



Governor's Office of
Health Transformation

Ohio Comprehensive Primary Care (CPC) Program Update

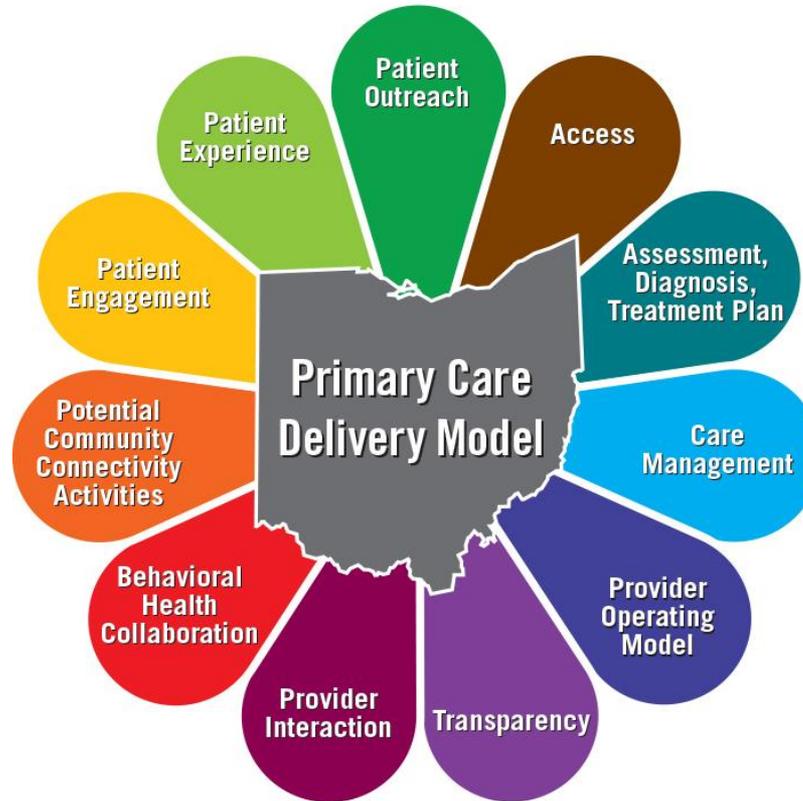
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Ohio announces nation-leading delivery of better primary care

August 2, 2016. Today Governor John R. Kasich announced that beginning January 1, 2017, Ohio's largest health insurance plans, Medicaid and Medicare will reward primary care providers that do more to keep patients well and hold down the total cost of care. The Ohio Comprehensive Primary Care (CPC) Program allows high-performing primary care practices to earn enhanced reimbursement from Medicaid and other participating health plans, and yesterday the Centers for Medicare and Medicaid Services announced that Medicare also will provide enhanced payments for select practices in Ohio through a similar program called Comprehensive Primary Care Plus (CPC+). Together these programs create an unprecedented opportunity to give Ohioans the quality of care they need to increase their level of health at every stage of life.

High performing primary care practices engage in these activities to keep patients well and hold down the total cost of care

- **Patient Experience:**
Offer consistent, individualized experiences to each member depending on their needs
- **Patient Engagement:**
Have a strategy in place that effectively raises patients' health literacy, activation, and ability to self-manage
- **Potential Community Connectivity Activities:**
Actively connect members to a broad set of social services and community-based prevention programs (e.g., nutrition and health coaching, parenting education, transportation)
- **Behavioral Health Collaboration:**
Integrate behavioral health specialists into a patients' full care
- **Provider Interaction:**
Oversee successful transitions in care and select referring specialists based on evidence-based likelihood of best outcomes for patient
- **Transparency:**
Consistently review performance data across a practice, including with patients, to monitor and reinforce improvements in quality and experience



- **Patient Outreach:**
Proactive, targeting patients with focus on all patients including healthy individuals, those with chronic conditions, and those with no existing PCP relationship
- **Access:**
Offer a menu of options to engage with patients (e.g., extended hours to tele-access to home visits)
- **Assessment, Diagnosis, Care Plan:**
Identify and document full set of needs for patients that incorporates community-based partners and reflects socioeconomic and ethnic differences into treatment plans
- **Care Management:**
Patient identifies preferred care manager, who leads relationship with patients and coordinates with other managers and providers of specific patient segments
- **Provider Operating Model:**
Practice has flexibility to adapt resourcing and delivery model (e.g., extenders, practicing at top of license) to meet the needs of specific patient segments

