

Ohio Comprehensive Primary Care (CPC) Practice Webinar

CPC Referral Reports

May 9, 2019

Contents

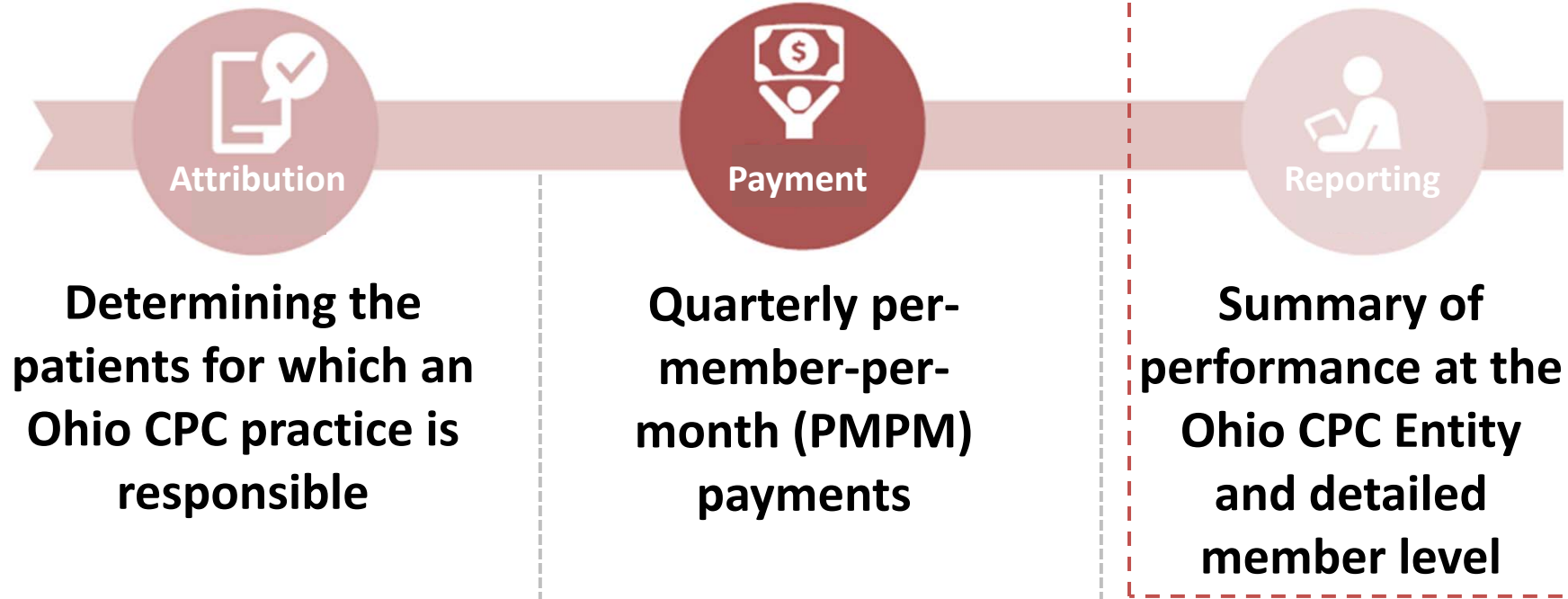
Welcome and overview of reporting CPC

Ohio CPC referral reports

Next steps, reminders, and questions

Overview of the Ohio CPC Practice Journey

 For discussion today



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

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 a designated Agent the role of **View Provider Reports**, then any Agent assigned the View Provider 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://medicaid.ohio.gov/Portals/0/Providers/MITS/MITS-Portal-Registration.pdf>



Accessing your referral reports on MITS

: Referral report files

Super User Providers Cost Report Account Claims Episode Claims Eligibility Prior Authorization **Reports** Portal Admin Publications

