

Attachment 2: 2017 MMA Physician Incentive Program (MPIP) Plan Worksheet Instructions

Introduction

The Agency has designed the MMA Physician Incentive Program with the expectation that plans should be able to fund higher physician reimbursement out of managed care savings, as specified by section 409.967(2) (a), F.S. Enhanced reimbursement associated with this program will not contribute to higher capitation rates, either in 2017-2018 rates or in later contract periods when 2017-2018 expenditures are used as a rate base.

The managed care plans will be asked to submit 2017 MMA Plan Incentive Program Proposals via an electronic survey platform, currently in development by the Agency. Once access to the electronic platform for proposal responses becomes available, the managed care plan will be notified and asked to input responses into the web-based survey tool. The purpose of Attachment 1 and 2 of the Worksheet is for the managed care plan to review the updated program parameters and to use these documents as guidelines to draft and compile response submissions in advance. The 2017 MMA Physician Incentive Program will be effective October 1, 2017.

Plans operating in more than one Region may implement separate MMA Physician Incentive Programs in different Regions of operation.

- Plans must submit one Plan MMA Physician Incentive Program Submission Form (Submission Form) for each separate program.
- If a Managed Care Plan is proposing to implement the same Individual Health Plan MMA Physician Incentive Program (IHP Incentive Program) in multiple regions, one Submission Form may be completed for those multiple regions.

Not all sections of the Submission Form are applicable to both AP/IHP Programs. The managed care plans must provide responses to the sections applicable to their AP or IHP Program type selection as outlined in the table below:

Submission Form Sections	IHP Incentive Program	AP Incentive Program
Section 1. Applicable Region(s)	X	X
Section 2. Program Type	X	X
Section 3. Identified Providers	X	
Section 4. Qualified Providers	X	
Section 5. Payment Structure	X	X
Section 6. Included Services		
Section 7. Estimated Value of Enhanced Reimbursement	X	X
Section 8. Provider Communications		

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Managed care plans proposing to implement an IHP Incentive Program must provide responses for Sections 5 and 7 for **both** the IHP Incentive Program and the AP Incentive Program as well as Attachment 4, Incentive Proposal Estimated Value Template.

Section 1. Applicable Region(s)

Select all geographic regions that apply.

Section 2. Program Type

The Managed Care Plan may propose to implement either an Individual Health Plan MMA Physician Incentive Program (IHP Incentive Program) or the Agency for Health Care Administration's Alternative Proposal MMA Physician Incentive Program (AP Incentive Program).

Plans should indicate in Section 2 whether they propose to implement an IHP Incentive Program or the AP Incentive Program for the Regions indicated on this Submission Form.

For plans unable to gain Agency approval of an IHP Incentive Program by July 1, 2017, the AP Incentive Program must be implemented.

The Managed Care Plan's selection of either the IHP or AP Incentive Programs must remain in place for one full year beginning October 1, 2017 through September 30, 2018. If a Managed Care Plan's IHP Incentive program submission is not approved, and the Managed Care Plan is subsequently required to adopt the AP Incentive program, the Managed Care Plan must maintain the AP Incentive program for one full contract year beginning October 1, 2017.

Section 3. Identified Providers

Program Parameters

Agency Identified Providers

Identified Providers are those eligible to qualify for the MMA Physician Incentive Program. The term "Identified Providers" includes both Agency Identified Providers and Managed Care Plan Identified providers. Both the IHP and AP Incentive Program designations must include the Agency Identified Providers listed below.

- (1) Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board certified Pediatricians);
- (2) Physicians who are board-certified in family medicine by the American Board of Family Medicine or in Family Medicine and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians (board certified Family Practitioner);
- (3) Physicians who are board-certified in the general practice of medicine by the American board of Family Medicine or American Board of General Medicine (board certified General Practitioner);
- (4) Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board certified OB/GYNs); and,
- (5) Pediatric Cardiologists, Pediatric Endocrinologists, Pediatric Nephrologists, Pediatric Neurologists, and Pediatric Psychiatrists.

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Agency Excluded Providers:

Excluded providers are providers who would otherwise be included in the definition of Identified Providers except for their specific exclusion. The following providers are excluded from the MMA Physician Incentive Program, both the AP Incentive Program and any IHP Incentive Program.

