



Department of  
Medicaid

# Ohio CPC for Kids

## Bonus payment

July 2019

# Context: CPC for Kids requirements

 Detail follows

	<u>Activity requirements</u>	<u>Efficiency metrics</u>	<u>Quality metrics</u>
"Core" Ohio CPC requirements <sup>1</sup>	10 requirements <b>Must pass 100%</b>	4 metrics <b>Must pass 50%</b>	20 metrics <b>Must pass 50%</b>
	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>	<b>CPC for Kids pediatric-focused metrics</b> <b>Must pass 50%</b>
	Enhanced PMPM	All <u>core and additional</u> requirements <sup>2</sup>	
	Bonus pool	All <u>core and additional</u> requirements <sup>2</sup>	

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.

# Context: CPC for Kids payment streams

	Description	Details
<p><b>a</b></p> <p><b>Enhanced PMPM</b></p>	<p>Compensates practices for activities that improve care and are currently under-compensated or not compensated</p>	<p>Enhanced \$1.00 PMPM for pediatric members attributed to the practice<sup>1</sup></p>
<p><b>b</b></p> <p><b>Bonus payment</b></p>	<p>Annual lump-sum payment, contingent upon performance (e.g., shared savings and meeting quality and process requirements)</p>	<p>\$2M bonus pool awarded to the highest performers on the CPC for Kids bonus payment scorecard,:</p> <ul style="list-style-type: none"> <li>• One prize of \$500K</li> <li>• Two prizes of \$250K</li> <li>• Ten prizes \$100K</li> </ul>

# Bonus payment “scorecard” for CPC for Kids

Bonus payment “scorecard”

	Additional supports for children in foster care	Behavioral health linkages	School linkages	Transitions of care	Select wellness measures
High (5 pts)					<p>Areas of focus for wellness measures include:</p> <ul style="list-style-type: none"> <li>• Lead testing</li> <li>• ACES and/or SDOH screening</li> <li>• Tobacco cessation for ages 12-17</li> <li>• Fluoride</li> <li>• Breastfeeding</li> </ul>
Medium (3 pts)					
Low (1 pt)					
None (0 pts)					

**Note: scoring to incorporate risk-adjustment for geographic and/or other factors**

# Foster Care Supports Criteria

## High (5 pts)

- Provider can readily identify foster youth (e.g., flag in EHR, registry)
- Provider collaborates with local public children services agencies and has special processes or office modifications in place to address foster youth needs (e.g., same-day care)

## Medium (3 pts)

- Provider has special access for and formal referral relationships with CPS
- Provider has documented process for addressing urgent needs of foster youth, including special priority or same-day access

## Low (1 pt)

- Provider has documented approach to respond to CPS referrals and intake for foster youth
- Provider has documented processes for medication management (e.g., safe prescribing for anti-psychotics) and 5-day screening capacity

**Note: in order to meet criteria for a scoring tier, providers must meet the requirements listed as well as any requirements in lower tiers**

# Behavioral health criteria

## High (5 pts)

### Provider is integrated with behavioral health provider

- Provider and behavioral health providers collaborate closely (e.g., through co-location, shared EHR) and have shared responsibility for improved outcomes through individual patient care and practice design
- Behavioral health and medical providers are involved in care in a standard way across all providers and patients

## Medium (3 pts)

### Provider collaborates closely with behavioral health provider

- Provider and behavioral health providers collaborate (e.g., through physical or digital co-location, shared EHR)
- Walk-in or same-day availability for patients with behavioral health needs

## Low (1 pt)

### Provider coordinates with behavioral health provider

- Provider routinely exchanges information relevant for patients with the behavioral health provider (written or electronic)
- Provider has interactive channels of communication with behavioral health providers

**Note: in order to meet criteria for a scoring tier, providers must meet the requirements listed as well as any requirements in lower tiers**

# School linkages criteria

## High (5 pts)

- Provider has a formal partnership with a school to provide care (e.g., primary care, behavioral health care), on or offsite, to students and/or their families

## Medium (3 pts)

- Provider has established bi-directional system of communication with schools, including a standard process for managing referrals and parental consents

## Low (1 pt)

- Provider has an informal relationship with the school (e.g., provider attends IEPs, acts as an athletics team clinician, attends IEPs, provides in-school health education / wellness programming)
- Provider accepts referrals from the school

**Note: in order to meet criteria for a scoring tier, providers must meet the requirements listed as well as any requirements in lower tiers**

# Transitions of care criteria

## High (5 pts)

- Provider collaborates closely with new providers during transition (e.g., shared EHR) or ensures no change in provider through adulthood, including for special needs
- Provider ensures that patients do not experience changes in open access to EHR

## Medium (3 pts)

- Provider integrates transition of care decisions into care delivery beginning at age 14
- Provider has a documented process for sharing patient documents through transition
- Provider has a documented approach to supporting patient self-sufficiency and health system navigation for highest-risk patients (i.e., foster children), including behavioral health, education, employment, housing, and food

## Low (1 pt)

- Provider communicates with the patient and family to manage transition, including understanding patient goals and sharing multiple options for care
- Provider builds relations to ensure patients have multiple options for care

**Note: in order to meet criteria for a scoring tier, providers must meet the requirements listed as well as any requirements in lower tiers**