Provider Reports ? ⬆

*Report ▼

Date Available From

Date Available To

Please select the row to show the report

Document ID	Report Type	Effective Date	End Date	Performance Year	Release Date	Report Format	Date Available on Portal	Date First Accessed
6518298013153	Quarterly CPC Attribution and Payment Files	04/01/2017	03/31/2018		OCT, 2018	DETAIL	10/25/2018	10/30/2018
6518292011324	Quarterly CPC Referral Reports	04/01/2017	03/31/2018		Aug, 2018	SUMMARY	10/19/2018	10/19/2018
6518292011095	Quarterly CPC Referral Reports	04/01/2017	03/31/2018		Aug, 2018	DETAIL	10/19/2018	10/19/2018
6518227046188	Quarterly CPC Referral Reports	01/01/2017	12/31/2017		May, 2018	SUMMARY	08/15/2018	08/21/2018
6518227046324	Quarterly CPC Referral Reports	01/01/2017	12/31/2017		May, 2018	DETAIL	08/15/2018	08/21/2018
6518211010248	Quarterly CPC Attribution and Payment Files	01/01/2017	12/31/2017		JUL, 2018	DETAIL	07/30/2018	09/14/2018
6518200010342	Quarterly CPC Practice Reports	01/01/2017	12/31/2017		JUN, 2018	SUMMARY	07/19/2018	07/27/2018
6518200010569	Quarterly CPC Practice Reports	01/01/2017	12/31/2017		JUN, 2018	DETAIL	07/19/2018	07/27/2018
6518134007911	Quarterly CPC Referral Reports	10/01/2016	09/30/2017		Feb, 2018	DETAIL	05/14/2018	05/15/2018
6518134007977	Quarterly CPC Referral Reports	10/01/2016	09/30/2017		Feb, 2018	SUMMARY	05/14/2018	05/14/2018

< Previous 1 2 3 4 5 Next >

Your referral reports are available in the MITS portal, name *Quarterly CPC Referral Reports*

Contents

Welcome and overview of reporting CPC

Ohio CPC referral reports

Next steps, reminders, and questions

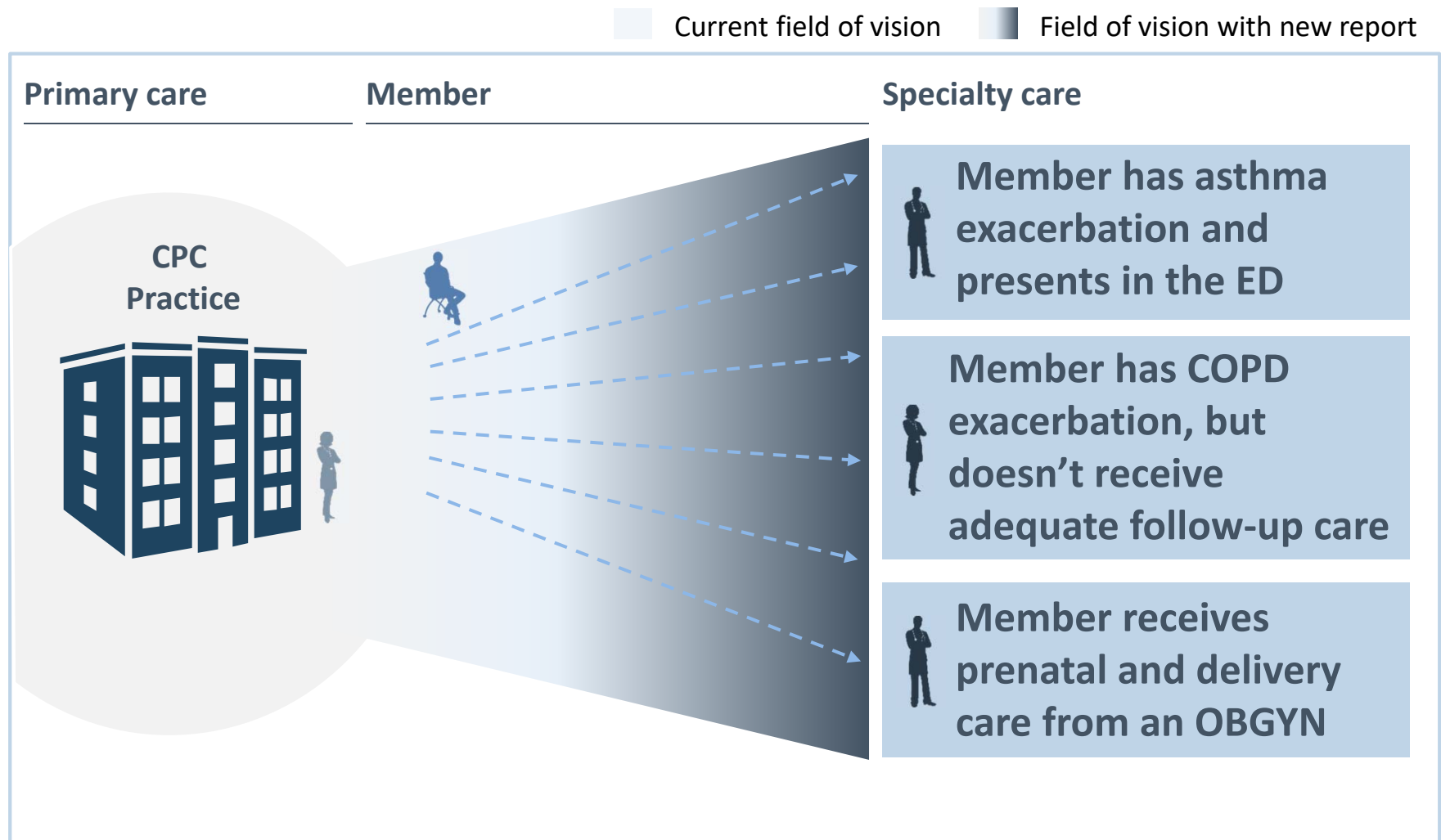
Overview of today's discussion on the quarterly CPC practice reports

- A** What are the CPC referral reports, and why were they created?
- B** How can your practice use the information contained in the CPC referral report?
- C** How should you interpret your CPC referral reports?