- (1) Non-Participating providers- providers without a contractual arrangement with the plan to offer Included Services;
- (2) Federally Qualified Health Centers (FQHCs) - Services provided in an FQHC may not be included in the MMA Physician Incentive Program, regardless of whether or not the service is billed by the FQHC as an FQHC service or by the rendering provider using their own Medicaid ID;
- (3) Rural Health Clinics (RHCs) - Services provided in an RHC may not be included in the MMA Physician Incentive Program, regardless of whether or not the service is billed by the RHC as an RHC service or by the rendering provider using their own Medicaid ID;
- (4) County Health Departments (CHDs) - Services provided in a CHD may not be included in the MMA Physician Incentive Program, regardless of whether or not the service is billed by the CHD as a CHD service or by the rendering provider using their own Medicaid ID; and,
- (5) Medical School Faculty Plans - Services provided in this plan may not be included in the MMA Physician Incentive Program, regardless of whether or not the service is billed by the Medical School Faculty Plan as a plan service or by the rendering provider using their own Medicaid ID.

Section 3. IHP Plan Submission Requirement/Response

IHP Incentive Program submissions should use Section 3 to propose additional physicians for inclusion as Managed Care Plan Identified Provider types, in addition to those already Identified by the Agency in the list above.

In the space provided in Section 3, please include detailed specifications regarding the Managed Care Plan Identified Providers that will be eligible to qualify for the IHP Incentive Program payment. For each provider, include the Medicaid provider type and specialty type as used for Provider Network Verification submission, and any licensure requirements, board certification requirements or other certification requirements.

Section 4. Qualified Providers

Program Parameters

A Qualified Provider is an Identified Provider who has met all requirements to receive the Physician Incentive Program payment.

Identified Providers must have a reasonable opportunity to earn the MMA Physician Incentive. Any Identified Provider who is not initially a Qualified Provider must be given the opportunity to reach Qualified Provider status within a 6-month period.

Plans must submit to the Agency, by September 1, 2017, a list of providers who will qualify for either the IHP Incentive Program payment or the AP Incentive Program payment, for services with dates of service beginning on October 1, 2017.

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An updated list of Qualified Providers must be submitted to the Agency every six months, specifying the providers qualified to receive the incentive payment beginning in the next 6-month period. The next required submission will be due to the Agency by March 1, 2018, for the 6-month period beginning on April 1, 2018.

Section 4. IHP Submission Requirement/Response

IHP Incentive Program submissions should use Section 4 and the six tables provided to specify in detail the qualifications that each Agency Identified Provider (Board Certified Pediatricians, Board Certified Family Practitioners, Board Certified General Practitioners, Board Certified OB/GYNs and Pediatric Specialists) as well as any additional providers identified by the Managed Care Plan in Section 3 of this Submission Form must meet to qualify for the IHP Incentive Program payment.

Table (1). Please indicate provider qualifications for **Board-Certified Pediatricians** to receive the MMA Physician Incentive Payment under the IHP Incentive Program in the table below. Indicate if the measure will be calculated at the individual practitioner or site level in the appropriate field. Include any restrictions, if applicable, such as panel size or length of time in provider network in the column labeled “Qualification / Measure.”

Table (2). Please indicate provider qualifications for **Board-Certified Family Practitioners** to receive the MMA Physician Incentive Payment under the IHP Incentive Program in the table below. Indicate if the measure will be calculated at the individual practitioner or site level in the appropriate field. Include any restrictions, if applicable, such as panel size or length of time in provider network in the column labeled “Qualification / Measure”.

Table (3). Please indicate provider qualifications for **Board-Certified General Practitioners** to receive the MMA Physician Incentive Payment under the IHP Incentive Program in the table below. Indicate if the measure will be calculated at the individual practitioner or site level in the appropriate field. Include any restrictions, if applicable, such as panel size or length of time in provider network in the column labeled “Qualification / Measure”.

Table (4). Please indicate provider qualifications for **Board-Certified OB/GYNs** to receive the MMA Physician Incentive Payment under the IHP Incentive Program in the table below. Indicate if the measure will be calculated at the individual practitioner or site level in the appropriate field. Include any restrictions, if applicable, such as panel size or length of time in provider network in the column labeled “Qualification / Measure”.

Table (5). Please indicate provider qualifications for **Pediatric Specialists** to receive the MMA Physician Incentive Payment under the IHP Incentive Program in the table below. Indicate if the measure will be calculated at the individual practitioner or site level in the appropriate field.

Table (6). Please indicate provider qualifications for **Other Physicians** (if included) to receive the MMA Physician Incentive Payment under the IHP Incentive Program in the table below. Indicate if the measure will be calculated at the individual practitioner or site level in the appropriate field.

Section 4. AP Requirements

For the AP Incentive Program, any Agency Identified Provider who has met the following qualifications listed for the applicable provider type is considered a Qualified Provider and must receive the MMA Physician Incentive Program payment.