Ohio's Comprehensive Primary Care (CPC) Program

- Ohio's CPC Program **financially rewards primary care practices** that keep people well and hold down the total cost of care.
- There is **one program in which all practices participate**, no matter how close to an ideal patient-centered medical home (PCMH) they are today. The program is designed to encourage practices to improve how they deliver care to their patients over time.
- The Ohio CPC Program is designed to be **inclusive: all Medicaid members are attributed or assigned** to a provider.
- In order to join the program, practices will have to **submit an application and meet enrollment requirements**.
- Model scheduled to **launch with an early entry cohort in January 2017** then **open to any primary care practice that meets program requirements in January 2018 and beyond**.

Multi-payer participation is critical to achieve the scale necessary to drive meaningful transformation



Ohio CPC eligible provider types and specialties

Eligible provider types

- Individual physicians and practices
- Professional medical groups
- Rural health clinics
- Federally qualified health centers
- Primary care or public health clinics
- Professional medical groups billing under hospital provider types

Eligible specialties

- For Medical Doctor or Doctor of Osteopathy:
 - Family practice
 - General practice
 - General preventive medicine
 - Internal medicine
 - Pediatric
 - Public health
 - Geriatric
- For clinical nurse specialists or certified nurse practitioner:
 - Pediatric;
 - Adult health;
 - Geriatric; or
 - Family practice.
- Physician assistants
 - (physician assistants do not have formal specialties)

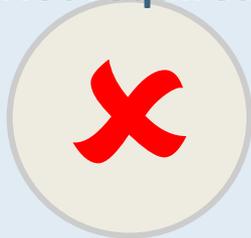
Ohio CPC “Early Entry” Practice Eligibility (January 1, 2017 to December 31, 2017)

Required



- Eligible provider type and specialty
- One of the following characteristics:
 - Practice with 5,000+ attributed Medicaid individuals and national accreditation¹
 - Practice with 500+ attributed Medicaid individuals determined through claims-only data at each attribution period and NCQA III accreditation
 - Practice with 500+ attributed Medicaid individuals at each attribution period and enrolled in Medicare CPC+
- Commitment:
 - To sharing data with contracted payers/ the state
 - To participating in learning activities²
 - To meeting activity requirements in 6 months