**Summary of performance
for referrals**

A Referral reports aim to expand the field of vision of Ohio CPC providers to member activity outside your practice



A What are the Ohio CPC referral reports?

- CPC Referral Reports are designed to:
 - Highlight variation in the cost and quality of care for seven episodes of care for your practice’s attributed CPC members
 - Identify potential areas for to collaborate with other PAPs
- CPC Referral Reports consist of two subcomponents:
 - PDF summaries of patient activity CPC Referral Reports
 - Detailed patient-level files (CSV format)
- PAPs also receive their own referral reports once a year, which are similar to the CPC referral reports but exclude practice specific details and exclude the detailed patient file

PERINATAL					Q3 2016	
Provider performance metrics (risk adjusted cost per episode, meets quality standards) are measured over the time period 01-01-2015 to 12-31-2015 for all claims under Medicaid, while patient activity metrics (number of episodes from your patients, % of your episodes) are measured over the time period 06-01-2015 to 05-31-2016 for your patients' claims only.						
The providers shown in the list below are all providers within a 40 mile radius of your CPC Practice, based on the ZIP associated with Billing ID submitted in the claim.						
There were 622 perinatal episodes between 06-01-2015 to 05-31-2016 CPC PRACTICE ID: 0000000000 CPC PRACTICE: ABC Medical Center						
Provider performance and patient activity report 1 / 3						
Key: categories of risk-adjusted cost per episode with ranges of notional non-risk adjusted values						
	\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$	
	\$4,423 - \$5,581	\$5,581 - \$6,150	\$6,150 - \$7,781	\$7,781 - \$8,605	\$8,605 - \$9,495	
Principal Accountable Provider	Risk-adjusted cost per episode ¹	Meets quality standards ²	Number of episodes from your patients	% of your episodes	Relevant payers ³	
PAP1	\$	—	281	45.2%	U,P,M,C,B,F	
PAP2	\$\$\$\$	↑	59	9.5%	U,M,C,B,F	
PAP3	\$\$\$	↓	36	5.8%	U,P,M,C,B,F	
PAP4	\$\$	—	24	3.9%	U,P,M,C,B,F	
PAP5	\$\$	—	22	3.5%	U,P,M	
PAP6	\$\$\$	—	20	3.2%	U,P,M,C,B,F	
PAP7	\$	—	18	2.9%	U,P,M,C,F	
PAP8	\$\$\$	—	16	2.6%	U,P,M,C,B,F	
PAP9	\$\$\$\$	—	14	2.3%	U,P,M,C,B,F	
PAP10	\$\$\$\$\$	↑	12	1.9%	U,P,M,C,B,F	
PAP19	\$	—	10	1.6%	U,P,M,C,B,F	
PAP21	\$	—	10	1.6%	U,P,M,C,B,F	
PAP22	\$	—	10	1.6%	U,P,B,F	
PAP13	\$\$\$\$\$	—	10	1.6%	U,P,M,C,B,F	
PAP14	\$\$\$\$\$	—	10	1.6%	U,P,B,F	
PAP16	\$\$\$\$\$	—	10	1.6%	U,P,M,C,B,F	
PAP17	\$\$\$\$\$	↑	10	1.6%	U,P,M,C	
PAP18	\$	↓	10	1.6%	U,P,M,C,B,F	
PAP20	\$	—	10	1.6%	U,B,F	
PAP11	\$\$\$\$	—	10	1.6%	U,P,C,B,F	
PAP12	\$\$\$\$\$	—	10	1.6%	U,P,M,C,B,F	

¹ Arrows represent the change in cost category from the previous report
² Quality standards are explained in more depth on the context page of this report
³ Relevant payers: U - United, P - Paramount, M - Molina, C - CareSource, B - Buckeye, AE - Aetna, AN - Anthem, F - FFS

Copyright 2016. DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The data in the reports are neither intended nor suitable for other uses, including the selection of a health care provider. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/Providers/PaymentInnovation.aspx>.

