



# Managed Medical Assistance (MMA) Physician Incentive Program (MPIP Year 4\*)

The Managed Medical Assistance (MMA) Physician Incentive Program (MPIP) is designed to promote quality of care for our Medicaid members, and recognize physicians who demonstrate high levels of performance for selected criteria.

The MPIP provides the opportunity for designated physicians to earn enhanced payments equivalent to the appropriate Medicare fee-for-service (FFS) rate, as established by the Agency for Healthcare Administration (AHCA) based on the achievement of key access and quality measures.

## Program year effective dates

**Oct. 1, 2019 – Sept. 30, 2020**

### How are payments made?

For service dates that fall between Oct. 1, 2019, and Sept. 30, 2020, qualified provider payment for included services must be at least equivalent to the appropriate Medicare FFS rate, as established by AHCA. Any medically necessary pediatric primary care services provided by pediatric primary care physicians are included. Payments to FFS providers will be made using a Medicare fee schedule for covered service to members age 21 and younger upon submission of a clean claim for service dates on or after Oct. 1, 2019.

**NOTE:** If your payment rate equals or exceeds the Medicare fee schedule for included services, your payment rate will not change.

**The following physician types are MPIP-eligible while meeting plan-specific access and quality criteria:**

**Pediatric primary care physicians (PCPs) – Regions 2, 3, 4, 5, 7, 8** – Pediatricians, family and general practitioners who provide medical services to members younger than 21 and meet the criteria of: 1) a pediatric panel size of at least 50 or greater assigned Humana Family Medicaid membership during the measurement period and, 2) is on the AHCA Year 2 MPIP list.

**Pediatric PCPs – Regions 1, 6, 9, 10, 11** – Pediatricians, family and general practitioners who provide medical services to members younger than 21 and with: 1) a pediatric panel size of at least 200 assigned Humana Family Medicaid membership and 2) meets medical (Option A) or HEDIS criteria (Option B) for the measurement period as outlined in the qualifications table on the next page.

## Qualifications for Pediatric PCPs (Existing Regions 1, 6, 9, 10, 11)

### Medical and HEDIS® Qualification Criteria

Option A: medical metrics			
*Note: Both medical metrics must meet or exceed the benchmark to qualify			
Measure	Measure description	Measurement period	Benchmark
Member encounter rate	The average number of members who had face-to-face PCP visits <b>NOTE:</b> Face-to-face visits = unique count of logical claims with E&M HCPCS of 99201- 99215 or 99381- 99397 and place of service 11	Jan. 1, 2018 – Dec. 31, 2018	<b>Region 1:</b> 2.5 or higher <b>Region 6, 9-11:</b> 3.0 or higher
ER utilization	ER utilization of assigned members (ER visits per 1,000 members rate during the measurement period)	Jan. 1, 2018 – Dec. 31, 2018	<b>Region1:</b> 700 or fewer <b>Region 6:</b> 600 or fewer <b>Region 9:</b> 550 or fewer <b>Region 10 and 11:</b> 650 or fewer
Option B: HEDIS measures			
*Note: All HEDIS measures must meet or exceed the benchmark to qualify			
Measure	Measure description	Measurement period	Benchmark
<b>HEDIS:</b> Well-child visits in the first 15 months (W15)	The percentage of members who turned 15 months during the measurement year and who made six or more PCP well-child visits during their first 15 months of life (using HEDIS 2019 specifications)	Jan. 1, 2018 – Dec. 31, 2018	<b>71.29%</b> (using 2018 NCQA benchmark) Medicaid 75 <sup>th</sup> percentile
<b>HEDIS:</b> Children and adolescent primary care access (12-24 months)	The percentage of members 12 months to 24 months who made a PCP visit during the measurement year (using HEDIS 2019 specifications)	Jan. 1, 2018 – Dec. 31, 2018	<b>97.03%</b> (using 2018 NCQA benchmark) Medicaid 75 <sup>th</sup> percentile
<b>HEDIS:</b> Children and adolescent primary care access (25 months – 6 years)	The percentage of members 25 months to 6 years who made a PCP visit during the measurement year (using HEDIS 2019 specifications)	Jan. 1, 2018 – Dec. 31, 2018	<b>90.47%</b> (using 2018 NCQA benchmark) Medicaid 75 <sup>th</sup> percentile
<b>HEDIS:</b> Children and adolescent primary care access (7 – 11 years)	The percentage of members 7 years to 11 years who made a PCP visit during the measurement year prior to the measurement year (using HEDIS 2019 specifications)	Jan. 1, 2018 – Dec. 31, 2018	<b>93.04%</b> (using 2018 NCQA benchmark) Medicaid 75 <sup>th</sup> percentile

