

# Ohio CPC for Kids

2021

# CPC for Kids is an optional “track” for eligible CPC entities administered at the entity levels

### Eligibility for Ohio CPC

- Eligible provider type and specialty
- Size
  - At least 500 claims-only members to participate independently or as a partnership
  - At least 150 claims-only members to participate via a practice partnership



### Eligibility for CPC for Kids

- Entity participates in Ohio CPC - as a practice partnership or practice participating independently<sup>1</sup>
- Entity has at least 150 pediatric members<sup>2</sup>

*Note: CPC entities can elect to participate in CPC for Kids during regular CPC enrollment.*

**Note: CPC for Kids is administered at the entity level (e.g. quality metrics, performance on bonus activities)**

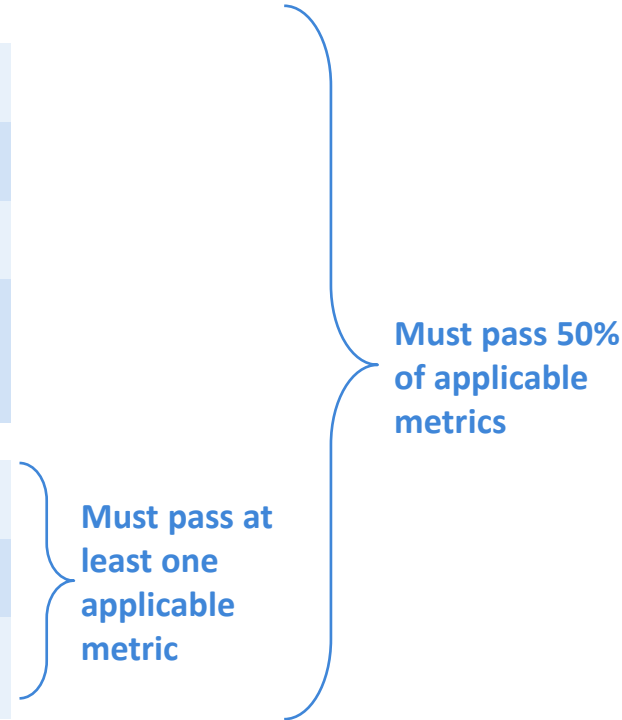
Source: ODM working group conversations and stakeholder input.  
1 CPC entities may be a practice partnership made up of CPC practices, or a practice participating independently.  
2 Based on claims-only attribution at the entity level; pediatric members defined as members under age 21.

# Quality metrics linked to CPC for Kids payment streams

<b>Current Ohio CPC pediatric metrics</b>	Well-Child Visits in First 15 Months of Life
	Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> years of life
	Adolescent Well-Care Visit
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents

<b>Additional CPC for Kids metrics linked to payment</b>	Lead screening (one or more at 2 years of age)
	Immunization for children (HEDIS combination 3) <sup>1</sup>
	Immunization for adolescents (HEDIS combination 2) <sup>1</sup>

<b>Additional CPC for Kids metrics information only</b>	Tobacco cessation for ages 12-17
	Fluoride varnish



Source: ODM working group conversations and stakeholder input

1 Includes: diphtheria, 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, diphtheria, acellular pertussis; HPV.

# 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.

## CPC for Kids Payment Streams

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

<sup>1</sup> CPC for Kids PMPM payment is added to the CPC payment on the attribution file

## CPC for Kids Quality Incentive Bonus Payments

- ODM will assess CPC for Kids practices for performance on the quality incentive bonus payment activities annually as part of the External Quality Review activity requirement assessments
- ODM may request additional or supplemental information from practices to complete this assessment
- Quality incentive bonus payments will be made annually, at the same time as shared savings and lowest total cost of care bonus payments are made for the CPC program

**b Additional detail: 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)					

*Illustrative only*

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

## b Additional detail: potential 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 child protective services (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**



## b Additional detail: potential 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**

## **b** Additional detail: potential school linkages criteria

<b>High (5 pts)</b>	<ul style="list-style-type: none"><li>• 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</li></ul>
<b>Medium (3 pts)</b>	<ul style="list-style-type: none"><li>• Provider has established bi-directional system of communication with schools, including a standard process for managing referrals and parental consents</li></ul>
<b>Low (1 pt)</b>	<ul style="list-style-type: none"><li>• Provider has an informal relationship with the school (e.g., provider attends IEPs, acts as an athletics team clinician, provides in-school health education / wellness programming)</li><li>• Provider accepts referrals from the school</li></ul>

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

## b Additional detail: potential 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**

## b Additional detail: potential 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**