Ohio Comprehensive Primary Care

Webinar
August 30, 2018

www.medicaid.ohio.gov/Provider/PaymentInnovation
<table>
<thead>
<tr>
<th></th>
<th>Ohio’s approach to pay for value instead of volume</th>
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<tbody>
<tr>
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<td>What practices are eligible to enroll in the program?</td>
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</table>
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>Payment for services rendered</td>
<td>Payment based on improvements in cost or outcomes</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>
</tr>
</tbody>
</table>

### Fee for Service
- Payment for services rendered

### Pay for Performance
- Payment based on improvements in cost or outcomes

### Patient-Centered Medical Home
- Payment encourages primary care practices to organize and deliver care that broadens access while improving care coordination, leading to better outcomes and a lower total cost of care

### Episode-Based Payment
- 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
Ohio Payer Partners in Payment Innovation
## Ohio payment innovation progress to-date

<table>
<thead>
<tr>
<th>Comprehensive Primary Care (CPC) program</th>
<th>Episodes of care program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1M+ unique patients</strong> included in the CPC model for 2018&lt;sup&gt;1&lt;/sup&gt;</td>
<td><strong>1M+ unique patients</strong> covered in 43 episodes</td>
</tr>
<tr>
<td><strong>$43.1 million</strong> in enhanced payment delivered to support primary care practices</td>
<td><strong>13,000+ Medicaid providers</strong> receiving reports as an episode principle accountable provider (PAPs)&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>145</strong> CPC practices in program year 2018</td>
<td><strong>56,000+ reports</strong> delivered including episode performance on cost and quality measures&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>~10,000 primary care practitioners (PCPs)</strong> participating in CPC&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>1,800+ reports</strong> sent to CPC practices capturing patient panel, cost and quality measures&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

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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 January 2018

SOURCE: Ohio Medicaid claims data; valid and invalid episodes ending in Jan – Jun 2017
High performing primary care practices 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 patient's 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
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

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.
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
Program changes for 2019

• **Modifying eligibility requirements** to allow new practices to participate in CPC, including
  – Removing the requirement for national accreditation or CPC+ participation
  – Lowering the minimum member threshold

• **Updating activity requirements** based on program learnings to date and for better alignment with federal initiatives (e.g., CPC+)

• **Linking the episode-related efficiency metric to payment** and refining the definition of that metric – for better integration with the episodes-based payment model

• **Introducing Practice Partnerships**, to allow practices to join together to participate in CPC and access shared savings payments
Ohio’s approach to pay for value instead of volume

2 What practices are eligible to enroll in the program?

3 What requirements must be met?

4 What payments do CPC practices receive?

5 What is a practice partnership?

6 How do I enroll my practice in the program?
2019 Ohio CPC Practice Eligibility

Required

- **Eligible provider type and specialty**
- **Size**
  - At least 500 claims-only members to participate independently or as partnership
  - At least 150 claims-only members to participate via a practice partnership
- **Commitment**
  - To sharing data with contracted payers/the state
  - To participating in learning activities
  - To meeting activity requirements starting January 1, 2019

Not required

- **Planning** (e.g., develop budget, plan for care delivery improvements, etc.)
- **Tools** (e.g., e-prescribing capabilities, EHR, etc.)
- **Accreditation** (e.g., NCQA, URAC, Joint Commission, AAAHC, etc.)

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1 Quality and efficiency metrics are only reliable for member panels of ~500 members or more. Practices with <500 attributed members will be required to be in a practice partnership of >500 members to participate in CPC

2 Examples include sharing best practices with other CPC practices, working with existing organizations to improve operating model, participating in state led CPC program education at kickoff
### Ohio CPC eligible provider types and specialties

