



2017 MPIP General Announcement Letter

[Date]
 [Provider Name]
 [Address]
 [City, State, ZIP code]

Dear Provider:

Community Care Plan (CCP) 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 specialty physicians in Pediatric Cardiology, Pediatric Endocrinology, Pediatric Nephrology, Pediatric Neurology, and Pediatric Psychiatry that provide medical services to enrollees under the age of 21 years.

Physician Qualifications	
Board Certification	Certifying Board
Pediatric Cardiology	American Board of Pediatrics
Pediatric Endocrinology	American Board of Pediatrics or American Osteopathic Board of Pediatrics
Pediatric Nephrology	American Board of Pediatrics
Pediatric Neurology	American Board of Pediatrics and American Board of Psychiatry and Neurology
Pediatric Psychiatry	American Board of Psychiatry and Neurology



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The criteria for pediatric specialists will be in effect for one year from October 1, 2017 – September 30, 2018. Every six months, Community Care Plan (CCP) will reassess all eligible providers to determine if any additional providers qualify for the Incentive Program.

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 services provided. Payments to sub-capitated providers will be made using a retrospective reconciliation based on encounters/claims data. At a minimum, payments will be made on a quarterly basis within 90 days following the month after the close of the quarter.

Monitor Your Progress

Community Care Plan will notify providers who meet the program requirements on a bi-annual basis to acquire a signed executed agreement of participation in the program. For more frequent quarterly updates on progress toward becoming a qualified provider or for qualified providers to track their progress toward receiving the next incentive payment, providers may contact their Provider Operations Associate or Contract Specialist assigned to the practice at our Provider Operations Hotline Number for enrollment information at 1.855.819.9506.

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 1.855.819.9506.

Sincerely,

Natalia Penalver, Director Provider Operations