



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 pediatric primary care physicians (including pediatricians, family practitioners, and general practitioners) that provide medical services to enrollees under the age of 21 years.

Qualifications for Pediatric Primary Care Physicians			
Measure	Measure Description	Measurement Period	Benchmark
ER Utilization	Emergency Room Visits	1/1/2016 – 12/31/2016	< 1000 visits/100 assigned members

The criteria for pediatric primary care physicians 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:



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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,

A handwritten signature in black ink, appearing to read "Efrain Duarte", is written over a light grey horizontal line.

Efrain Duarte
RVP of Delivery System