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<thead>
<tr>
<th>Eligible provider types</th>
<th>Eligible specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Individual physicians and practices</td>
<td>• For Medical Doctor or Doctor of Osteopathy</td>
</tr>
<tr>
<td>• Professional medical groups</td>
<td>– Family practice</td>
</tr>
<tr>
<td>• Rural health clinics</td>
<td>– General practice</td>
</tr>
<tr>
<td>• Federally qualified health centers</td>
<td>– General preventive medicine</td>
</tr>
<tr>
<td>• Primary care or public health clinics</td>
<td>– Internal medicine</td>
</tr>
<tr>
<td>• Professional medical groups billing under hospital provider types</td>
<td>– Pediatric</td>
</tr>
<tr>
<td></td>
<td>– Public health</td>
</tr>
<tr>
<td></td>
<td>– Geriatric</td>
</tr>
<tr>
<td></td>
<td>• For clinical nurse specialists or certified nurse practitioner</td>
</tr>
<tr>
<td></td>
<td>– Pediatric</td>
</tr>
<tr>
<td></td>
<td>– Adult health</td>
</tr>
<tr>
<td></td>
<td>– Geriatric</td>
</tr>
<tr>
<td></td>
<td>– Family practice</td>
</tr>
<tr>
<td></td>
<td>• Physician assistants</td>
</tr>
<tr>
<td></td>
<td>– (Physician assistants do not have formal specialties)</td>
</tr>
</tbody>
</table>
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# Ohio Comprehensive Primary Care (CPC) Program

## Requirements and Payment Streams

### Requirements

<table>
<thead>
<tr>
<th>8 activity requirements</th>
<th>20 Quality metrics</th>
<th>5 Efficiency metrics</th>
<th>Total Cost of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 24/7 and same-day access to care</td>
<td>• Clinical measures aligned with CMS/AHIP core standards for PCMH</td>
<td>• ED visits</td>
<td></td>
</tr>
<tr>
<td>• Risk stratification</td>
<td></td>
<td>• Inpatient admissions for ambulatory sensitive conditions</td>
<td></td>
</tr>
<tr>
<td>• Population management</td>
<td></td>
<td>• Generic dispensing rate of select classes</td>
<td></td>
</tr>
<tr>
<td>• Team-based care delivery</td>
<td></td>
<td>• Behavioral health related inpatient admits</td>
<td></td>
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<tr>
<td>• Care management plans</td>
<td></td>
<td>• Episodes-related metric</td>
<td></td>
</tr>
<tr>
<td>• Follow up after hospital discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tracking follow up tests and specialist referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient experience</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Must pass 100%**
- **Must pass 50%**
- **Must pass 50%**

### Payment Streams

<table>
<thead>
<tr>
<th>PMPM</th>
<th>All required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Savings</td>
<td>All required</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24/7 and same-day access to care</strong></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><strong>Risk stratification</strong></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><strong>Population health management</strong></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><strong>Team-based care delivery</strong></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><strong>Care management plans</strong></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><strong>Follow up after hospital discharge</strong></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>
<tr>
<td><strong>Tests and specialist referrals</strong></td>
<td>The practice has a documented process for tracking referrals and reports, and demonstrates that it:</td>
</tr>
<tr>
<td></td>
<td>- Asks about self-referrals and requests reports from clinicians</td>
</tr>
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<td></td>
<td>- Tracks lab tests and imaging tests until results are available, flagging and following up on overdue results</td>
</tr>
<tr>
<td></td>
<td>- Tracks referrals until the consultant or specialist’s report is available, flagging and following up on overdue reports</td>
</tr>
<tr>
<td></td>
<td>- Tracks fulfillment of pharmacy prescriptions where data is available</td>
</tr>
<tr>
<td><strong>Patient experience</strong></td>
<td>- 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.</td>
</tr>
</tbody>
</table>