A Referral reports for CPC practices and PAPs

	<u>CPC referral report</u>	<u>PAP referral report</u>
Who receives a report?	<ul style="list-style-type: none"> Enrolled Ohio CPC practices 	<ul style="list-style-type: none"> PAPs for perinatal, asthma, and COPD episodes
What information is included?	<ul style="list-style-type: none"> By episode, PAP names, risk-adjusted cost indicator, quality indicator, number of attributed members, associated payers, episode and quality metric summary and CSV file 	<ul style="list-style-type: none"> By episode, all PAP names, risk-adjusted cost indicator, quality indicator, zip code, episode and quality metric summary Unlike CPC referral reports, PAP reports exclude: <ul style="list-style-type: none"> Trend in risk-adjusted costs List of relevant payers Number of patients from PCPs
How is it sorted?	<ul style="list-style-type: none"> Number of attributed members, includes PAPs within radius 	<ul style="list-style-type: none"> All PAPs, alphabetical order
What is the data time-frame?	<ul style="list-style-type: none"> Rolling 12 months 	<ul style="list-style-type: none"> Calendar year
How often will providers receive the report?	<ul style="list-style-type: none"> Quarterly 	<ul style="list-style-type: none"> Annually

B How can you use the Ohio CPC referral reports to improve your practice?

Key areas of interest

How the CPC referral report can help

Quality

- Identify and collaborate with low-cost and high-quality Principle Accountable Providers (PAPs) to help provide better care to your patients

Cost

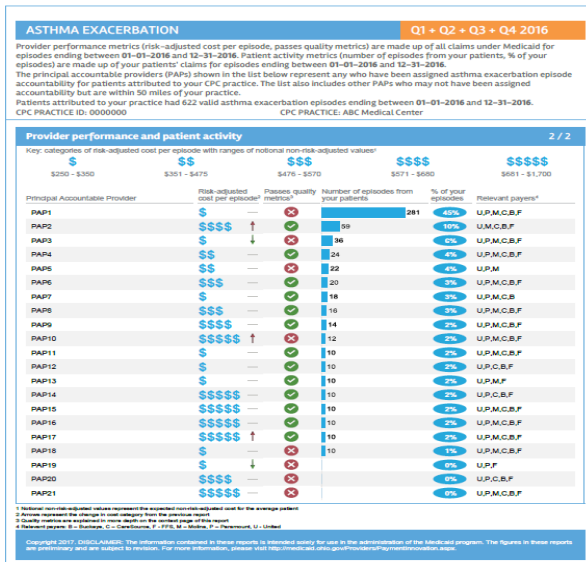
- Lower your practice's overall cost by understanding and creating more efficient referrals, as episode-based spending is included into your practice's total cost of care

Collaboration

- Recognize where your patients are receiving care, so you can help better coordinate across different providers where appropriate

How to read your CPC referral report PDF: overview of report components

CPC Quarterly Referral Report PDF



Includes:

- Data on your CPC practice’s attributed members
- Average cost per patient
- Percent of referrals to each PAP
- Details on other PAPs within a geographic radius

CPC Quarterly Referral Report - CSV File

PAP Performance and Patient Activity Report - Patient Episode Detail

Episode(s): ASTHMA, COPD, and PERI

Covering episodes that ended between Jan 1 2016 and Dec 31 2016

Payer name: All

CPC Practice Name: ABC Medical Center (1234567)

Episode	PAP nam	PAP ID	PAP ZIF	Valid PAF	Good PA	QM pass	Risk-adjusted cost category
ASTHM	PAP1	1E+06	4111	1	0	1	5
ASTHM	PAP2	2E+06	4222	1	0	1	4
ASTHM	PAP2	2E+06	4222	1	0	0	2
COPD	PAP1	1E+06	4111	1	0	1	4
COPD	PAP3	3E+06	4333	1	0	1	3
COPD	PAP4	4E+06	4444	1	1	1	1
COPD	PAP4	4E+06	4444	1	0	1	3
COPD	PAP4	4E+06	4444	1	0	0	3
PERI	PAP5	6E+06	4555	1	0	0	5
PERI	PAP5	6E+06	4555	1	0	0	3
PERI	PAP5	6E+06	4555	1	0	1	4
PERI	PAP5	6E+06	4555	1	0	1	3

Footnotes:
Medical education and capital expenditure payments are not included in non-risk-adjusted episode :

Includes:

- Underlying episodes behind the patient activity shown on the report
- In-depth information on PAP performance by episode

C How to read your CPC referral report PDF (1/3)

