Ohio Comprehensive Primary Care

CPC 2022 Program Year Welcome

- December 09, 2021
- Ohio Department of Medicaid

Housekeeping

Thank you for participating!

The presentation will be posted for future access.

Please submit questions through the **chat** feature.

We **encourage** participation – please ask questions or provide feedback if you have it!

Today's Agenda

- CPC 2022 Program Year Welcome

- 2022 Technical Assistance (IPRO)

- Next Generation of Managed Care: Care Coordination Requirements

CPC 2022 Program Year Welcome

CPC 2022 Enrollment

CPC **153**
CPC ENTITIES

- CPC for Kids = 126 CPC Entities
- Total Number of Practices = 304

115
INDIVIDUAL CPC PRACTICES

- CPC for Kids = 93 Individual Practices
- Total Number of Practices = 115

38
CPC PRACTICE PARTNERSHIPS

- CPC for Kids = 33 Practice Partnerships
- Total Number of Practices = 189

2021 vs 2022 Analysis:
- 281 Practices from 2021 re-attested for 2022
- 23 New Practices in for 2022
- 6 Newly Formed Partnerships for 2022

CPC Reporting

1 — Attribution and payment file

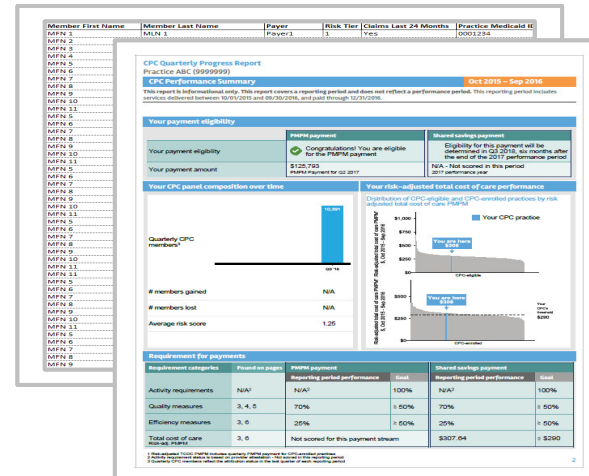Contains attributed members and associated PMPM payments for each quarter

Includes adult and pediatric attributed members

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

2022 CPC Estimated Practice Reporting Periods

All 2022 program reporting will use the CRG 2.1 risk grouper to risk-stratify members based on claims history

Report Date	Attribution Anchor Date	Performance Period		Report Delivery Date
Q4 2021 Report	09/01/2021	07/01/2020	06/30/2021	February 2022
Q1 2022 Report	12/01/2021	10/01/2020	09/30/2021	April 2022
Q2 2022 Report	3/01/2022	01/01/2021	12/31/2021	July 2022
Q3 2022 Report	6/01/2022	04/01/2021	03/31/2022	October 2022
Q4 2022 Report	9/01/2022	07/01/2021	06/30/2022	January 2023

■ Measurement Period   ▮ Anchor Date   ☐ Report Date

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2022 CPC Estimated Reporting Calendar

Attribution and Payment Files	Performance Period	Attribution date	Est. Delivery date
Q1 (January to March)	10/01/2020 - 09/30/2021	September 1, 2021	January 2022
Q2 (April to June)	01/01/2021 - 12/31/2021	December 1, 2021	April 2022
Q3 (July to September)	04/01/2021 - 03/31/2022	March 1, 2022	July 2022
Q4 (October to December)	07/01/2021 - 06/30/2022	June 1, 2022	October 2022

Detailed requirement definitions are available on the Ohio Medicaid website: https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/special-programs-and-initiatives/payment-innovation/comprehensive-primary-care/reporting1

Accessing Your CPC Reports

CPC Reports are located in the MITS Secure Provider Portal under the Reports Tab

- Your MITS Provider Portal Administrator, under your billing ID account, can access your CPC Reports

- Your MITS Provider Portal Administrator can assign their designated Agent the role of **"View Provider Reports"** - then any Agent assigned this role can access all CPC Reports

For assistance accessing your reports:

- Refer to the "How to Setup a MITS Agent Account and Access CPC Reports" video on the CPC home webpage, under the Learn More section

- Visit the Ohio Department of Medicaid website Resources for Providers, and click on the "Access the MITS Portal" button

  https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers

- If you still needed assistance call Provider Assistance @ 1-800-686-1516 and speak with a representative

