

MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?												
<p>Aetna Better Health of Florida</p> <p>REGION 11</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 September 30, 2017, by one of the following organizations:</p> <ul style="list-style-type: none"> • National Committee for Quality Assurance (NCQA), Level 2 • Accreditation Association for Ambulatory Health Care (AAAHC) • The Joint Commission (TJC) • Utilization Review Accreditation Commission (URAC) <p style="text-align: center;">AND</p> <p>The site must also achieve the following access and quality measures using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="397 711 1733 841"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>HEDIS: Lead Screening</td> <td>Medicaid 50th Percentile</td> </tr> <tr> <td>HEDIS: Child Access to Primary Care (3/4 Age Bands)</td> <td>Medicaid 50th Percentile</td> </tr> <tr> <td>ER Utilization</td> <td>< 650 Visits/1000 Members</td> </tr> <tr> <td>After-Hours Availability</td> <td>After 6 P.M. or on Weekends</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	HEDIS: Lead Screening	Medicaid 50 th Percentile	HEDIS: Child Access to Primary Care (3/4 Age Bands)	Medicaid 50 th Percentile	ER Utilization	< 650 Visits/1000 Members	After-Hours Availability	After 6 P.M. or on Weekends	<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 or after October 1, 2017 through September 30, 2018.</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, 2017 through September 30, 2018.</p>		
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AHF d/b/a Positive Healthcare Florida REGIONS 10 and 11	<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 one pediatric health plan Medicaid member and who achieve the following access and quality measure within the measurement period January 1, 2016- December 31, 2016.</p> <table border="1" data-bbox="389 435 1741 487"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Pediatric Visit</td> <td>At Least One Pediatric Visit</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	Pediatric Visit	At Least One Pediatric Visit	<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 or after October 1, 2017 through September 30, 2018.</p>
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<p>Pediatric Specialist</p> <p>Providers designated by the health plan as pediatric endocrinologists, pediatric cardiologists, pediatric infectious disease specialists, pediatric nephrologists, pediatric neurologists, or as pediatric psychiatrists, regardless of board certification, with at least one paid claim for a service provided to a health plan Medicaid member, must also achieve the following access and quality measures during the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 896 1741 948"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Pediatric Visit</td> <td>At Least One Pediatric Visit in Measurement Period</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	Pediatric Visit	At Least One Pediatric Visit in Measurement Period	<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 or after October 1, 2017 through September 30, 2018.</p>	
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?									
Simply Healthcare Plan, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11	<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, who achieve the following quality and access measure for the health plan's Medicaid members within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="387 418 1744 472"> <thead> <tr> <th>Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>ER Utilization</td> <td>< 1000 visits/1000 assigned members</td> </tr> </tbody> </table>	Measure	Benchmark to Qualify	ER Utilization	< 1000 visits/1000 assigned members	<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 or after October 1, 2017 through September 30, 2018.</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, 2017 through September 30, 2018.</p>					
	Measure	Benchmark to Qualify									
	ER Utilization	< 1000 visits/1000 assigned members									
<p>Obstetrician/Gynecologist (OB/GYN)</p> <p>Providers designated by the health plan as OB/GYNs physicians, board certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology and who achieve the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications within the measurement period November 6, 2015 through November 5, 2016.</p> <table border="1" data-bbox="387 813 1744 894"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Frequency of Ongoing Prenatal Care</td> <td>69.54% Medicaid 75th Percentile</td> </tr> <tr> <td>Postpartum Care</td> <td>67.53% Medicaid 75th Percentile</td> </tr> </tbody> </table>	HEDIS Measure	Benchmark to Qualify	Frequency of Ongoing Prenatal Care	69.54% Medicaid 75 th Percentile	Postpartum Care	67.53% Medicaid 75 th Percentile	<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 under the age of 21, including coverage of obstetric services as specified by the Agency, upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.</p>				
HEDIS Measure	Benchmark to Qualify										
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?						
