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Ohio Comprehensive Primary Care

2021 Program Overview

December 31st, 2020

CPC 2021

- Program Overview
- Payments
- Activity Requirements
- Quality and Efficiency Metrics
- CPC for Kids Program Overview
- Reporting and Calendar

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2021 CPC Program Overview

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Ohio CPC 2021 - Participation

165
CPC ENTITIES

- CPC for Kids = 137 CPC Entities
- Total Number of Practices = 311

131
INDIVIDUAL CPC PRACTICES

- CPC for Kids = 109 Individual Practices
- Total Number of Practices = 131

34
CPC PRACTICE PARTNERSHIPS

- CPC for Kids = 28 Practice Partnerships
- Total Number of Practices = 180

2020 vs 2021 Analysis:

- 269 Practices from 2020 re-attested for 2021
- 42 New Practices in for 2021
- 4 Newly Formed Partnerships for 2021

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

	10 Activity Requirements	20 Clinical Quality Metrics	4 Efficiency Metrics	Total Cost of Care
CPC	• 24/7 and same-day access to care • Risk stratification • Population health management • Team-based care delivery • Care management plans • Follow up after hospital discharge • Tracking follow up tests and specialist referrals • **Patient experience** • **Community Service and Supports Integration** • **Behavioral Health Integration**	• Clinical measures aligned with CMS/AHIP core standards for PCMH	• ED visits • Inpatient admissions for ambulatory sensitive conditions • Behavioral health related inpatient admits • Episodes-related metric (sunsetting in 2021) • **Adherence to Preferred Drug List (information only)**	
	Must pass 100%	**Must pass 50%**	**Must pass 50%**	
Payment Streams				
	PMPM	**All Core Requirements Required to Receive**		**Based on self-improvement & performance relative to peers**
	Shared Savings	**All Core Requirements Required to Receive**		

2021 CPC Payments

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2021 Ohio CPC Per Member Per Month (PMPM) Payments

Remains the same as 2019

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**

Tiers	Health Status	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

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)

CPC PRACTICES CAN EARN SHARED SAVINGS PAYMENTS BY MEETING THE FOLLOWING QUALIFICATIONS:

- ✓ **Activity requirements, quality and efficiency metrics must be met by** the CPC entity
- ✓ CPC entities must have **60,000 member months** to be eligible for TCOC

Qualifying CPC entities may receive either or both of two payments:

1 **Total Cost of Care relative to self**	Payment based on an **entity'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 an entity's low total cost of care** relative to other CPC entities

Detailed requirement definitions are available on the Ohio Medicaid website:
http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657108-cpc-payments

2021 CPC Activity Requirements

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2021 CPC Activity Requirements

Updated in 2021

Unchanged in 2021

Community services and supports integration	Practice identifies individuals in need of community services and supports and maintains a process to connect attributed individuals to necessary services.
Behavioral health Integration	Practice uses screening tools to identify attributed individuals in need of behavioral health services, tracks and follow up on behavioral health service referrals, and has a planned improvement strategy for behavioral health outcomes.
24/7 and same-day access to care	Practice offers at least one alternative to traditional office visits to increase access to the patient care team and clinicians in ways that best meet the needs of the population. This may include e-visits, phone visits, group visits, home visits, alternate location visits, or expanded hours in the early mornings, evenings, and weekends. Within twenty-four hours of initial request, the practice must provide access to a primary care practitioner with access to the attributed individual's medical record. The practice must also make clinical information of the attributed individual available through paper or electronic records, or telephone consultation to on-call staff, external facilities, and other clinicians outside the practice when the office is closed.
Risk stratification	Practice has a developed method for documenting patient risk level that is integrated within the attributed individual's record and has a clear approach to implement this across the practice's entire patient panel.
Population health management	Practice identifies attributed individuals in need of preventive or chronic services and conducts outreach to schedule applicable appointments or identify additional services to meet the needs of the attributed individual.
Team-based care delivery	Practice defines care team members, roles, and qualifications and provides various care management strategies in partnership with payers, ODM, and other providers as applicable for attributed individuals in specific segments identified by the practice.

