/a Prestige Health Choice</p> <p>REGIONS 9 and 11</p> <p>AP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | | | | |

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| | <p>Pediatric Specialist</p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan’s Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | | | | | | | | | | | |

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| Florida Medicaid Cesarean Section Rate | CY 2019 | <35% | | | | | | | | | | | | |
| <p>Wellcare of Florida, Inc. dba Staywell Health Plan of Florida</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p>IHP</p> | <p>Pediatric Specialist</p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |
| | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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).</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |
| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>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:</p> | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency,</p> | | | | | | | | | | | | |

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 5: October 1, 2020- September 30, 2021

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| | <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>Option 2: OB/GYNs practicing within a site that has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2020 specifications within the measurement period.</p> <table border="1" data-bbox="411 532 1709 675"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table> <p style="text-align: center;">OR</p> <p>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, Staywell will pay the provider the MPIP incentive at any location where they render services (regardless of whether the location is a PCMH or PCSP site).</p> | 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% | <p>upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
| Measure | Measurement Period | Benchmark to Qualify | | | | | | | | | | | | |
| HEDIS: Frequency of Ongoing Prenatal Care | 11/6/18-11/5/19 | 67% | | | | | | | | | | | | |
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| Florida Medicaid Cesarean Section Rate | CY 2019 | <35% | | | | | | | | | | | | |
| <p>Sunshine State Health Plan, Inc.</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency,</p> | | | | | | | | | | | | |

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| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>Option 2: OB/GYNs practicing within a site that has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2020 specifications within the measurement period.</p> <table border="1" data-bbox="411 740 1709 881"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table> | 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% | <p>beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> |
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| | <p>Pediatric Specialist</p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |

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Year 5: October 1, 2020- September 30, 2021

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|---|---|--|----------------------|-----------------------------|-----|---|-----|---|-----|--|-----|---|-----|---|------------|--|-----|---|-----|----------------|-----|--|
| <p>United Healthcare</p> <p>REGIONS 3, 4, 6, and 11</p> <p>AP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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.</p> <table border="1" data-bbox="626 683 1491 1040"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.)</td> <td>95%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.)</td> <td>89%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.)</td> <td>91%</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Mos. - 6 or more</td> <td>59%</td> </tr> <tr> <td>Well Child Visits in the 3rd, 4th, 5th and 6th yrs.</td> <td>75%</td> </tr> <tr> <td>Lead Screening</td> <td>67%</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Adolescent Well Care Visits | 53% | Children and Adolescent Access to Primary Care Practitioners (12 - 24 mos.) | 95% | Children and Adolescent Access to Primary Care Practitioners (25 mos. - 6 yrs.) | 89% | Children and Adolescent Access to Primary Care Practitioners (7 - 11 yrs.) | 91% | Children and Adolescent Access to Primary Care Practitioners (12 - 19 yrs.) | 89% | Well Child Visits in the First 15 Mos. - 0 visits | 2% or less | Well Child Visits in the First 15 Mos. - 6 or more | 59% | Well Child Visits in the 3rd, 4th, 5th and 6th yrs. | 75% | Lead Screening | 67% | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> |
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| | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> | <p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members, including coverage of primary care services as specified by the Agency, beginning with capitation</p> | | | | | | | | | | | | | | | | | | | | |

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| <p>Magellan Complete Care</p> <p>REGIONS 4, 5, and 7</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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.</p> <table border="1" data-bbox="626 1239 1491 1317"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>Medicaid 50th Percentile</td> </tr> <tr> <td>Weight Assessment (BMI 3-17 Yrs.)</td> <td>Medicaid 50th Percentile</td> </tr> </tbody> </table> | Measure | Benchmark to Qualify | Adolescent Well Care Visits | Medicaid 50 th Percentile | Weight Assessment (BMI 3-17 Yrs.) | Medicaid 50 th Percentile | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> | | | | | | |
| Measure | Benchmark to Qualify | | | | | | | | | | | | | |
| Adolescent Well Care Visits | Medicaid 50 th Percentile | | | | | | | | | | | | | |
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| <p>Children's Medical Services</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</p> <p>IHP</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>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:</p> <p style="text-align: center;">National Committee for Quality Assurance (NCQA) Accreditation Association for Ambulatory Health Care (AAAHC) The Joint Commission (TJC) Utilization Review Accreditation Commission (URAC)</p> <p style="text-align: center;">OR</p> <p>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).</p> | <p>Pediatric Primary Care Physician (PCP)</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> <p>Payments for sub-capitated qualified providers will be made through an enhanced prospective per member per month (PMPM) capitation rate for services rendered to the health plan's Medicaid members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2020 through September 30, 2021.</p> | | | | | | |
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| Plan Name | How does a physician qualify? | How will a physician get paid once they qualify? | | | | | | | | | | | | |
|---|---|---|--------------------|----------------------|---|-----------------|-----|------------------------|-----------------|-----|--|---------|------|--|
| | <p style="text-align: center;"><u>OR</u></p> <p>Option 2: OB/GYNs practicing within a site that has achieved the following access and quality measures for the health plan Medicaid members using HEDIS 2020 specifications within the measurement period.</p> <table border="1" data-bbox="411 435 1709 578"> <thead> <tr> <th>Measure</th> <th>Measurement Period</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Frequency of Ongoing Prenatal Care</td> <td>11/6/18-11/5/19</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>10/8/18-10/7/19</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>CY 2019</td> <td><35%</td> </tr> </tbody> </table> <p style="text-align: center;"><u>OR</u></p> <p>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).</p> | 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% | |
| 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% | | | | | | | | | | | | |
| | <p>Pediatric Specialist</p> <p>All physicians who are pediatric specialists, regardless of board certification. No additional qualification measures are required.</p> | <p>Pediatric Specialist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services provided to the health plan's Medicaid members under the age of 21, upon submission of a clean claim for dates of service beginning on October 1, 2020 through September 30, 2021.</p> | | | | | | | | | | | | |