- 1 This section displays an overview of the data included in the report and describes the performance period used
- 2 The date label corresponds to the reporting period
- 3 Names of Principal Accountable Providers (PAPs) will be shown-ordered in the report using the following logic: number of your patients with an episode attributed to the PAP, quality metric pass, and risk-adjusted cost category
- 4 The risk-adjusted cost categories for the episode show the PAP's cost performance on a risk-adjusted basis for the episode. A trend indicator is shown next to the dollar signs to represent change in cost from the previous quarter's report to this quarter's report. An up arrow signifies movement to a more expensive cost category, a down arrow shows movement to a less expensive cost category, and no arrow means no change in cost category

ASTHMA EXACERBATION
Q1 + Q2 + Q3 + Q4 2016

Provider performance metrics (risk-adjusted cost per episode, passes quality metrics) are made up of all claims under Medicaid for episodes ending between 01-01-2016 and 12-31-2016. Patient activity metrics (number of episodes from your patients, % of your episodes) are made up of your patients' claims for episodes ending between 01-01-2016 and 12-31-2016. The principal accountable providers (PAPs) shown in the list below represent any who have been assigned asthma exacerbation episode accountability for patients attributed to your CPC practice. The list also includes other PAPs who may not have been assigned accountability but are within 50 miles of your practice. Patients attributed to your practice had 622 valid asthma exacerbation episodes ending between 01-01-2016 and 12-31-2016. CPC PRACTICE ID: 0000000 CPC PRACTICE: ABC Medical Center

Provider performance and patient activity 2 / 2

Key: categories of risk-adjusted cost per episode with ranges of notional non-risk-adjusted values¹

	\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$
	\$250 - \$350	\$351 - \$475	\$476 - \$570	\$571 - \$680	\$681 - \$1,700

Principal Accountable Provider	Risk-adjusted cost per episode ²	Passes quality metrics ³	Number of episodes from your patients	% of your episodes	Relevant payers ⁴
PAP1	\$	✗	281	45%	U,P,M,C,B,F
PAP2	\$\$\$\$\$ ↑	✓	59	10%	U,M,C,B,F
PAP3	\$ ↓	✗	36	6%	U,P,M,C,B,F
PAP4	\$\$	✓	24	4%	U,P,M,C,B,F
PAP5	\$\$	✗	22	4%	U,P,M
PAP6	\$\$\$	✓	20	3%	U,P,M,C,B,F
PAP7	\$	✓	18	3%	U,P,M,C,B
PAP8	\$\$\$	✓	16	3%	U,P,M,C,B,F
PAP9	\$\$\$\$\$	✓	14	2%	U,P,M,C,B,F
PAP10	\$\$\$\$\$ ↑	✗	12	2%	U,P,M,C,B,F
PAP11	\$	✓	10	2%	U,P,M,C,B,F
PAP12	\$	✓	10	2%	U,P,C,B,F
PAP13	\$	✓	10	2%	U,P,M,F
PAP14	\$\$\$\$\$	✓	10	2%	U,P,C,B,F
PAP15	\$\$\$\$\$	✓	10	2%	U,P,M,C,B,F
PAP16	\$\$\$\$\$	✓	10	2%	U,P,M,C,B,F
PAP17	\$\$\$\$\$ ↑	✓	10	2%	U,P,M,C,B,F
PAP18	\$	✗	10	1%	U,P,M,C,B,F
PAP19	\$ ↓	✗	10	0%	U,P,F
PAP20	\$\$\$\$	✗	10	0%	U,P,C,B,F
PAP21	\$\$\$\$\$	✗	10	0%	U,P,M,C,B,F

¹ Notional non-risk-adjusted values represent the expected non-risk-adjusted cost for the average patient
² Arrows represent the change in cost category from the previous report
³ Quality metrics are explained in more depth on the context page of this report
⁴ Relevant payers: B = BlueCross, C = CareSource, F = FFS, M = Molina, P = Paramount, U = United

Copyright 2017. DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/ProvidersPaymentInnovation.aspx>.

C How to read your CPC referral report PDF (2/3)

ASTHMA EXACERBATION Q1 + Q2 + Q3 + Q4 2016

Provider performance metrics (risk-adjusted cost per episode, passes quality metrics) are made up of all claims under Medicaid for episodes ending between 01-01-2016 and 12-31-2016. Patient activity metrics (number of episodes from your patients, % of your episodes) are made up of your patients' claims for episodes ending between 01-01-2016 and 12-31-2016. The principal accountable providers (PAPs) shown in the list below represent any who have been assigned asthma exacerbation episode accountability for patients attributed to your CPC practice. The list also includes other PAPs who may not have been assigned accountability but are within 50 miles of your practice. Patients attributed to your practice had 622 valid asthma exacerbation episodes ending between 01-01-2016 and 12-31-2016. CPC PRACTICE ID: 0000000 CPC PRACTICE: ABC Medical Center