Not required

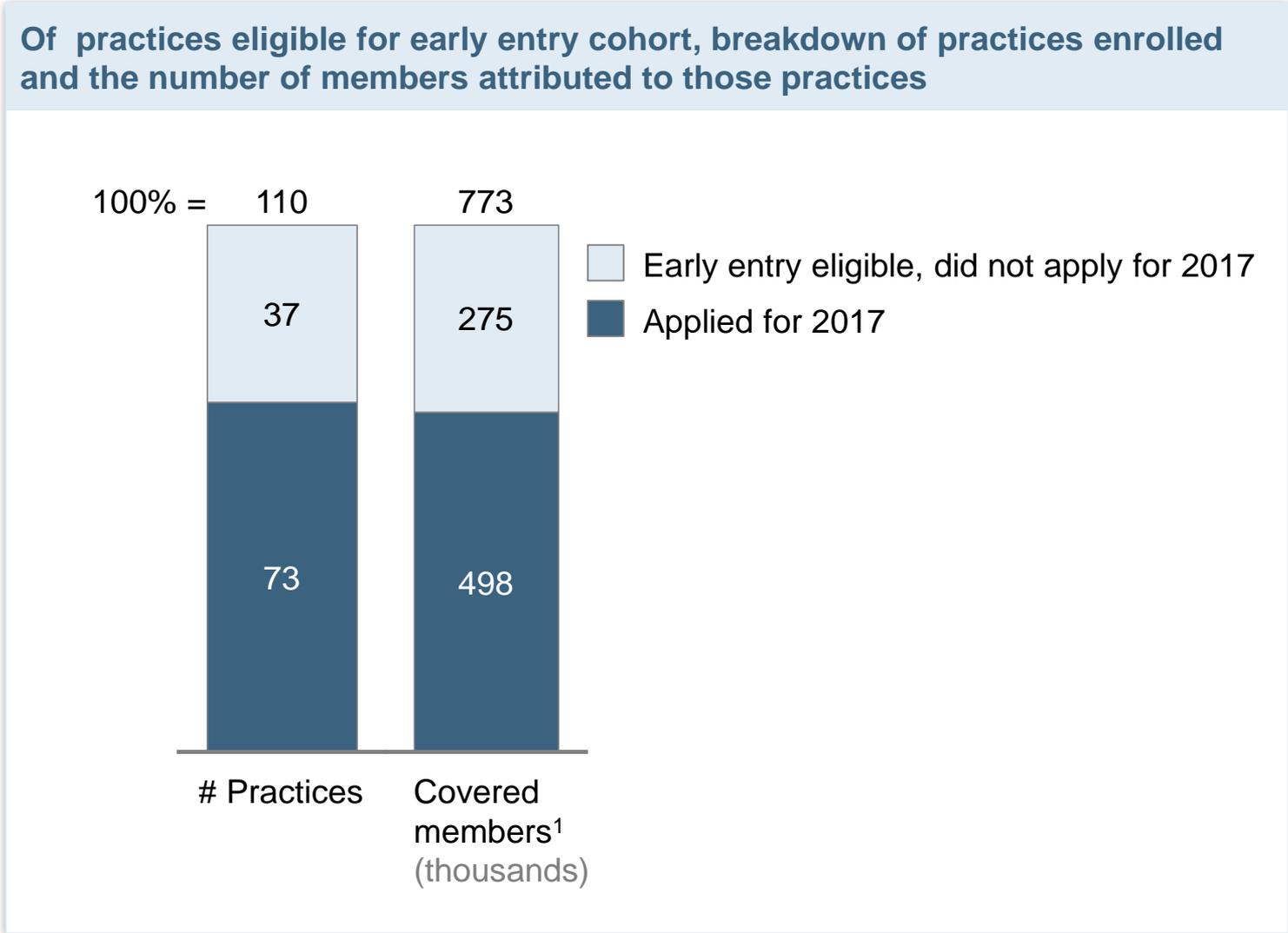


- Planning (e.g., develop budget, plan for care delivery improvements, etc.)
- Tools (e.g., e-prescribing capabilities, EHR, etc.)

1 Eligible accreditations include: NCQAII/III, URAC, Joint Commission, AAAHC

2 Examples include sharing best practices with other CPC practices, working with existing organizations to improve operating model, participating in state led CPC program education at kickoff

Ohio CPC Applications for Enrollment



¹ Based on October attribution and enrollment; this includes members attributed to practices with no previous claims at that practice

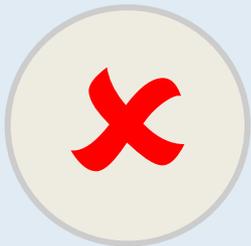
Ohio CPC Practice Eligibility (January 1, 2018 and beyond)

Required



- **Eligible provider type and specialty**
- **Minimum size:** 500 attributed/assigned Medicaid members by Medicaid group ID at each attribution period
- **Commitment:**
 - To sharing data with contracted payers/ the state
 - To participating in learning activities¹
 - To meeting activity requirements in 6 months

Not required



- **Accreditation** (*e.g., e-prescribing capabilities, EHR, etc.*)
- **Planning** (*e.g., develop budget, plan for care delivery improvements, etc.*)
- **Tools** (*e.g., e-prescribing capabilities, EHR, etc.*)

¹ Examples include sharing best practices with other CPC practices, working with existing organizations to improve operating model, participating in state led CPC program education at kickoff

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

Requirements	8 activity requirements	4 Efficiency measures	20 Clinical Measures	Total Cost of Care
	<ul style="list-style-type: none"> Same-day appointments 24/7 access to care Risk stratification Population management Team-based care management Follow up after hospital discharge Tracking of follow up tests and specialist referrals Patient experience 	<ul style="list-style-type: none"> ED visits Inpatient admissions for ambulatory sensitive conditions Generic dispensing rate of select classes Behavioral health related inpatient admits 	<ul style="list-style-type: none"> Clinical measures aligned with CMS/AHIP core standards for PCMH 	
	Must pass 100%	Must pass 50%	Must pass 50%	

