

Comprehensive Primary Care and Comprehensive Primary Care for Kids

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CPC and CPC for Kids Overview

Questions	Answers
<p>What is Comprehensive Primary Care (CPC)?</p>	<p>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.</p>
<p>What is CPC for Kids?</p>	<p>CPC for Kids is a voluntary add-on program designed to complement CPC and enhance pediatric-focused care at the practice level. Practices enrolling in CPC for Kids must concurrently be enrolled in CPC and agree to meet additional child-focused quality metrics for immunizations and lead screenings. In addition, practices in CPC for Kids will be assessed for performance on additional activities including school-based health, transitions of care, behavioral health, and foster care connections. Practices enrolled in CPC for Kids will receive an additional quarterly payment for children under age 21 attributed to the practice and be eligible for quality incentive payments annually.</p>
<p>Why should practices sign up for Ohio CPC and CPC for Kids?</p>	<p>Financial benefits: Participating practices are eligible for two payment streams in addition to existing payment arrangements. A per-member-per-month (PMPM) payment supports activities that are required for the CPC and CPC for Kids programs. Some practices are also eligible for shared savings payments for reducing and/or maintaining a low total cost of care and meeting pre-determined quality and efficiency targets. CPC for Kids practices are also eligible for annual quality incentive payments based on child-focused population health activity performance.</p>

	<p>Non-financial benefits: Joining the CPC and/or CPC for Kids programs 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 information that practices can use to make data-driven decisions about patient care and quality. Practices will also be part of a CPC practice learning community to share the best practices that have led to their success, learn about new Medicaid initiatives that impact primary care, and access resources to provide technical assistance to practices to improve activity requirement and quality and efficiency metric performance.</p>
How does Ohio CPC work with CPC+?	<p>CPC+ is Medicare’s comprehensive primary care program. Ohio Medicaid is a participating payer in CPC+. Ohio CPC and CPC+ are strongly aligned across activity requirements. Additionally, some quality and efficiency metrics overlap with CPC+. Practices participating in CPC+ that have at least 500 Medicaid members are eligible to participate in Ohio CPC.</p>

Program Design

Questions	Answers
Why has Ohio implemented Comprehensive Primary Care programs?	<p>Primary care practitioners can guide many decisions that impact patient care and service costs, improving efficiency and care quality as well as the patient experience. Primary care practitioners often develop trusted relationships with patients over time and are integrated into their communities. By using a patient-centered, population health driven model of care, primary care practices can reduce inpatient stays and emergency department visits and ensure that well care visits and chronic condition care are being delivered regularly and efficiently. Primary care practices can also leverage their knowledge and place in their communities to reduce health disparities.</p>
Which stakeholders contribute input to program requirements?	<p>Core CPC requirements were initially developed through an iterative process with multiple stakeholder groups, including</p>

	individual providers, practice administrators, and provider associations. Requirements are designed to align with state and national primary care standards, prioritize outcomes including reducing costs and racial disparities, minimize administrative burden, and cover a broad range of practice types and patient populations. ODM reevaluates program requirements annually and continually seeks feedback on the CPC and CPC for Kids programs and opportunities for program improvement from interested stakeholders.
Which payers are eligible to participate in Ohio CPC?	Ohio CPC and CPC for Kids include Medicaid fee-for-service and all Medicaid managed care plans.

Enrollment

Questions	Answers
When is open enrollment for CPC and CPC for Kids?	Ohio CPC and CPC for Kids enrollment occurs annually in October each year for the following program year.
Who can enroll in CPC and CPC for Kids?	To enroll in CPC and/or CPC for Kids, a practice must be enrolled with ODM as one of the following provider types: individual physical practice; professional medical group; rural health clinic; federally qualified health center; primary care clinic; public health department clinic; or a professional medical group billing under a hospital provider type. In addition, practices are required to meet one of the following: (1) have at least 500 claims-based attributed Medicaid members as determined by ODM; or (2) have at least 150 claims-based attributed members as determined by ODM and attest to being part of a practice partnership under a convener practice. For the CPC for Kids program, practices must: (1) be enrolled in CPC for the 2021 program year; and (2) have at least 150 claims-based attributed Medicaid children age 20 and under as determined by ODM either at the individual practice or partnership level. All practices enrolling in CPC and/or CPC for Kids must attest to meeting all activity requirements at the beginning of the program year.