MITS

Access the MITS Portal

Breakdown of Your CPC Reports

All your CPC Reports are available in the MITS portal, based on the approximate schedule previously provided

Practice report files

Annual report files

Attribution and Payment files

.pdf file
.csv file

| DETAIL |
| SUMMARY |
| DETAIL |
| DETAIL |
| SUMMARY |
| DETAIL |
| SUMMARY |
| DETAIL |
| DETAIL |

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

Provider Reports   ? ☆

*Report [CPC (COMPREHENSIVE PRIMARY CARE REPORTS)   ▼]

Date Available From [   ]

Date Available To   [   ]

   [search]   [clear]

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 ▼
6521319009255	Quarterly CPC Practice/Partnership Reports	04/01/2020	03/31/2021	2021	SEP, 2021	DETAIL	11/15/2021
6521319008937	Quarterly CPC Practice/Partnership Reports	04/01/2020	03/31/2021	2021	SEP, 2021	SUMMARY	11/15/2021
6521291008457	CPC Provider Attribution Member-level Payment File	10/01/2021	12/31/2021		OCT, 2021	DETAIL	10/18/2021
6521228006298	Quarterly CPC Practice/Partnership Reports	01/01/2020	12/31/2020	2020	AUG, 2021	DETAIL	08/16/2021
6521228006136	Quarterly CPC Practice/Partnership Reports	01/01/2020	12/31/2020	2020	AUG, 2021	SUMMARY	08/16/2021
6521200014966	CPC Provider Attribution Member-level Payment File	07/01/2021	09/30/2021		JULY, 2021	DETAIL	07/19/2021
6521193007251	Annual CPC Practice/Partnership Reports	01/01/2019	12/31/2019	2019	JUL, 2021	SUMMARY	07/12/2021
6521193006818	Annual CPC Practice/Partnership Reports	01/01/2019	12/31/2019	2019	JUL, 2021	DETAIL	07/12/2021
6521173008038	Quarterly CPC Practice/Partnership Reports	10/01/2019	09/30/2020	2020	MAY, 2021	SUMMARY	06/22/2021
6521161007896	Quarterly CPC Practice/Partnership Reports	10/01/2019	09/30/2020	2020	JUN, 2021	DETAIL	06/10/2021

1 2 3 4 5 6 7 8 9 10 Next >
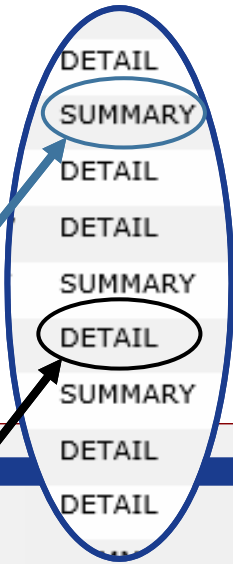
Setup Your CPC MITS Administrator Account

- The MITS Administrator account that is created with your new or continuing CPC Medicaid ID is only used once a year during open enrollment - to complete a re-attestation

- If you are newly enrolled as an individual entity or convening a newly enrolled practice partnership entity, for program year 2022, another MITS account needs to be created

  - **Set up your CPC MITS Administrator Account with the PIN and CPC Medicaid ID received in your welcome notification** - CLARIFICATION: your PIN is the last 4 digits of your tax ID

  - **This cannot be done until after 1/1/2022** as that is when the new program year becomes effective

  - You may need to call our Provider Assistance team to get your PIN reset

    - PINs are typically only valid for 60 days from issuance

- CPC Reports can not be accessed with this new account – they are located under your regular Medicaid billing ID

Reporting Enrollment and Demographic Changes

OAC 5160-1-17.2 Provider agreement for providers

- States <u>ODM is to be informed within thirty days of any changes</u> – this includes changes to things such as licensure, ownership, affiliations, addresses, and also demographics

- It is the responsibility of the MITS Administrator to keep all the information in the MITS Secure Provider Portal up-to-date

  o All other changes are to be reported timely to our enrollment department

Helpful Resources

- Video tutorial on how to update demographics - under Training Videos at,
  https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/training/training

- Group member linkage instructions to keep your provider affiliations updated
  at, https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/enrollment-and-support/provider-enrollment/provider-enrollment-lp