## OB-GYN Eligibility and Qualification Criteria

**OB-GYN** – OB-GYNs who had at least 10 Medicaid deliveries for the measurement period and meet medical and HEDIS criteria for the measurement period as outlined on the table below.

Qualifications for OB-GYNs			
Measure	Measure description	Measurement period	Benchmark
<b>HEDIS:</b> Frequency of ongoing prenatal care	Percentage of women with Medicaid deliveries who make 81% or more of expected prenatal visits (using HEDIS 2018 specifications)	Nov. 6, 2017 – Nov. 5, 2018	<b>67%</b>
<b>HEDIS:</b> Postpartum care	Percentage of women who make a postpartum visit on or between 21 and 56 days after delivery (using HEDIS 2019 specifications)	Nov. 6, 2017 – Nov. 5, 2018	<b>64%</b>
Florida Medicaid cesarean-section (C-section) rate	Percentage of single live-born Medicaid births in a C-section (using 2018 agency specifications)	Jan. 1, 2018 – Dec. 31, 2018  **Re-assessment Jul. 1, 2019 – Nov. 30, 2019	<b>Less than 35%</b>

\*All HEDIS® measures and medical metric must meet or exceed benchmark to qualify.

\*\*During the halfway re-assessment period, the measurement period for C-section changes to Jul 1, 2019-Nov. 30, 2019 instead of the full previous year.

## Pediatric Specialist Qualification Criteria

**Pediatric specialists** – Specialist physicians who provide medical services to members under the age of 21.

### Non-Participating Physicians

**Emergency room physicians (Place of Treatment 23)** – Beginning on October 1, 2019, ER physicians are reimbursed at the MPIP enhanced rates for services rendered to members under the age of 21.

**Hospital-based physicians (Place of Treatment 21/22)** – Beginning on April 1, 2020, hospital-based physicians billing claims with place of treatment 21, 22, or 23, will be reimbursed at the MPIP enhanced rates for services rendered to members under 21 years of age.

## Additional MPIP information

### The following physician types are ineligible for the incentive program:

1. Physicians not participating in Humana's Medicaid network
2. OB-GYNs with fewer than 10 deliveries for the measurement period
3. PCPs - Existing regions (1, 6, 9, 10, 11) with a pediatric panel size of fewer than 200 Medicaid members during the measurement period
4. PCPs - New regions (2, 3, 4, 5, 7, 8) with a pediatric panel size of fewer than 50 Medicaid members during the measurement period
5. Federally qualified health centers\*
6. Rural health clinics\*
7. County health departments
8. Medical school faculty plans\*

**NOTE:** All providers who qualified in MPIP Year 3 will remain qualified for Year 4 and be reimbursed at MPIP rate through Sept. 30, 2020 (excluding opt outs). For MPIP Year 4, any newly identified eligible and qualified providers will receive a Humana qualification letter at the beginning of the program year or during the re-assessment period.

### Halfway reassessment

Halfway through the program year, Humana will reassess all eligible providers to determine if any additional providers qualify for the incentive program.

### Monitor your progress

Your provider relations representative will meet with you each quarter and when new measurement period results are available to discuss details on how to qualify and when the program will next open to additional eligible providers.

For more information about the MPIP program parameters, visit AHCA's webpage at:  
[http://ahca.myflorida.com/medicaid/statewide\\_mc/mma\\_physician\\_incentive.shtml](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 the MPIP, please do not hesitate to contact your provider services representative directly or call provider services at 1-305-626-5006.**