Ohio CPC – 2019 Program Year Kick off

December 20, 2018
www.medicaid.ohio.gov/Provider/PaymentInnovation
Ohio’s 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.

<table>
<thead>
<tr>
<th>Fee for service</th>
<th>Incentive-Based Payment</th>
<th>Transfer Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for service</td>
<td>Pay for Performance</td>
<td></td>
</tr>
<tr>
<td>Payment for services rendered</td>
<td>Payment based on improvements in cost or outcomes</td>
<td></td>
</tr>
<tr>
<td>Patient-Centered Medical Home</td>
<td>Payment encourages primary care entities to organize and deliver care that broadens access while improving care coordination, leading to better outcomes and a lower total cost of care</td>
<td></td>
</tr>
<tr>
<td>Episode-Based Payment</td>
<td>Payment based on performance in outcomes or cost for all of the services needed by a patient, across multiple providers, for a specific treatment condition</td>
<td></td>
</tr>
<tr>
<td>Accountable Care Organization</td>
<td>Payment goes to a local provider entity responsible for all of the health care and related expenditures for a defined population of patients</td>
<td></td>
</tr>
</tbody>
</table>
Ohio payment innovation progress to-date

**Comprehensive Primary Care (CPC)**

- **1.2M+ unique patients** included in the CPC model for 2019
- **$78.3 million** in enhanced payment delivered to support primary care practices
- **163** CPC entities in program year 2019
- **4,800+ reports** sent to CPC practices capturing patient panel, cost and quality measures

**Episodes of care program**

- **1.2M unique patients** covered in 43 episodes
- **15,000+ Medicaid providers** receiving reports as an episode principle accountable provider (PAPs)\(^2\)
- **45,000+ reports** delivered including episode performance on cost and quality measures

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1 Information as of September 1, 2017
2 All PAPs must have at least 1 valid episode to receive a report
3 From launch through December 2018
4 Includes payments made from January 1, 2017 through September 1, 2018

SOURCE: Ohio Medicaid claims data; valid and invalid episodes ending in Jan – Jun 2017
High performing primary care entities engage in these activities to keep patients well and hold down the total cost of care

- **Patient Experience:** Offer consistent, individualized experiences to each member depending on their needs
- **Patient Engagement:** Have a strategy in place that effectively raises patients’ health literacy, activation, and ability to self-manage
- **Potential Community Connectivity Activities:** Actively connect members to a broad set of social services and community-based prevention programs (e.g., nutrition and health coaching, parenting education, transportation)
- **Behavioral Health Collaboration:** Integrate behavioral health specialists into a patients’ full care
- **Provider Interaction:** Oversee successful transitions in care and select referring specialists based on evidence-based likelihood of best outcomes for patient
- **Transparency:** Consistently review performance data across a practice, including with patients, to monitor and reinforce improvements in quality and experience
- **Patient Outreach:** Proactive, targeting patients with focus on all patients including healthy individuals, those with chronic conditions, and those with no existing PCP relationship
- **Access:** Offer a menu of options to engage with patients (e.g., extended hours to tele-access to home visits)
- **Assessment, Diagnosis, Care Plan:** Identify and document full set of needs for patients that incorporates community-based partners and reflects socioeconomic and ethnic differences into treatment plans
- **Care Management:** Patient identifies preferred care manager, who leads relationship with patients and coordinates with other managers and providers of specific patient segments
- **Provider Operating Model:** Practice has flexibility to adapt resourcing and delivery model (e.g., extenders, practicing at top of license) to meet the needs of specific patient segments
1. 2019 participation
2. 2019 program overview
3. Reporting
4. Key dates for the upcoming year
There are 163 CPC entities, made up of a total 249 CPC practices

### Practices participating independently

<table>
<thead>
<tr>
<th>CPC entity</th>
<th>CPC practice</th>
<th>144 CPC entities in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC practice</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>CPC practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPC practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Practice partnerships

<table>
<thead>
<tr>
<th>CPC entity</th>
<th>Practice partnership</th>
<th>19 CPC entities in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC practice</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>CPC practice</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>CPC practice</td>
<td>+</td>
<td></td>
</tr>
</tbody>
</table>

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### Total 2019 participation

<table>
<thead>
<tr>
<th>CPC entity</th>
<th>CPC practice</th>
<th>CPC practice</th>
<th>CPC practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice partnership</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

**Ohio CPC is administered at the entity level, e.g., for**
- Activity requirements
- Quality and efficiency metrics
- Total cost of care shared savings

