

# Comprehensive Primary Care (CPC) Program Overview

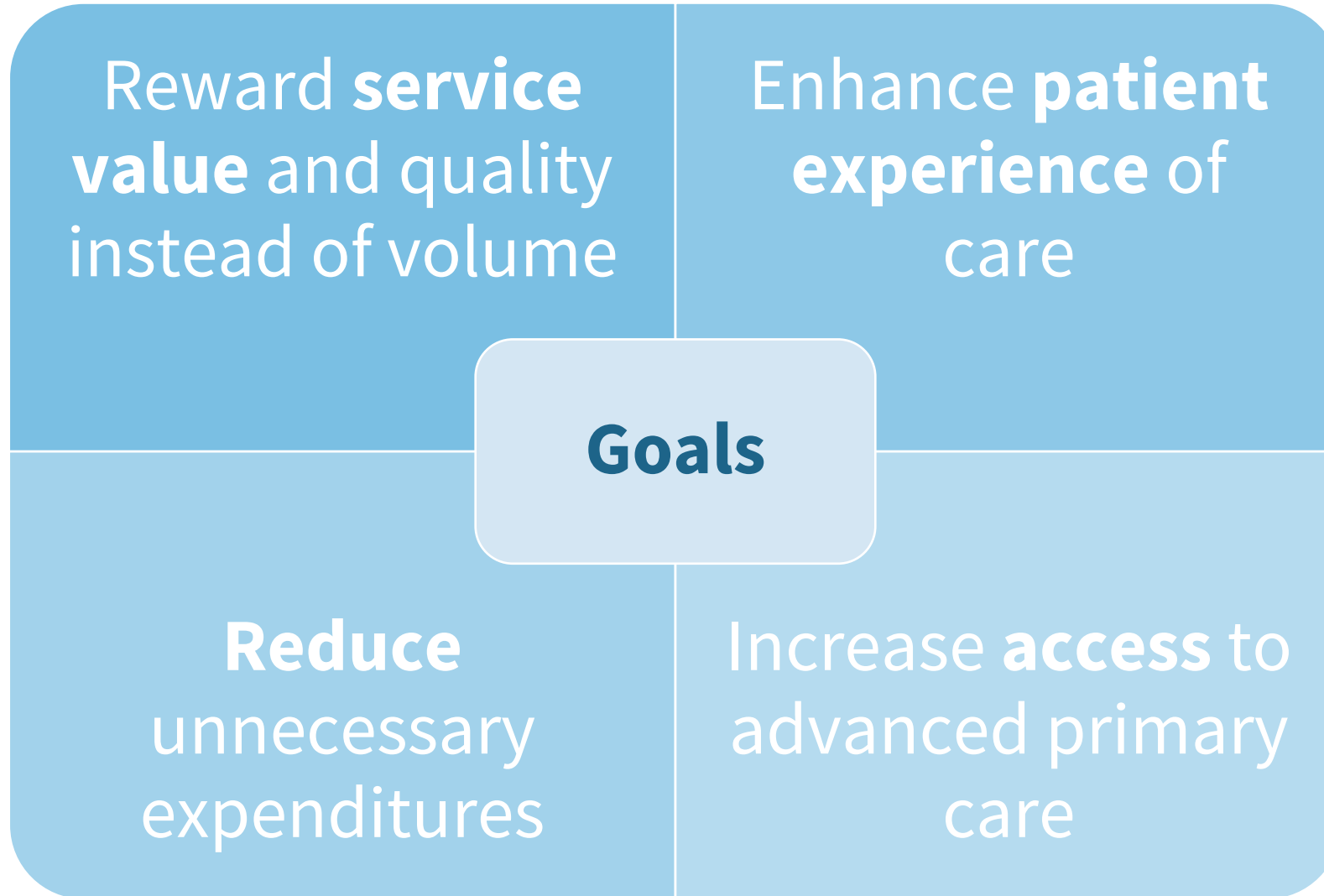
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2025