**Practice Monitoring** includes:
- Desk review
- Possibility for on-site review
- Starts mid-late summer

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)
Ohio CPC Quality Metrics

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure Name</th>
<th>NQF #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Health (4)</td>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>1392</td>
</tr>
<tr>
<td></td>
<td>Well-Child visits in the 3rd, 4th, 5th, 6th years of life</td>
<td>1516</td>
</tr>
<tr>
<td></td>
<td>Adolescent Well-Care Visit</td>
<td>HEDIS AWC</td>
</tr>
<tr>
<td></td>
<td>Weight assessment and counseling for nutrition and physical activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for children/adolescents: BMI assessment for children/adolescents</td>
<td>0024</td>
</tr>
<tr>
<td>Women's Health (5)</td>
<td>Timeliness of prenatal care</td>
<td>1517</td>
</tr>
<tr>
<td></td>
<td>Live Births Weighing Less than 2,500 grams</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Postpartum care</td>
<td>1517</td>
</tr>
<tr>
<td></td>
<td>Breast Cancer Screening</td>
<td>2372</td>
</tr>
<tr>
<td></td>
<td>Cervical cancer screening</td>
<td>0032</td>
</tr>
<tr>
<td>Adult Health (7)</td>
<td>Adult BMI</td>
<td>HEDIS ABA</td>
</tr>
<tr>
<td></td>
<td>Controlling high blood pressure (starting in year 3)</td>
<td>0018</td>
</tr>
<tr>
<td></td>
<td>Med management for people with asthma</td>
<td>1799</td>
</tr>
<tr>
<td></td>
<td>Statin Therapy for patients with cardiovascular disease</td>
<td>HEDIS SPC</td>
</tr>
<tr>
<td></td>
<td>Comprehensive Diabetes Care: HgA1c poor control (&gt;9.0%)</td>
<td>0059</td>
</tr>
<tr>
<td></td>
<td>Comprehensive diabetes care: Hba1c testing</td>
<td>0057</td>
</tr>
<tr>
<td></td>
<td>Comprehensive diabetes care: eye exam</td>
<td>0055</td>
</tr>
<tr>
<td>Behavioral Health (4)</td>
<td>Antidepressant medication management</td>
<td>0105</td>
</tr>
<tr>
<td></td>
<td>Follow up after hospitalization for mental illness</td>
<td>0576</td>
</tr>
<tr>
<td></td>
<td>Preventive care and screening: tobacco use: screening and cessation</td>
<td>0028</td>
</tr>
<tr>
<td></td>
<td>Initiation and engagement of alcohol and other drug dependence treatment</td>
<td>0004</td>
</tr>
</tbody>
</table>

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).

Practices must have a minimum of 30 members in the denominator in order to receive a score on a metric.
# Ohio CPC Efficiency Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **Generic dispensing rate**                 | - Strong correlation with total cost of care for large practices  
  (all drug classes)  
  - 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**                 | - 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/provider/PaymentInnovation/CPC#1657109-cpc-requirements
2019 episode-related efficiency metric methodology

HP: high performing
LP: low performing

Metric calculation

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

Display (to be included in practice reports)

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

Example

A CPC practice has:

‘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.
1. Ohio’s approach to pay for value instead of volume

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Ohio 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**

<table>
<thead>
<tr>
<th>Health statuses</th>
<th>Example</th>
<th>CPC PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC Tier 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy</td>
<td>Healthy (no chronic health problems)</td>
<td>$1</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>CPC Tier 2</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</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>CPC Tier 3</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</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
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 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 relative to self**
   - 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/provider/PaymentInnovation/CPC#1657108-cpc-payments](http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657108-cpc-payments)
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</table>
Overview of Practice Partnerships

• Practices may form partnerships in 2019

• There are 3 main reasons practices may wish to form partnerships:
  – To reach the 5000 member threshold for shared savings payment eligibility
  – To meet the 500 minimum member panel requirement for participation in CPC
  – For systems with multiple billing IDs, to gain a system-wide view
Practice partnerships (1/3)

Eligibility

• All practices are permitted to participate through a practice partnership

• Practices with 150-499 attributed members (claims-based) must participate in CPC through a practice partnership

• Each partnership must be led by a “convener”, which is required to be a practice that has participated in CPC for at least 1 year
Practice partnerships (2/3)

Member attribution

- No change to attribution process – CPC attribution will continue to happen at the Medicaid billing ID level, not at the practice site level
- Practices will continue to receive their own attribution lists
- Attribution will not be consolidated for the partnership; practices within a partnership may establish their own data-sharing process if they would like to share lists of attributed members

Reporting

- Each practice will receive a summary-level report with information for the partnership as a whole as well as for each individual practice in the practice, including their own
- Practices will continue to receive detailed member-level (csv) files only for their own members, there will be no partnership-wide sharing of member-level performance data
Practice partnerships (3/3)

Scoring

- Each Partnership will be evaluated as a single entity for activity requirements (entire partnership fails if one practice fails)
  - One practice from each partnership, selected randomly by the evaluator, will be evaluated for activity requirement performance monitoring

- Quality and efficiency metric performance for payment eligibility will be calculated at partnership level (calculated for all attributed members in the partnership)

Payment

- PMPM payments will continue to be made directly to each practice (Medicaid Billing ID) within a partnership
- If a practice is deemed eligible for total cost of care shared savings, TCOC payments will be made directly to each practice (Medicaid billing ID) based on their proportionate share of member months used to calculate payment
Ohio’s approach to pay for value instead of volume

What practices are eligible to enroll in the program?