144 CPC practices in 2019 + 105 CPC practices in 2019 = 249 total CPC practices in 2019

163 total CPC entities in 2019
2019 CPC participation

- 144 practices enrolled to participate independently
- 19 practice partnerships enrolled, with a combined total of 105 practices
- 107 total new practices participating in CPC
1 2019 participation
2 2019 program overview
3 Reporting
4 Key dates for the upcoming year
Ohio Comprehensive Primary Care (CPC) Program
Requirements and Payment Streams

### Requirements

<table>
<thead>
<tr>
<th>8 activity requirements</th>
<th>20 Clinical quality metrics</th>
<th>5 Efficiency metrics</th>
<th>Total Cost of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must pass 100%</td>
<td>Must pass 50%</td>
<td>Must pass 50%</td>
<td></td>
</tr>
</tbody>
</table>

- 24/7 and same-day access to care
- Risk stratification
- Population management
- Team-based care delivery
- Care management plans
- Follow up after hospital discharge
- Tracking follow up tests and specialist referrals
- Patient experience

- Clinical measures aligned with CMS/AHIP core standards for PCMH

- ED visits
- Inpatient admissions for ambulatory sensitive conditions
- Generic dispensing rate of select classes
- Behavioral health related inpatient admits
- Episodes-related metric

### Payment Streams

<table>
<thead>
<tr>
<th>PMPM</th>
<th>All required</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shared Savings</th>
<th>All required</th>
</tr>
</thead>
</table>

Based on self-improvement & performance relative to peers
# Ohio CPC Activity Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 and same-day access to care</td>
<td>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, including providing same-day access (within 24 hours of initial request) and regularly offering at least one alternative to traditional office visits to increase access to care team and clinicians in a way that best meets the needs of the population.</td>
</tr>
<tr>
<td>Risk stratification</td>
<td>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.</td>
</tr>
<tr>
<td>Population health management</td>
<td>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.</td>
</tr>
<tr>
<td>Team-based care delivery</td>
<td>Practice defines care team members, roles, and qualifications; practice provides various care management strategies in partnership with payers and ODM (and behavioral health qualified entities, as applicable) for patients in specific patient segments.</td>
</tr>
<tr>
<td>Care management plans</td>
<td>Practice creates care plans for all high-risk patients as identified by risk stratification system, which includes key necessary elements.</td>
</tr>
<tr>
<td>Follow up after hospital discharge</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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 use of a Patient and Family Advisory Council or other quantitative or qualitative means, and integrates additional data sources into its assessment where available; 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; and the practice has process in place to honor relationship continuity throughout the entire care process. |

Detailed requirement definitions are available on the Ohio Medicaid website: [http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657109-cpc-requirements](http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657109-cpc-requirements)
### 2019 Ohio CPC Clinical Quality Metric Thresholds