Department of  
Medicaid

# CPC Overview



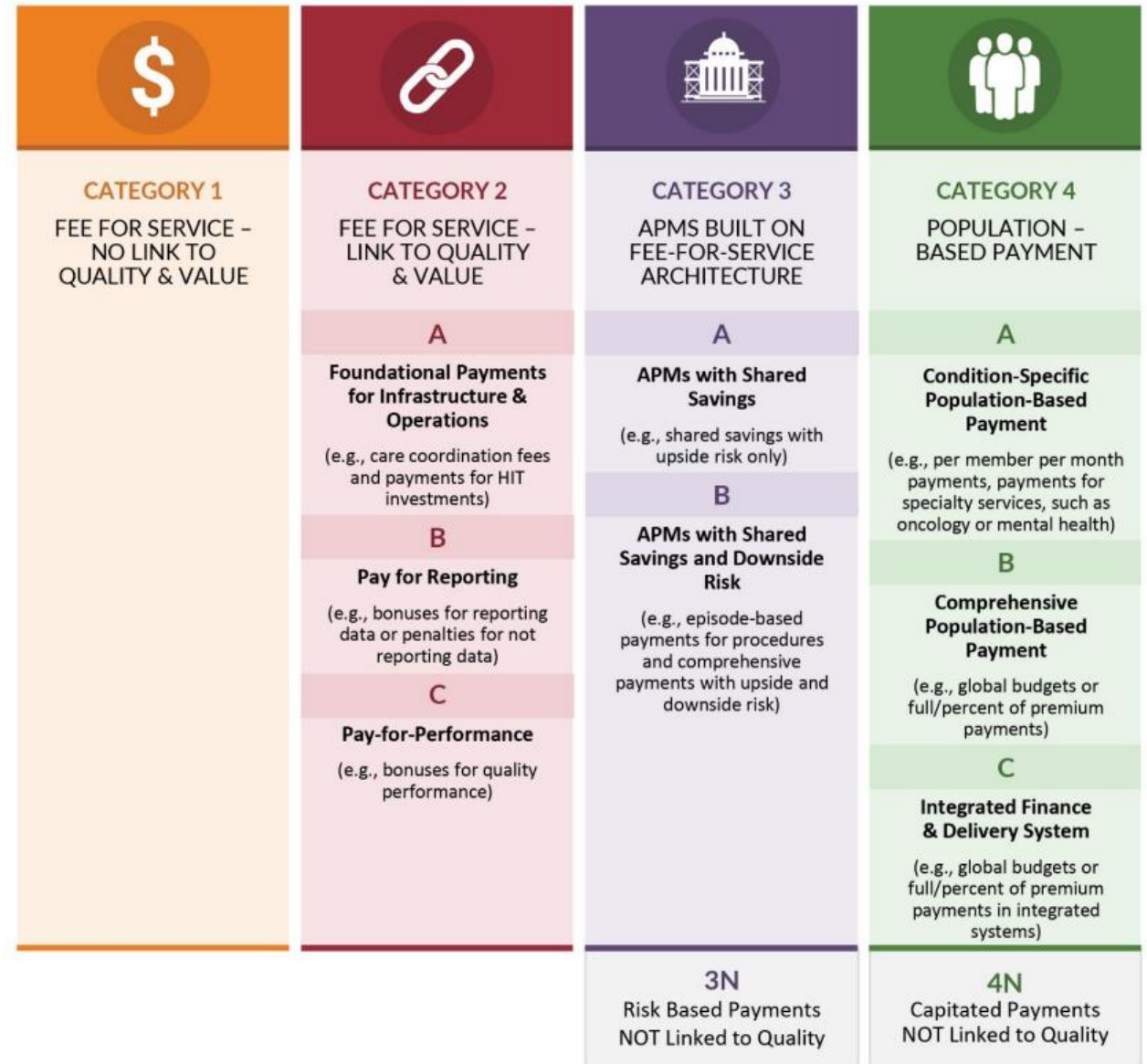
# CPC Overview

- Team-based care delivery model led by a primary care practice that **comprehensively** manages a patient's healthcare needs
- The goal is to improve **quality of care** while lowering costs by empowering practices to deliver the best care possible
- The **program year** runs concurrently with the calendar year (i.e., 1/1/24-12/31/24)
- Program regulations are in the following **Ohio Administrative Code** rules:
  - 5160-19-01 at <https://codes.ohio.gov/ohio-administrative-code/rule-5160-19-01>
  - 5160-19-02 at <https://codes.ohio.gov/ohio-administrative-code/rule-5160-19-02>

# Alternative Payment Model

## Framework

- CPC is an **alternative** payment model (APM) that follows the Health Care Payment Learning & Action Network (HCPLAN)'s APM framework
- This framework is the industry **standard** and establishes a common vocabulary, core principles, and a pathway for measuring successful APMs
- APMs are **classified** into 4 categories and 8 subcategories



# CPC Eligibility

## Provider Type

Individual physicians and practices, professional medical groups, rural health clinics, federally qualified health centers, etc.\*

## Specialty

Medical doctor (MD), doctor of osteopathy (DO), clinical nurse specialist, certified nurse practitioner, or physician assistant with the appropriate specialty\*

## Size

At least 500 members to participate independently or as a partnership  
  
At least 150 members to participate as a practice partnership

\*A complete list of acceptable provider types, specialties, and subspecialties are listed in rule [5160-19-01](#) of the Ohio Administrative Code

# CPC Entity Structure

## Individual Practice

- An individual practice is **one** practice participating as a CPC entity by itself
- The practice must have a **minimum** of 500 or more attributed members
- Performance will be evaluated **only** for the individual practice
