



Governor's Office of
Health Transformation

Ohio Comprehensive Primary Care (CPC) Practice Webinar #5

Ohio CPC's approach to quality and efficiency
measurement

July 11, 2017

www.HealthTransformation.Ohio.gov



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Health Transformation

1. Welcome and overview

2. Ohio CPC's approach to quality and efficiency measurement
3. Preview of the Ohio CPC Referral Reports
4. Next steps and questions

Overview and update on the Ohio CPC Program

- **Your Ohio CPC Practice Report files for Q2 will be available by end of July** on the MITS portal, and will cover the reporting period January to December of 2016
- **Your Ohio CPC practice's patient attribution files for Q3 will be available by end of July** on the MITS portal, which reflect attribution as of March 1, 2017
- 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>
- As a reminder, **please share communications about Ohio CPC with others in your organization** who may not be receiving these updates

Reminder: Practice Webinar dates and topics for 2017

Webinar topic	Date
✓ 1 Attribution and payment	April 6, 2017
✓ 2 Best practices in meeting activity requirements	April 25, 2017
✓ 3 Ohio CPC Practice Reports	May 9, 2017
✓ 4 Risk tiers and deep dive into attribution	June 13, 2017
✓ 5 Ohio CPC's approach to quality and efficiency measurement	July 11, 2017
6 CPC Referral Reports	August 8, 2017
7 Behavioral health integration	September 12, 2017
8 Model design changes and supporting new enrollment for 2018	October 10, 2017
9 Shared savings and adapting to CPC long term	November 14, 2017
10 Feedback on payment and reporting in 2017	December 12, 2017

If there are other topics we should address in future webinars, please let us know

Note: dates and topics are subject to change



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Overview of the Ohio CPC practice journey



Determining the patients for which an Ohio CPC practice is responsible



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



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

Key Upcoming Dates:

Late July: Q3 attribution and payment files on MITS

Late July / August: Q3 PMPM payments

Late July: Q2 Ohio CPC Practice Reports on MITS

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



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Main questions to be answered during today's webinar

A

How do quality and efficiency metrics impact payment streams?

B

What are the quality and efficiency metrics used in the Ohio CPC program?

C

How are the quality and efficiency metrics calculated and reported?

D

How can you make sure your billing practices are aligned with the Ohio CPC quality metrics?

A How quality and efficiency metrics impact payment streams

	8 Activity Requirements <ul style="list-style-type: none"> • Same-day appointments • 24/7 access to care • Risk stratification • Population management • Team-based care management • Follow up after hospital discharge • Tracking of follow up tests and specialist referrals • Patient experience 	20 Quality Metrics <ul style="list-style-type: none"> • Clinical measures aligned with CMS/AHIP core standards for PCMH 	4 Efficiency Metrics <ul style="list-style-type: none"> • ED visits • Inpatient admissions for ambulatory sensitive conditions • Generic dispensing rate of select classes • Behavioral health related inpatient admits 	Total Cost of Care
Requirements	<p>Must pass 100%</p>	<p>Must pass 50%</p>	<p>Must pass 50%</p>	
Payment Streams	<p><i>All required</i></p>			<p>Based on self improvement & performance relative to peers</p>
PMPM	<p><i>All required</i></p>			
Shared Savings	<p><i>All required</i></p>			

B Overview of Quality and Efficiency Metrics (1/2)

Must pass 50%

Category	Metric name	Population	Threshold ¹	State average ²
Pediatric Health (4)	Well-Child Visits in the First 15 Months of Life	Pediatrics	11%	30%
	Well-Child visits in the 3rd, 4th, 5th, 6th years of life	Pediatrics	41%	61%
	Adolescent Well-Care Visit	Pediatrics	15%	34%
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents	Pediatrics	10%	5%
Women's Health (5)	Timeliness of prenatal care	Adults	56%	62%
	Live Births Weighing Less than 2,500 grams	Adults	< = 11%	9%
	Postpartum care	Adults	41%	48%
	Breast Cancer Screening	Adults	52%	51%
	Cervical cancer screening	Adults	36%	50%
Adult Health (7)	Adult BMI	Adults	10%	14%
	Controlling high blood pressure	Adults	10%	~0%
	Med management for people with asthma	Both	24%	35%
	Statin Therapy for patients with cardiovascular disease	Adults	28%	32%
	Comprehensive Diabetes Care: HgA1c poor control (>9.0%)	Adults	< = 90%	99%
	Comprehensive Diabetes Care: HbA1c testing	Adults	75%	80%
	Comprehensive Diabetes Care: eye exam	Adults	35%	40%