CPC Webpage

- Multiple updates for the 2022 program year will be under way soon
- Bookmark this page and ensure you are subscribed for our CPC communications
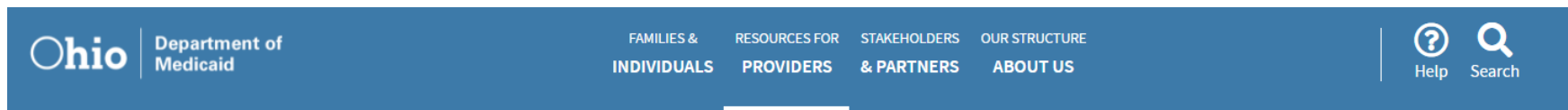
Comprehensive Primary Care

Ohio CPC is an investment in primary care infrastructure intended to support improved population health outcomes.

What is Ohio CPC?

CPC is a patient-centered medical home program, which is a team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs.

The goal is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs. Most medical costs occur outside of a primary care practice, but primary care practitioners can guide many decisions that impact those broader costs, improving cost efficiency and care quality.

CPC practices may be eligible for two payment streams in addition to existing payment arrangements with the Ohio Department of Medicaid and the Medicaid Managed Care Plans:

- Per-member-per-month (PMPM) payment, to support activities required by the CPC program
- Shared savings payment, to reward practices for achieving total cost of care savings

Additionally, joining the CPC program gives practices access to data and reports that provide actionable, timely information needed to make better decisions about outreach, care, and referrals.

What is Ohio CPC for Kids?

Practices enrolled in Ohio's CPC program that serve Medicaid children under age 21 may also be eligible to participate in CPC for Kids. CPC for

Subscribe to CPC News

CPC and CPC for Kids Communication

2022 Technical Assistance

IPRO's role in providing technical assistance

- **Technical Assistance**
  - » CDC definition: the process of providing targeted support to an organization with a development need or problem

  - » Practices can receive TA through different pathways:
    - Need identified
      - – through reviews or based on performance on quality and efficiency metrics
    - Requested
      - – During review
      - – Via survey
      - – Via email/ODM
    - General: general resources or information not geared towards a specific practice; informed by barriers identified during reviews

What kinds of technical assistance do we provide?

- TA Toolkit
  - » Resources and guidance organized by activity
  - » Includes best practices identified through reviews
- Plain language definitions of activity requirements
- Webinars
  - » E.g., Partnering with managed care plans
  - » E.g., Collecting and utilizing population-level data to inform quality improvement efforts
- Sharing innovations and best practices

What kinds of technical assistance do we provide?

- Sharing resources
  - » E.g. examples of care plans, best practices regarding using data to inform QI efforts
  - » Best practices from other CPC practices
  - » Plain language definitions of CPC requirements

- Developing and refining workflows
  - » For behavioral health integration
  - » Follow-up post- identification of a need for community support
  - » Establishing closed loop systems
  - » Developing systems to ensure actions are documented in patient's record

What kinds of technical assistance do we provide?

- EMR assistance
  - » Building templates
  - » Creating care plans

- Data-driven QI efforts
  - » Using practice data to inform improvements in care
  - » Creating and leveraging a registry
  - » Understanding quality and efficiency metrics

Example Practice A

- **Identified areas for improvement:**
  - » Care Management Plans not currently being used, only SOAP notes

- **Assistance provided by IPRO:**
  - » Shared information regarding
    - • Common elements of a care plan
    - • How to develop a care plan
  - » Provided examples of care plans from other practices
  - » Helped practice develop workflow for the care team to draft and utilize care plans to identify and address gaps in care
  - » working with Practice A to design new care plan template in their EHR

Example Practice B

- **Identified area(s) for improvement:**
  - » Patients not currently being risk stratified

- **Assistance provided from IPRO:**
  - » Provided examples of criteria for risk stratification (diagnoses, utilization, SDoH, etc.)
  - » Reviewed how to manually risk stratify patient population
  - » Provided education on applicable ICD-10 Codes
  - » Described examples of targeted interventions for each risk group

Next Generation of Managed Care:
Care Coordination Requirements

CPC Activity Requirement Rule Change for 2022

» Replaced "care management plan" activity requirement with "care coordination" activity

» 5160-19-01(G)(5) Complete the "care coordination" activities in which the PCMH will identify and close gaps in care and refer attributed medicaid individuals for further intervention as needed, including referrals to managed care organizations or community resources as appropriate.

