



Governor's Office of
Health Transformation

Ohio CPC Program in 2018

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1. Introduction to Ohio CPC Program

2. Program requirements for 2018
3. Payments received in Ohio CPC
4. Reports received in Ohio CPC
5. What to expect in the first few months of the program



Ohio Comprehensive Primary Care (CPC) Program

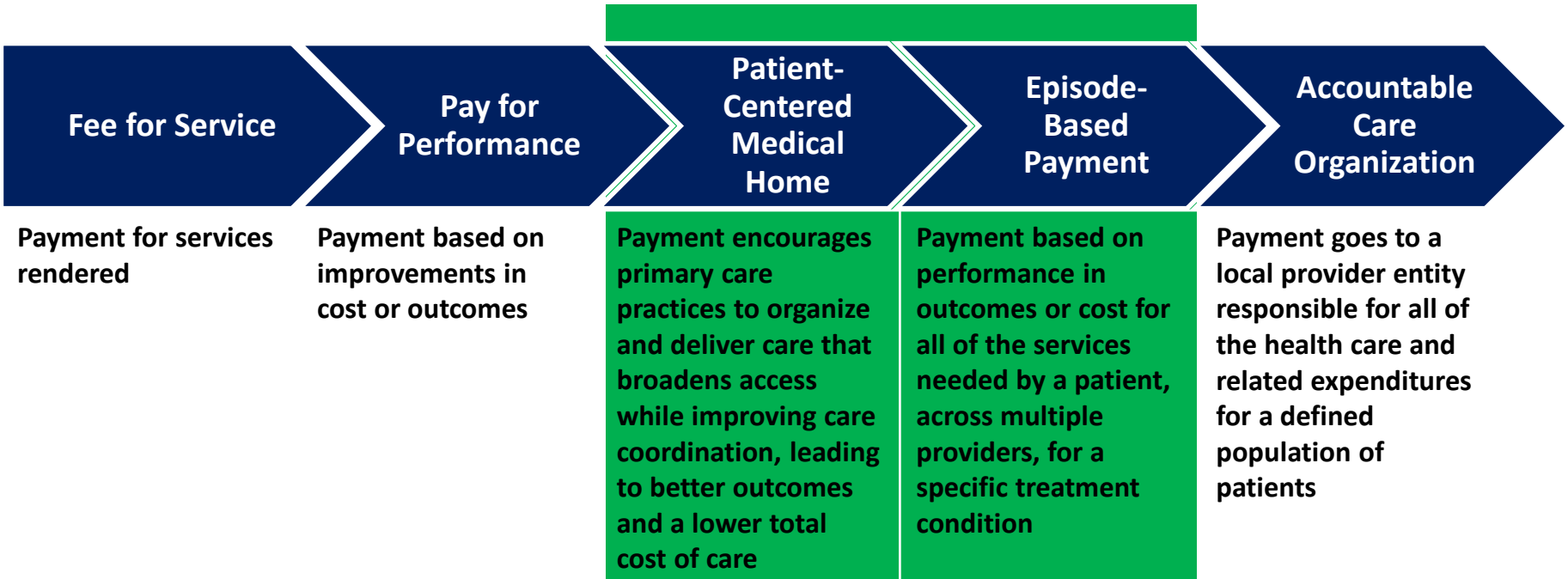
- In August 2016, Governor John R. Kasich announced that beginning January 1, 2017, Ohio's largest health insurance plans, Medicaid and Medicare will reward primary care providers that do more to keep patients well and hold down the total cost of care
- The **Ohio Comprehensive Primary Care (CPC) Program** allows high-performing primary care practices to earn enhanced reimbursement from Medicaid and other participating health plans
- In addition, the Centers for Medicare and Medicaid Services provides enhanced payments for select practices through the **Medicare Comprehensive Primary Care Plus (CPC+) Program**
- Together these programs create an unprecedented opportunity to better reward the practices that provide Ohioans the quality of care they need to increase their level of health at every stage of life.



Value-Based Alternatives to Fee-for Service



Ohio's State Innovation Model (SIM) focuses on (1) increasing access to comprehensive primary care and (2) implementing episode-based payments





Ohio CPC Program in 2018

- **There are 50 new practices enrolled in the program, for a total of 161 Ohio CPC practices**
- **There are over 1 million attributed Medicaid members in the Ohio CPC Program**



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Changes to the program for 2018

- **Activity requirements must be met at start of program: January 1, 2018**
- **New thresholds for quality and efficiency metrics have been set**

Must pass
100%

Ohio CPC Activity Requirements

Same-day appointments

- The practice provides same-day access, within 24 hours of initial request, including some weekend hours to a PCMH practitioner or a proximate provider with access to patient records who can diagnose and treat

