

Ohio CPC

CPC for Kids Program

June 2019

Context: Ohio CPC for Kids

PRELIMINARY

- **Ohio CPC began in 2017 and has scaled to 250 practices participating¹ and nearly 1.4M million members included in the model² in 2019, with several practice successes to celebrate to date**
- **Currently 680K pediatric members are included in the Ohio CPC model²**
- **In light of this, there is an opportunity to enhance the current CPC model to further support pediatric population health priorities in Ohio**
- **Jointly with many stakeholder groups, ODM is introducing a "CPC for Kids" component of Ohio CPC, to begin in the 2020 program year**

Source: ODM working group conversations and stakeholder input.

1 Measured at the billing ID level.

2 Point-in-time attribution as of June 1, 2018 for the practices enrolled in Ohio CPC for each program year respectively.

Timeline of Ohio CPC: groundwork laid to date and continued work to build PRELIMINARY and scale for impact

	2015/2016	2017	2018	2019	2020
CPC program coverage¹		<ul style="list-style-type: none"> • 111 practices • 970K members 	<ul style="list-style-type: none"> • 145 practices • 1.2M members 	<ul style="list-style-type: none"> • 250 practices • 1.4M members 	
Priorities in focus	<p>Initial design work, focused on designing a PCMH program to promote high-quality, individualized, continuous and comprehensive care in Ohio</p>	<p>Year 1: Learning year, focused on implementation with experienced practices (e.g. NCQA accreditation or CPC+ participation required)</p>	<p>Year 2: scale initial model, including</p> <ul style="list-style-type: none"> • Eligibility for practices with 500+ Medicaid members² • Episodes of care linkages, e.g., referral reports, EOC metric² 	<p>Year 3: federal alignment and continued scale, including</p> <ul style="list-style-type: none"> • Partnerships • Eligibility for practices with 150+ Medicaid members³ • Add'l CPC+ alignment 	<p>Year 4 and beyond: continue to build and shape Ohio CPC for impact in Ohio</p>
Stakeholder engagement	<ul style="list-style-type: none"> • PCMH focus groups for providers and patient advocates • SIM Core, inc. MCPs and commercial payers 	<ul style="list-style-type: none"> - Provider focus groups and other stakeholder sessions for input on program evolution and engagement to improve pediatric health - In-person Learning Sessions and Monthly Practice Webinars, to support ongoing learning and gathering feedback from practices - Monthly MCP meetings on ways to support program impact and evolution 			

Source: ODM working group conversations and stakeholder input.

¹ Practices defined at the Medicaid Billing ID level. Point-in-time attribution as of June 1, 2018 for the practices enrolled in Ohio CPC for each program year respectively.

² Informational only in 2018.

³ Claims-based attributed members. Practices with 150-500 members must participate through a practice partnership.

Ohio's vision for CPC for Kids

PRELIMINARY

Support preventive services for the healthy growth and development of pediatric populations in Ohio



Support the integration of Ohio CPC with other efforts focused on improving children's wellbeing in the state, including behavioral health care and schools

Use prospective payments and other elements of the PCMH model to support practice-wide engagement in pediatric-specific activities (e.g., social-emotional competence)

Identify specific, measurable outcomes for improvement

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CPC for Kids is an optional “track” for eligible CPC entities administered at the entity levels

PRELIMINARY

Current eligibility for Ohio CPC

- Eligible provider type and specialty
- Size
 - At least 500 claims-only members to participate independently or as a partnership
 - At least 150 claims-only members to participate via a practice partnership

Eligibility for CPC for Kids

- Entity participates in Ohio CPC - as a practice partnership or practice participating independently¹
- Entity has at least 150 pediatric members²

Note: CPC entities can elect to participate in CPC for Kids during regular CPC enrollment.

Note: CPC for Kids is administered at the entity level (e.g. quality metrics, performance on bonus activities)

Source: ODM working group conversations and stakeholder input.

1 CPC entities may be a practice partnership made up of CPC practices, or a practice participating independently.

2 Based on claims-only attribution at the entity level; pediatric members defined as members under age 21.

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Detail follows

	<u>Activity requirements</u>	<u>Efficiency metrics</u>	<u>Quality metrics</u>
"Core" Ohio CPC requirements ¹	10 requirements Must pass 100%	4 metrics Must pass 50%	20 metrics Must pass 50%
	PMPM	All <u>core</u> requirements	
	Shared savings	All <u>core</u> requirements	
"Additional" CPC for Kids requirements	<i>No additional CPC for Kids requirements</i>	<i>No additional CPC for Kids requirements</i>	CPC for Kids pediatric-focused metrics Must pass 50%
	Enhanced PMPM	All <u>core and additional</u> requirements ²	
	Bonus pool	All <u>core and additional</u> requirements ²	

Source: ODM working group conversations and stakeholder input.

1 For more information on the core Ohio CPC requirements for 2020, please visit the CPC website at <https://medicaid.ohio.gov/Provider/PaymentInnovation/CPC>.

2 Must also pass "Core" Ohio CPC requirements.

Quality metrics linked to CPC for Kids payment streams

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Current Ohio CPC pediatric metrics	Well-Child Visits in First 15 Months of Life		Must pass 50% of applicable metrics
	Well-Child Visits in the 3 rd , 4 th , 5 th , 6 th years of life		
	Adolescent Well-Care Visit		
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents		
Additional CPC for Kids metrics linked to payment	Lead screening (one or more at 2 years of age)		Must pass at least one applicable metric
	Immunization for children (HEDIS combination 3) ¹		
	Immunization for adolescents (HEDIS combination 2) ¹		
Additional CPC for Kids metrics information only	Tobacco cessation for ages 12-17		
	Fluoride varnish		

Source: ODM working group conversations and stakeholder input

1 Includes: diphtheria, tetanus, and acellular pertussis; polio; measles, mumps, and rubella; influenza type B; 5 chicken pox; pneumococcal conjugate.

2 Includes: meningococcal serogroups A, C, W, Y; tetanus, diphtheria, acellular pertussis; HPV.

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	Description	Details
a	Enhanced PMPM	Compensates practices for activities that improve care and are currently under-compensated or not compensated
b	Bonus payment	Enhanced \$1.00 PMPM for pediatric members attributed to the practice ¹ Annual lump-sum payment, contingent upon performance (e.g., shared savings and meeting quality and process requirements)
		Bonus pool focused on additional pediatric activities related to: <ol style="list-style-type: none">1. Additional supports for children in foster care2. Behavioral health linkages3. School linkages4. Transitions of care5. Select wellness measures

Source: ODM working group conversations and stakeholder input.

1 Members under 21 years of age.