Definitions

Term	Description
MCO Care Coordination	A strategy to encompass the full spectrum of care coordination activities, ranging from short-term assistance to meet care gaps to longer-term, intensive, and holistic care management for members with the most intense needs.
Care Coordination Entity	An entity that provides care coordination to a specific population. Agency or arrangement that receive Ohio Medicaid funds.
Case Management Agency	Ohio Home Care Case Management Agencies
OhioRISE	Aetna – Tier 1
Care Management Entity	A local community agency contracted with the OhioRISE Plan that provides behavioral health care management to OhioRISE enrolled members. Tier 2-3

Care Coordination Principles

Continued Focus:

- Identifying and addressing physical, behavioral, and psychosocial needs
- Supporting member goals and choices through a person-centered, trauma-informed, and culturally attuned approach
- Providing care continuity while honoring member experience and choice.

Additional Focus:

- Preserving existing care relationships between members and CCEs
- Leveraging the strengths of CCEs, the OhioRISE Plan, and CMEs by supporting and developing partnerships
- Establishing clear communication and delineation of roles and responsibilities
- Implementing systems capable of efficiently receiving, providing, and exchanging the data and information necessary to effectively coordinate the care of members

Why is this different?

Care Continuum

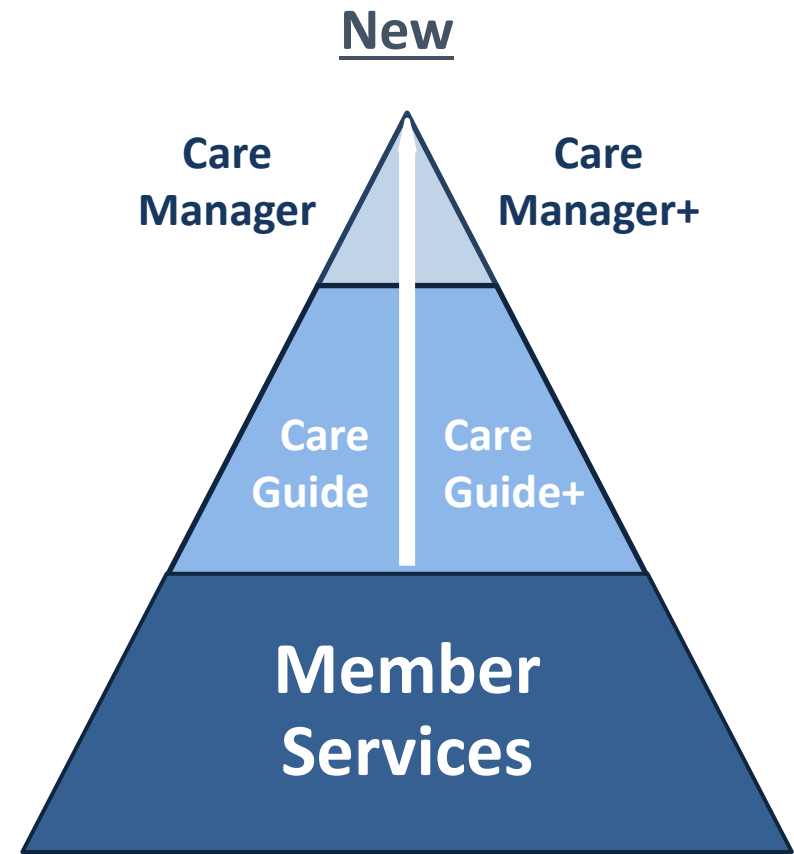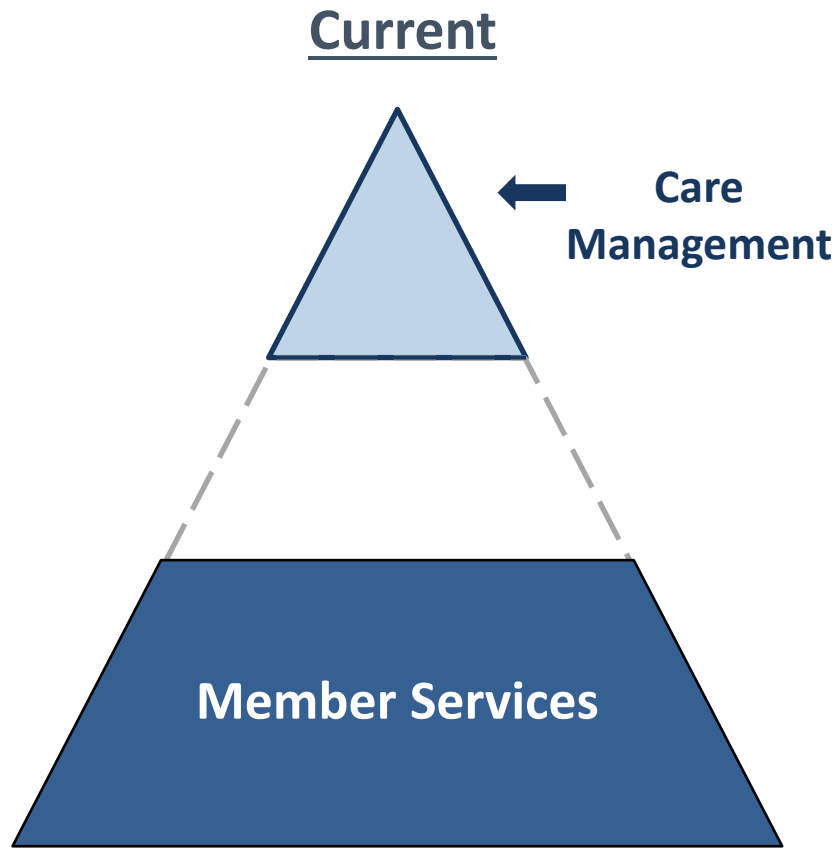| Feedback Received/ Assumptions	Future State
MCO Care Management is a "separate program", and you must be enrolled in care management to receive dedicated help and follow up	MCO assistance with managing care is always available at the level agreed upon by the member
MCO Care Management is only for the people with the most complex needs or highest costs	Everyone needs access to time-limited help navigating MCO and health system. Some need continuous and more intensive care coordination
Care Coordination Entities are confused as to roles and responsibilities.	Care Coordination Entities receive dedicated help and support in managed care and a shared understanding as to roles and responsibilities
Individuals may receive either "no" contact or coordination efforts may be duplicative	Leverage strengths of CCEs and MCOs