24/7 access to care

- The practice provides and attests to 24 hour, 7 days a week patient access to a primary care physician, primary care physician assistant or a primary care nurse practitioner with access to the patient's medical record

Risk stratification

- Providers use risk stratification from payers in addition to all available clinical and other relevant information to risk stratify all of their patients, and integrates this risk status into records and care plans

Population health management

- Practices identify patients in need of preventative or chronic services and implements an ongoing multifaceted outreach effort to schedule appointments; practice has planned improvement strategy for health outcomes

Team-based care management

- Practice defines care team members, roles, and qualifications; practice provides various care management strategies in partnership with payers and ODM for patients in specific patient segments; practice creates care plans for all high-risk patients, which includes key necessary elements

Follow up after hospital discharge

- Practice has established relationships with all EDs and hospitals from which they frequently get referrals and consistently obtains patient discharge summaries and conducts appropriate follow-up care

Tests and specialist referrals

- The practice has a documented process for tracking referrals and reports, and demonstrates that it:
 - Asks about self-referrals and requests reports from clinicians
 - Tracks lab tests and imaging tests until results are available, flagging and following up on overdue results
 - Tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports
 - Tracks fulfillment of pharmacy prescriptions where data is available

Patient experience

- The practice assesses their approach to patient experience and cultural competence at least once annually through quantitative or qualitative means; information collected by the practice covers access, communication, coordination and whole person care and self-management support; the practice uses the collected information to identify and act on improvement opportunities to improve patient experience and reduce disparities. The practice has process in place to honor relationship continuity.

Detailed requirement definitions are available on the Ohio Medicaid website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600563-cpc-requirements>



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Must pass
50%

Ohio CPC Clinical Quality Requirements

Category	Measure Name	Population	Population health priority	NQF #
Pediatric Health (4)	Well-Child Visits in the First 15 Months of Life	Pediatrics		1392
	Well-Child visits in the 3rd, 4th, 5th, 6th years of life	Pediatrics		1516
	Adolescent Well-Care Visit	Pediatrics		HEDIS AWC
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents	Pediatrics	Obesity, physical activity, nutrition	0024
Women's Health (5)	Timeliness of prenatal care	Adults	Infant Mortality	1517
	Live Births Weighing Less than 2,500 grams	Adults	Infant Mortality	N/A
	Postpartum care	Adults	Infant Mortality	1517
	Breast Cancer Screening	Adults	Cancer	2372
	Cervical cancer screening	Adults	Cancer	0032
Adult Health (7)	Adult BMI	Adults	Obesity	HEDIS ABA
	Controlling high blood pressure (starting in year 3)	Adults	Heart Disease	0018
	Med management for people with asthma	Both		1799
	Statin Therapy for patients with cardiovascular disease	Adults	Heart Disease	HEDIS SPC
	Comprehensive Diabetes Care: HgA1c poor control (>9.0%)	Adults	Diabetes	0059
	Comprehensive diabetes care: HbA1c testing	Adults	Diabetes	0057
	Comprehensive diabetes care: eye exam	Adults	Diabetes	0055
Behavioral Health (4)	Antidepressant medication management	Adults	Mental Health	0105
	Follow up after hospitalization for mental illness	Both	Mental Health	0576
	Preventive care and screening: tobacco use: screening and cessation intervention	Both	Substance Abuse	0028
	Initiation and engagement of alcohol and other drug dependence treatment	Adults	Substance Abuse	0004

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Measures will evolve over time

- Measures will be refined based on learnings from initial roll-out
- Hybrid measures that require electronic health record (EHR) may be added to the list of core measures
- Hybrid measures may replace some of the core measures
- Reduction in variability in performance between different socioeconomic demographics may be included as a CPC requirement

Note: All CMS metrics in relevant topic areas were included in list except for those for which data availability poses a challenge (e.g., certain metrics requiring EHR may be incorporated in future years)



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Ohio CPC Quality Thresholds

Category	Metric name	Current Threshold ¹	2018 Threshold ²
Pediatric Health (4)	Well-Child Visits in the First 15 Months of Life	11%	44.04%
	Well-Child visits in the 3rd, 4th, 5th, 6th years of life	41%	56.13%
	Adolescent Well-Care Visit	15%	27.64%
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents	10%	40.24%
Women's Health (5)	Timeliness of prenatal care	56%	64.48%
	Live Births Weighing Less than 2,500 grams ³	<=11%	<=9.2%
	Postpartum care	41%	45.76%
	Breast Cancer Screening	52%	43.68%
Adult Health (7)	Cervical cancer screening	36%	38.36%
	Adult BMI	10%	28.79%
	Controlling high blood pressure	10%	35.88%
	Med management for people with asthma	24%	19.97%
	Statin Therapy for patients with cardiovascular disease	28%	58.88%
	Comprehensive Diabetes Care: HgA1c poor control (>9.0%)	<=90%	63.13%
	Comprehensive Diabetes Care: HbA1c testing	75%	77.13%
Behavioral Health (4)	Comprehensive Diabetes Care: eye exam	35%	34.98%
	Antidepressant medication management	47%	42.17%
	Follow up after hospitalization for mental illness	32%	21.10%
	Preventive care and screening: tobacco use: screening and cessation intervention	10%	10.00%
	Initiation and engagement of alcohol and other drug dependence treatment	34%	29.70%