<p>Simply Healthcare Plan, Inc. d/b/a Clear Health Alliance REGIONS 1, 2, 3, 5, 6, 7, 8, 9, 10, and 11</p>	<p>Pediatric Psychiatrist</p> <p>Providers designated by the health plan as pediatric psychiatrists, regardless of board certification, and who achieve the following access and quality measures for the plan's Medicaid members using HEDIS 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="387 423 1744 518"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Follow-Up after Hospitalization for Mental Illness</td> <td>Medicaid 60th Percentile</td> </tr> <tr> <td>Follow-Up Care for Children Prescribed ADHD Medication</td> <td>Medicaid 60th Percentile</td> </tr> </tbody> </table>	HEDIS Measure	Benchmark to Qualify	Follow-Up after Hospitalization for Mental Illness	Medicaid 60 th Percentile	Follow-Up Care for Children Prescribed ADHD Medication	Medicaid 60 th Percentile	<p>Pediatric Psychiatrist</p> <p>Payments to fee-for-service (FFS) qualified providers will be made at the appropriate Medicare rate for all medically necessary services to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.</p>
HEDIS Measure	Benchmark to Qualify							
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?																
<p>Humana Medical Plan, Inc.</p> <p>REGIONS 1, 6, 9, 10, and 11</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, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 483 1741 683"> <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</td> </tr> <tr> <td>ER 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</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 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 836 1741 1063"> <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>97.28% Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (12 - 24 Mos.)</td> <td>90.98% Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)</td> <td>93.25% Medicaid 75th Percentile</td> </tr> <tr> <td>Children and Adolescent Access to Primary Care (7 – 11 yrs.)</td> <td>67.76% 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	ER 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	HEDIS Measure	Benchmark to Qualify	Well-Child Visits in the First 15 Mos.	97.28% Medicaid 75 th Percentile	Children and Adolescent Access to Primary Care (12 - 24 Mos.)	90.98% Medicaid 75 th Percentile	Children and Adolescent Access to Primary Care (25 mos. – 6 yrs.)	93.25% Medicaid 75 th Percentile	Children and Adolescent Access to Primary Care (7 – 11 yrs.)	67.76% 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 or after October 1, 2017 through September 30, 2018.</p>
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?												
<p>Humana Medical Plan, Inc.</p> <p>REGIONS 1, 6, 9, 10, and 11</p>	<p>Pediatric Specialist</p> <p>Providers designated by the health plan as a physician board certified in one of the following pediatric specialties.</p> <table border="1" data-bbox="389 375 1739 531"> <thead> <tr> <th>Pediatric Specialist</th> <th>Board Certification</th> </tr> </thead> <tbody> <tr> <td>Pediatric Cardiologist</td> <td>American Board of Pediatrics</td> </tr> <tr> <td>Pediatric Endocrinologist</td> <td>American Board of Pediatrics or the American Osteopathic Board of Pediatrics</td> </tr> <tr> <td>Pediatric Nephrologist</td> <td>American Board of Pediatrics</td> </tr> <tr> <td>Pediatric Neurologist</td> <td>American Board of Pediatrics and the American Board of Psychiatry and Neurology</td> </tr> <tr> <td>Pediatric Psychiatrist</td> <td>American Board of Psychiatry and Neurology</td> </tr> </tbody> </table>	Pediatric Specialist	Board Certification	Pediatric Cardiologist	American Board of Pediatrics	Pediatric Endocrinologist	American Board of Pediatrics or the American Osteopathic Board of Pediatrics	Pediatric Nephrologist	American Board of Pediatrics	Pediatric Neurologist	American Board of Pediatrics and the American Board of Psychiatry and Neurology	Pediatric Psychiatrist	American Board of Psychiatry and Neurology	<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 to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.</p>
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?											