Current State of Care Management

Future State of Care Coordination

- A "one size fits all approach"
- Full Care Management benefits are only available to those who "engage" in Care Management
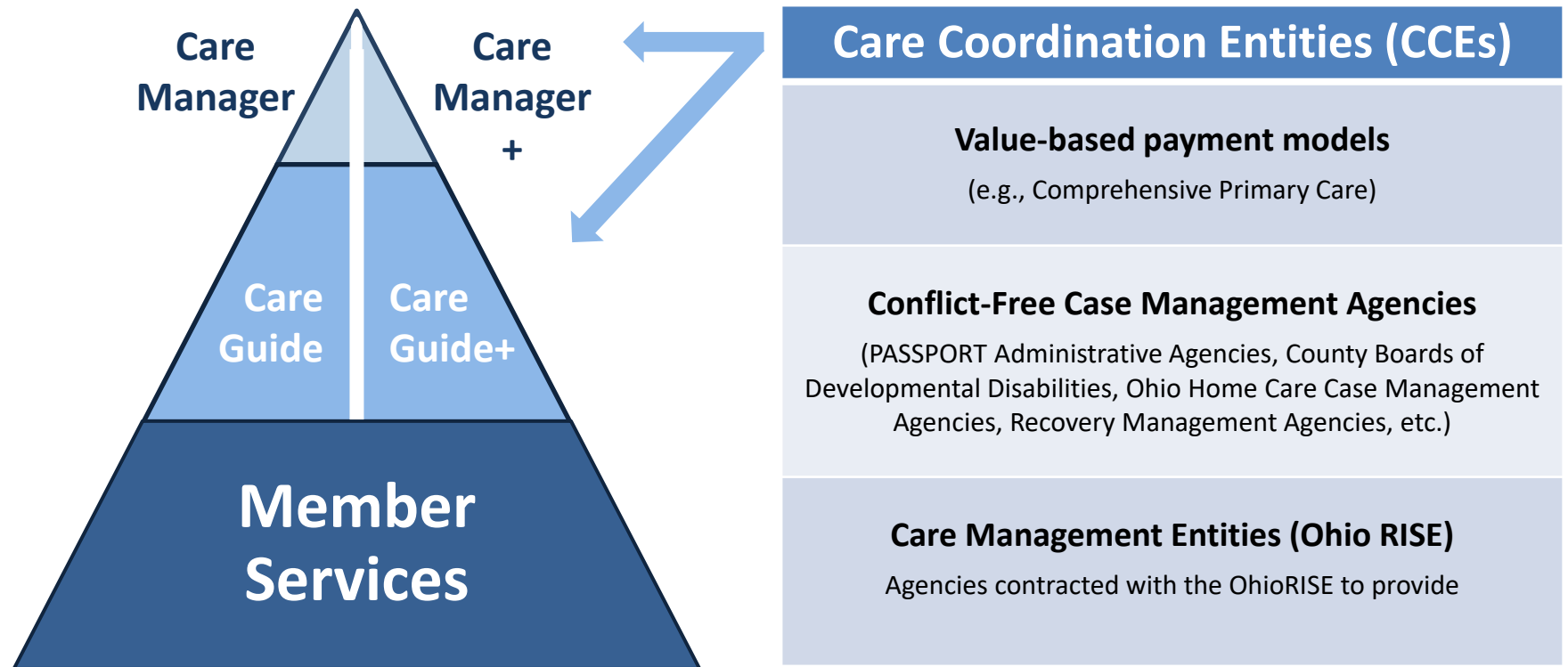