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

² For informational purposes only; rates are calculated using administrative claims data only and reflect metric performance for CY2015

B Overview of Quality and Efficiency Metrics (2/2)

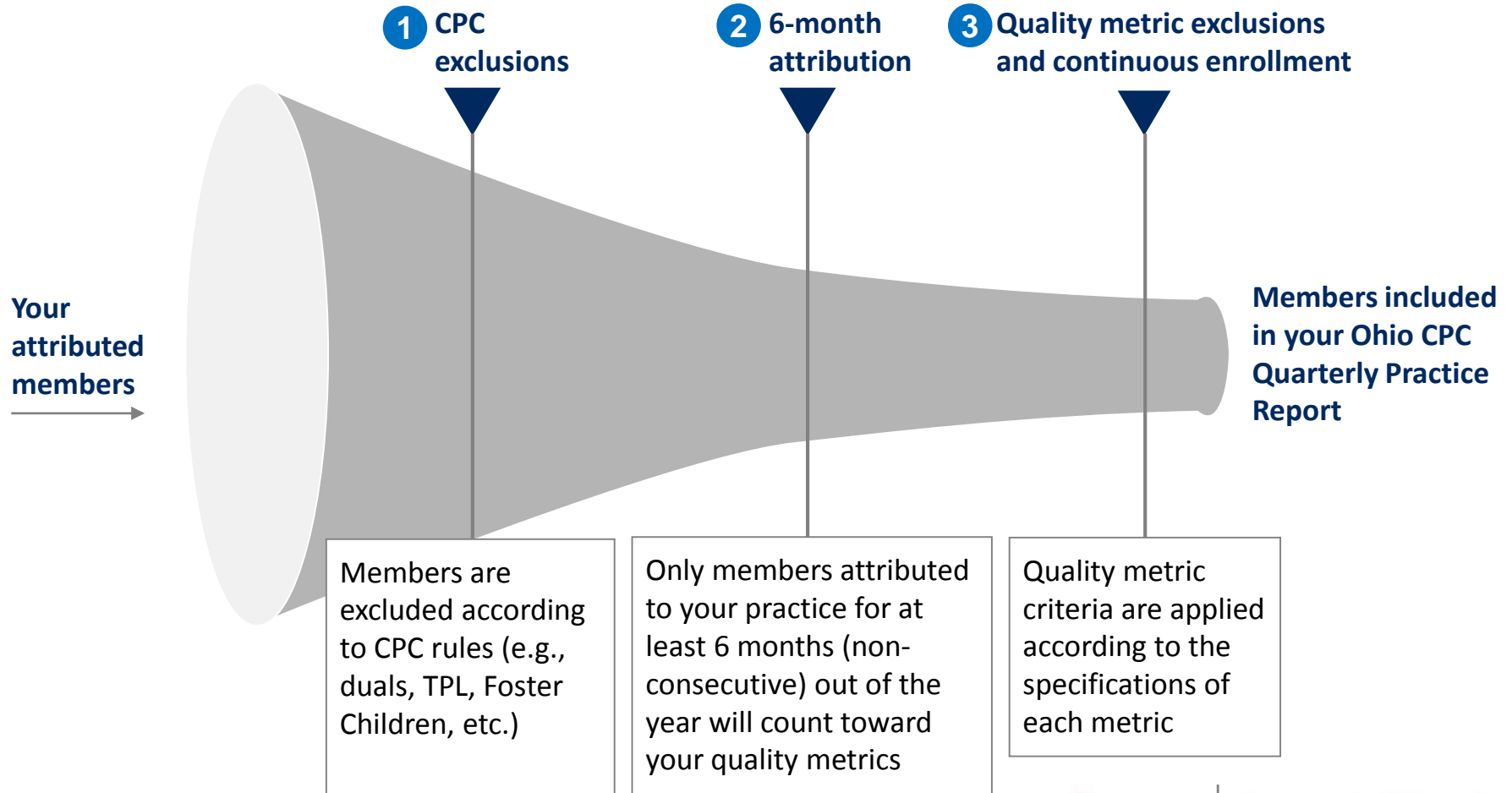
Must pass 50%

Category	Metric name	Population	Threshold ¹	State average ²
Behavioral Health (4)	Antidepressant medication management	Adults	55%	55%
	Follow up after hospitalization for mental illness	Both	32%	45%
	Preventive care and screening: tobacco use: screening and cessation intervention	Both	10%	6%
	Initiation and engagement of alcohol and other drug dependence treatment	Adults	34%	36%
Efficiency metrics	ED Visits / 1,000 Member Months	Both	< = 73	88
	IP Admits for Ambulatory Conditions / 1,000 Member Months	Adults	< = 7	3.8
	Generic Dispensing Rate	Both	78%	81%
	Behavioral Health-related IP Admits / 1,000 Member Months	Both	< = 1.2	1.4