2021 CPC Activity Requirements Cont.

Updated in 2021

Unchanged in 2021

Care management plans	Practice creates care plans that include necessary elements for all high-risk attributed individuals as identified by the practice's risk stratification process.
Follow up after hospital discharge	Practice has established relationships with all emergency departments and hospitals from which it frequently receives referrals and has an established process to ensure a reliable flow of information.
Tests and specialist referrals	Practice has established bi-directional communication with specialists, pharmacies, laboratories, and imaging facilities necessary for tracking referrals.
Patient experience	Practice orients all attributed individuals to the practice and incorporates patient preferences in the selection of a primary care provider to build continuity of attributed individual relationships throughout the entire care process; ensures all staff who provide direct care or otherwise interact with attributed individuals complete cultural competency training, as deemed acceptable by ODM, within twelve months of program enrollment and annually thereafter; ensures that new staff who will provide direct care or otherwise interact with attributed individuals completes cultural competency training within ninety days of their start date; routinely assesses demographics and adapts training needs based on demographics; assesses its approach to attributed individual experience and cultural competency at least once annually through the use of the Patient and Family Advisory Council (PFAC) or other quantitative and qualitative means, such as focus groups or a patient survey, that covers access to care, communication, coordination, and whole person care and self-management support; and uses the information to identify and act on opportunities to improve attributed individual experience and reduce cultural disparities, including disparities in the identification, treatment, and outcomes related to chronic conditions such as asthma, diabetes, and cardiovascular health. Practice reports findings and opportunities to attributed individuals, the PFAC, payers, and ODM.

2021 CPC Quality and Efficiency Metrics

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2021 CPC Clinical Quality Metrics

Pediatric Health (4)	Well-Child Visits in the First 15 Months of Life
	Well-Child visits in the 3rd, 4th, 5th, 6th years of life
	Adolescent Well-Care Visits
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents
Women's Health (5)	Timeliness of prenatal care
	Live Births Weighing Less than 2,500 grams
	Postpartum care
	Breast Cancer Screening
	Cervical cancer screening

Adult Health (7)	Adult BMI Assessment
	Controlling high blood pressure
	Medication management for people with asthma
	Statin Therapy for patients with cardiovascular disease
	Comprehensive Diabetes Care: HgA1c poor control (>9.0%)
	Comprehensive diabetes care: HbA1c testing
	Comprehensive diabetes care: eye exam
Behavioral Health (4)	Antidepressant medication management
	Follow up after hospitalization for mental illness
	Preventive care and screening: tobacco use: screening and cessation intervention
	Initiation of alcohol and other drug dependence treatment: Engagement

2021 CPC Efficiency Metric Requirements

New in 2021 | Sunsetting in 2021 | Unchanged in 2021

Metric	Rationale
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 change in providers' behavior that the program wants to incentivize
Behavioral Health Related Inpatient Admits Per 1,000	▪ Reinforces desired provider practice patterns, with focus on the behavioral health population ▪ Relevant for a significant number of smaller practices ▪ Stronger correlation to total cost of care than other BH-related metrics
Episodes-Related Metric	▪ Links CPC program to episode-based payments ▪ Incentivizes primary care providers to refer their patients to higher performing providers
Adherence to Preferred Drug List (information only)	**New metric developed by ODM to track adherence to select preferred drugs for asthma and diabetes**

2021 CPC for Kids Program Overview

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Ohio CPC for Kids Program Requirements and Payment Streams

Requirements

	10 activity requirements	20 Clinical quality metrics	4 Efficiency metrics
CPC for Kids	• No Additional Activity Requirements for CPC for Kids	• Additional pediatric-focused clinical measures	• No Additional Efficiency Requirements for CPC for Kids
	NA	**Must pass 50%**	**NA**

Payment Streams

Enhanced PMPM	**All Core AND CPC for Kids Requirements Required to Receive**
Bonus Pool	**All Core AND CPC for Kids Requirements Required to Receive**

CPC for Kids Payment Streams

	Description	Details
1 Enhanced PMPM	Compensates practices for activities that improve care	Enhanced $1.00 PMPM for pediatric members attributed to the practice
2 Bonus Payment	Annual lump-sum payment, contingent upon performance (e.g., shared savings and meeting quality and process requirements)	Bonus pool focused on additional pediatric activities related to: 1. Additional supports for children in foster care 2. Behavioral health linkages 3. School linkages 4. Transitions of care 5. Select wellness measures

Detailed requirement definitions are available on the Ohio Medicaid website:
http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657108-cpc-payments

2021 CPC for Kids Clinical Quality Metrics

Current Ohio CPC pediatric metrics	Well-Child Visits in the First 15 Months of Life
	Well-Child visits in the 3rd, 4th, 5th, 6th years of Life
	Adolescent Well-Care Visits
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents
Additional CPC for Kids metrics linked to payment	Lead screening (one or more at 2 years of age)
	Immunization for children (HEDIS combination 3)[1]
	Immunization for adolescents (HEDIS combination 2)[2]
Additional CPC for Kids metrics Information Only	Tobacco cessation for ages 12-17
	Fluoride varnish

Must pass at least one applicable metric

Must pass 50% of applicable metrics

1 Includes: diptheria, tetanus, and acellular pertussis; polio; measles, mumps, and rubella; influenza type B; 5 chicken pox; pneumococcal conjugate.
2 Includes: meningococcal serogroups A, C, W, Y; tetanus, diptheria, acellular pertussis; HPV.