PMPM

All required

Shared Savings

All required

Based on self-improvement & performance relative to peers

Practice Transformation Support

TBD for select practices



Must pass
100%

Ohio CPC Activity Requirements

Same-day appointments

- The practice provides same-day access, within 24 hours of initial request, including some weekend hours to a PCMH practitioner or a proximate provider with access to patient records who can diagnose and treat

24/7 access to care

- The practice provides and attests to 24 hour, 7 days a week patient access to a primary care physician, primary care physician assistant or a primary care nurse practitioner with access to the patient's medical record

Risk stratification

- Providers use risk stratification from payers in addition to all available clinical and other relevant information to risk stratify all of their patients, and integrates this risk status into records and care plans

Population health management

- Practices identify patients in need of preventative or chronic services and implements an ongoing multifaceted outreach effort to schedule appointments; practice has planned improvement strategy for health outcomes

Team-based care management

- Practice defines care team members, roles, and qualifications; practice provides various care management strategies in partnership with payers and ODM for patients in specific patient segments; practice creates care plans for all high-risk patients, which includes key necessary elements

Follow up after hospital discharge

- Practice has established relationships with all EDs and hospitals from which they frequently get referrals and consistently obtains patient discharge summaries and conducts appropriate follow-up care

Tests and specialist referrals

The practice has a documented process for tracking referrals and reports, and demonstrates that it:

- Asks about self-referrals and requests reports from clinicians
- Tracks lab tests and imaging tests until results are available, flagging and following up on overdue results
- Tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports
- Tracks fulfillment of pharmacy prescriptions where data is available

Patient experience

- The practice assesses their approach to patient experience and cultural competence at least once annually through quantitative or qualitative means; information collected by the practice covers access, communication, coordination and whole person care and self-management support; the practice uses the collected information to identify and act on improvement opportunities to improve patient experience and reduce disparities. The practice has process in place to honor relationship continuity.

Detailed requirement definitions are available on the Ohio Medicaid website:
<http://medicaid.ohio.gov/Providers/PaymentInnovation/CPC.aspx#1600563-cpc-requirements>



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Must pass
50%

Ohio CPC Efficiency Requirements

Metric

Rationale

Generic dispensing rate (all drug classes)

- Strong correlation with total cost of care for large practices
- Limited range of year over year variability for smaller panel sizes
- Aligned with preferred change in providers' behavior to maximize value

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 preferred change in providers' behavior supporting the most appropriate site of service

Behavioral health-related inpatient admits per 1,000

- Reinforces desired provider practice patterns, with focus on behavioral health population
- Relevant for a significant number of smaller practices
- Stronger correlation to total cost of care than other behavioral health-related metrics

Episodes-related metric

- **REPORTING ONLY** (not tied to payment)
- Links CPC program to episode-based payments
- Based on CPC practice referral patterns to episodes principle accountable providers

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Must pass
50%

Ohio CPC Clinical Quality Requirements

Category	Measure Name	Population	Population health priority	NQF #
Pediatric Health (4)	Well-Child Visits in the First 15 Months of Life	Pediatrics		1392
	Well-Child visits in the 3rd, 4th, 5th, 6th years of life	Pediatrics		1516
	Adolescent Well-Care Visit	Pediatrics		HEDIS AWC
	Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents	Pediatrics	Obesity, physical activity, nutrition	0024
Women's Health (5)	Timeliness of prenatal care	Adults	Infant Mortality	1517
	Live Births Weighing Less than 2,500 grams	Adults	Infant Mortality	N/A
	Postpartum care	Adults	Infant Mortality	1517
	Breast Cancer Screening	Adults	Cancer	2372
	Cervical cancer screening	Adults	Cancer	0032
Adult Health (7)	Adult BMI	Adults	Obesity	HEDIS ABA
	Controlling high blood pressure (starting in year 3)	Adults	Heart Disease	0018
	Med management for people with asthma	Both		1799
	Statin Therapy for patients with cardiovascular disease	Adults	Heart Disease	HEDIS SPC
	Comprehensive Diabetes Care: HgA1c poor control (>9.0%)	Adults	Diabetes	0059
	Comprehensive diabetes care: HbA1c testing	Adults	Diabetes	0057
	Comprehensive diabetes care: eye exam	Adults	Diabetes	0055
Behavioral Health (4)	Antidepressant medication management	Adults	Mental Health	0105
	Follow up after hospitalization for mental illness	Both	Mental Health	0576
	Preventive care and screening: tobacco use: screening and cessation intervention	Both	Substance Abuse	0028
	Initiation and engagement of alcohol and other drug dependence treatment	Adults	Substance Abuse	0004

