



Managed Medical Assistance (MMA) Physician Incentive Program (2025-2026)

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, 2025 – Sept. 30, 2026

How are payments made?

For service dates that fall between Oct. 1, 2025 – Sept. 30, 2026, 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 age 21 and younger upon submission of a clean claim for service dates on or after Oct. 1, 2025.

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:

- Has a pediatric panel size of at least 50 assigned Humana Healthy Horizons in Florida-covered patients during the measurement period
 - Meets medical (Option 1) or Healthcare Effectiveness Data and Information Set (HEDIS®) criteria (Option 2) for the measurement period as outlined in the qualifications table on the next page
- Pediatric

Qualifications for pediatric PCPs medical and HEDIS® qualification criteria

Option 1: Recognition by one of the following organizations as a Patient-Centered Medical Home (PCMH) on or before October 1, 2025

National Committee for Quality Assurance (NCQA);	Accreditation Association for Ambulatory Health Care (AAAHC)	The Joint Commission (TJC)	Utilization Review Accreditation Commission (URAC).
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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 do 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, Child and Adolescent Well-Care Visits (12-17 yrs.) and Child and Adolescent Well-Care Visits (18-21 yrs.), would not apply and would not be reported; however, all other measures must meet or exceed the benchmark.

Measure	Measure description	HEDIS Measurement Year	Benchmark
Child and Adolescent Well-Care Visits (3-21 yrs.)	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2024	55.59%
Child and Adolescent Well-Care Visits (3-11 yrs.)	Percentage of members 3–11 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2024	62.24%
Child and Adolescent Well-Care Visits (12-17 yrs.)	Percentage of members 12-17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2024	53.71%
Child and Adolescent Well-Care Visits (18-21 yrs.)	Percentage of members 18-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	2024	27.94%
Well Child Visits in the First 30 Mos. (0-15 mos.) – 6 or more visits	Percentage of members who had the following number of well-child visits with a PCP for Age 0 Months–15 Months: six or more visits	2024	58.68%

Well Child Visits in the First 30 Mos. (15-30 mos.) – 2 or more visits	Percentage of members who had the following number of well-child visits with a PCP for Age 15 Months–30 Months: two or more visits	2024	76.50%
Lead Screening	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday	2024	72.34%

OB-GYN Eligibility and Qualification Criteria

Option 1: Recognition by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Specialty Practice (PCSP) or by one of the following organizations as a Patient-Centered Medical Home (PCMH) on or before October 1, 2025

National Committee for Quality Assurance (NCQA);	Accreditation Association for Ambulatory Health Care (AAAHC)	The Joint Commission (TJC)	Utilization Review Accreditation Commission (URAC).
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Option 2: Site must achieve or exceed the benchmark for all three of the following metrics.

NOTE - The NCQA requirements for at least 30 members in the denominator do not apply to the calculations for each of these measures.

Measure	Measure description	Measurement period	Benchmark
Timeliness of Prenatal Care	The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization using HEDIS Measurement Year 2024 specifications	HEDIS Measurement Year 2024	83.53%
Postpartum Care	Percentage of women who had a postpartum visit on or between 21 and 56 days after delivery using HEDIS Measurement Year 2024 specifications	HEDIS Measurement Year 2024	76.18%
Florida Medicaid Cesarean Section Rate	The percentage of single liveborn Medicaid births in a practice (pay to provider) that were delivered via cesarean section (C-section), using the 2024 Florida Medicaid Cesarean Section Rate Calculation Specifications	CY 2024	<35%

Pediatric specialist qualification criteria

Pediatric specialists – Any Specialist Physician who provides medical services to enrollees younger than 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. PCPs with a pediatric panel size of fewer than 50 Medicaid members during the measurement period
3. Federally qualified health centers*
4. Rural health clinics*
5. County health departments
6. Medical school faculty plans*

Reassessment

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 re-assessment period as eligible and that qualify will receive a Humana qualification letter. For the OB-GYNs Reassessment, the C-Section measurement period changes to July 1, 2025 to November 30, 2025 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:

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.