

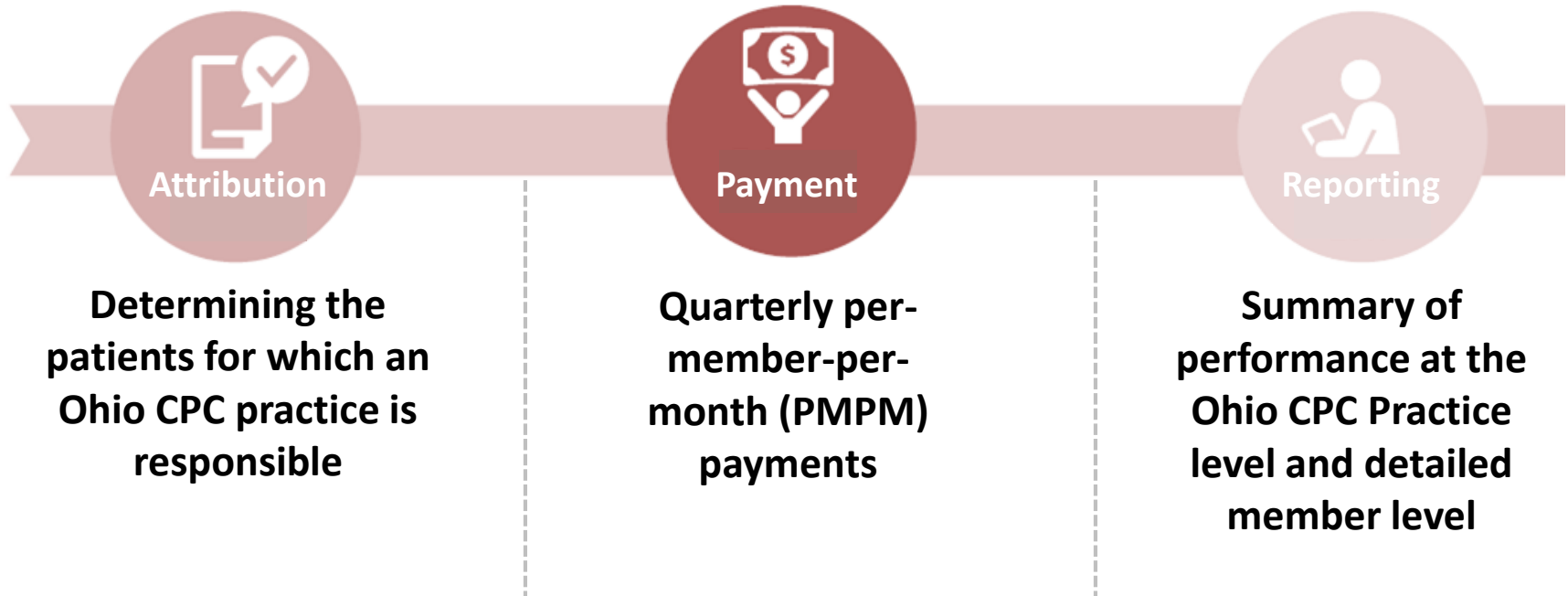
# Ohio Comprehensive Primary Care (CPC) Practice Webinar

Attribution and Payment

January 17, 2019

[www.medicaid.ohio.gov](http://www.medicaid.ohio.gov)

# Overview of the Ohio CPC practice journey



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

<https://medicaid.ohio.gov/provider/PaymentInnovation.aspx/CPC>

# Ohio Comprehensive Primary Care (CPC) Program Requirements and Payment Streams

■ : All CPC practices qualify  
 ■ : Only practices >5000 members

## Requirements

8 activity requirements	20 Clinical quality metrics	5 Efficiency metrics	Total Cost of Care
<ul style="list-style-type: none"> <li>24/7 and same-day access to care</li> <li>Risk stratification</li> <li>Population management</li> <li>Team-based care delivery</li> <li>Care management plans</li> <li>Follow up after hospital discharge</li> <li>Tracking follow up tests and specialist referrals</li> <li>Patient experience</li> </ul> <p><b>Must pass 100%</b></p>	<ul style="list-style-type: none"> <li>Clinical measures aligned with CMS/AHIP core standards for PCMH</li> </ul> <p><b>Must pass 50%</b></p>	<ul style="list-style-type: none"> <li>ED visits</li> <li>Inpatient admissions for ambulatory sensitive conditions</li> <li>Generic dispensing rate of select classes</li> <li>Behavioral health related inpatient admits</li> <li>Episodes-related metric</li> </ul> <p><b>Must pass 50% (3/5)</b></p>	

## Payment Streams

PMPM	All required	Based on self-improvement & performance relative to peers
Shared Savings	All required	

# What is the purpose of attribution?

- **To provide practices with the list of all members they are responsible for in the CPC program**
  - **PMPMs** are paid for all attributed members
  - **Clinical Quality and Efficiency metrics and Total Cost of Care Shared Savings** are calculated based on a practice's attributed members, though some attributed members are excluded from these calculations
- **To share information about members with practices for the purpose of population health improvement**
  - Members with **chronic conditions**
  - **Non-claims attributed** members