Florida MHS, Inc. d/b/a Magellan Complete Care REGIONS 2, 4, 5, 7, 9, 10, and 11	<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, who achieve the following access and quality measures for the health plan's Medicaid members using HEDIS 2017 specifications during the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="389 435 1741 513"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Body Mass Index (3 –17 Yrs.)</td> <td>Medicaid 50th Percentile</td> </tr> <tr> <td>Adolescent Well Child Visit (12-21 Yrs.)</td> <td>Medicaid 50th Percentile</td> </tr> </tbody> </table>	HEDIS Measure	Benchmark to Qualify	Body Mass Index (3 –17 Yrs.)	Medicaid 50 th Percentile	Adolescent Well Child Visit (12-21 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 or after October 1, 2017 through September 30, 2018.</p>					
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?																				
<p>Molina Health Care of Florida, Inc.</p> <p>REGIONS 1, 4, 6, 7, 8, 9, and 11</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 Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:</p> <ul style="list-style-type: none"> • National Committee for Quality Assurance (NCQA), Level 2 • Accreditation Association for Ambulatory Health Care (AAAHC) • The Joint Commission (TJC) • Utilization Review Accreditation Commission (URAC) <p 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 2017 specifications within the measurement period January 1, 2016 through December 31, 2016.</p> <table border="1" data-bbox="387 748 1741 1101"> <thead> <tr> <th>HEDIS Measure</th> <th>Benchmark to Qualify</th> </tr> </thead> <tbody> <tr> <td>Adolescent Well Care Visits</td> <td>53%</td> </tr> <tr> <td>Child Access to Primary Care (12-24 Mos.)</td> <td>95%</td> </tr> <tr> <td>Child Access to Primary Care (25 Mos. - 6 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Child Access to Primary Care (7-11 Yrs.)</td> <td>91%</td> </tr> <tr> <td>Child Access to Primary Care (12-19 Yrs.)</td> <td>89%</td> </tr> <tr> <td>Well Child Visits in the First 15 Months - 0 visits</td> <td>2% or less</td> </tr> <tr> <td>Well Child Visits in the First 15 Months - 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>	HEDIS Measure	Benchmark to Qualify	Adolescent Well Care Visits	53%	Child Access to Primary Care (12-24 Mos.)	95%	Child Access to Primary Care (25 Mos. - 6 Yrs.)	89%	Child Access to Primary Care (7-11 Yrs.)	91%	Child Access to Primary Care (12-19 Yrs.)	89%	Well Child Visits in the First 15 Months - 0 visits	2% or less	Well Child Visits in the First 15 Months - 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 or after October 1, 2017 through September 30, 2018.</p> <p>Payments for sub-capitated qualified providers will be made using both prospective and retrospective reconciliation 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. For payments using the sub-capitated prospective method, an enhanced prospective per member per month (PMPM) capitation rate will be calculated based on encounters/claims rendered by qualified providers beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments using retrospective reconciliation will be based on encounters/claims rendered by qualified providers. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.</p>
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MMA Physician Incentive Program (MPIP) Plan Summaries

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South Florida Community Care Network d/b/a Community Care Plan REGION 10	<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, who provide medical services to health plan enrollees under the age of 21. PCPs must also participate in-network for six consecutive months and execute a capitation agreement.</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 or after October 1, 2017 through September 30, 2018.</p> <p>Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for primary care services rendered to the health plan's Medicaid members under the age of 21, as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.</p>															
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MMA Physician Incentive Program (MPIP) Plan Summaries

Year 2: October 1, 2017- September 30, 2018

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Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?											