<table>
<thead>
<tr>
<th>Category</th>
<th>Metric name</th>
<th>2017 Threshold</th>
<th>2018 Threshold</th>
<th>2019 Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pediatric Health (4)</strong></td>
<td>Well-Child Visits in First 15 Months of Life</td>
<td>11%</td>
<td>44.04%</td>
<td>48.80%</td>
</tr>
<tr>
<td></td>
<td>Well-Child Visits in the 3rd, 4th, 5th, 6th years of life</td>
<td>41%</td>
<td>56.13%</td>
<td>59.49%</td>
</tr>
<tr>
<td></td>
<td>Adolescent Well-Care Visit</td>
<td>15%</td>
<td>27.64%</td>
<td>33.58%</td>
</tr>
<tr>
<td></td>
<td>Weight assessment and counseling for nutrition and physical activity for</td>
<td>10%</td>
<td>40.24%</td>
<td>51.46%</td>
</tr>
<tr>
<td></td>
<td>children/adolescents: BMI assessment for children/adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women’s Health (5)</strong></td>
<td>Timeliness for prenatal care</td>
<td>56%</td>
<td>64.48%</td>
<td>67.21%</td>
</tr>
<tr>
<td></td>
<td>Live Births Weighing Less than 2,500 grams</td>
<td>&lt;=11%</td>
<td>&lt;=9.2%</td>
<td>&lt;=9.2%</td>
</tr>
<tr>
<td></td>
<td>Postpartum care</td>
<td>41%</td>
<td>45.76%</td>
<td>51.30%</td>
</tr>
<tr>
<td></td>
<td>Breast Cancer Screening</td>
<td>52%</td>
<td>43.68%</td>
<td>48.31%</td>
</tr>
<tr>
<td></td>
<td>Cervical Cancer Screening</td>
<td>36%</td>
<td>38.36%</td>
<td>44.41%</td>
</tr>
<tr>
<td><strong>Adult Health (7)</strong></td>
<td>Adult BMI</td>
<td>10%</td>
<td>28.79%</td>
<td>58.62%</td>
</tr>
<tr>
<td></td>
<td>Controlling high blood pressure</td>
<td>10%</td>
<td>35.88%</td>
<td>36.11%</td>
</tr>
<tr>
<td></td>
<td>Med management for people with asthma</td>
<td>24%</td>
<td>19.97%</td>
<td>24.47%</td>
</tr>
<tr>
<td></td>
<td>Statin therapy for patients with cardiovascular disease</td>
<td>28%</td>
<td>58.88%</td>
<td>68.69%</td>
</tr>
<tr>
<td></td>
<td>Comprehensive diabetes care: HbA1c poor control (&gt;9.0%)</td>
<td>&lt;=90%</td>
<td>&lt;=63.31%</td>
<td>&lt;=57.16%</td>
</tr>
<tr>
<td></td>
<td>Comprehensive diabetes care: HbA1c testing</td>
<td>75%</td>
<td>77.13%</td>
<td>81.51%</td>
</tr>
<tr>
<td></td>
<td>Comprehensive diabetes care: eye exam</td>
<td>35%</td>
<td>34.98%</td>
<td>40.5%</td>
</tr>
<tr>
<td><strong>Behavioral Health (4)</strong></td>
<td>Antidepressant medication management</td>
<td>47%</td>
<td>42.17%</td>
<td>45.34%</td>
</tr>
<tr>
<td></td>
<td>Follow up after hospitalization for mental illness</td>
<td>32%</td>
<td>21.10%</td>
<td>19.01%</td>
</tr>
<tr>
<td></td>
<td>Preventive care and screening: tobacco use: screening and cessation</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initiation and engagement of alcohol and other drug dependence treatment</td>
<td>34%</td>
<td>29.70%</td>
<td>33.72%</td>
</tr>
</tbody>
</table>

**Entities must pass 50% of the clinical quality metrics they are eligible for** *(practices must have at least 30 members in the denominator to be eligible for a clinical quality metric)*

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1. All metric thresholds are greater than or equal to unless noted.
3. HEDIS benchmark does not apply.
4. Set to 2018 HEDIS 10th percentile unless otherwise noted.
5. Hybrid measures, set between 5th and 10th 2018 HEDIS percentile.
### 2019 Ohio CPC Efficiency Metric Thresholds

<table>
<thead>
<tr>
<th>Metric name</th>
<th>2017 Threshold</th>
<th>2018 Threshold</th>
<th>2019 Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room visits per 1,000</td>
<td>&lt;=73</td>
<td>&lt;=99.14</td>
<td>&lt;=82.21</td>
</tr>
<tr>
<td>Behavioral health-related¹ inpatient admits per 1,000</td>
<td>&lt;=1.2</td>
<td>&lt;=1.2</td>
<td>&lt;=1.13</td>
</tr>
<tr>
<td>Ambulatory care-sensitive inpatient admits per 1,000</td>
<td>&lt;=7</td>
<td>&lt;=2.50</td>
<td>&lt;=2.0</td>
</tr>
<tr>
<td>Generic dispensing rate²</td>
<td>78%</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Episode-related metric</td>
<td>n/a</td>
<td>n/a</td>
<td>-42.15%</td>
</tr>
</tbody>
</table>

CPC entities must pass at least 3 of the 5 efficiency metrics to meet the minimum 50% passing rate.

¹ Defined using HEDIS logic: Mental Health Utilization.
² Includes all drug classes and assumes that the threshold will remain unchanged for 2019 performance year.
2019 episode-related efficiency metric methodology

HP: high performing  
LP: low performing

Metric calculation

\[
\frac{\text{# episodes with HP PAPs}}{\text{# episodes with LP PAPs}} \times \frac{\text{Total # of episodes}}{100}
\]

Additional display
(to be included in practice reports)

\[
\frac{\text{# episodes w/ HP PAPs}}{\text{# episodes w/ LP PAPs}} : \frac{\text{Total # of episodes}}{\text{Total # of episodes}}
\]

Example

‘High performing’ 20

\[
\frac{20 - 10}{70} = .14
\]

‘Low performing’ 10

Neutral 40

Note: High Performing PAPs defined as episode Principal Accountable Providers in the lowest two cost quintiles and passing quality metrics; Low Performing PAPs defined as episode Principal Accountable Providers in the highest cost quintile.
2019 Ohio CPC per member per month (PMPM) payments

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.