# Data dictionary for quarterly attribution and payment file

Field name	Description	Format	Values
Member Medicaid ID	12-digit Medicaid identification number of the attributed member	Number	12-digit number
Member First Name	First name of the attributed member	Text	n/a
Member Last Name	Last name of the attributed member	Text	n/a
Payer	FFS or name of one of the MCOs that created attribution for the member	Text	n/a
Risk Tier	Tiers 1-9, based on the first digit of the 44 risk groups generated by CRG risk adjustment tool	Number	1-9
Claims in Last 24 Months Flag <sup>1</sup>	Whether attributed member had any claims associated with the attributed practice in the past 24 months	Text	Yes/No
Provider Billing Medicaid ID	7-digit Medicaid identification number of the practice attributed for the member	Number	7-digit number
Provider Billing NPI	10-digit national identification number of the practice attributed for the member	Number	10-digit number
Rendering Provider Medicaid ID <sup>2</sup>	7-digit Medicaid identification number of the rendering provider attributed to the member	Number	7-digit number
Rendering Provider Name <sup>2</sup>	Name of the rendering provider attributed for the member	Text	n/a
Rendering Provider NPI <sup>2</sup>	10-digit national identification number of the rendering provider attributed for the member	Number	10-digit number
Member Date of Birth	The birth date of the attributed member	Date	mm/dd/yyyy
Member Gender	The gender identified by the attributed member	Text	M/F
Member Phone Number	Contact information of the attributed member – phone number	Number	10-digit phone number
Member Address 1	Residential address of the attributed member	Text	n/a
Member Address 2	Residential address of the attributed member (continued)	Text	n/a
Member City	Residential city address of the attributed member	Text	n/a
Member County	Residential county of the attributed member	Text	n/a
Member State	Residential state of the attributed member	Text	n/a
Member Zip Code	Zip code of the residential address of the attributed member	Number	5-digit zip code
Asthma Flag	Whether the member had Asthma condition based on claims in the past 12 months	Text	Yes/No
Diabetes Flag	Whether the member had Diabetes condition based on claims in the past 12 months	Text	Yes/No
CHF Flag	Whether the member had Congestive Heart Failure condition based on claims in the past 12 months	Text	Yes/No
Depression Flag	Whether the member had Depression condition based on claims in the past 12 months	Text	Yes/No
Stroke Flag	Whether the member had Stroke condition based on claims in the past 12 months	Text	Yes/No
SPMI Flag	Whether the member had Severe and Persistent Mental Illness condition based on claims in past 12 months	Text	Yes/No
Quarterly PMPM Amount	Quarterly PMPM amount for the attributed member based on assigned risk tier	Number	>0

<sup>1</sup> This flag is set as “Yes” if the attributed member has any claims in which the attributed practice is the same as the billing provider on the claim in the 24-month claim history prior to attribution date

<sup>2</sup> Rendering provider Medicaid ID, name, and NPI are all set as “N/A” if rendering provider Medicaid ID was not available in FFS/MCP attribution files or if rendering provider Medicaid ID is the same as provider billing Medicaid ID

# ODM and the MCPs use a common attribution logic to attribute Medicaid members to primary care practices

- 1 Attribute member based on their expressed preference
- 2 If member choice isn't expressed, attribute member based on their claims history
- 3 If neither member choice nor visit claims are available, attribute members based on non-claims considerations.

# How can a member choose my practice?

1

- For FFS Members
  - Member can call the Medicaid Consumer Hotline at 1-800-324-8680 to express a Primary Care Provider choice
- For Managed Care Members
  - Member can call the MCP's hotline to request a specific primary care provider assignment
  - If a member calls the hotline number above, the customer service representative can provide the member's MCP phone number

**This information is included in the attribution logic, and member choice always supersedes other attribution methods.**

# How does a member get attributed using claims?

2

**A member is attributed to a practice using claims when the following criteria are met:**

- No member choice is expressed
- The member had a primary care claim in the 18 month lookback window

**The member is attributed to the practice that they the most primary care claims<sup>1</sup> with.** In order for a claim to “count”, it must:

- Have the primary care Practice Billing NPI enrolled with Medicaid on the claim
- Have a procedure code for one of the following services: office or outpatient visit, preventive medicine service, preventive counseling, health risk assessment, or immunization

<sup>1</sup> In case of a tie, the patient is attributed to the practice with the most recent claim.