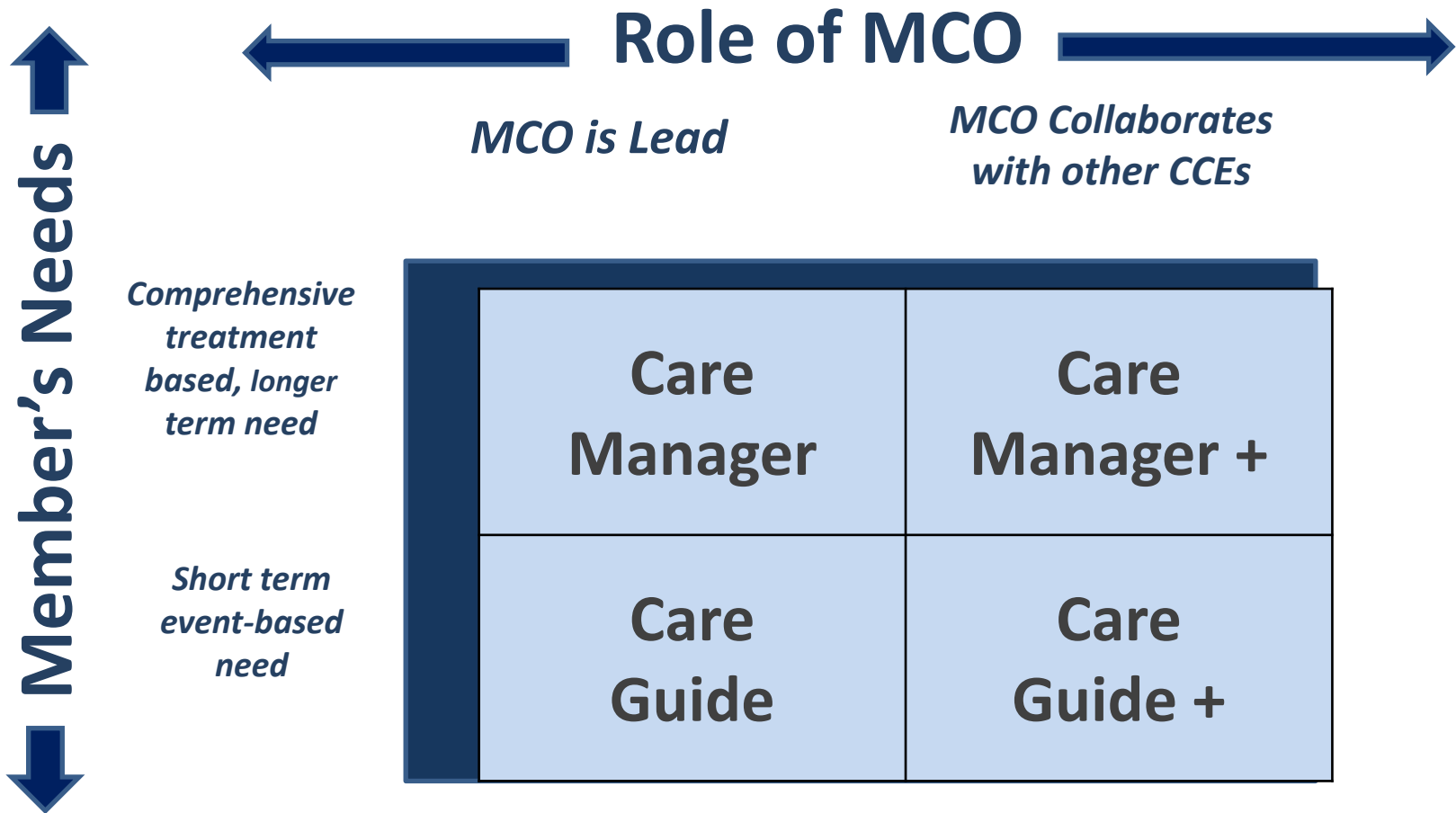
- A more customizable approach
- Provides a variety of options for individualized/ person-centered care
- Offers "short-term" assistance and/or "long-term" support based upon needs or requests

