



Managed Medical Assistance (MMA) Physician Incentive Program (MPIP Year 7*)

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, 2022 – Sept. 30, 2023

How are payments made?

For service dates that fall between Oct. 1, 2022, and Sept. 30, 2023, 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 services to enrollees ages 21 and younger upon submission of a clean claim for service dates on or after Oct. 1, 2022.

Please 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 and 8: Pediatricians, family and general practitioners who provide medical services to enrollees younger than 21 and meet the following criteria:

- Has a pediatric panel size of at least 50 assigned Humana Healthy Horizons® in Florida-covered patients during the measurement period
- Meets medical (Option A) or Healthcare Effectiveness Data and Information Set (HEDIS®) criteria (Option B) for the measurement period as outlined in the qualifications table on the next page

PCPs – Regions 1, 6, 9, 10 and 11: Pediatricians, family and general practitioners who provide medical services

to enrollees younger than 21 and meet the following criteria:

- Has a pediatric panel size of at least 200 assigned Humana Family Medicaid members
- Meets medical (Option A) or HEDIS criteria (Option B) for the measurement period as outlined in the following qualifications table

Qualifications for pediatric PCPs medical and HEDIS qualification criteria

Option A: medical metrics			
*Please 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 visits with the PCP. Please note: 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, 2021 – Dec. 31, 2021	Region 1: 2.5 or higher Region 6, 9-11: 3.0 or higher Regions 2,3,4,5,7 and 8: 3.0 or higher
ER utilization	ER utilization of assigned members (ER visits per 1,000 members rate during the measurement period)	Jan. 1, 2021 – Dec. 31, 2021	Region1: 700 or fewer Region 6: 600 or fewer Region 9: 550 or fewer Region 10 and 11: 650 or fewer Regions 2,3,4,5,7 and 8: 3.0 or higher

Option B: HEDIS measures			
Please note: All HEDIS measures must meet or exceed the benchmark to qualify			
Measure	Measure description	Measurement period	Benchmark
HEDIS: Well-child visits in the first 15 months (W15)	The percentage of members who turned 15 months during the measurement year and who had six or more PCP well-child visits during their first 15 months of life (using HEDIS 2020 specifications)	Jan. 1, 2021 – Dec. 31, 2021	69.83% (using 2018 NCQA benchmark) Medicaid 75 th percentile
HEDIS: Children and adolescent primary care access (12-24 months)	The percentage of members 12 months to 24 months who had a PCP visit during the measurement year (using HEDIS 2020 specifications)	Jan. 1, 2021 – Dec. 31, 2021	97.04% (using 2018 NCQA benchmark) Medicaid 75 th percentile
HEDIS: Children and adolescent primary care access (25 months–6 years)	The percentage of members 25 months to 6 years who had a PCP visit during the measurement year (using HEDIS 2020 specifications)	Jan. 1, 2021 – Dec. 31, 2021	90.32% (using 2018 NCQA benchmark) Medicaid 75 th percentile

HEDIS: Children and adolescent primary care access (7–11 years)	The percentage of members 7 to 11 years who had a PCP visit during the measurement year or prior to the measurement year (using HEDIS 2020 specifications)	Jan. 1, 2021 – Dec. 31, 2021	93.41% (using 2018 NCQA benchmark) Medicaid 75 th percentile
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OB/GYN Eligibility and Qualification Criteria

Obstetrician/gynecologist (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
HEDIS: Frequency of ongoing prenatal care	Percentage of women with Medicaid deliveries who make 81% or more of expected prenatal visits (using HEDIS 2019 specifications)	Nov. 6, 2019 – Nov. 5, 2020	67% (using 2019 NCQA benchmark)
HEDIS: Postpartum care	Percentage of women who had a postpartum visit on or between 7 and 84 days after delivery (using HEDIS 2020 specifications)	Oct. 8, 2020 – Oct. 7, 2021	63.59% (using 2019 NCQA benchmark)
Florida Medicaid cesarean section rate	Percentage of single live-born Medicaid births in a practice who were delivered via cesarean section (using 2019 Agency specifications)	Jan. 1, 2021 – Dec. 31, 2021	Less than 35% (using 2019 NCQA benchmark)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).

* Healthcare Common Procedure Coding System (HCPCS)

All HEDIS measures and medical metrics must meet or exceed benchmark to qualify.

Please note: Eligible primary care physicians and OB/GYNs also may qualify if their calendar year 2020 or 2021 performance meets the plan's benchmarks and targets, as listed above.

Pediatric specialist qualification criteria

Pediatric specialists – Any specialist physician who provides medical services to enrollees younger than 21.

Non-participating physicians

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

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*

Halfway through the program year, Humana will reassess all eligible providers to determine if additional providers qualify for the incentive program. Providers identified during the reassessment period as eligible and that qualify will receive a Humana qualification letter. For the OB/GYN reassessment, the C-section measurement period changes to July 1, 2022 to Nov. 30, 2022 instead of a full year.

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 www.ahca.myflorida.com/medicaid/statewide_mc/mma_physician_incentive.shtml

Thank you for your continued dedication to our members. Should you have questions about the MPIP, please contact your provider services representative directly or call provider services at 305-626-5006.