

Ohio CPC for Kids

2023

CPC for Kids is an Optional “Track” for Eligible CPC Entities Administered at the Entity Levels

Eligibility for 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 independently¹
- Entity has at least 150 pediatric members²

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

Current Ohio CPC pediatric metrics	Well-Child Visits in First 15 Months of Life Well-Child Visits for Ages 15 – 30 Months Child and Adolescent Well-Care Visits, 3 – 11 Years Child and Adolescent Well-Care Visits, 12 – 17 Years Child and Adolescent Well-Care Visits, 18 – 21 Years Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents	 Must pass 50% of applicable metrics
<u>Additional CPC for Kids metrics linked to payment</u>	Lead screening (one or more at 2 years of age) Immunization for children (HEDIS combinations 3) ¹ Immunization for adolescents (HEDIS combinations 2) ¹	
<u>Additional CPC for Kids metrics informational only</u>	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

"Core" Ohio CPC requirements ¹	Activity requirements		Efficiency requirements		Clinical Quality requirements	
	10 requirements	Must pass 100%	4 requirements	Must pass 50%	20 requirements	Must pass 50%
	PMPM			All <u>core</u> requirements		
	Shared savings			All <u>core</u> requirements		
"Additional" CPC for Kids requirements	No additional CPC for Kids requirements		No additional CPC for Kids requirements		CPC for Kids pediatric-focused metrics	Must pass 50%
	Enhanced PMPM			All <u>core and additional</u> requirements ²		
	Bonus Pool			All <u>core and additional</u> requirements ²		

Source: ODM working group conversations and stakeholder input.

1 For more information on the core Ohio CPC requirements for 2022, please visit the [CPC website](#).

2 Must also pass "Core" Ohio CPC requirements.

CPC for Kids Payment Streams

	Description	Details
a 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 ¹
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">• One prize of \$500K• Two prizes of \$250K• Ten prizes \$100K

CPC for Kids Quality Incentive Bonus Payments

- ODM will assess CPC for Kids entities 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 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 for the CPC program

Additional Detail: Bonus Payment “Scorecard” for CPC for Kids

b Bonus payment “scorecard”

Additional supports for children in the custody of a title IV-E agency	Behavioral health linkages	School linkages	Transitions of care	Select wellness measures
High (5 pts)				Areas of focus for wellness measures include: <ul style="list-style-type: none">• Lead testing• ACES and/or SDOH screening• Tobacco cessation for ages 12-17• Fluoride• Breastfeeding
Medium (3 pts)				
Low (1 pt)				
None (0 pts)				

Illustrative only

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

Additional Detail: Potential Foster Care Supports Criteria

b

**High
(5 pts)**

- Provider can readily identify children in the custody of a title IV-E agency (e.g., flag in EHR, registry)
- Provider collaborates with the local public children services agency 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

Additional Detail: Potential Behavioral Health Criteria

b

**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 providers

- 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

Additional Detail: Potential School Linkages Criteria

b

**High
(5 pts)**

- 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

**Medium
(3 pts)**

- Provider has established bi-directional system of communication with schools, including a standard process for managing referrals and parental consents

**Low
(1 pt)**

- 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)
- Provider accepts referrals from the school

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

Additional Detail: Potential Transitions of Care Criteria

b

**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

Additional Detail: Potential Key Metric(s) of Interest Criteria

b

**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 of health 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