ODM Care Coordination

ODM Care Coordination

Care Manager · **Care Manager +**

Care Guide · **Care Guide+**

Member Services

Care Coordination Entities (CCEs)

Value-based payment models

(e.g., Comprehensive Primary Care)

Conflict-Free Case Management Agencies

(PASSPORT Administrative Agencies, County Boards of Developmental Disabilities, Ohio Home Care Case Management Agencies, Recovery Management Agencies, etc.)

Care Management Entities (Ohio RISE)

Agencies contracted with the OhioRISE to provide

Assignment of a Care Coordinator

01 — Member Request

02 — Data Mining

03 — Member Services

04 — CCE Request

05 — OhioRISE Plan or SPBM Request
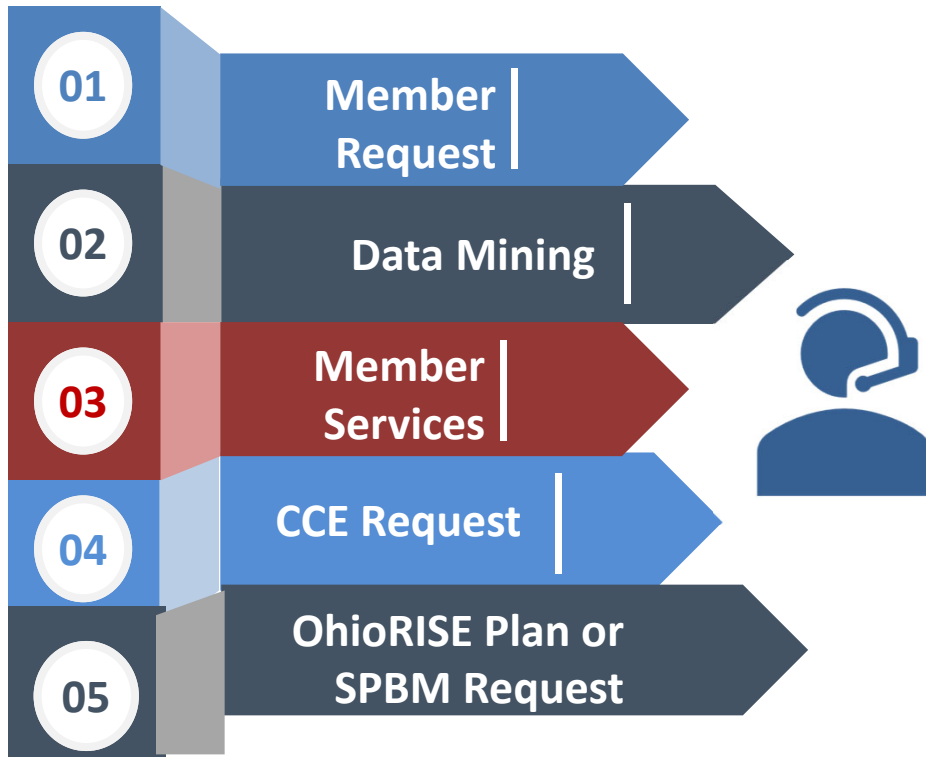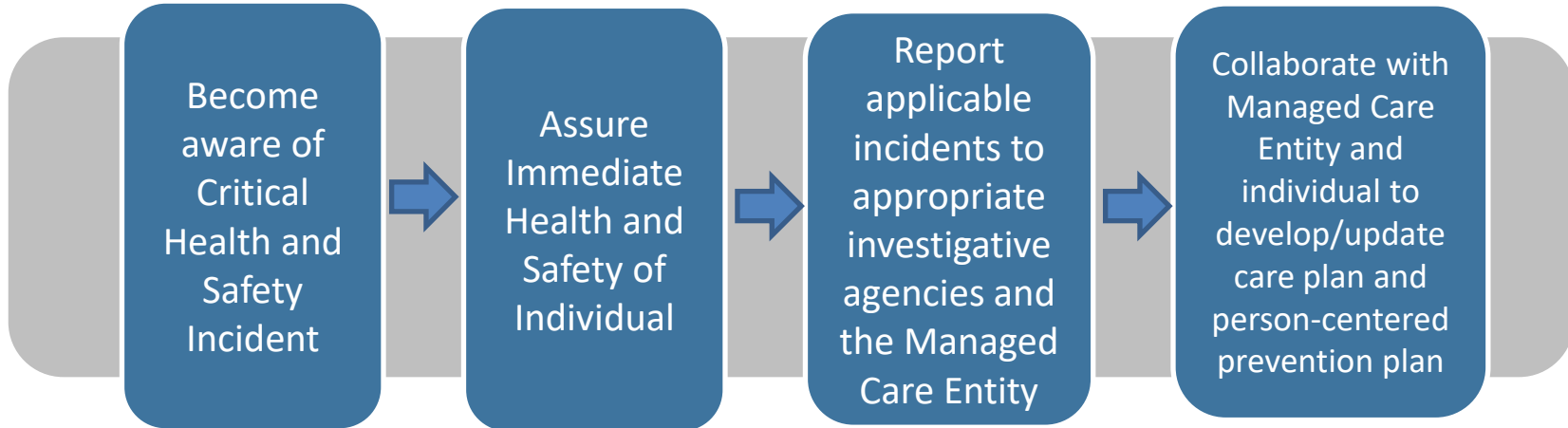
Frank is a 70-year-old male who has prescriptions ready for pick up but lacks transportation to the pharmacy. He is a patient at a CPC practice and enrolled with a Managed Care Organization (MCO).
He needs help scheduling transportation.

