



2017 MPIP General Announcement Letter

Dear Provider:

Simply Healthcare Plans d/b/a Clear Health Alliance, Inc 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.

In addition to the board certification requirement for OB/GYN Identified Providers, providers must also achieve or exceed the benchmark for the following metrics.

Qualifications for Board-Certified OB/GYNs			
Measure	Measure Description	Measurement Period	Benchmark
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	69.54% 75 th percentile
Postpartum Care	Percentage of women who had a postpartum visit) on or between 21 and 56 days after	11/6/15-11/5/16	67.53% 75 th percentile



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	delivery (using HEDIS 2017 specifications)		
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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, Simply Healthcare Plans d/b/a Clear Health Alliance, Inc will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program and current providers to determine continued participation.

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.

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 through an enhanced prospective PMPM capitation rate beginning with capitation payments made for October 2017.

Monitor Your Progress

Providers are encouraged to call the plan's Provider Relations Department at 1-877-915-0551, prompt 4 to obtain quarterly status updates on progress towards obtaining a Qualified Provider designation, or for currently qualified providers, to track their progress toward receipt of the next incentive payment.

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 1-877-915-0551, prompt 4.

Sincerely,



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A handwritten signature in black ink, appearing to read "Efrain Duarte".

Efrain Duarte
RVP of Delivery System