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

² For informational purposes only; rates are calculated using administrative claims data only and reflect metric performance for CY2015

C Members included in calculation of Ohio CPC Quarterly Practice Report metrics



C Scoring of select Ohio CPC quality metrics

Ohio CPC Metric	Numerator used to score metric for Ohio CPC
Well-child visits in the first 15 months	6+ Visits: Six or more well-child visits by 15 months of age
Weight Assessment and Counseling for Children/Adolescents	BMI Percentile: BMI percentile documented
Prenatal and Postpartum Care (treated as two metrics for Ohio CPC)	Timeliness of Prenatal Care: Percentage of deliveries with a prenatal visit Postpartum Care: Percentage of deliveries with a postpartum visit
Statin Therapy for Patients with Cardiovascular Disease	Received statin therapy: Percentage of members dispensed at least one high or moderate-intensity statin medication
Medication Management for People with Asthma	75% Compliance: Percentage of members who remained on an asthma controller medication for at least 75% of their treatment period
Antidepressant Medication Management	Effective Acute Phase Treatment: Percentage of members who remained on an antidepressant medication for at least 12 weeks
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment	Initiation of AOD Treatment: Percentage of members who initiate treatment within 14 days of the diagnosis

C Ohio CPC quality metric evaluation and future updates

How are metrics evaluated?

- Quality metrics are **only applicable to a billing ID if there are 30 or more members included in the metric denominator**, in order to ensure the metric is statistically valid
- Quality metrics will be **evaluated for each CPC billing ID at the end of each performance period** using claims from the performance period across Medicaid FFS and managed care plans **for all members attributed to your CPC practice**
- Quality **metrics are evaluated annually** based on performance through the performance period plus six months of claims run-out
- HEDIS quality metrics are based on the **HEDIS 2016 Volume 2** version

How will metrics reporting be updated in the future?

- Metric thresholds will be updated for the 2018 performance year
- Currently, **clinical data captured by your practice's EHR may not be submitted to ODM for purposes of supplementing** Ohio CPC metric calculations

C How quality metrics are displayed on your CPC Practice Reports

1

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Summary of your overall metric performance for the 12-month period reflected in the CPC Practice Report

Quality measures tied to payment		Meeting 14/20 quality measures	
		Your performance	Threshold
Pediatric Health	✓ Well-Child Visits in the First 15 Months of Life: Six or More Visits	34.9%	≥ 11%
	✓ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	61.7%	≥ 41%
	✓ Weight Assessment and Counseling for Children/Adolescents: BMI Percentile	18.3%	≥ 10%
	✓ Adolescent Well-Care Visits	31.5%	≥ 15%

2

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Metric performance segmented by MCP and FFS, provided as informational only

Category	Measure	Ohio FFS	Buckeye	CareSource	Molina	Paramount	United Healthcare	Total Medicaid2	Threshold
Pediatric Health	✓ Well-Child Visits in the First 15 Months of Life: Six or More Visits	10.0%	27.5%	32.3%	80.0%	19.0%	51.4%	34.9%	≥ 11%
	✓ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	45.0%	66.0%	64.9%	77.4%	39.7%	65.0%	61.7%	≥ 41%

3

Pages 8-12

Metric detail, including number of members in the numerator/denominator, definition, and rolling 12-month performance over time

Your quality measure performance	Definition	Your rolling 12-month performance
<p>✓ Antidepressant Medication Management: Acute Phase</p> <p>57.4%</p> <p>478/833 members Threshold: 47%</p>	<p>The percentage of members aged 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 84 days (12 weeks)</p>	<p>Oct '15 - Sep '16: 55.7%</p> <p>Jan '16 - Dec '16: 57.4%</p> <p>Threshold: 47%</p>