¹ All metric thresholds are greater than or equal to the value except as noted

² National HEDIS Medicaid Quality Compass 2017 benchmark

³ HEDIS benchmark does not apply

Must pass
50%

Ohio CPC Efficiency Requirements

Metric

Rationale

Generic dispensing rate (all drug classes)

- Strong correlation with total cost of care for large practices
- Limited range of year over year variability for smaller panel sizes
- Aligned with preferred change in providers' behavior to maximize value

Ambulatory care-sensitive inpatient admits per 1,000

- Strong correlation with total cost of care for large practices
- Metric that PCPs have stronger ability to influence, compared to all IP admissions

Emergency room visits per 1,000

- Limited range of year over year variability for smaller panel sizes
- Aligned with preferred change in providers' behavior supporting the most appropriate site of service

Behavioral health-related inpatient admits per 1,000

- Reinforces desired provider practice patterns, with focus on behavioral health population
- Relevant for a significant number of smaller practices
- Stronger correlation to total cost of care than other behavioral health-related metrics

Episodes-related metric

- **REPORTING ONLY** (not tied to payment)
- Links CPC program to episode-based payments
- Based on CPC practice referral patterns to episodes principle accountable providers

Detailed requirement definitions are available on the Ohio Medicaid website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600563-cpc-requirements>



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Ohio CPC Efficiency Thresholds

Category	Metric name	Current Threshold ¹	2018 Threshold ²
Efficiency metrics	ED Visits / 1,000 Member Months	< = 73	< = 99.14
	IP Admits for Ambulatory Conditions / 1,000 Member Months	< = 7	< = 2.50
	Generic Dispensing Rate	78%	78.00%
	Behavioral Health-related IP Admits / 1,000 Member Months	< = 1.2	< = 1.2

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² National HEDIS Medicaid Quality Compass 2017 benchmark



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Ohio Comprehensive Primary Care (CPC)

PER MEMBER PER MONTH (PMPM) payment calculation

The PMPM payment for a given CPC practice is calculated by multiplying the PMPM for each risk tier by the number of members attributed to the practice in each risk tier

	3M CRG health statuses	Example of 3M CRG	2017 CPC PMPM (Estimated)
CPC PMPM Tier 1	▪ Healthy	▪ Healthy (no chronic health problems)	\$1
	▪ History of significant acute disease	▪ Chest pains	
	▪ Single minor chronic disease	▪ Migraine	
CPC PMPM Tier 2	▪ Minor chronic diseases in multiple organ systems	▪ Migraine and benign prostatic hyperplasia (BPH)	\$8
	▪ Significant chronic disease	▪ Diabetes mellitus	
	▪ Significant chronic diseases in multiple organ systems	▪ Diabetes mellitus and CHF	
CPC PMPM Tier 3	▪ Dominant chronic disease in 3 or more organ systems	▪ Diabetes mellitus, CHF, and COPD	\$22
	▪ Dominant/metastatic malignancy	▪ Metastatic colon malignancy	
	▪ Catastrophic	▪ History of major organ transplant	

▪ Practices and MCPs receive payments **prospectively and quarterly**

▪ Risk tiers are **updated quarterly**, based on 24 months of claims history with 6 months of claims run-out

Detailed requirement definitions are available on the Ohio Medicaid website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600562-cpc-payments>



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Ohio Comprehensive Primary Care (CPC) SHARED SAVINGS payment calculation

- **Annual retrospective payment** based on total cost of care (TCOC)
- **Activity requirements and quality and efficiency metrics must be met** for the CPC practice to receive this payment
- CPC practice must have **60,000 member months** to calculate TCOC
- CPC practice may receive **either or both** of two payments:

1. Total Cost of Care SELF-IMPROVEMENT

Payment based on a **practice's improvement on total cost of care** for all their attributed patients, **compared to their own baseline** total cost of care

2. Total Cost of Care RELATIVE TO PEERS

Payment **based on a practice's low total cost of care** relative to other CPC practices

Detailed requirement definitions are available on the Ohio Medicaid website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600562-cpc-payments>



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Patients and services included in total cost of care

Patients

Inclusions



- All adults and pediatrics
- All behavioral health members including SPMI
- Members with exclusively dental or vision TPL coverage

Exclusions



- Duals (included as operationally feasible, priority for MyCare)
- Members with limited benefits (e.g., family planning)
- All other members with TPL coverage

