2017 MPIP General Announcement Letter

Dear Provider:

Better Health, Inc is pleased to announce the continued implementation and expansion of the MMA Physician Incentive Program (MPIP). MPIP provides the opportunity for designated physician types to earn enhanced payments equivalent to the appropriate Medicare Fee-for-Service Rate, as established by the Agency for Health Care Administration (Agency), based on the achievement of key access and quality measures.

This letter is to inform you that you have been identified as one of the provider types eligible to qualify for the MPIP. If you are not qualified to receive the enhanced payment at this time, you will have another opportunity to reach Qualified Provider status six months following program implementation, or on April 1, 2018.

How do I Qualify?

Qualified providers are pediatric primary care physicians (including pediatricians, family practitioners, and general practitioners) that provide medical services to enrollees under the age of 21 years.

There are two ways a provider may achieve qualified provider status:

Option 1: Recognition by one of the following organizations as a Patient-Centered Medical Home:

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

OR

Option 2: The provider's 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 each of 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.

Qualifications for Pediatric Primary Care Physicians			
Measure	**Measure Description**	**2016 Measurement Period**	**Benchmark**
Adolescent Well Care Visits	Percentage of members 12 - 21 years who had one or more well care visits	1/1-12/31	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	1/1-12/31	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	1/1-12/31	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	1/1 - 12/31	91%
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	1/1 - 12/31	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 zero well-child visits with a PCP	1/1- 12/31	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	1/1 - 12/31	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	1/1 – 12/31	75%
Lead Screening	Percentage of children 2 years of age who had one or more capillary or venous lead	1/1 – 12/31	67%

	blood test for lead poisoning by their second birthday		

The criteria for pediatric primary care physicians listed above will be in effect for one year from October 1, 2017- September 30, 2018. Every six months, Better Health, Inc will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program and current providers to determine continued participation.

How are Payments Made?

Beginning with dates of service October 1, 2017 through September 30, 2018, payments to qualified providers for included services must be at least equivalent to the appropriate Medicare Fee-for-Service (FFS) Rate, as established by the Agency.

For FFS payments:

Payments to FFS providers will be made using a Medicare fee schedule for covered services upon submission of a clean claim for dates of service beginning on or after October 1, 2017.

For sub-capitated payments:

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 through an enhanced prospective PMPM capitation rate beginning with capitation payments made for October 2017.

Monitor Your Progress

Providers are encouraged to call the plan's Provider Relations Department at 1-877-915-0551, prompt 4 to obtain quarterly status updates on progress towards obtaining a Qualified Provider designation, or for currently qualified providers, to track their progress toward receipt of the next incentive payment.

For more information about the MPIP program parameters, visit the Agency's webpage at: http://ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml.

Thank you for your continued dedication to our members. Should you have any questions about MPIP, please do not hesitate to contact your Provider Services Representative directly or Provider Services at 1-877-915-0551, prompt 4.

Sincerely,

Efrain Duarte
RVP of Delivery System