

March 21, 2017

Subject: Managed Medical Assistance (MMA) physician incentive program

Dear Provider:

We are pleased to announce that Amerigroup is implementing a quality incentive program that provides an opportunity to qualifying board-certified pediatric and OB/GYN providers to receive enhanced payments in recognition for meeting and maintaining key access and performance quality measures. The MMA physician incentive program (Incentive Plan) was developed under the guidance of the Agency for Health Care Administration (Agency). The program's provider qualifications and payment structure is summarized below.

Provider type: pediatricians

Qualified providers: Physicians who are board-certified in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (board-certified pediatricians) and practicing in a group that has been recognized by one of the following organizations as a patient-centered medical home:

- National Committee for Quality Assurance, Level 2
- Accreditation Association for Ambulatory Health Care
- The Joint Commission

Payment structure: Beginning with dates of service on or after October 1, 2016, through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare rate as established by the Agency as follows:

- Payments to fee-for-service (FFS) providers will be made using a fee schedule for primary care services, as specified by the Agency, rendered by qualified providers to the health plan's Medicaid members under the age of 21. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on or after October 1, 2016.
- Payments for sub-capitated providers will be made through an enhanced prospective Per Member, Per Month (PMPM) capitation rate for services rendered by qualified providers to members under the age of 21, including coverage of primary care services as specified by the Agency, beginning with capitation payments made for October 1, 2016, through September 30, 2017. The information can be located on the Agency's website at ahca.myflorida.com/medicaid/statewide_mc/what_services.shtml.

Provider type: OB/GYN

Qualified providers: Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) and practicing within a group that has been recognized by one of the following organizations as a patient-centered medical home:

- National Committee for Quality Assurance, Level 2
- Accreditation Association for Ambulatory Health Care
- The Joint Commission

OR Physicians who are board-certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology (board-certified OB/GYNs) whose group has achieved all of the following access and quality standards for the health plan’s Medicaid members:

Measurement	Measurement period	Benchmark to qualify
HEDIS [®] : Frequency of Ongoing Prenatal Care	November 6, 2014- November 5, 2015	Rate of patients with ≥ 81 percent visits must be at or above the Medicaid 75th percentile as calculated by NCQA using 2016 specifications
HEDIS: Postpartum Care	November 6, 2014- November 5, 2015	Rate must be at or above the national Medicaid mean as calculated by NCQA using 2016 specifications
Florida Medicaid cesarean rate	January 1, 2015- December 31, 2015	Percentage of single live-born Medicaid births in a group that were delivered via cesarean during the measurement period; the group rate must be below 35 percent using the Florida Medicaid cesarean rate calculation specifications 2016

Payment structure: Beginning with dates of service on or after October 1, 2016, through September 30, 2017, the health plan will pay an equivalent to the appropriate Medicare rate, as established by the Agency, using a fee schedule for obstetric services, as specified by the Agency, rendered by qualified providers to the health plan’s Medicaid members. Payments will be made to the qualifying providers upon submission of a clean claim for dates of service beginning on or after October 1, 2016, through September 30, 2017. The information can be located on the Agency’s website at ahca.myflorida.com/medicaid/statewide_mc/what_services.shtml.

Excluded providers

Excluded providers: The following providers are excluded from the Incentive Plan:

1. Nonparticipating providers — providers without a contractual arrangement with the plan to offer included services
2. Federally Qualified Health Centers (FQHCs) — services provided in an FQHC may not be included in the MMA incentive program regardless of whether or not the service is billed by the FQHC as an FQHC service or by the rendering provider using his or her own Medicaid ID
3. Rural Health Clinics (RHCs) — services provided in an RHC may not be included in the MMA incentive program regardless of whether or not the service is billed by the RHC as an RHC service or by the rendering provider using his or her own Medicaid ID
4. County Health Departments (CHDs) — services provided in a CHD may not be included in the MMA incentive program regardless of whether or not the service is billed by the CHD as a CHD service or by the rendering provider using his or her own Medicaid ID

Thank you for your continued dedication to our members. Should you have questions about this program, please do not hesitate to request further information from your Provider Services representative or call us at 1-800-454-3730.

Sincerely,

Amerigroup

*HEDIS is a registered trademark of the National Committee for Quality Assurance.