# Key metric(s) of interest criteria

## High (5 pts)

- Lead screening: blood draw is integrated within the primary care visit (via capillary and/or venipuncture)
- Social determinants: upon entry into the practice and annually, provider conducts ACE and SDoH screening using standardized tools and covering at least 5 domains (e.g., transportation, housing)
- Tobacco cessation: provider screens for nicotine use and refers or directly cares for patients in need of cessation programs
- Fluoride: provider trains practitioners and routinely delivers fluoride varnishes
- Breast-feeding support: provider offers open access to lactation consultant

## Medium (3 pts)

- Lead screening: provider has a process for issuing and following up on referrals, including to co-located labs
- Social determinants: upon entry into the practice and annually, provider screens for at least 5 domains of SDoH at regular intervals
- Tobacco cessation: provider screens for nicotine use and offers resources for cessation
- Fluoride: provider refers patients for fluoride and other dental care
- Breast-feeding support: provider facility supports mothers breastfeeding (i.e., allows extra time in room, provides special room for breastfeeding, offers walk-in weight checks, shares resources on breast-feeding support groups)

## Low (1 pt)

- Lead screening: provider offers anticipatory guidance with script for follow-up blood draw
- Social determinants: provider uses single-question social determinants screening
- Tobacco cessation: provider screens for nicotine use and discusses with patient and family
- Fluoride: provider discusses need for fluoride and other dental care for parental follow-up
- Breast-feeding support: provider offers referrals to lactation consultants; provider offers routine anticipatory guidance on breast-feeding or shares resources on breast-feeding support groups

**Note: in order to meet criteria for a scoring tier, providers must meet the requirements listed as well as any requirements in lower tiers**

# Risk Adjustment Methodology

- Intended to adjust for local environmental factors for attributed practice members
- Uses elements of the Ohio Opportunity Index (details follow on next slide) to give a practice a score from 1 to 5 based on average level of neighborhood health and wellbeing using quintiles
- The aggregate practice score will be added to the total score from the other bonus payment metrics listed in this slide deck to create a final total score that will inform CPC for Kids bonus payments

# The Ohio Opportunity Index, a composite measure of 34 variables across 7 domains related to health and wellbeing, was used as a proxy for social factors

Domains*:	Description
1 <b>Transport</b>	<ul style="list-style-type: none"> <li>The transportation domain score is calculated using public transportation scores, average commute time to work, and households without access to a vehicle</li> <li>It leverages data from the 2012-2016 American Community Survey</li> </ul>
2 <b>Education</b>	<ul style="list-style-type: none"> <li>The education domain score is calculated using data on the population with an Associate’s Degree or Higher, average school performance, average free and reduce lunch rate, value add score and high school dropout rate</li> <li>It leverages data from the 2012-2016 American Community Survey and 2012-2016 Ohio Department of Education</li> </ul>
3 <b>Employment</b>	<ul style="list-style-type: none"> <li>The employment domain score is calculated using data on the low-wage job access by educational attainment, access to workforce or job training sites, and unemployment rates</li> <li>It leverages data from the 2012-2016 American Community Survey and 2012-2016 Infogroup business data</li> </ul>
4 <b>Housing</b>	<ul style="list-style-type: none"> <li>The housing domain score is calculated using data on the median rent, median home value, concentration of low income housing units, population living with overcrowding, and population that moved 3 times in the last year</li> <li>It leverages data from the 2012-2016 American Community Survey and Ohio Housing Finance Agency</li> </ul>
5 <b>Health</b>	<ul style="list-style-type: none"> <li>The health domain score is calculated using data on the poverty rate, preterm-birth rates, age-adjusted mortality rate, preventable ED admits/visits, CVD deaths/admits, diabetes admits / diagnoses, and diagnosis with drug addition or MAT</li> <li>It leverages data from the 2012-2016 American Community Survey and 2014-2016 Ohio Department of Health</li> </ul>
6 <b>Access</b>	<ul style="list-style-type: none"> <li>The access domain score is calculated using data on access to healthy food options, distance to nearest PCP, distance to nearest primary and secondary school, distance to nearest post-office, and availability of internet connection</li> <li>It leverages data from the 2012-2016 American Community Survey, Infogroup business data, Federal Comm. Commission</li> </ul>
7 <b>Crime</b>	<ul style="list-style-type: none"> <li>The crime domain score is calculated using data on homicide, aggravated assault and sexual assault, robbery, burglary, larceny-theft, and motor vehicle theft, public drunkenness and DUI, and drug-related crime</li> <li>It leverages data from the Office of Criminal Justice Services, Ohio Department of Public Safety, 2014-2016</li> </ul>

NOTE: The domain scores consist of 3-7 individual variables combined together; Domain scores are calculated on a scale where higher scores indicate higher levels of opportunity in that domain and a lowers score indicates lower levels of opportunity in that domain

SOURCE: Data is sourced and methodology developed by ODM/GRC

# Additional detail: approach to tiebreakers in CPC for Kids bonus pool

In instances of a tie on CPC for Kids bonus scorecard, rank order for bonus payment purposes will be determined for tying PCMHs in the following manner:

- Higher rank allocated to PCMH passing higher portion of applicable quality metrics and efficiency metrics (percent of total applicable metrics passed by PCMH, based on standard program performance thresholds)
- In instances of a tie on portion of metrics passed, higher rank allocated to PCMH with highest average point performance over threshold across all applicable metrics (rounded to nearest percent)
- If tie persists, tying PCMHs ranked as a 'tie group', with group appearing in rank order the same number of times as the number of PCMHs in tie group; aggregate bonus payments due to tie group based to be shared equally among each PCMH in the tie group