<table>
<thead>
<tr>
<th>Health statuses</th>
<th>Example</th>
<th>CPC PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPC PMPM Tier 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy</td>
<td>Healthy (no chronic health problems)</td>
<td>$1.80</td>
</tr>
<tr>
<td>History of significant acute disease</td>
<td>Chest pains</td>
<td></td>
</tr>
<tr>
<td>Single minor chronic disease</td>
<td>Migraine</td>
<td></td>
</tr>
<tr>
<td><strong>CPC PMPM Tier 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor chronic diseases in multiple organ systems</td>
<td>Migraine and benign prostatic hyperplasia (BPH)</td>
<td>$8.55</td>
</tr>
<tr>
<td>Significant chronic disease</td>
<td>Diabetes mellitus</td>
<td></td>
</tr>
<tr>
<td>Significant chronic diseases in multiple organ systems</td>
<td>Diabetes mellitus and CHF</td>
<td></td>
</tr>
<tr>
<td><strong>CPC PMPM Tier 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominant chronic disease in 3 or more organ systems</td>
<td>Diabetes mellitus, CHF, and COPD</td>
<td>$22.00</td>
</tr>
<tr>
<td>Dominant/metastatic malignancy</td>
<td>Metastatic colon malignancy</td>
<td></td>
</tr>
<tr>
<td>Catastrophic</td>
<td>History of major organ transplant</td>
<td></td>
</tr>
</tbody>
</table>

- Practices and MCPs receive payments prospectively and quarterly.
- Risk tiers are updated quarterly, based on 24 months of claims history with 3 months of claims run-out.
- Quarterly PMPM payments are meant to support practices in conducting the activities required by the CPC program.

Detailed requirement definitions are available on the Ohio Medicaid website: http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657108-cpc-payments
CRG Change

- ODM has updated the version of the 3M CRG (Clinical Risk Grouper) used in assigning a risk tier to attributed members from version 1.12 to version 2.1
  - Previous version is no longer supported by 3M
- As a result of changes made by 3M to version 2.1, a significant number of members were grouped to a lower risk tier compared to using version 1.12
- This resulted in a decrease in average PMPM for the CPC program
- In order to adjust payments to account for this change, ODM has adjusted its PMPMs for both tier 1 and tier 2 members
Ohio CPC total cost of care 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 entity to receive this payment
- CPC entities must have **60,000 member months** to be eligible for TCOC
- CPC entities may receive **either or both** of two payments

<table>
<thead>
<tr>
<th>Total Cost of Care relative to self</th>
<th>Payment based on an entity’s <strong>improvement on total cost of care</strong> for all their attributed patients, compared to their own baseline total cost of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost of Care relative to peers</td>
<td>Payment <strong>based on an entity’s low total cost of care</strong> relative to other CPC entities</td>
</tr>
</tbody>
</table>

Detailed requirement definitions are available on the Ohio Medicaid website: http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657108-cpc-payments
1. 2019 participation
2. 2019 program overview
3. Reporting
4. Key dates for the upcoming year
Practices receive three sets of reports each quarter

1. **Attribution and payment file**
   - Contains attributed members and associated PMPM payments for each quarter
   - 1 quarterly (.csv) file

2. **CPC Practice Report**
   - 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 Report**
   - 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
## Attribution occurs quarterly

<table>
<thead>
<tr>
<th>Attribution and Payment File delivery date</th>
<th>Attribution date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 (January to March)</td>
<td>September 1, 2018</td>
</tr>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>Q2 (April to June)</td>
<td>December 1, 2018</td>
</tr>
<tr>
<td>April</td>
<td></td>
</tr>
<tr>
<td>Q3 (July to September)</td>
<td>March 1, 2019</td>
</tr>
<tr>
<td>July</td>
<td></td>
</tr>
<tr>
<td>Q4 (October to December)</td>
<td>June 1, 2019</td>
</tr>
<tr>
<td>October</td>
<td></td>
</tr>
</tbody>
</table>

All 2019 program reporting will use the updated CRG risk grouper to risk-stratify members based on claims history.