D Some quality metrics may require changes to billing practices

Ohio CPC quality metric	Billing code purpose	Key billing codes
Weight Assessment and Counseling for Children/Adolescents: BMI Percentile	<ul style="list-style-type: none"> ICD-9 & ICD-10 codes to indicate BMI percentile (numerator) 	<ul style="list-style-type: none"> ICD-10: Z68.51-Z68.54 ICD-9¹: V85.51-V85.54
Adult BMI Assessment	<ul style="list-style-type: none"> ICD-9 & ICD-10 codes to indicate BMI percentile (numerator) 	<ul style="list-style-type: none"> ICD-10: Z68.51-Z68.54, Z68.1, Z68.20-Z68.45 ICD-9¹: V85.51-V85.54, V85.0-V85.1, V85.21-V85.25, V85.30-V85.39, V85.41-V85.45
Comprehensive Diabetes Care: Poor Control (HbA1c >9%)	<ul style="list-style-type: none"> CPT®-II codes to identify HbA1c levels (numerator) Codes to indicate hypertension (denominator) 	<ul style="list-style-type: none"> 3044F (HbA1c < 7%) 3045F (HbA1c between 7-9%) 3046F (HbA1c > 9%) ICD-10: I10 ICD-9¹: 401.0, 401.1, 401.9
Controlling High Blood Pressure	<ul style="list-style-type: none"> CPT® and CPT®-II codes to indicate blood pressure is controlled, or recorded (numerator) 	<ul style="list-style-type: none"> 3074F, 3075F, G8752: Blood Pressure Controlled, Systolic G8753, G8756, 3077F: Blood Pressure Recorded, Systolic 3078F, 3079F, G8754: Blood Pressure Controlled, Diastolic 3080F, G8755, G8756: Blood Pressure Recorded, Diastolic
Tobacco Use: Screening and Cessation Intervention	<ul style="list-style-type: none"> CPT® and CPT®-II codes to indicate tobacco screening and cessation counseling provided (numerator) 	<ul style="list-style-type: none"> 4004F: Patient screened for tobacco use AND received tobacco cessation intervention 1036F: Current tobacco non-user 99406: Smoking/tobacco counseling 3-10 minutes 99407: Smoking/tobacco counseling > 10 minutes

¹ ICD-9 codes are applicable to dates of service prior to October, 2015

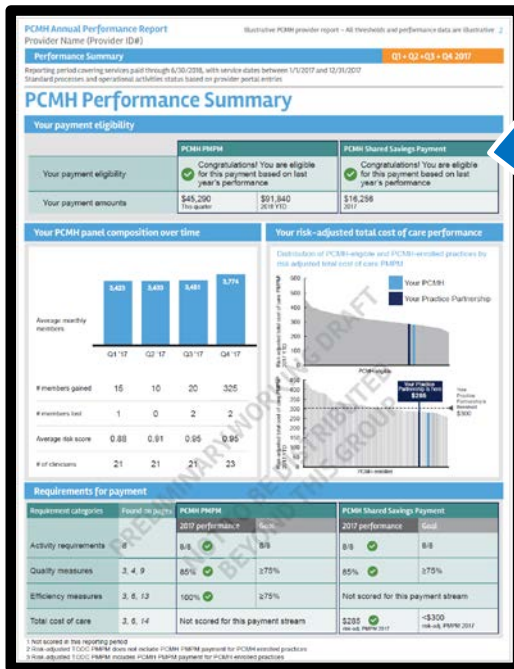


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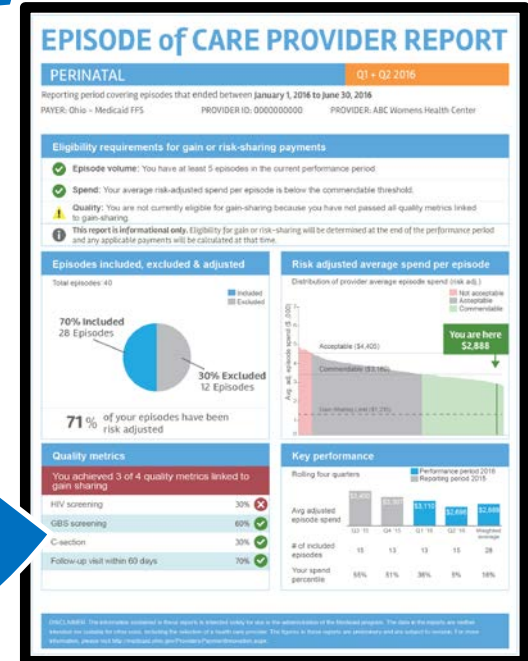
Ohio's Price and Quality Transparency Initiative