Provider performance and patient activity 2 / 2

Categories of risk-adjusted cost per episode with ranges of notional non-risk-adjusted values¹

Principal Accountable Provider	Risk-adjusted cost per episode ²	Passes quality metrics ³	Number of episodes from your patients ⁴	% of your episodes	Relevant payers ⁴
PAP1	\$	✗	281	45%	U,P,M,C,B,F
PAP2	\$\$\$\$	↑	59	10%	U,M,C,B,F
PAP3	\$	✗	36	6%	U,P,M,C,B,F
PAP4	\$\$	✓	24	4%	U,P,M,C,B,F
PAP5	\$\$	✗	22	4%	U,P,M
PAP6	\$\$\$	✓	20	3%	U,P,M,C,B,F
PAP7	\$	✓	18	3%	U,P,M,C,B
PAP8	\$\$\$	✓	16	3%	U,P,M,C,B,F
PAP9	\$\$\$\$	✗	14	2%	U,P,M,C,B,F
PAP10	\$\$\$\$\$	↑	12	2%	U,P,M,C,B,F
PAP11	\$	✓	10	2%	U,P,M,C,B,F
PAP12	\$	✓	10	2%	U,P,C,B,F
PAP13	\$	✓	10	2%	U,P,M,F
PAP14	\$\$\$\$\$	✓	10	2%	U,P,C,B,F
PAP15	\$\$\$\$\$	✓	10	2%	U,P,M,C,B,F
PAP16	\$\$\$\$\$	✓	10	2%	U,P,M,C,B,F
PAP17	\$\$\$\$\$	↑	10	2%	U,P,M,C,B,F
PAP18	\$	✗	10	1%	U,P,M,C,B,F
PAP19	\$	✗	10	0%	U,P,F
PAP20	\$\$\$\$	✗	10	0%	U,P,C,B,F
PAP21	\$\$\$\$\$	✗	10	0%	U,P,M,C,B,F

1 Notional non-risk-adjusted values represent the expected non-risk-adjusted cost for the average patient
2 Arrows represent the change in cost category from the previous report
3 Quality metrics are explained in more detail on the second page of this report
4 Relevant payers: B - BlueCare, C - CareSource, F - FFS, M - Molina, P - Paramount, U - United

Copyright 2017. DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/ProvidersPaymentInnovation.aspx>.

- The number of “dollar signs” shown in the legend correspond to quintiles of PAP cost performance for a given episode. The dollar value ranges below represent the expected non-risk-adjusted cost for the average patient
- Quality metrics linked to payment are represented with a single check mark or cross. All metrics linked to payment must be passed in order to receive a check mark. A full list of measures linked to payment is located on the last page of the report
- The “number of episodes from your patients” field shows the reported episodes triggered by CPC members with the given PAP. The “% of your episodes” metric shows this number as a proportion of all patient episodes for your attributed members
- Relevant payers provides a list of MCPs for which each PAP has episodes. Historical claims data from the latest performance period is used to determine the links between PAPs and payers

C How to read your CPC referral report PDF (3/3)

ASTHMA EXACERBATION
Q1 + Q2 + Q3 + Q4 2016

Asthma exacerbation episode context

9 An asthma exacerbation episode consists of relevant care delivered to a patient from the day of the asthma ED or inpatient activity to 30 days after discharge. Episodes are only triggered if a claim is made with a primary asthma-specific diagnosis code, or a primary diagnosis within a set of contingent asthma diagnoses and a secondary confirmatory asthma diagnosis.

All inpatient, outpatient, professional, and pharmacy claims during the trigger window (the initial ED or inpatient activity) are included in the episode. All relevant spend for the next 30-day period is also included, including spend associated with relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g., pneumonia, chest x-rays, nebulizers, decongestants, etc.) and inpatient admissions.

The Principle Accountable Provider (PAP) is the facility that treats the patient during the trigger window, defined by billing ID. This provider is accountable for the entire asthma exacerbation episode from start to finish.

Episodes that are included are risk adjusted to specifically capture the impact of documented clinical factors that typically require additional care during an episode and are outside of the PAP's control. Risk factor examples include age, specific chronic conditions and comorbidities. More details can be found at <http://medicaid.ohio.gov/providers/paymentinnovation.aspx>.

Episodes are excluded in cases where patient characteristics, comorbidities, diagnoses or procedures may potentially indicate a type of risk that, due to its complexity, cost, or other factors, significantly deviates from the episode's patient journey.

The report included here shows performance of PAPs for asthma exacerbation episodes.