<p>WellCare of Florida, Inc. d/b/a Staywell Health Plan of Florida</p> <p>REGIONS 2, 3, 4, 5, 6, 7, 8, and 11</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, must also practice within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:</p> <ul style="list-style-type: none"> • National Committee for Quality Assurance (NCQA), Level 2 • Accreditation Association for Ambulatory Health Care (AAAHC) • The Joint Commission (TJC) • Utilization Review Accreditation Commission (URAC) 	<p>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 or after October 1, 2017 through September 30, 2018.</p> <p>Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for primary care services rendered to the health plan's Medicaid members under the age of 21, as specified by the Agency, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.</p>											
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MMA Physician Incentive Program (MPIP) Plan Summaries

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<p>Sunshine State Health Plan, Inc.</p> <p>REGIONS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11</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, must also practice within a group at a site recognized as a Patient-Centered Medical Home, on or before September 30, 2017, by one of the following organizations:</p> <ul style="list-style-type: none"> • National Committee for Quality Assurance (NCQA), Level 2 • Accreditation Association for Ambulatory Health Care (AAAHC) • The Joint Commission (TJC) • Utilization Review Accreditation Commission (URAC) 	<p>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 or after October 1, 2017 through September 30, 2018.</p> <p>Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for primary care services rendered to the health plan's Medicaid members under the age of 21, as specified by the Agency beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.</p>											
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Year 2: October 1, 2017- September 30, 2018

Plan Name	How does a physician qualify?	How will a physician get paid once they qualify?																								
<p>United Health Care of Florida, Inc.</p> <p>REGION 3, 4, 7, and 11</p>	<p style="text-align: center;">OR</p> <p>Option 2: OB/GYNs practicing within a site that has met all of the following access and quality measures for the health plan Medicaid members using HEDIS 2017 specifications within the measurement period.</p> <table border="1" data-bbox="419 420 1714 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>11/6/15-11/5/16</td> <td>67%</td> </tr> <tr> <td>HEDIS: Postpartum Care</td> <td>11/6/15-11/5/16</td> <td>62%</td> </tr> <tr> <td>Florida Medicaid Cesarean Section Rate</td> <td>1/1/16-12/31/16</td> <td><35%</td> </tr> </tbody> </table> <p>Pediatric Specialist</p> <p>Providers designated by the health plan as a physician board certified in one of the following pediatric specialties.</p> <table border="1" data-bbox="419 675 1714 831"> <thead> <tr> <th>Pediatric Specialist</th> <th>Board Certification</th> </tr> </thead> <tbody> <tr> <td>Pediatric Cardiologist</td> <td>American Board of Pediatrics</td> </tr> <tr> <td>Pediatric Endocrinologist</td> <td>American Board of Pediatrics or the American Osteopathic Board of Pediatrics</td> </tr> <tr> <td>Pediatric Nephrologist</td> <td>American Board of Pediatrics</td> </tr> <tr> <td>Pediatric Neurologist</td> <td>American Board of Pediatrics and the American Board of Psychiatry and Neurology</td> </tr> <tr> <td>Pediatric Psychiatrist</td> <td>American Board of Psychiatry and Neurology</td> </tr> </tbody> </table>	Measure	Measurement Period	Benchmark to Qualify	HEDIS: Frequency of Ongoing Prenatal Care	11/6/15-11/5/16	67%	HEDIS: Postpartum Care	11/6/15-11/5/16	62%	Florida Medicaid Cesarean Section Rate	1/1/16-12/31/16	<35%	Pediatric Specialist	Board Certification	Pediatric Cardiologist	American Board of Pediatrics	Pediatric Endocrinologist	American Board of Pediatrics or the American Osteopathic Board of Pediatrics	Pediatric Nephrologist	American Board of Pediatrics	Pediatric Neurologist	American Board of Pediatrics and the American Board of Psychiatry and Neurology	Pediatric Psychiatrist	American Board of Psychiatry and Neurology	<p>will be made on a quarterly basis, no later than three months following the end of the quarter.</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 to the health plan's Medicaid members under the age of 21 upon submission of a clean claim for dates of service beginning on or after October 1, 2017 through September 30, 2018.</p> <p>Payments for sub-capitated qualified providers will be made using retrospective reconciliation based on encounters or claims data for all medically necessary services rendered to the health plan's Medicaid members under the age of 21, beginning with capitation payments made for dates of service October 1, 2017 through September 30, 2018. Payments will be made on a quarterly basis, no later than three months following the end of the quarter.</p>
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