Detailed requirement definitions are available on the Ohio Medicaid website:
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Measures will evolve over time

- Measures will be refined based on learnings from initial roll-out
- Hybrid measures that require electronic health record (EHR) may be added to the list of core measures
- Hybrid measures may replace some of the core measures
- Reduction in variability in performance between different socioeconomic demographics may be included as a CPC requirement

Note: All CMS metrics in relevant topic areas were included in list except for those for which data availability poses a challenge (e.g., certain metrics requiring EHR may be incorporated in future years)



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PMPM	All required			<p>Enhanced payments begin January 1, 2018 for any PCP that meets the requirements</p>
Shared Savings	All required			Based on self-improvement & performance relative to peers
Practice Transformation Support	<i>TBD for select practices</i>			

Ohio Comprehensive Primary Care (CPC) per member per month (PMPM) payment calculation

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

	3M CRG health statuses	Example of 3M CRG	2017 CPC PMPM (Estimated)	
CPC PMPM Tier 1	▪ Healthy	▪ Healthy (no chronic health problems)	\$1	<ul style="list-style-type: none"> Practices and MCPs receive payments prospectively and quarterly Risk tiers are updated quarterly, based on 24 months of claims history with 6 months of claims run-out Finalized 2017 PMPM values will be determined Q3 2016
	▪ 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	
	▪ 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	
	▪ Dominant/metastatic malignancy	▪ Metastatic colon malignancy		
	▪ Catastrophic	▪ History of major organ transplant		

Detailed requirement definitions are available on the Ohio Medicaid website:
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Ohio Comprehensive Primary Care (CPC) shared savings payment calculation

- **Annual retrospective payment** based on total cost of care (TCOC)
- **Activity requirements and quality and efficiency metrics must be met** for the CPC practice to receive this payment
- CPC practice must have **60,000 member months** to calculate TCOC
- CPC practice may receive **either or both** of two payments:

1. Total Cost of Care SELF-IMPROVEMENT

Payment based on a **practice'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 a practice's low total cost of care** relative to other CPC practices

Patients and services included in total cost of care

Patients

Inclusions



- All adults and pediatrics
- All behavioral health members including SPMI
- Members with exclusively dental or vision TPL coverage

Exclusions



- Duals (included as operationally feasible, priority for MyCare)
- Members with limited benefits (e.g., family planning)
- All other members with TPL coverage

Services

- All non-excluded medical and prescription spend including:
 - Case management
 - DME
 - Home health
 - First 90 days of LTC

- Waiver
- Currently underutilized services (dental, vision, transportation)
- All spend for members:
 - With a NICU¹ stay
 - With > 90 days of LTC claims
 - That are outliers within each risk band (top and bottom 1%)

¹ Defined as Nursery level 3 and 4

Overview of the Medicare Comprehensive Primary Care Plus (CPC+) Program

CPC+ is a new payment model that rewards value in primary care for Medicare beneficiaries and encourages multi-payer collaboration

- **Partners sought include:** Medicaid FFS, Medicare Advantage, Medicaid managed care, and commercial insurers (ASO and full risk)
- **Practices can apply to one of two tracks** dependent on level of readiness to assume financial risk (assessed based on EHR readiness)
- **Non-financial benefits** include learning program and data sharing
- CMS intends to select **5,000 practices across 20 regions nationwide**