What requirements must be met?

What payments do CPC practices receive?

What is a practice partnership?

How do I enroll my practice in the program?
Ohio CPC 2019 Enrollment Timeline

• September – Ohio Medicaid identifies practices that meet eligibility criteria and invites them to enroll in the Ohio CPC program

• October 1 – Ohio Medicaid will open the Ohio CPC enrollment in the MITS portal for:
  • New practices, enrolling in CPC independently
  • All practice partnerships

• October 1- Current CPC practices continuing to participate independently can re-attest in MITS (no re-enrollment required)

• November 2 – Ohio Medicaid will close the MITS Ohio CPC enrollment

• November 2 – last day for continuing practices to re-attest in MITS

• December – Ohio Medicaid hosts a webinar for 2019 CPC practices with more information about participation

• January 1, 2019 – 2019 Ohio CPC performance period begins
Enrollment detail - new practices participating independently

**Enrollment in MITS**

- The following link can be used for enrollment in MITS: [https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx](https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx)

- Requires approximately 30 minutes to apply with the correct information

**Information required to enroll**

- Eligible Medicaid Billing ID
- Tax Identification Number (TIN)
- Provider specialty
- NPI
- CPC contact name and contact information

- Attestation to meeting these requirements
  - Participating in data sharing
  - Participating in learning activities
  - Meeting 8 activity requirements on January 1, 2019
Enrollment detail – practice partnerships, submitted by convener

### Enrollment in MITS

- Conveners should use the MITS portal to enroll their practice partnership in CPC - other members of the practice partnership should not enroll in MITS separately
- The following link can be used for enrollment in MITS: [https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx](https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx)
- Requires approximately 30 minutes to apply with the correct information

### Information required to enroll

- Medicaid Billing IDs for all practices in the partnership
- For the convener
  - CPC ID
  - Tax Identification Number (TIN)
  - Provider specialty
  - NPI
  - CPC contact name and contact information
  - Attestation to meeting these requirements
    - Participating in data sharing
    - Participating in learning activities
    - Meeting 8 activity requirements on January 1, 2019
- Attestation forms completed by all practices except the convener – template will be available on the enrollment section of the Ohio Medicaid website
- Acknowledgement forms completed by all practices including the convener – template will be available on the enrollment section of the Ohio Medicaid website
Re-attestation for current practices continuing to participate independently

- Practices currently enrolled in CPC who plan to continue participating just as they do today should use the MITS portal to re-attest to meeting the program requirements for 2019
- Practices should log into MITS just as they do to access reports, and use the CPC attestations tab (as shown below)
- Access the CPC re-attestation tab as shown below
Ohio CPC Program Website
http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx

- **Enrollment information**
  - Eligibility requirements
  - Other supporting resources

- **Payment information**
  - Definitions and calculations applicable to payment methodologies
  - Per-member-per-month (PMPM) payment definitions and methodology
  - Shared savings payment definitions and methodology

- **Performance Requirements**
  - Activity requirements and definitions
  - Quality metric definitions and detailed specifications
  - Efficiency metric definitions and detailed specifications

- **Reporting Requirements**

- **Frequently Asked Questions**

Practices can also call the Provider Support Call Center for details about their attribution number or 2019 Ohio CPC enrollment.
(1-800-686-1516, select option 5)
Frequently asked questions

How do I know if my practice has enough attributed members to participate in CPC?

Mid-September, you can call the Provider Support Call Center (1-800-686-1516, extension 5), to request your attribution number. In order to receive that information, you will be asked for authentication information and can provide any 2 of the items below:

– 7-digit Medicaid billing ID
– NPI of the practice
– Tax ID of the practice

When does the program begin for participating practices?
The program begins on January 1, 2019.

Where can I go to find more information?
You can visit the CPC website at the address below, where there is information on enrollment, reporting, payments, and requirements
http://medicaid.ohio.gov/provider/PaymentInnovation/CPC
Questions?