- Reports will be issued **only** to the individual practice

## Practice Partnership

- A practice partnership is a **group** of practices participating as a CPC entity whose performance will be evaluated as a whole
- The practice partnership **must** meet the following:
  - Each member practice must have a **minimum** of 150 attributed members
  - Member practices will have a **combined** total of 500 or more attributed members
  - Member practices must have a **single** designated convener that has participated as a CPC entity for at least 1 year
  - Each member practice **must** acknowledge to ODM its participation in the partnership
  - Each member practice must agree that summary-level practice information will be **shared** among all the practices within the partnership

# CPC Activity Requirements

**All** CPC entities must attest annually that they're meeting **all** of these!

24/7 and same-day access to care

Follow-up after hospital discharge

Risk stratification

Tests and specialist referrals

Population health management

Patient experience

Team-based care delivery

Community services and supports integration

Care coordination

Behavioral health integration

# External Quality Review Organization: IPRO

## Role in CPC

- IPRO is the external quality review organization (**EQRO**) for the CPC program
- IPRO conducts **assessments** of providers/facilities to determine compliance with the program's activity requirements
- Survey is sent out at the **beginning** of the year which asks for an overview of how you run CPC
- All CPC for Kids participants are reviewed **every year** to measure performance in the CPC for Kids activities
- Reviews are **virtual** or in person
- IPRO will be the main contact for **scheduling** these reviews
- Reviews go over how the provider is meeting the CPC program's 1-10 activity requirements **and/or** to measure successful completion of the CPC for Kids' bonus activities 1-5
- Reviews start in the **Spring 2025**