Ohio CPC Practice Report



Referral

Episode Performance Report



Episode Specialist Referral for Primary Care



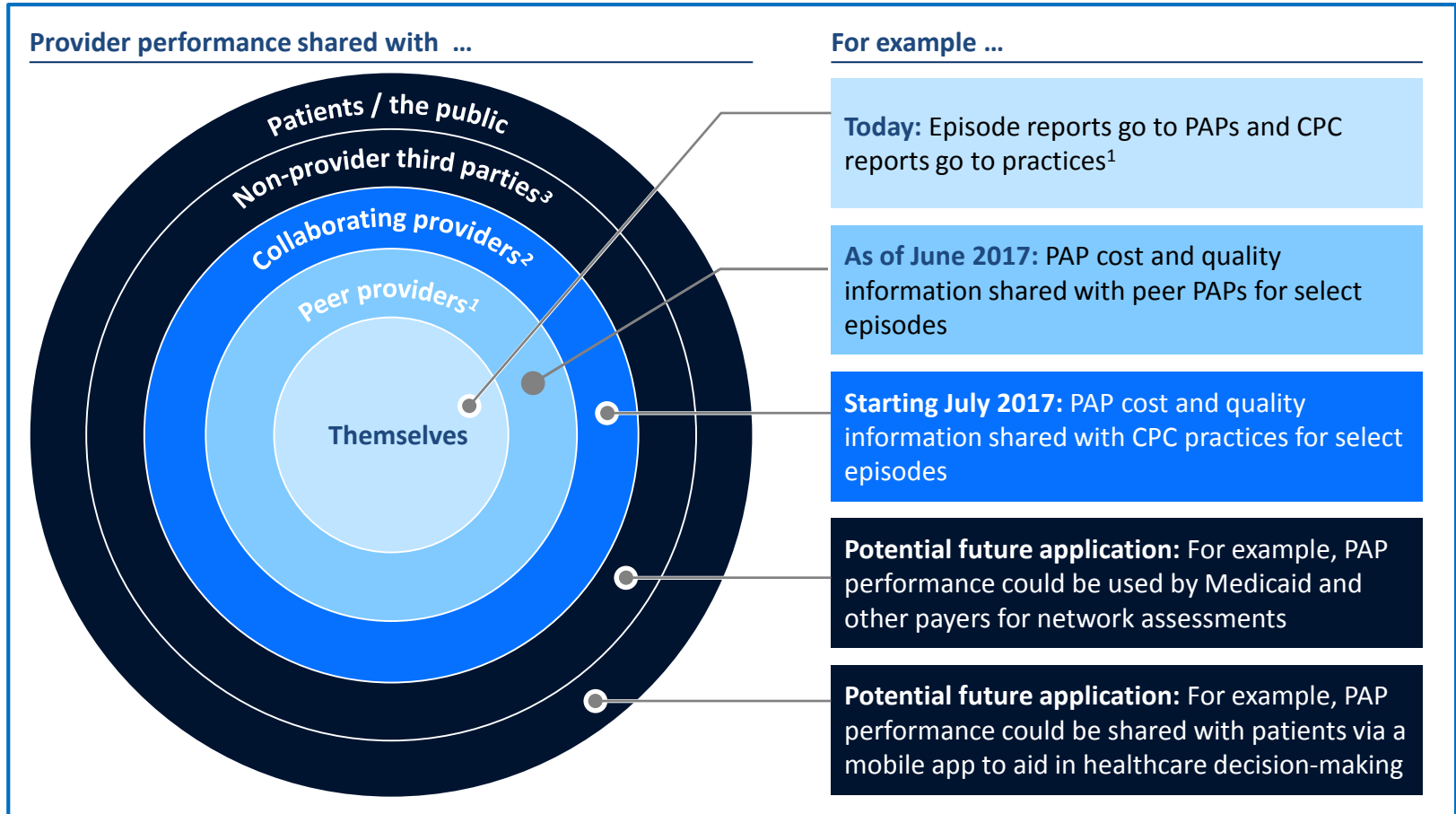
Report

Comparison of Ohio PAP and Ohio CPC Referral Reports

	PAP Referral Report	CPC Referral Report
Who receives a report?	<ul style="list-style-type: none"> PAPs for perinatal, asthma, and COPD episodes 	<ul style="list-style-type: none"> Enrolled Ohio CPC practices
What information is included?	<ul style="list-style-type: none"> By episode, all PAP names, risk-adjusted cost indicator, quality indicator, and zip code, episode and quality metric summary 	<ul style="list-style-type: none"> By episode, PAP names, risk-adjusted cost indicator, quality indicator, number of attributed members, and associated payers, episode and quality metric summary and CSV file
How is it sorted?	<ul style="list-style-type: none"> All PAPs, alphabetical order 	<ul style="list-style-type: none"> By number of attributed members Includes PAPs within radius (even if none of your members are attributed to the given PAP)
What is the data timeframe?	<ul style="list-style-type: none"> Calendar year 2016 	<ul style="list-style-type: none"> Rolling 12 months (July report CY16)
How often will providers receive the report?	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> Quarterly (April, July, October, December, etc.)
When will practices receive the report?	<ul style="list-style-type: none"> Delivered to PAPs in June, 2017 	<ul style="list-style-type: none"> First report: July, 2017 Going forward, alongside your quarterly CPC Practice Reports

Increased transparency offered by PAP and CPC Referral Reports

■ For potential future consideration



1 E.g. Identifiable PAP performance shared with other PAPs

2 E.g. Identifiable episode PAP performance shared with CPC Practices

3.E.g. Payer, software developers, academic researchers, etc.



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Preview: Ohio CPC in-person learning collaboratives

Overview

- In response to feedback we are planning to hold two in person learning collaboratives by the end of the calendar year, with the goal of:
 - Providing opportunities for CPC practices to connect and share learnings and best practices
 - Keeping you up-to-date on Ohio CPC developments
 - Gathering feedback from your practice on potential improvements to the program over time
- Dates and locations are TBD and will be confirmed for later this year

Potential topics for in-person sessions

- Breakout learning sessions for best practices and ideas
- Peer to peer learning and interaction
 - Hear what similar practices are experiencing
 - Meet and establish connections with other CPC practices
 - Learn what other practices have been doing to be successful under the Ohio CPC model
- Continued discussion about the CPC model led by the Ohio Department of Medicaid
- Collaborative discussions with MCPs

Important reminders regarding the Ohio CPC program