2021 CPC Reporting and Calendar

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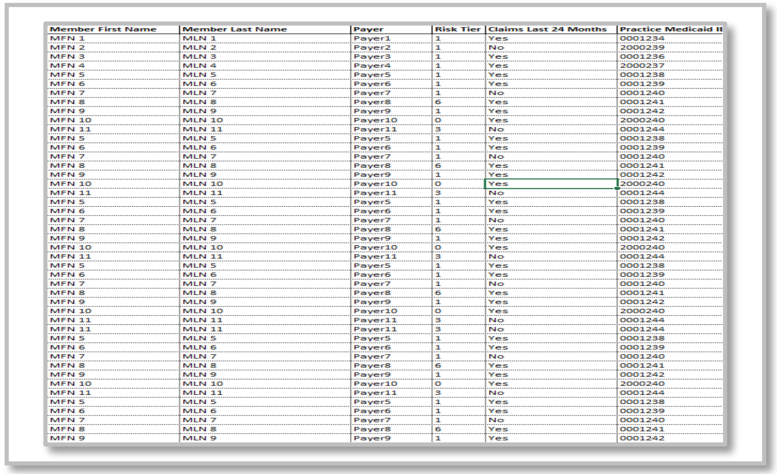
Practices Receive Two Sets Of Reports Each Quarter

1 Attribution and payment file

Contains attributed members and associated PMPM payments for each quarter



Member First Name	Member Last Name	Payer	Risk Tier	Claims Last 24 Months	Practice Medicaid ID
MFN 1	MLN 1	Payer1	1	Yes	0001234
MFN 2	MLN 2	Payer2	1	No	2000239
MFN 3	MLN 3	Payer3	1	Yes	0001236
MFN 4	MLN 4	Payer4	1	Yes	2000237
MFN 5	MLN 5	Payer5	1	Yes	0001238
MFN 6	MLN 6	Payer6	1	Yes	0001239
MFN 7	MLN 7	Payer7	1	No	0001240
MFN 8	MLN 8	Payer8	6	Yes	0001241
MFN 9	MLN 9	Payer9	1	Yes	0001242
MFN 10	MLN 10	Payer10	0	Yes	2000240
MFN 11	MLN 11	Payer11	3	No	0001244
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MFN 6	MLN 6	Payer6	1	Yes	0001239
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MFN 8	MLN 8	Payer8	6	Yes	0001241
MFN 9	MLN 9	Payer9	1	Yes	0001242
MFN 10	MLN 10	Payer10	0	Yes	2000240
MFN 11	MLN 11	Payer11	3	No	0001244
MFN 5	MLN 5	Payer5	1	Yes	0001238
MFN 6	MLN 6	Payer6	1	Yes	0001239
MFN 7	MLN 7	Payer7	1	No	0001240
MFN 8	MLN 8	Payer8	6	Yes	0001241
MFN 9	MLN 9	Payer9	1	Yes	0001242
MFN 10	MLN 10	Payer10	0	Yes	2000240
MFN 11	MLN 11	Payer11	3	No	0001244
MFN 5	MLN 5	Payer5	1	Yes	0001238
MFN 6	MLN 6	Payer6	1	Yes	0001239
MFN 7	MLN 7	Payer7	1	No	0001240
MFN 8	MLN 8	Payer8	6	Yes	0001241
MFN 9	MLN 9	Payer9	1	Yes	0001242
MFN 10	MLN 10	Payer10	0	Yes	2000240
MFN 11	MLN 11	Payer11	3	No	0001244
MFN 11	MLN 11	Payer11	3	No	0001244
MFN 5	MLN 5	Payer5	1	Yes	0001238
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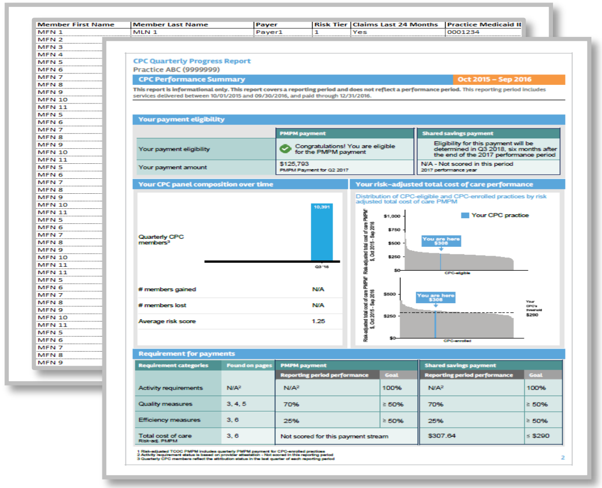
MFN 5	MLN 5	Payer5	1	Yes	0001238
MFN 6	MLN 6	Payer6	1	Yes	0001239
MFN 7	MLN 7	Payer7	1	No	0001240
MFN 8	MLN 8	Payer8	6	Yes	0001241
MFN 9	MLN 9	Payer9	1	Yes	0001242