# CPC Clinical Quality Metrics

**All** CPC entities must meet **at least** 50% of these applicable metrics!

1. Well-child visits in the 1<sup>st</sup> 15 months of life
2. Well-child visits for members aged 3 - 11 years
3. Child/adolescent well-child visits for members aged 12 - 17 years
4. Weight/BMI assessment & counseling for nutrition and physical activity for children & adolescents
5. Timeliness of prenatal care
6. Live births weighing less than 2,500 grams
7. Postpartum care
8. Chlamydia screening for women
9. Cervical cancer screening
10. Controlling high blood pressure
11. Asthma medication ratio
12. Statin therapy for members with cardiovascular disease
13. Comprehensive diabetes care; HbA1c poor control (greater than 9%)
14. Comprehensive diabetes care: blood pressure control
15. Comprehensive diabetes care: eye exam
16. Antidepressant medication management
17. Follow-up after hospitalization for mental illness
18. Preventive care and screening: tobacco use, screening & cessation intervention
19. Initiation & engagement of alcohol and other drug dependence treatment
20. Well visits for members aged 18 - 21 years
21. Well visits for members aged 15-30 months



# CPC Efficiency Metrics

**All** CPC entities must meet **at least** 50% of these applicable metrics!

Inpatient admission for ambulatory care sensitive conditions (ACSCs)

Emergency room visits per one thousand

Behavioral health related inpatient admissions per one thousand

Adherence to the single preferred drug list

# CPC Attribution

## Defined

- Process through which Medicaid recipients are **assigned** to specific primary care practices (PCP) that can participate in Medicaid's CPC program
- The Ohio Department of Medicaid (ODM) is responsible for attributing fee-for-service (FFS) individuals **while** Managed Care Organizations (MCOs) are responsible for attributing their enrolled members
- **All** individuals in the state of Ohio are attributed to a primary care practice

# CPC Attribution

## Hierarchy

- The following is the **hierarchy** used to assign Medicaid individuals in the CPC and CPC for Kids programs:
  - The individual's **choice** of provider
  - **Claims** data concerning the individual
  - Other data concerning the individual (e.g., **geographic location**, age, gender)

# CPC Attribution

## Exclusions

- Individuals meeting **any** of the following criteria are excluded from triggering CPC payments:
  - Dually **enrolled** in Medicaid and Medicare
  - Not eligible for the **full range** of Medicaid benefits
  - With third-party benefits except for those with **only** dental or vision
  - Enrolled in a **prepaid** inpatient health plan
  - Attributed to other alternative payment models like **OhioRISE**

# CPC Attribution

## Examples of a Re-Assigned Member

### - **Example 1**

- Member is assigned to Dr. Smith at ABC Clinic in the prior quarter's attribution file
- During the next quarter, Dr. John at XYZ Clinic is identified as the provider that has seen the member the most during the look-back period
- Member is then reassigned to Dr. John

### - **Example 2**

- Member is assigned to Dr. Doe at 789 Clinic in the prior quarter's attribution file
- Member expressed their primary care provider choice during the quarter for Dr. Jane at 123 Clinic
- Member is then reassigned to Dr. Jane

# CPC Attribution

## Examples of a Not Re-Assigned Member

### - **Example 1**

- Member is assigned to Dr. Smith at ABC Clinic in the prior quarter's attribution file
- During the next quarter, Dr. Smith at XYZ Clinic is identified as the provider that has seen the member the most during the look-back period
- The member is not reassigned because the rendering provider is unchanged

### - **Example 2**

- Member is assigned to Dr. Blue at 123 Clinic in the prior quarter's attribution file
- During the next quarter, Dr. Johnson at 123 Clinic is identified as the provider that has seen the member the most during the look-back period
- The member is not reassigned as the billing provider is unchanged

# CPC Payments

## Overview

- Entities can be eligible for **two** additional payment streams: PMPM payments and shared savings payments
- PMPM payments are **prospective**, quarterly, and risk-adjusted to support the program's activities
- Shared savings payments are payments to **reward** total cost of care savings
- All activity requirements, at least 50% of clinical quality metrics, and at least 50% of efficiency metrics **must** be met to be eligible to receive PMPM and shared savings payments

# CPC Payments

## PMPM Payments

- The PMPM payment calculation starts with looking at risk for a patient by using a risk assessment tool called the Chronic Illness and Disability Payment System + Prescriptions (**CDPS + Rx**)
- Members are assigned a **unique** risk score developed from historical diagnoses, National Drug Codes (NDCs), and demographics
- Risk scores reflect a sum of components that have **cost weights** and are used to put members into three overall payment risk tiers

