Ohio | Governor's Office of Health Transformation

Ohio Comprehensive Primary Care (CPC) Program Frequently Asked Questions

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CPC OVERVIEW

Questions	Answers
What is Comprehensive Primary Care (CPC)?	Ohio Comprehensive Primary Care (Ohio CPC) is Ohio Medicaid's patient-centered medical home (PCMH) program: a team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs. The aim is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs. Some form of PCMH exists in nearly all 50 states, with sources of value including appropriateness of care setting (i.e. encouraging patients to use outpatient sites of care), expanded access to care, improved treatment adherence, and reduced admissions, among others.
Why should practices sign up for Ohio CPC?	**Financial benefits**: Participating practices may be eligible for two payment streams in addition to existing payment arrangements. An additional per-member-per-month (PMPM) payment supports activities that are required for the CPC program (such as 24/7 access and developing care plans). Additionally, some practices may be eligible for shared savings payments for achieving total cost of care savings and meeting pre-determined quality targets. **Non-financial benefits**: Joining the CPC program means recognition as a state-designated CPC practice, which can help attract new members, as well as access to data and reporting that will provide the actionable, timely information that practices need to make better decisions about outreach, care, and referrals.
How does Ohio CPC work with CPC+?	CPC+ is Medicare's comprehensive primary care program. Ohio Medicaid is a participating payer in CPC+. Ohio CPC and CPC+ are strongly aligned in the activity requirements (7 of 8 are the same). Additionally, 7 of the 8 Ohio CPC quality metrics and 1 efficiency measure overlap with CPC+. Practices participating in CPC+ that have at least 500 Medicaid members are eligible to participate in Ohio CPC.

PROGRAM DESIGN

Questions	Answers
Why is Ohio implementing a Comprehensive Primary Care program?	Most medical costs in the health system occur outside of a primary care practice. However, primary care practitioners can guide many decisions that impact those broader costs, improving efficiency and care quality. Primary care practitioners often have trusted relationships with patients over the course of those patients' acute and chronic conditions.
Which stakeholders contributed input to the development of program requirements?	Core requirements were developed through an iterative process with multiple stakeholder groups. Requirements are designed to be recognized (used in national and Ohio programs), effective (prioritizing outcomes over process and minimizing the burden on practices), and inclusive (aligning with Ohio's population health priorities, and relevant for all practice types and age groups).
Which payers are eligible to participate in Ohio CPC?	Ohio CPC is a multi-payer initiative. Ohio CPC includes Medicaid fee-for-service and all managed care plans (Buckeye, CareSource, Molina, Paramount, and UnitedHealth).

ENROLLMENT

Questions	Answers
When can practices enroll?	Ohio CPC enrollment occurs annually in the third quarter of every year. Enrollment timelines may vary by year. Enrollment for 2019 is closed.
Who can sign up for Ohio CPC?	For the 2019 Ohio CPC program, practices must meet one of the following: (1) have at least 500 claims-based attributed members at the time of enrollment as determined by ODM Medicaid members and national accreditation; (2) were enrolled in CPC in 2017 (3) have at least 150 claims-based attributed members at the time of enrollment as determined by ODM and attest to being part of a practice partnership under a convener practice. Practices that average over 5,000 attributed Medicaid members over the performance year may be eligible to receive shared savings payments for having low total cost of care. Total cost of care savings can be achieved relative to peer CPC practices, and/or relative to a CPC's prior performance, provided quality and efficiency metric performance is maintained. Details on shared savings methodology can be found on the ODM website. Shared savings payments are calculated and delivered in the following performance year (i.e., 2018 shared savings payments will be delivered in the second half of 2019).

Questions	Answers
	Information about participating in 2020 will be available later this year. Additional information regarding CPC eligibility can be found on the Ohio Medicaid website.
What are the requirements to enroll?	To enroll in the program, there are three requirements: 1) attestation to meeting a set of activity requirements, 2) a commitment to sharing data with payers and the Ohio Department of Medicaid (ODM), and 3) participating in learning activities as determined by ODM.

LEARNING AND RESOURCES

Questions	Answers
What types of learning/training activities are required or available?	Practices are required to participate in learning and training activities. Various opportunities are available, including best practice sharing, online webinars, and in-person presentations.
How do practices help educate others about CPC?	Practices are encouraged to participate in best practice sharing and to mentor other CPC practices. Current CPC practices can also help educate and recruit other primary care practices to the program.

REQUIREMENTS

Questions	Answers
What requirements must CPC practices meet each year?	Upon joining the program, practices are expected to be meeting the eight activity requirements as listed on the ODM website. Practices are expected to collaborate with MCPs to meet these activity requirements, for example collaboration regarding care coordination.
How will practices' performance be monitored?	Ohio Medicaid works with a vendor to conduct program monitoring, determining how each practice is meeting activity requirements. Clinical quality and efficiency measures and total cost of care will be calculated annually from claims data (consolidated across Medicaid FFS and managed care for Ohio CPC).
Is payment contingent on meeting all requirements?	Providers must meet all of the activity requirements, 50% of applicable clinical quality metrics, and 50% of applicable efficiency metrics to qualify for both PMPM and shared savings payments.

Questions	Answers
What happens if a practice fails to meet activity requirements?	Rule 5160-1-72 of the Administrative Code states: "The PCMH must continue to meet activity requirements annually […]. If activity requirements are not met upon evaluation, payment under this rule terminates."
What happens if a practice fails to meet quality or efficiency requirements?	Rule 5160-1-72 of the Administrative Code states: "The PCMH must continue to meet efficiency and clinical quality requirements […]. If any of these requirements are not met, a warning will be issued. After two consecutive warnings, payment under this rule will be terminated."

PAYMENT

Questions	Answers
When does payment start?	The first PMPM payments will begin in the first quarter of the performance year. Ohio CPC practices may receive payments from Medicaid FFS and managed care plans with whom they are contracted.
How do shared savings payments works?	Practices with over 5,000 Medicaid members may receive shared savings payments for having a low total cost of care relative to peers or reducing their cost of care relative to their own historic performance, while maintaining quality and efficiency metric performance. Details on shared savings methodology can be found on the ODM website. Shared savings payments are calculated and delivered in the second half of the next program year.
How do practices know how much they will be paid?	Practices will be paid PMPM based on Quarterly CPC Attribution and Payment Files delivered to each practice. PMPMs average about $3-5. Details on PMPM payment methodology can be found on the ODM website.

DATA

Questions	Answers
What data will practices receive if they are part of CPC?	Every quarter, practices will receive a Quarterly CPC Attribution and Payment File that includes a list of patients attributed to them, allowing them to target outreach to current and new members. Practices will receive a Quarterly CPC Practice Report reflecting consolidated performance across Medicaid FFS and all MCPs on quality, efficiency, and cost of care measures. Practices will also receive a Quarterly CPC Referral Report, which provides a window

Questions	Answers
	into performance of the hospitals and specialists to which they've referred their patients, helping inform referrals and better coordinate with other providers. Finally, practices receive an Annual CPC Practice Report that measures total cost of care, quality, and efficiency metrics for the full program year.
Where do practices go to access their reports?	Practices can access their reports through the Medicaid provider portal (MITS). Every practice has a MITS administrator, and this administrator can access these reports in the portal.
Who can see the data about each practice?	Data from Ohio CPC reports can be seen by the CPC practice, the Ohio Department of Medicaid, and the contracted Medicaid managed care plans.
How do practices find more information about how to read their reports?	Information on how access and read your reports is available on the Medicaid website.