

Managed medical assistance (MMA) physician incentive program (MPIP Year 6*)

The managed medical assistance (MMA) physician incentive program (MPIP) is designed to promote quality care for Humana Healthy Horizons® of Florida-covered patients 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, based on the achievement of key access and quality measures as established by the Agency for Healthcare Administration (AHCA).

Program year effective dates

Oct. 1, 2021 to Sept. 30, 2022

How are payments made?

For service dates between Oct. 1, 2021, and Sept. 30, 2022, qualified provider payment for included services must be at least equivalent to the appropriate Medicare FFS rate, as established by AHCA. All medically necessary pediatric primary care services provided by pediatric primary care physicians are included.

Payments to FFS providers are made using a Medicare fee schedule for covered services to enrollees younger than 21 on submission of a clean claim for service on or after Oct. 1, 2021.

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



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Pediatric 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 membership
- 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 primary care physicians (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 are an unique count of logical claims with evaluation and management healthcare common procedure coding system (E&M HCPCS) codes of 99201 – 99215 or 99381 – 99397 and place-of- service code “11.”	Jan. 1, 2020 to Dec. 31, 2020	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
Emergency room (ER) utilization	ER utilization of assigned members (ER visits per 1,000 members rate during the measurement period)	Jan. 1, 2020 to Dec. 31, 2020	Region 1: 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: 550 or fewer

Option B: HEDIS measures

***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, 2020 to Dec. 31, 2020	73.45% (using 2020 NCQA benchmark) Medicaid 75th 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, 2020 to Dec. 31, 2020	97.15% (using 2020 NCQA benchmark) Medicaid 75th 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, 2020 to Dec. 31, 2020	91.07% (using 2020 NCQA benchmark) Medicaid 75th percentile
HEDIS: Children and adolescent primary care access (7 – 11 years)	The percentage of members 7 to 11 who had a PCP visit during the measurement year prior to the measurement year (using HEDIS 2020 specifications)	Jan. 1, 2020 to Dec. 31, 2020	93.81% (using 2020 NCQA benchmark) Medicaid 75th percentile

Obstetrician-gynecologist (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 following table.

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 to 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, 2019 to Oct. 7, 2020	75.23% (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 For Health Care Administration (AHCA) specifications)	Jan. 1, 2020 to Dec. 31, 2020	Less than 35% (using 2019 NCQA benchmark)

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

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 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 April 1, 2020, hospital-based physicians billing claims with place of treatment 21, 22 or 23 codes are 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 schools faculty plans

Reassessment

Halfway through the program year, Humana Healthy Horizons in Florida 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 receive a Humana Healthy Horizons in Florida qualification letter. Instead of a full year, OB-GYNs reassessment, using the C-section measurement period, changes to July 1, 2021, to Nov, 30, 2021.

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, please 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 questions about the MPIP, please contact your provider services representative directly or call Provider Services at 305-626-5006.