### Tier I

Risk Score  $\leq 1.0$

PMPM Payment = \$1.80

### Tier II

$1.0 < \text{Risk Score} \leq 5.0$

PMPM Payment = \$6.33

### Tier III

Risk Score  $> 5.0$

PMPM Payment = \$10.20

# CPC Payments

## PMPM Payments

- Quarterly PMPM payments for CPC are **calculated** as follows:
  - Number of patients on the practice's panel attributed to **tier 1\* PMPM** amount for tier 1 +
  - Number of patients on the practice's panel attributed to **tier 2\* PMPM** amount for tier 2 +
  - Number of patients on the practice's panel attributed to **tier 3 \* PMPM** amount for tier 3 \* 3
    - Note: The final multiplication is to accommodate the three months in the quarter
- Comprehensive Maternal Care (CMC) payments are deducted from CPC payments to prevent **dual payments** for one member

# CPC Payments

## Shared Savings Overview

- Shared savings payments are annual **retrospective** payments based on savings on the total cost of care (TCOC)
- All CPC activity requirements and at least 50% of the applicable quality and efficiency metrics thresholds **must** be met
- CPC entity must have **60,000** member months to calculate TCOC
- Can receive either or both of the following **two types** of shared savings payments:
  - Total cost of care relative to **peers**
  - Total cost of care relative to **self**

# CPC Payments

## Shared Savings Types

### TCOC Relative to Peers

- Based on an entity achieving a **low** TCOC relative to other eligible CPC entities
- ODM is the **paying** entity

### TCOC Relative to Self

- Based on an entity's **improvement** on TCOC for their attributed patients compared to their own baseline TCOC
- MCOs are the **paying** entities (except for fee for service members, which ODM pays)

# CPC Payments

## Shared Savings Baseline

- TCOC for baseline and performance years are set based on the **point-in-time** attribution dates that occurred during that calendar year
- The member panel used for TCOC is based on the 4 quarters of point-in-time attribution that occurred during the **performance period**, not the patient panels used to calculate the PMPMs distributed during the program year

Point-in-Time Attribution Dates for the 2025 Performance Year		
	Point-in-Time Attribution Dates for PMPM Payments	Point-in-Time Attribution Dates for Shared Savings Payments
Q1 2025	September 1, 2024	March 1, 2025
Q2 2025	December 1, 2024	June 1, 2025
Q3 2025	March 1, 2025	September 1, 2025
Q4 2025	June 1, 2025	December 1, 2025

# CPC Payments

## Shared Savings Inclusions and Exclusions

	Inclusions	Exclusions
<b>Patients</b>	<ul style="list-style-type: none"><li>• All adult and pediatric members</li><li>• All behavioral health members</li><li>• Members with exclusively dental or vision third party liability (TPL) coverage</li></ul>	<ul style="list-style-type: none"><li>• Dual enrolled members</li><li>• Members only eligible for limited benefits (e.g., family planning)</li><li>• Members with TPL coverage</li><li>• Members enrolled in a prepaid inpatient health plan</li><li>• Members in other population health alternative payment models (i.e., CMC)</li></ul>
<b>Services</b>	<ul style="list-style-type: none"><li>• All non-excluded medical and prescription expenditures</li><li>• Case management, durable medical equipment (DME), home health, and the 1<sup>st</sup> 90 days of long-term care (LTC) expenditures</li><li>• Quarterly CPC PMPMs</li></ul>	<ul style="list-style-type: none"><li>• Waiver service expenditures</li><li>• Expenditures on dental, vision, and transportation services</li><li>• All expenditures in the 1<sup>st</sup> year of life for members with a level 3 or 4 NICU stay</li><li>• Services provided past 1<sup>st</sup> 90 days in LTC</li><li>• Outliers within each risk band (top and bottom 1%)</li></ul>