Quality metrics linked to payment for asthma episode

10 The quality metrics that must be passed are the following:

- Percent of episodes with a follow-up visit within 30 days (pass threshold: 28%)
- Percent of episodes with a filled prescription for controller medication (pass threshold: 26%)

Copyright 2017. DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/Providers/PaymentInnovation.aspx>.

9 A description of the episode is shown on the back page of the report. This text provides an overview of the key elements of the episode – the triggers, duration, inclusions and exclusions. The PAP is defined and the risk-adjustment process is briefly described along with a link to the Medicaid website for further information

10 The quality metrics linked to payment are displayed along with current pass thresholds. All quality metrics shown here must be passed in order to receive a check mark on the provider performance and patient activity page

C How to read your detailed patient-level file .CSV (1/2)

Each PDF report made available to a CPC practice is accompanied by a (.csv) file that contains the underlying episodes behind the patient activity shown on the report. This episode level detail can be used to determine the following:

- 1 Physician or hospital PAP for the episode trigger event, along with the associated billing ID, service zip code, and efficient PAP as defined by passing quality measures tied to gain sharing and being in lowest quintile of cost.
- 2 Change in risk-adjusted cost category from previous quarter. Will be blank for the first quarter of reports.
- 3 PAP spend is calculated across all valid episodes. PAP spend will not correspond to the average of episode spend on the same the detailed patient-level file because the PAP spend columns shown here only correspond to only for members attributed to the CPC practice.

PAP Performance and Patient Activity Report - Patient Episode Detail												
Episode(s): ASTHMA, COPD, and PERI												
Covering episodes that ended between Jan 1 2016 and Dec 31 2016												
Payer name: All												
CPC Practice Name: ABC Medical Center (1234567)												
Episode name	PAP name	PAP ID	PAP ZIP	Valid PAP	Efficient PAP	QM pass	Risk-adjusted cost	Change in risk-adjusted cost	PAP risk-adjusted spend	PAP non-risk-adjusted spend	Rendering physician	
ASTHMA	PAP1	1E+06	41111	1	0	1	5		XX	YY	R1	
ASTHMA	PAP2	2E+06	42222	1	0	1	4		XX	YY	R2	
ASTHMA	PAP2	2E+06	42222	1	0	0	2		XX	YY	R3	
COPD	PAP1	1E+06	41111	1	0	1	4		XX	YY	R4	
COPD	PAP3	3E+06	43333	1	0	1	3		XX	YY	R5	
COPD	PAP4	4E+06	44444	1	1	1	1		XX	YY	R6	
COPD	PAP4	4E+06	44444	1	0	1	3		XX	YY	R7	
COPD	PAP4	4E+06	44444	1	0	0	3		XX	YY	R8	
PERI	PAP5	6E+06	45555	1	0	0	5		XX	YY	R9	
PERI	PAP5	6E+06	45555	1	0	0	3		XX	YY	R10	
PERI	PAP5	6E+06	45555	1	0	1	4		XX	YY	R11	
PERI	PAP5	6E+06	45555	1	0	1	3		XX	YY	R12	
Footnotes:												
Medical education and capital expenditure payments are not included in non-risk-adjusted episode spend.												

C How to read your detailed patient-level file .CSV (2/2)

Each PDF report made available to a CPC practice is accompanied by a (.csv) file that contains the underlying episodes behind the patient activity shown on the report. This episode level detail can be used to determine the following:

- 4 List of patients attributed to the CPC practice who received care from the episode PAPs.
- 5 Date that the patients' episodes take place and the associated durations.
- 6 Reported cost of each episode in terms of both risk-adjusted cost and non-risk-adjusted cost.
- 7 Breakdown of quality measure performance for QMs tied to gain-sharing for each episode.

	4			5		6			7	
Episode ID	Patient name	Patient Medicaid ID	Excluded episode	Episode start	Episode end	Episode risk-adjusted spend	Episode non-risk-adjusted spend	Payer	Asthma follow-up visit	
E1			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer1		1
E2			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer2		0
E3			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer1		0
E4			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer3	NA	
E5			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer2	NA	
E6			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer1	NA	
E7			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer3	NA	
E8			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer4	NA	
E9			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer2	NA	
E10			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer3	NA	
E11			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer2	NA	
E12			No	XX/YY/2016	XX/YY/2016	XX	YY	Payer1	NA	

