

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)

Quality Metrics Linked to CPC for Kids Payment Streams

Current Ohio CPC pediatric metrics	Well-Child Visits in First 15 Months of Life	Must pass 50% of applicable metrics
	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	
Additional CPC for Kids metrics <u>linked to payment</u>	Lead screening (one or more at 2 years of age)	Must pass at least one applicable metric
	Immunization for children (HEDIS combinations 3) ¹	
	Immunization for adolescents (HEDIS combinations 2) ¹	
Additional CPC for Kids metrics <u>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

	Activity requirements	Efficiency requirements	Clinical Quality requirements
	10 requirements	4 requirements	20 requirements
	Must pass 100%	Must pass 50%	Must pass 50%
“Core” Ohio CPC requirements ¹	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	<div>CPC for Kids pediatric-focused metrics</div> <div>Must pass 50%</div>
	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
<div>a</div> <div>Enhanced PMPM</div>	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
<div>b</div> <div>Bonus Payment</div>	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

¹ 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 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)					<div>Areas of focus for wellness measures include:</div> <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)					
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