January payment & attribution files are planned to be posted to MITS on January 15.
## Practice and referral reports are delivered quarterly

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Estimated report delivery date</th>
<th>Period covered by the report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 (January to March)</td>
<td>Late March / early April</td>
<td>Oct 1, 2017 to Sept 30, 2018</td>
</tr>
<tr>
<td>Q2 (April to June)</td>
<td>July</td>
<td>Jan 1, 2018 to Dec 31, 2018</td>
</tr>
<tr>
<td>Q3 (July to September)</td>
<td>October</td>
<td>April 1, 2018 to March 31, 2019</td>
</tr>
<tr>
<td>Q4 (October to December)</td>
<td>Late December / early January 2019</td>
<td>July 1, 2018 to June 30, 2019</td>
</tr>
</tbody>
</table>
Your practice will receive 2 annual reports

1. **Annual CPC Practice report**
   - Covers full-year final performance on clinical quality and efficiency metrics and total cost of care
   - Available in the fall after the performance year

2. **Annual Practice Monitoring Report**
   - Covers full-year final performance on the 8 activity requirements
   - Identifies any areas for improvement in the coming year
   - Available in first few months after the performance year
How to access your reports on the MITS portal

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

▪ Your CPC Practice’s 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

▪ Additional information about MITS access is available on the Medicaid website: https://medicaid.ohio.gov/Portals/0/Providers/MITS/MITS-Portal-Registration.pdf
Finding your practice and referral reports

Your Practice and Referral Reports are available in the MITS portal, entitled Quarterly CPC Practice Reports and Quarterly CPC Referral Reports.
1. 2019 participation
2. 2019 program overview
3. Reporting
4. Key dates for the upcoming year
Key upcoming dates: Monthly Webinars

11:30a-12:30p

- **January 17** – Understanding your Ohio CPC Payment & Attribution Files
- **February 14** – Review of 2017 Ohio CPC Outcomes
- **March 14** – Overview of Ohio CPC Activity Requirements
- **April 18** – Understanding your Quarterly Practice Reports
- **May 9** – Understanding your Quarterly Referral Reports
- **June 13** – What to Expect from Practice Monitoring
- **August 8** – Total Cost of Care Shared Savings Methodology Review
- **August 22** – Ohio CPC 2020 Pre-Enrollment Webinar
- **November 14** – Review of 2018 Ohio CPC Outcomes
- **December 19** – Ohio CPC 2020 Introductory Webinar
Key upcoming dates: In-Person Learning

July 16, 23, 30 – Tentative

Generally include program updates and best practice sharing

Additional details to come
Key upcoming dates: Best Practice Sharing Webinars

Last Friday of the Month, 11:30a-12:30p

- January 25
- February 22
- March 29
- April 26
- May 31
- June 28
- August 30
- September 27
- October 25

Topics to include:
✓ Using your attribution list and reaching out to geo-attributed patients
✓ Utilizing other professionals as part of a care management team
✓ Using your Quarterly Practice Reports and Referral Reports
✓ Innovative population health initiatives

*If you would like to present during one of these sessions, or have an idea for a topic please let us know!*
Additional resources available on the Ohio CPC Program Website

Ohio CPC is an investment in primary care infrastructure intended to support improved population health outcomes. CPC is a patient-centered medical home program which is a team-based care delivery model led by a primary care practice that comprehensively manages a patient’s health needs.

The goal is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs. Most medical costs occur as a result of a primary care practice, but primary care practitioners can guide many decisions that impact those broader costs, improving cost efficiency and care quality.

CPC practices may be eligible for two payment streams in addition to existing payment arrangements with the Ohio Department of Medicaid and the Medicaid Managed Care Plans:

- Per-member-per-month (PMPM) payment, to support activities required by the CPC program
- Shared savings payment, to reward practices for achieving total cost of care savings

Additionally, joining the CPC program gives practices access to data and reports that provide actionable, timely information needed to make better decisions about outreach, care, and referrals.

Learn more:

- Ohio’s Vision for Primary Care
- Frequently Asked Questions
- Provider Assistance
- Medicare Comprehensive Primary Care Plus (CPC+)
- Ohio CPC 2017 Practice List
- Ohio CPC 2018 Practice List

Payment for CPC practices may include two types of payment: (1) per-member-per-month (PMPM) payments and (2) shared savings payments. All CPC practices are eligible for PMPM payments, and some may be eligible for shared savings payments. PMPM payments and shared savings payments are distributed to CPC practices directly by ODM and the Medicaid managed care plans. Details on the definition and methodology for these two payment streams are provided below, as well as some key definitions used in both methodologies.

- Definitions and calculations applicable to payment methodologies
- Per-member-per-month (PMPM) payments: definition and methodology
- Shared savings payments: definition and methodology

Additional detail on the CPC program available on the CPC website:
http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx

- CPC enrollment
- CPC payments
- CPC requirements
- CPC reporting
- CPC provider webinars
Questions?