# CPC Payments

## Shared Savings Relative to Peers

- Shared savings payments relative to **peers** is calculated based on total spend for the attributed population based on:
  - Adjudicated (medical, Rx) claims
  - Received quarterly PMPM payments
  - Excludes spend at patient and service level
- Includes a **risk adjustment** factor to account for differences in risk profiles of patient panels across entities within the time frame (e.g., performance year)
- Members in each entity are assigned a **risk score** from the CDPS+Rx risk grouper
- PMPM TCOC payments across a category in CDPS+Rx is **compared** to the average PMPM TCOC across all categories
- Risk score is **calculated** at the practice level to compare practice specific risk to average risk

# CPC Payments

## Shared Savings Relative to Self

- Shared savings payments relative to **self** is calculated based on performance against the entity's own baseline from a previous year
- For 2024, each CPC entity's performance on TCOC is compared to the entity's **baseline performance** from 2022 to determine whether shared savings was achieved
  - Baseline TCOC is calculated based on the patients attributed in calendar year (CY) 2022
  - Performance year TCOC is calculated based on the patients attributed in CY 2024
- Adjustments are done to **account** for:
  - Difference in risk mix (across years/practices)
  - Changes in the program across years (reimbursement fee schedule, drug prices)
- Total **spend** for attributed population is based on:
  - Adjudicated (medical, Rx) claims
  - Received quarterly PMPM payments
  - Excludes spend at patient and service level

# CPC Reports

## 1 Attribution and Payment File

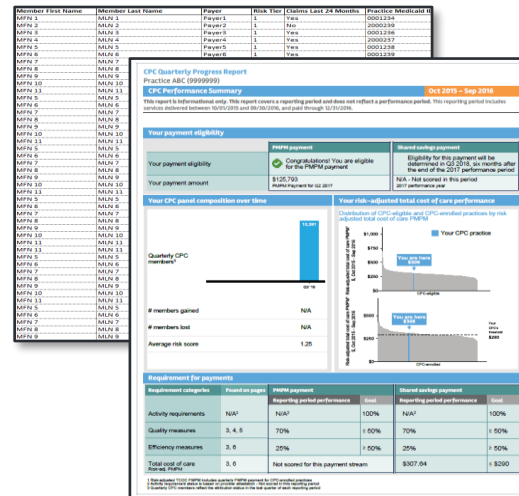
Contains adult and pediatric attributed members and associated PMPM payments for each quarter