1 quarterly (.csv) file

2 CPC Practice Report

Contains practice-level summary and a member-level detail of Ohio CPC and CPC for Kids performance over a rolling 12-month period

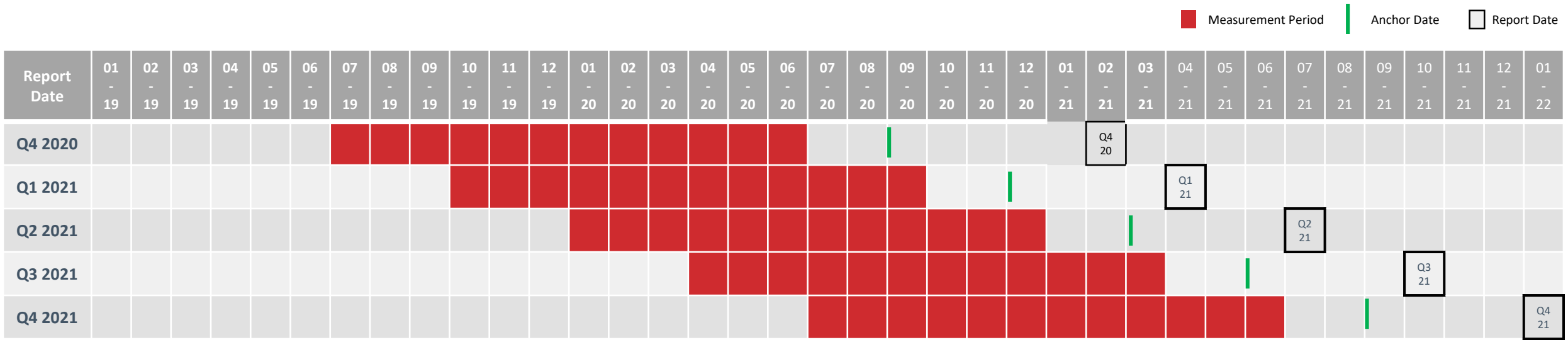


1 quarterly (PDF) file

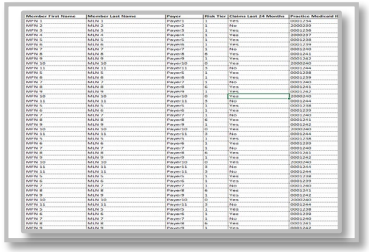
1 quarterly (.csv) file

Quarterly Practice Report Calendar

Report Date	Attribution Anchor Date	Measurement Period		Report Delivery Date
Q4 2020 Report	09/01/2020	07/01/2019	06/30/2020	February 2021
Q1 2021 Report	12/01/2020	10/01/2019	09/30/2020	April 2021
Q2 2021 Report	3/01/2021	01/01/2020	12/31/2020	July 2021
Q3 2021 Report	6/01/2021	04/01/2020	03/31/2021	October 2021
Q4 2021 Report	9/01/2021	07/01/2020	06/30/2021	January 2022

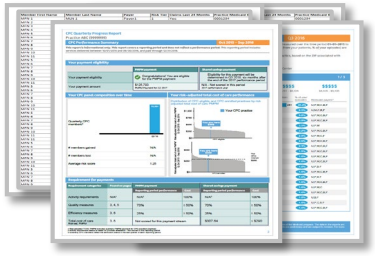


2021 Estimated Delivery Dates



Attribution and Payment Files

	Est. Delivery date	Attribution date
Q1 (January to March)	January	September 1, 2020
Q2 (April to June)	April	December 1, 2020
Q3 (July to September)	July	March 1, 2021
Q4 (October to December)	October	June 1, 2021



Practice Reports

	Est. Delivery Date
Q1 (January to March)	Late March / early April
Q2 (April to June)	July
Q3 (July to September)	October
Q4 (October to December)	Late December / early January 2022

All 2021 program reporting will use the CRG 2.1 risk grouper to risk-stratify members based on claims history.

Detailed requirement definitions are available on the Ohio Medicaid website: http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657108-cpc-payments