



August 22, 2016

Dear Physician:

We are pleased to announce Better Health is implementing a the MMA Physician Incentive Plan (MPIP) which provides an opportunity to qualifying board-certified pediatric and OB/GYN physicians to receive enhanced payments in recognition for meeting and maintaining key access and quality measures. The incentive plan was developed under the guidance of the Agency for Health Care Administration (AHCA). The program's provider qualifications and payment structure is summarized below:

Provider Type: Pediatricians

Qualified Providers: Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified Pediatricians), practicing in a group at a site that has been recognized 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)

AND the individual physician has met all of the following access and quality measures for their Medicaid members:

Measurement	Measurement Period	Benchmark to Qualify
HEDIS: Preventive Care Visits Composite	November 6, 2014 and November 5, 2015	Achieve the 50 th percentile for the health plan's Medicaid members using 2016 HEDIS specifications
ER Utilization	November 6, 2014 and November 5, 2015	ER Utilization of assigned members of less than 1000 visits/1000 members

Payment Structure: Beginning with dates of service October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as follows:

Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Primary Care Services, as specified by the Agency, additional information can be found on the Agency's website: http://ahca.myflorida.com/medicaid/statewide_mc/what_services.shtml rendered by Qualified Providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on October 1, 2016.

Payments for sub-capitated providers will be made through an enhanced prospective Per Member Per Month (PMPM) capitation rate for services rendered by qualified providers to members under the age of 21, including coverage of Primary Care Services as specified by the Agency, beginning with capitation payments made for October 2016.

Provider Type: OB/GYN

Qualified Providers: 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 have met all of the following access and quality measures for their Medicaid members:

Measurement	Measurement Period	Benchmark to Qualify
HEDIS: Frequency of Ongoing Prenatal Care	November 6, 2014 and November 5, 2015	Rate of patients with $\geq 81\%$ visits must be at or above the Medicaid 75 th percentile as calculated by NCQA using 2016 specifications
HEDIS: Postpartum Care	November 6, 2014 and November 5, 2015	Rate must be at or above the National Medicaid Mean as calculated by NCQA using 2016 specifications
Florida Medicaid Cesarean Rate	January 1, 2015 – December 31, 2015	Percentage of single live born Medicaid births in a practice that were delivered via cesarean during the measurement period. The Practitioner's rate must be below 35% using the Florida Medicaid Cesarean Rate Calculation Specifications 2016

Payment Structure: Beginning with dates of service October 1, 2016 through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare Rate, as established by the Agency, additional information can be found on the Agency's website:

http://ahca.myflorida.com/medicaid/statewide_mc/what_services.shtml as follows:

Payments to Fee-For-Service (FFS) providers will be made using a fee schedule for Obstetric Services, as specified by the Agency, additional information can be found on the Agency's website:

http://ahca.myflorida.com/medicaid/statewide_mc/what_services.shtml rendered by Qualified Providers to the health plan's Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning October 1, 2016.

Excluded Providers

Excluded Providers: The following providers are excluded from the MMA Physician Incentive Program and are therefore ineligible for the MMA Physician Incentive Payment:

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 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 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 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.

Thank you for your continued dedication to our members. Should you have questions about this program, please do not hesitate to request further information from your provider services representative or call us at (877) 915-0551, prompt 4.

Sincerely,
Better Health