



[[Date]
 [Provider Name]
 [Address]
 [City, State, ZIP code]

Dear Provider:

Community Care Plan (CCP) 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 board certified physicians in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (OB/GYNs).

In addition to the board certification requirement for OB/GYN physicians, OB/GYN’s must have also participated in-network six (6) consecutive months, signed a Pay for Performance Program Agreement, and for at least one of the following access and quality measures listed below, achieve the Medicaid 75th percentile, and for the other access and quality measures, achieve at least the Medicaid 60th percentile, as calculated by NCQA.

Qualifications for Board-Certified OB/GYNs			
Measure	Measure Description	Measurement Period 2016	Benchmark
Prenatal and Postpartum Care-Timeliness of Ongoing Prenatal Care	The percentage of live birth deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment	11/6/15-11/5/16	See above Qualified Provider narrative
Frequency of Ongoing Prenatal Care	Percentage of women with Medicaid deliveries who had 81% or more of expected prenatal visits (using HEDIS 2017 specifications)	11/6/15-11/5/16	See above Qualified Provider narrative
Postpartum Care	Percentage of women who had postpartum visit on or between 21 and 56 days after delivery (using HEDIS 2017 specifications)	11/6/15-11/5/16	See above Qualified Provider narrative



Florida Medicaid Cesarean Section Rate	Percentage of single liveborn Medicaid births in a practice that were delivered via cesarean section (using 2017 Agency Specifications)	1/1/16-12/31/16	See above Qualified Provider narrative
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The criteria for OB/GYNs listed above will be in effect for one year from October 1, 2017 – September 30, 2018. Every six months, Community Care Plan (CCP) will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.

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. Included services are all obstetric and gynecological services provided by board-certified OB/GYNs, as specified on the Agency’s website.

NOTE- If your current payment rate already equals or exceeds the Medicare fee schedule for Obstetric and Gynecological services, your current payment rate will not change.

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 using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.

Monitor Your Progress

Community Care Plan will notify providers who meet the program requirements on a bi-annual basis to acquire a signed executed agreement of participation in the program. For more frequent quarterly updates on progress toward becoming a qualified provider or for qualified providers to track their progress toward receiving the next incentive payment, providers may contact their Provider Operations Associate or Contract Specialist assigned to the practice at our Provider Operations Hotline Number for enrollment information at 1.855.819.9506.

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 1.855.819.9506.

Sincerely,

Natalia Penalver,
Director Provider Operations