Frank's Support from the MCO:

"Care Guide +" from the MCO

Critical Incidents Impacting Health & Safety
OAC 5161-44-05 Reporting Requirements

| Become aware of Critical Health and Safety Incident | → | Assure Immediate Health and Safety of Individual | → | Report applicable incidents to appropriate investigative agencies and the Managed Care Entity | → | Collaborate with Managed Care Entity and individual to develop/update care plan and person-centered prevention plan |

Abuse

Includes physical, emotional, verbal, sexual abuse

Exploitation

Taking advantage for personal gain

Self Harm or Suicide Attempt

Resulting in hospitalization and/or suicide attempt

Misappropriation

>$500 affecting health and safety

Neglect

By providers, home health aides, family, etc.

Accidental Deaths

Examples include overdoses, suicides, homicides, accidents, etc.

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Trauma Informed Care Principles

- Recognizes that those who have experienced repeated, chronic, or multiple traumas are more likely to exhibit pronounced symptoms and to experience consequences, including substance abuse, mental illness, and physical health problems.
- Includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.
- Involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma.
- Upholds the importance of individual participation in the development, delivery, and evaluation of services.

Six Guiding Principles of Trauma Informed Care
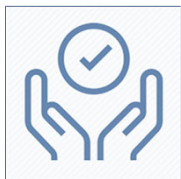
Upcoming CPC Dates and Reminders

Upcoming Dates and Reminders

- Next Generation of Managed Care go-live is scheduled for 7/1/2022

  » https://medicaid.ohio.gov/wps/portal/gov/medicaid/news/press-release/08-25-2021-ohio-medicaid-announces-the-next-generation-go-live-date-for-july-2022

- The 2022 CPC webinar series will be distributed via the CPC listserv. Please ensure that you are signed up to receive programmatic updates!

  » https://medicaid.ohio.gov/wps/portal/gov/medicaid/home/govdelivery-subscribe