- The **next Ohio CPC Practice Webinar** is scheduled for **Tuesday, August 8th**, and will cover the Ohio CPC Referral Reports
- Your **Q2 Ohio CPC Practice Reports and CPC Referral Reports** will be available on the MITS portal within the next several weeks, and **Q3 PMPM payment** will be issued in late July and early August
- Slides from **past webinars are now 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>
- If you have further **questions about the Ohio CPC program following this webinar**, including questions about your CPC reports, **contact the Ohio Medicaid Provider Hotline** at 1 (800) 686-1516

FAQs asked during the last CPC Practice Webinar

Q: Is the rendering provider supposed to be the patient's PCP?

A: Yes – attribution is intended to accurately reflect existing relationship between a patient and his/her PCP (i.e., rendering provider) and practice (i.e., billing ID). While the billing ID is the final unit of attribution for CPC, the attribution to a rendering provider is intended to be as accurate as possible.

Q: Can you share the breakdown of members by the method of attribution?

A: The breakdown of your members by method of attribution can be obtained using the attribution method field available in the Ohio CPC member-level CSV file accompanying your quarterly CPC Practice Report.

Q: Do social determinants of health codes influence a patient's risk score/tier? Ex. Language barriers

A: Social determinants of health may influence a patient's risk tier, depending on the specific code. The CRGs do use ICD-10-CM Z codes and CPT-II codes to assign patients to Episode Diagnostic Categories (EDCs) which ultimately may influence a patient's risk tier.

Q: What do the A, C, O (and blank) attribution method abbreviations stand for in the result file? Does it not include the previous 3 quarters' patients?

A: The file contains members who were attributed to a practice for at least 1 quarter in the reporting period. A – Claims based attribution, C – Member Choice, O – Other; Blank - indicates that the member was not attributed to your practice in the most recent quarter of the reporting period but was attributed in one of the previous 3 quarters.

Q: Are there coding ranges for the quality metrics that are available to review? If not, can you confirm that the CPC metrics are an exact match to HEDIS methodology?

A: As discussed in today's webinar, a Quality Metric User Guide was emailed to your practice and contains the specific codes used for the Ohio CPC quality metrics. For the metrics where HEDIS is the source, the exact HEDIS methodology is used with the exception of Controlling High Blood Pressure and BH-Related IP Admits per 1,000 member months.

Q: What are the ICD-10 codes that trigger success on hypertension (BP) and diabetes control?

A: Please see the Quality Metric User Guide emailed to your practice for this information.

Additional Questions?