<p>What are the enrollment requirements for CPC and CPC for Kids?</p>	<p>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. These learning activities include regular webinars, annual learning sessions, and engagement with ODM staff and contractors regarding activity requirements.</p>
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Learning and Resources

Questions	Answers
<p>What types of learning/training activities are required and available?</p>	<p>Practices are required to participate in learning and technical assistance activities. Various opportunities are available, including best practice sharing, online webinars, and in-person presentations.</p>
<p>How do practices help engage others about CPC and CPC for Kids?</p>	<p>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.</p>

Requirements

Questions	Answers
<p>What are the annual requirements for CPC and CPC for Kids?</p>	<p>Upon joining the program, practices are expected to meet the activity requirements as listed on the ODM website. Practices are expected to collaborate with the Medicaid managed care plans as appropriate to meet patient needs and CPC and CPC for Kids activity requirements.</p>
<p>How will practices' performance be monitored?</p>	<p>ODM engages vendors to conduct program monitoring. Activity requirement monitoring is performed annually, and practices agree to work with ODM and its vendor(s) to assess activity requirement performance. Clinical quality and efficiency measures and total cost of care are calculated quarterly and annually from claims data consolidated across Medicaid fee-for-service and Medicaid managed care plans. Practices agree to monitor performance by reviewing these reports, which are available through the ODM Provider platform.</p>

Which requirements are payment contingent?	Providers must meet all activity requirements, 50% of applicable clinical quality metrics, and 50% of applicable efficiency metrics to qualify for quarterly per-member per-month and annual total cost of care savings payments, and quality incentive payments for CPC for Kids.
What happens if a practice fails to meet activity requirements?	Rule 5160-19-02 of the Ohio 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 and efficiency metric requirements?	Rule 5160-19-02 of the Ohio 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 do practices receive payments?	Per-member per-month payments will begin in January of the performance year. Ohio CPC and CPC for Kids practices will receive payments from Medicaid fee-for-service and Medicaid managed care plans with whom they are contracted and from whom they have attributed members.
How do total cost of care payments work?	Practices with over 5,000 attributed Medicaid members (60,000 member months) may receive total cost of care savings payments for being in the lowest 10% total cost of care relative to peers or reducing their cost of care relative to their own historic performance by at least 1%, while maintaining quality and efficiency metric performance. Details on shared savings methodology can be found on the ODM website . CPC for Kids practices may receive quality incentive payments for excelling at specific activities related to children’s population health, including foster care connections, behavioral health integration, school-based health care, and transitions to adult care. Total cost of care payments are calculated and delivered once

	final annual results are reported for the program year.
How do practices know how much they get paid?	Practices are paid quarterly per-member per-month payments based on Quarterly CPC Attribution and Payment Files delivered to each practice. Per-member per-month payments average about \$4 per attributed member, depending on the risk profile of the practice. Total cost of care payments will be included on Annual CPC Practice or Partnership reports. Details on payment methodology can be found on the ODM website .

Data

Questions	Answers
What data will practices receive if they are part of CPC and/or CPC for Kids?	Practices 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 fee-for-service and all Medicaid managed care plans on quality, efficiency, and cost of care measures. Finally, practices receive an Annual CPC Practice Report that measures total cost of care, quality, and efficiency metrics for the full program year. For practices participating in CPC for Kids, CPC for Kids information is included on the same set of reports.
How do practices access their reports?	Practices can access their reports through the Medicaid provider portal. For more information on how to access reports, refer to the ODM website .
Who can view practice data?	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 information about interpreting their reports?	Information on how access and read your reports is available on the Medicaid website .