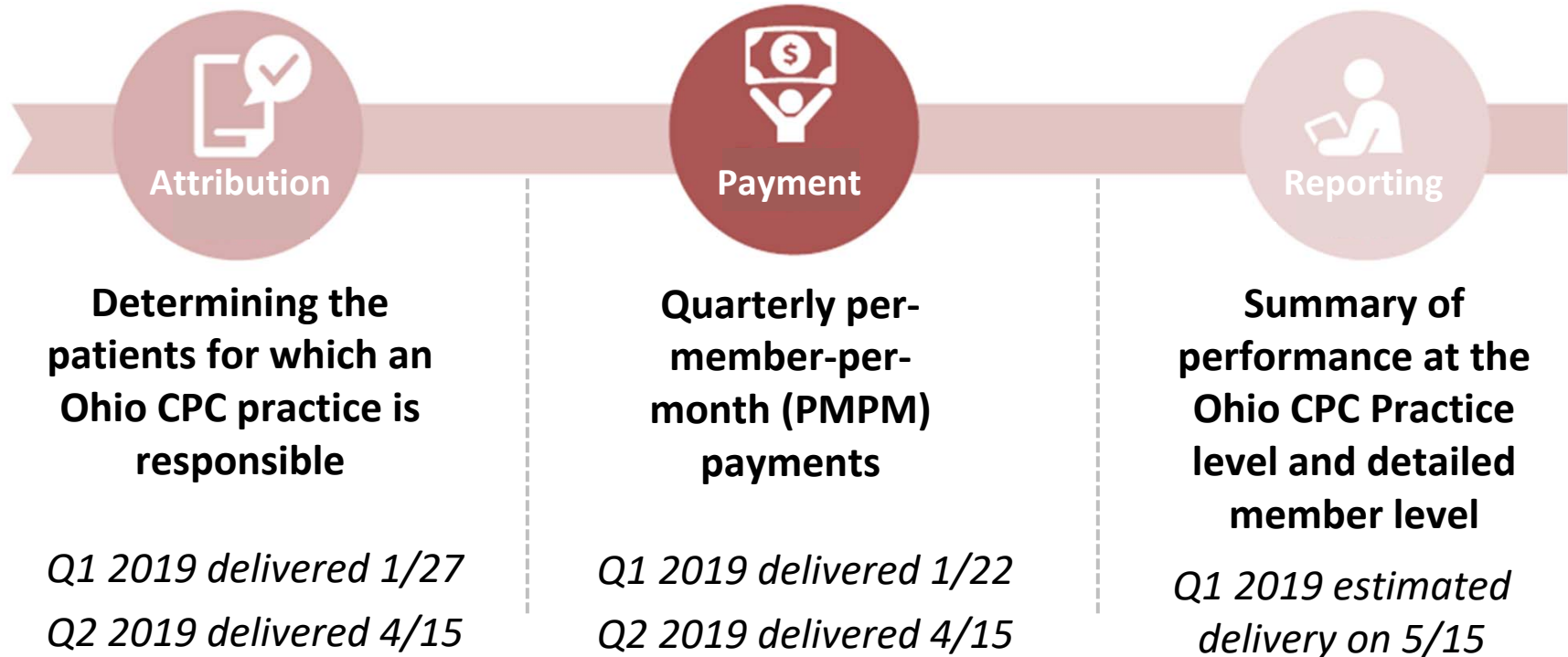
Contents

Welcome and overview of reporting CPC

Ohio CPC referral reports

Next steps, reminders, and questions

Overview of practice journey page



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

Key upcoming dates

- **Best practice-sharing webinars** will be held on the last Friday of every month from 11:30a-12:30p, with upcoming webinars on
 - May 31
 - June 28
 - August 30
 - September 27
 - October 25
- **Monthly practice webinars** will be held on the following dates
 - June 13: What to expect from practice monitoring
 - August 8: Total cost of care shared saving methodology review
 - August 22: Ohio CPC 2020 enrollment webinar
 - November 14: Review of 2018 Ohio CPC outcomes
 - December 19: Ohio CPC 2020 introductory webinar

Frequently asked questions about CPC referral reports

Q: What does PAP stand for?

A: Principal Accountable Provider, which is defined as the person or entity who is held accountable for both the quality and cost of care delivered to the patient for an entire episode of care.

Q: I am a PAP and a CPC. Why do my PAP and CPC referral reports look different?

A: PAP referral reports are sorted by alphabetical order for all PAPs in Ohio. CPC Referral Reports are sorted by the number of your practice's attributed members in the episode and include only other PAPs within a given radius of your practice. CPC referral reports also include information that PAP reports do not –including the number of attributed members for each PAP, as well as the payers associated with each PAP. Finally, PAP reports contain calendar year data and are delivered once a year, while CPC Referral Reports contain data for a rolling twelve month reporting period and are delivered quarterly.

Q: How would we go about changing our CPC contact person?

A: Please reach out to the Provider Assistance hotline, at (800) 686-1516, to update your CPC contact. Please note that we only maintain ONE point of contact for each CPC practice and rely on that person to share information with others in your organization.