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Board-Certified Pediatricians, Board-Certified Family Practitioners and Board-Certified General Practitioners

AP Option 1- Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2017:

- National Committee for Quality Assurance (NCQA), Level 2
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission (TJC)
- Utilization Review Accreditation Commission (URAC)

OR

AP Option 2 – Site with at least 50 panel members must achieve or exceed the benchmark for the following metrics. NOTE - The NCQA requirements for at least 30 members in the denominator does not apply to the calculations for these measures. However, if a provider does not have any members eligible for a measure, the provider must meet or exceed the benchmarks for the other measures. For example, if a provider only serves patients < 10 years of age, two of the nine measures, Adolescent Well Care Visits and Children and Adolescent Access to Primary Care Practitioners (12 – 19 years), would not apply and would not be reported; however, all other measures must meet or exceed the benchmark.

NOTE - All measures below must be calculated using HEDIS 2017 specifications/Child Core Set specifications for CY 2016 services.

AP Option 2 Qualifications for Board-Certified Pediatricians, Board-Certified Family Practitioners and Board-Certified General Practitioners			
Measure	Measure Description	Measurement Period	Benchmark
Adolescent Well Care Visits	Percentage of members 12 - 21 years who had one or more well care visits	January 1, 2016 - December 31, 2016	53%
Children and Adolescent Access to Primary Care Practitioners (12 - 24 months)	Percentage of members 12-24 months old who had a visit with a PCP during the measurement period	January 1, 2016 - December 31, 2016	95%
Children and Adolescent Access to Primary Care Practitioners (25 months - 6 years)	Percentage of members 25 months – 6 years of age who had a visit with a PCP during the measurement period	January 1, 2016 - December 31, 2016	89%
Children and Adolescent Access to Primary Care Practitioners (7 - 11 years)	Percentage of members 7 – 11 years old who had a visit with a PCP during the measurement period	January 1, 2016 - December 31, 2016	91%

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Children and Adolescent Access to Primary Care Practitioners (12 - 19 years)	Percentage of members 12 – 19 years old who had a visit with a PCP during the measurement period	January 1, 2016 - December 31, 2016	89%
Well Child Visits in the First 15 Months - 0 visits	Percentage of members who turned 15 months old during the measurement period and who had 6 or more well-child visits with a PCP Percentage of members who turned 15 months old during the measurement period and who had zero well-child visits with a PCP	Children turning 15 months old: January 1, 2016 - December 31, 2016	2% or less
Well Child Visits in the First 15 Months - 6 or more	Percentage of members who turned 15 months old during the measurement period and who had 6 or more well-child visits with a PCP Percentage of members who turned 15 months old during the measurement period and who had zero well-child visits with a PCP	Children turning 15 months old: January 1, 2016 - December 31, 2016	59%
Well Child Visits in the 3rd, 4th, 5th and 6th years	Percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year	January 1, 2016 - December 31, 2016	75%
Lead Screening	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday	Children turning 2 years old: January 1, 2016 - December 31, 2016	67%

Board-Certified Obstetricians / Gynecologists

AP Option 1- Site has been recognized by one of the following organizations as a Patient-Centered Medical Home with a recognition date on or before September 30, 2017:

- National Committee for Quality Assurance (NCQA), Level 2
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission (TJC)
- Utilization Review Accreditation Commission (URAC)

OR

AP Option 2 – Site must achieve or exceed the benchmark for all three of the following metrics:

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AP Option 2 Qualifications for Board-Certified OB/GYNs			
Measure	Measure Description	Measurement Period	Benchmark
Frequency of Ongoing Prenatal Care	Percentage of women with Medicaid deliveries who had 81% or more of expected prenatal visits (using HEDIS 2017 specifications)	November 6, 2015- November 5, 2016	67%
Postpartum Care	Percentage of women who had a postpartum visit) on or between 21 and 56 days after delivery (using HEDIS 2017 specifications)	November 6, 2015- November 5, 2016	62%
Florida Medicaid Cesarean Section Rate	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean section (using 2017 Agency Specifications – See Attachment 2)	January 1, 2016 - December 31, 2016	<35%

Pediatric Cardiologists, Pediatric Endocrinologists, Pediatrics Nephrologists, Pediatric Neurologists and Pediatric Psychiatrists

AP Incentive Program – Achieve at least one of the following Board Certifications:

AP Qualifications for Pediatric Specialists	
Subspecialty Certification	Certifying Board
Pediatric Cardiology	American Board of Pediatrics
Pediatric Endocrinology	American Board of Pediatrics or the American Osteopathic Board of Pediatrics
Pediatric Nephrology	American Board of Pediatrics
Pediatric Neurology	American Board of Pediatrics and American Board of Psychiatry and Neurology
Pediatric Psychiatry	American Board of Psychiatry and Neurology

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NOTE: If adopting the AP Incentive program, the Managed Care Plan is prohibited from requiring providers to meet any additional qualifications or benchmarks to earn the AP incentive payment other than those listed above.