## When neither member choice nor claims history is available, attribute members based on non-claims considerations

3

- Geography
- Member need by age group (pediatric v adult)
- Practice capacity to accept more members (PCP to patient ratio)

# Attribution is run based on a specific date, before the quarterly performance period

	<u>Attribution &amp; Payment File delivery date</u>	<u>Attribution date</u>
<b>Q1 (Jan to Mar)</b>	January	September 1, 2018
<b>Q2 (Apr to Jun)</b>	April	December 1, 2018
<b>Q3 (Jul to Sept)</b>	July	March 1, 2019
<b>Q4 (Oct to Dec)</b>	October	June 1, 2019

# PMPM payment is prospective, based on attributed members

	<u>PMPM payment date</u>	<u>Period covered by the payment</u>
<b>Q1 (Jan to Mar)</b>	January	January 1, 2019 to March 31, 2019
<b>Q2 (Apr to Jun)</b>	April	April 1, 2019 to June 30, 2019
<b>Q3 (Jul to Sept)</b>	July	July 1, 2019 to September 30, 2019
<b>Q4 (Oct to Dec)</b>	October	October 1, 2019 to December 31, 2019

# 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**

	Health statuses	Example	CPC PMPM
CPC PMPM Tier 1	Healthy	Healthy (no chronic health problems)	\$1.80
	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)	\$8.55
	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	\$22.00
	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 3 months of claims run-out
- Quarterly PMPM payments are meant to support practices in conducting the activities required by the CPC program

# 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://portal.ohmits.com/Public/Providers/tabId/43/Default.aspx>



# Finding your attribution and payment file

 Attribution and payment files

» **Provider Reports**

[\\*Report](#) \*Report

[Date Available From](#) Date Available From      Date Available From: Invalid date. Format is mm/dd/ccyy.

[Date Available To](#) Date Available To      Date Available To: Invalid date. Format is mm/dd/ccyy.

Please select the row to show the report List

» **Please select the row to show the report**

Document ID	Report Type	Effective Date	End Date	Release Date	Report Format	Date Available on Portal	Date First Accessed
6518025005593	Quarterly CPC Attribution and Payment Files	07/01/2017	09/30/2017	JAN, 2018	DETAIL	01/25/2018	01/29/2018
6517355003231	Quarterly CPC Practice Reports	07/01/2016	06/30/2017	DEC, 2017	SUMMARY	12/21/2017	12/22/2017
6517355002898	Quarterly CPC Referral Reports	07/01/2016	06/30/2017	Nov, 2017	DETAIL	12/21/2017	12/22/2017
6517355003124	Quarterly CPC Practice Reports	07/01/2016	06/30/2017	DEC, 2017	DETAIL	12/21/2017	12/22/2017
6517355003009	Quarterly CPC Referral Reports	07/01/2016	06/30/2017	Nov, 2017	SUMMARY	12/21/2017	12/22/2017
6517270012953	Quarterly CPC Attribution and Payment Files	04/01/2017	06/30/2017	Sep, 2017	DETAIL	09/27/2017	10/05/2017
6517270006317	Quarterly CPC Practice Reports	04/01/2016	03/31/2017	Sep, 2017	SUMMARY	09/27/2017	10/05/2017
6517270006538	Quarterly CPC Referral Reports	04/01/2016	03/31/2017	Aug, 2017	DETAIL	09/27/2017	10/05/2017
6517270006431	Quarterly CPC Practice Reports	04/01/2016	03/31/2017	SEP, 2017	DETAIL	09/27/2017	11/17/2017
6517270006659	Quarterly CPC Referral Reports	04/01/2016	03/31/2017	Aug, 2017	SUMMARY	09/27/2017	10/05/2017

Your Payment and Attribution file is available in the MITS portal, entitled Quarterly CPC Attribution and Payment Files

# Upcoming CPC Webinars

- First Final Friday webinar will be held Friday January 25<sup>th</sup>, 2019
  - MCPs will host the topic, MCP Support for CPC Practices
- Next monthly CPC webinar will be held Thursday February 14<sup>th</sup>, 2019
  - Topic will be CPC Outcomes from 2017

# Frequently asked questions about attribution & payment

**Q: Why am I seeing members on my attribution list that are not on my practice list?**

A: Patients are attributed first based on member choice, then based on claims history. However, patients without an expressed choice or claims history in the last 18 months are attributed to practices based on other factors, such as demographics and geography. Therefore you may be attributed members you have not seen before.

**Q: What should I do if I'm having trouble reaching new members on my attribution list?**

A: The Managed Care Plans are important partners in the CPC program, and they can be helpful to you as a resource to connect members with your practice. We recommend you work with the MCPs to get assistance and ideas on best practices for patient outreach. Other CPC practices may also be able to offer advice on strategies that have worked for them.

**Q: I still have questions about my attribution file. What can I do to make sure it is up to date?**

A: As a first step, please remind your patients to update their PCP designation. Any changes to attribution will become effective as of the next attribution date. Because of the lag between the attribution date and the beginning of the corresponding quarter, changes to your attribution may take 3-6 months to be reflected. If you have other questions, please reach out to the member's MCP to further address your concern.

**Q: How do members express physician choice?**

A: Members can call the Medicaid Consumer Hotline (1-800-324-8680) or their MCP.



# Any Questions?