Services

- All non-excluded medical and prescription spend including:
 - Case management
 - DME
 - Home health
 - First 90 days of LTC

- Waiver
- Currently underutilized services (dental, vision, transportation)
- All spend for members:
 - With a NICU¹ stay
 - With > 90 days of LTC claims
 - That are outliers within each risk band (top and bottom 1%)

¹ Defined as Nursery level 3 and 4



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Your practice will receive three sets of reports each quarter

1 Attribution and payment file

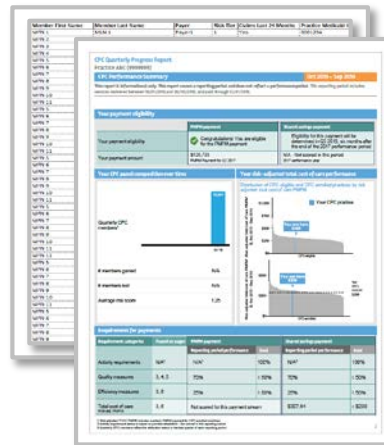
Contains attributed members and associated PMPM payments for each quarter

Member ID	Member Last Name	First Name	Nick Name	System Last 24 Months	Payment Method	Payment Amount
10001	Smith	John	John	10001	10001	10001
10002	Smith	Jane	Jane	10002	10002	10002
10003	Smith	John	John	10003	10003	10003
10004	Smith	Jane	Jane	10004	10004	10004
10005	Smith	John	John	10005	10005	10005
10006	Smith	Jane	Jane	10006	10006	10006
10007	Smith	John	John	10007	10007	10007
10008	Smith	Jane	Jane	10008	10008	10008
10009	Smith	John	John	10009	10009	10009
10010	Smith	Jane	Jane	10010	10010	10010

1 quarterly (.csv) file

2 CPC Practice Reports

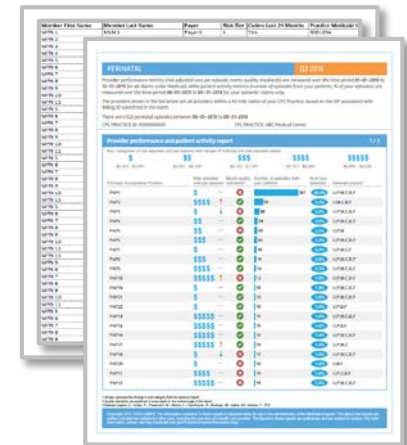
Contains practice-level summary and a member-level detail of Ohio CPC performance over a rolling 12-month period



1 quarterly (PDF) file
1 quarterly (.csv) file

3 CPC Referral Reports

Contains practice-level summary and member-level detail of asthma, COPD, and perinatal episodes over a rolling 12-month period



1 quarterly (PDF) file
1 quarterly (.csv) file

How to Access your CPC Reports on the MITS Portal

CPC Reports are located in the MITS Provider Portal under the Reports section

- Your MITS Portal Administrator can access your CPC Reports
- Your MITS Portal Administrator can assign their designated Agent the **new** Role of **Reports**. Then any Agent assigned the Reports Role can access your CPC Reports.

For Assistance accessing your reports, identifying your MITS Portal Administrator, or with Agent set up:

- Call Medicaid Providers Services @ 1-800-686-1516 and speak with a representative
- Visit the Ohio Department of Medicaid website Provider tab, and click on the blue box in the right corner, “Access the MITS Portal”

<http://medicaid.ohio.gov/PROVIDERS.aspx>





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Overview of the Ohio CPC practice journey



Attribution

Determining the patients for which an Ohio CPC practice is responsible



Payment

Quarterly per-member-per-month (PMPM) payments



Reporting

Summary of performance at the Ohio CPC Practice level and detailed member level

Key Dates / Next Steps:

Jan – Q1 attribution and payment files shared on MITS

April – Q2 attribution and payment files shared on MITS

Jan - Q1 payment for MCP members

End of April

Q1 CPC practice report and referral report shared

The practice journey through the Ohio CPC program is intended to transform care delivery and support primary care practices in effectively managing patients' health needs

CPC Resources

- Ohio CPC Website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx>
- Quality Metric User Guide
 - This guide will help understand how quality measures are calculated
 - The guide will be emailed to all practices
- Hotline service to answer questions related to CPC Program:
Call Medicaid Provider Services @ 1-800-686-1516 and speak with a representative

Reminders

- The next webinar will be in January, covering the attribution and payment process
- Slides from **past webinars are available on the Ohio Department of Medicaid website under the ‘CPC Provider Webinar’ section:**
<http://www.medicaid.ohio.gov/Providers/Paymentinnovation/CPC.aspx#1657177-cpc-provider-webinars>

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Questions?