Section 5. Payment Structure

Program Parameters

Payments to Qualified Providers must be at least equivalent to the appropriate Medicare Fee-for-Service (FFS) Rate, which for the purposes of the MPIP, is as follows.

Medicare Fee for-Service Rate

- (1) Specific Locality FFS rate for the Region in which the provider site is located or another Region, as specified by the Managed Care Plan;
- (2) For the 2017 contract year, the Medicare Specific Locality FFS rate in effect as of October 1, 2017, which will be posted on the Agency's website;
- (3) The Medicare non-facility fee distinction should be applied as it is applied in the Medicare reimbursement process;
- (4) The Medicare Fee-for-Service rate will include the impact of sequestration;
- (5) The Medicare Fee-for-Service rate for Medicaid-covered services without a Medicare equivalent must be calculated using the methodology as outlined in Attachment 5, Medicare Physician Fee Schedule.

NOTE – The Managed Care Plan is responsible for ensuring that the most up-to-date Medicare Physician Fee Schedule will be used.

Vaccine Administration Rate

The enhanced rate for vaccine administration for children under the age of 21 years will be calculated using the following methodology:

- \$24.01 for the first vaccination administration in a day
- \$12.00 for each subsequent vaccination administration in a day

Incentive payments for both the AP and IHP must be made to Qualified Providers in the following manner:

- (1) Payments to Fee-For-Service (FFS) providers will be made using a fee schedule equivalent to the appropriate Medicare Rate. Payments will be made to the Qualified Providers upon submission of a clean claim for dates of service beginning on or after October 1, 2017.
- (2) For sub-capitated medical groups, PMPM adjusted to reflect the relative effect of reimbursing Qualified Providers at the Medicare rate, based on the volume and value of the services they provide. Sub-capitated payment options include:

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- a. Payment to Sub-Capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate beginning with capitation payments made for October 2017, or
- b. Payment to Sub-Capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.

Both the AP Incentive Program and any IHP Incentive Program approved by the Agency must make the incentive payments for dates of service beginning on and after October 1, 2017. If any of the Managed Care Plan's network provider contracts are structured in such a way that require contract modifications, amendments, or addendums to be executed before the Plan can make October 1, 2017 MMA Physician Incentive Program payments to affected Qualified Providers, then the Managed Care Plan may make retroactive payments to these providers. However, the retroactive payment may only be for the period prior to contract modification/amendment/addendum execution. Otherwise, retroactive payments are only allowed if the Agency approves a Payment Structure that includes a retroactive reconciliation (i.e., for sub-capitated providers).

IHP Incentive Program - Indicate the Payment Structure in the IHP and AP Response tables below for each of the applicable Provider Types as identified in Section 4 of this Submission Form.

AP Incentive Program - Indicate the Payment Structure in the AP Response table below for each of the applicable Provider Types as identified in Section 4 of this Submission Form.

Section 5. IHP Submission Requirement/Response

Please indicate the Medicare Rate used to determine provider payment below – check one. NOTE- The selected Medicare rate must be the same for all provider types.

Please indicate IHP Payment Structure used for each of the applicable Provider Types in the first 3 columns in the table below – **check all that apply**.

In the last column, indicate Y (Yes) or N (No) if a modification, amendment or addendum to the Provider Contract is required for each applicable provider type.

Section 5. AP Submission Requirement/Response Note: All Managed Care Plans Must Complete This Section

Please indicate the Medicare Rate used to determine provider payment below – check one. NOTE- The selected Medicare rate must be the same for all provider types.

Please indicate AP Payment Structure used for each of the applicable Provider Types in the first 3 columns in the table below – **check all that apply**.

In the last column, indicate Y (Yes) or N (No) if a modification, amendment or addendum to the Provider Contract is required for each applicable provider type.

Section 6. Included Services - IHP and AP Requirements

Program Parameters

Included Services are those services for which a Qualified Provider will receive an MMA Physician Incentive payment.

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For Agency Identified Providers under the IHP and AP Incentive Program, Included Services are as follows.