Ohio's CPC Program aligns with Medicare CPC+

		Ohio CPC Program	Medicare CPC+ Program
Care model		<ul style="list-style-type: none"> • Care Model based on key principles of access, coordination, care management, patient engagement, population health management 	<ul style="list-style-type: none"> • Similar principles
	Eligible practices	<ul style="list-style-type: none"> • Open provider enrollment and inclusive of most primary care practice types 	<ul style="list-style-type: none"> • Application process and excludes pediatrics and FQHCs
Definition of practice		<ul style="list-style-type: none"> • Group based on Medicaid group ID 	<ul style="list-style-type: none"> • Defined as site rather than group
Payment streams	PMPM	<ul style="list-style-type: none"> • Risk-adjusted PMPM based on patient status 	<ul style="list-style-type: none"> • Track 1 vs. 2 have different PMPMs
	Incentive	<ul style="list-style-type: none"> • Shared savings based on quality / efficiency 	<ul style="list-style-type: none"> • Pay for performance bonus
	Alt. to FFS	<ul style="list-style-type: none"> • Episode-based payment model 	<ul style="list-style-type: none"> • Track 2 includes partial capitation
Program Requirements	EHR	<ul style="list-style-type: none"> • EHR not required 	<ul style="list-style-type: none"> • EHR required
	Activities	<ul style="list-style-type: none"> • 8 activity requirements 	<ul style="list-style-type: none"> • Similar activity requirements
	Clinical quality	<ul style="list-style-type: none"> • 20 clinical quality measures 	<ul style="list-style-type: none"> • 20 clinical quality measures (7 overlap with Ohio CPC)
	Efficiency	<ul style="list-style-type: none"> • 4 efficiency measures 	<ul style="list-style-type: none"> • Information not yet released

Ohio application of CPC+ payment streams by line of business

		Ohio Medicaid FFS	Ohio Medicaid Managed Care	Medicare FFS	Commercial / Medicare Advantage
Payer		ODM	MCP ²	CMS	Plan
Minimum panel size		500 (across all Medicaid members)	500 (across all Medicaid members)	150 Medicare FFS members	Determined by plan
Enhanced care management	Track 1¹	\$3-5 average	\$3-5 average	\$15 average	Determined by plan
	Track 2¹	\$3-5 average	\$3-5 average	\$28 average	Determined by plan
Incentive payment	Track 1	50% gain-sharing rate on TCOC ³	50% gain-sharing rate on TCOC ³	\$2.50 PMPM pay for performance	Determined by plan
	Track 2	65% gain-sharing rate on TCOC	65% gain-sharing rate on TCOC	\$4.00 PMPM pay for performance	Determined by plan
Alternative to FFS	Track 2 Only	Episodes only	Episodes only	Partial capitation	Determined by plan

1 Single payment reflects both CPC+ and CPC; in no instance would there be double payment

2 MCP administers payment in all cases; PMPM payment would be supported through ODM

3 Practices would have potential opportunity to earn the higher gain-sharing rate due to highest performance on TCOC in baseline year

Application Process for Medicare CPC+



April 15 – June 8

Payers submit applications

- Preference given to CPCi and MAPCP participants, and Medicaid SIM states
- States may need additional waivers/ SPAs to apply
- **Ohio's public and commercial payers together proposes CMS select Ohio as a single, statewide CPC+ region**

June 8 – July 29

20 Regions Selected

- CMS evaluates payers and selects regions based on payer footprint
- 20 regions to be selected – intent to award to the 7 current CPCi regions plus 13 new regions
- Regional size and boundaries to be determined

July 29 – Sept. 15

Practices submit applications

- Practices in selected regions eligible to apply
- Application includes program integrity check, questions regarding care model, and letters of support including from IT vendor
- **State will encourage and support practice applications**

Sept. 15 – Dec. 31

5,000 practices selected

- Evaluation based on practice diversity (e.g., size, location)
- CMS-selected practices eligible for CPC+ Medicare payments beginning January 1, 2017

Core Elements of the Medicare CPC+ practice application

- A** Preliminary questions
- B** Practice structure and ownership
- C** Model participation
- D** Practitioner and staff information
- E** Practice activities
- F** Health information technology
- G** Patient demographics
- H** Practice revenue and budget
- I** Care delivery
- J** Access
- K** Quality improvement

- **43 questions** within the 11 chapters (detail follows)
- Accompanying **letters of support** also required from clinical leadership, owner of parent organization, and IT vendors
- If Ohio is awarded a CPC+ region, practices are **strongly encourage to apply**

Source: [CMS Request for CPC+ Applications](#)