- (1) Primary Care Services provided by board-certified physicians who are Pediatricians, Family Practitioners, and General Practitioners as identified in Section 4 of this Submission Form, to recipients under the age of 21, as specified in Attachment 3, Agency Proposed Incentive Program Included Services.
- (2) Obstetric and Gynecological Services provided by board-certified physicians, who are OB/GYNs as identified in Section 4 of this Submission Form, as specified in Attachment 3, Agency Proposed Incentive Program Included Services.
- (3) All Pediatric Specialist Services that are medically necessary that are provided by board-certified physicians who are Pediatric Cardiologists, Pediatric Endocrinologists, Pediatric Nephrologists, Pediatric Neurologists or Pediatric Psychiatrists, as identified in Section 4 of this Submission Form, to recipients under the age of 21, as specified in Attachment 3, Agency Proposed Incentive Program Included Services.
- (4) Vaccine Administration Services provided by board-certified physicians who are Pediatricians, Family Practitioners, General Practitioners and Pediatric Specialists as identified in Section 4 of this Submission Form, to recipients under the age of 21, as specified in Attachment 3, Agency Proposed Incentive Program Included Services.

Section 7. Estimated Value of Enhanced Reimbursement

Please complete **Attachment 4, Incentive Proposal Estimated Value Template** for each Region in which the Managed Care Plan operates and which is included in this Submission Form. Please also complete the table based on the AP Incentive Program as applied to the Managed Care Plan, should the Managed Care Plan either choose to, or be required to, implement the AP Incentive program.

Program Parameters

The Agency has designed the MMA Physician Incentive Program with the expectation that Managed Care Plans should be able to fund higher physician reimbursement out of managed care savings, as specified by section 409.967(3), F.S. Enhanced reimbursement associated with this program will not contribute to higher capitation rates, either in 2017-2018 rates or in later contract periods when 2017-2018 expenditures are used as a rate base.

Plans choosing to adopt the AP Incentive Program must complete Attachment 4, Incentive Proposal Estimated Value Template for the AP Incentive Program parameters.

All plans submitting a proposal to implement an IHP Incentive Program must complete Attachment 4, Incentive Proposal Estimated Value Template for both their IHP Incentive Program proposal and for the AP Incentive Program.

NOTE – A separate Attachment 4 must be completed for each separate IHP program.

Check all that apply- NOTE: Completion of Attachment 4 for the AP Incentive Program is mandatory for all Managed Care Plans.

Section 8. Provider Communications

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Program Parameters

Once the Agency has approved the Managed Care Plan's MMA Physician Incentive Program, the Managed Care Plan must develop provider communications to ensure information about their plan-specific MMA Physician Incentive Program is distributed to Identified Providers, Qualified Providers and providers who no longer qualify for the MMA Physician Incentive Program. Note: The Agency will provide a template for the letters and notify the plans when the letters are due.

- (1) General Announcement Letter - At a minimum, the General Announcement letter must include the following elements, including a proposed date for distribution of the elements:
 - a. An overview of the 2017 MMA Physician Incentive Program to be implemented by the plan.
 - b. Contact information at the plan for questions on the MMA Physician Incentive Program.
 - c. Detailed information regarding how to achieve Qualified Provider status.
 - d. A schedule for which Identified Provider contracts will be updated (if applicable).
 - e. A schedule that is in compliance with the timeframes in Section 5 for which payments will be made by the Managed Care Plan to Qualified Providers.
 - f. A schedule and method for Identified Providers to receive quarterly status updates on their progress towards becoming a Qualified Provider or for Qualified Providers to track their progress toward receiving the next incentive payment.

- (2) Qualified Provider Letter – At a minimum, the Qualified Provider letter must include the following elements:
 - a. An overview of the 2017 MMA Physician Incentive Program to be implemented by the plan.
 - b. Contact information at the plan for questions on the MMA Physician Incentive Program.
 - c. Detailed information regarding how Qualified Provider status was achieved.
 - d. A schedule for which 2017 Identified Provider contracts will be updated (if applicable).
 - e. A schedule that is in compliance with the timeframes in Section 5 for which payments will be made by the Managed Care Plan to Qualified Providers.
 - f. A schedule and method for Qualified Providers to track their progress toward receiving the next incentive payment.

- (3) Disqualified Provider Letter – If a Managed Care Plan substantially alters the qualification standards from the previous 2017 Incentive Program, where providers who previously qualified will now no longer qualify under the standards of the new 2017 program, the Managed Care Plan must draft and submit to the Agency for review and approval, a letter designed to inform any previously qualified providers that they no longer qualify for the Plan's 2017 Incentive program. The letter must provide information on how providers may qualify to receive the MMA Physician Incentive under the new standards of the new 2017 either the AP or IHP Incentive Program.