Member First Name	Member Last Name	Payer	Risk Tier	Claims Last 24 Months	Practice Medicaid ID
MFN 1	MLN 1	Payer1	1	Yes	0001234
MFN 2	MLN 2	Payer2	1	No	2000239
MFN 3	MLN 3	Payer3	1	Yes	0001236
MFN 4	MLN 4	Payer4	1	Yes	2000237
MFN 5	MLN 5	Payer5	1	Yes	0001238
MFN 6	MLN 6	Payer6	1	Yes	0001239
MFN 7	MLN 7	Payer7	1	No	0001240
MFN 8	MLN 8	Payer8	1	Yes	0001241
MFN 9	MLN 9	Payer9	1	Yes	0001242
MFN 10	MLN 10	Payer10	0	Yes	2000240
MFN 11	MLN 11	Payer11	3	No	0001244
MFN 12	MLN 12	Payer12	1	Yes	0001245
MFN 13	MLN 13	Payer13	3	No	0001246
MFN 14	MLN 14	Payer14	1	Yes	0001247
MFN 15	MLN 15	Payer15	1	Yes	0001248
MFN 16	MLN 16	Payer16	1	Yes	0001249
MFN 17	MLN 17	Payer17	1	No	0001250
MFN 18	MLN 18	Payer18	1	Yes	0001251
MFN 19	MLN 19	Payer19	1	Yes	0001252
MFN 20	MLN 20	Payer20	1	Yes	0001253
MFN 21	MLN 21	Payer21	1	Yes	0001254
MFN 22	MLN 22	Payer22	1	Yes	0001255
MFN 23	MLN 23	Payer23	1	Yes	0001256
MFN 24	MLN 24	Payer24	1	Yes	0001257
MFN 25	MLN 25	Payer25	1	Yes	0001258
MFN 26	MLN 26	Payer26	1	Yes	0001259
MFN 27	MLN 27	Payer27	1	Yes	0001260
MFN 28	MLN 28	Payer28	1	Yes	0001261
MFN 29	MLN 29	Payer29	1	Yes	0001262
MFN 30	MLN 30	Payer30	1	Yes	0001263
MFN 31	MLN 31	Payer31	1	Yes	0001264
MFN 32	MLN 32	Payer32	1	Yes	0001265
MFN 33	MLN 33	Payer33	1	Yes	0001266
MFN 34	MLN 34	Payer34	1	Yes	0001267
MFN 35	MLN 35	Payer35	1	Yes	0001268
MFN 36	MLN 36	Payer36	1	Yes	0001269
MFN 37	MLN 37	Payer37	1	Yes	0001270
MFN 38	MLN 38	Payer38	1	Yes	0001271
MFN 39	MLN 39	Payer39	1	Yes	0001272
MFN 40	MLN 40	Payer40	1	Yes	0001273
MFN 41	MLN 41	Payer41	1	Yes	0001274
MFN 42	MLN 42	Payer42	1	Yes	0001275
MFN 43	MLN 43	Payer43	1	Yes	0001276
MFN 44	MLN 44	Payer44	1	Yes	0001277
MFN 45	MLN 45	Payer45	1	Yes	0001278
MFN 46	MLN 46	Payer46	1	Yes	0001279
MFN 47	MLN 47	Payer47	1	Yes	0001280
MFN 48	MLN 48	Payer48	1	Yes	0001281
MFN 49	MLN 49	Payer49	1	Yes	0001282
MFN 50	MLN 50	Payer50	1	Yes	0001283

1 quarterly (.csv) file

## 2 CPC Practice Report

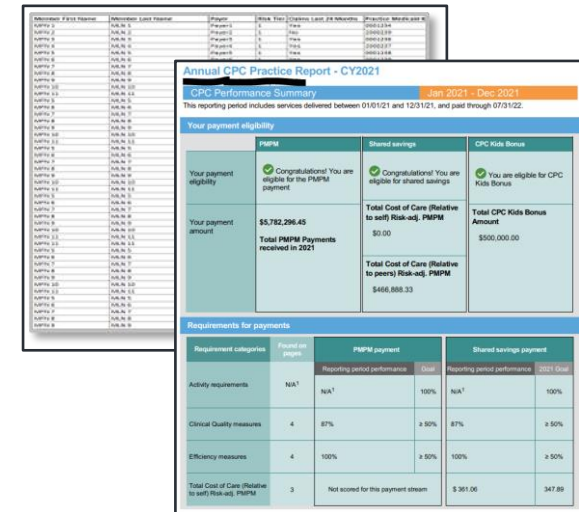
Contains practice-level summary and a member-level detail of CPC and CPC for Kids performance over a rolling 12-month period



1 quarterly (PDF) file  
1 quarterly (.csv) file

## 3 CPC Annual Report

Same as quarterly reports, except created annually after 6 months of claims run-out and contain shared savings calculations and results



1 annual (PDF) file  
1 annual (.csv) file

# CPC Reports

Attribution and payment file

CPC practice reports

CPC annual reports

Report Search Results								
Document ID ↑↓	Report Type ↑↓	Effective Date ↑↓	End Date ↑↓	Release Quarter ↑↓	Report Format ↑↓	Date Available ↑	Date First Accessed ↑↓	
xxxxxxxxxx	Quarterly Preview CPC Practice/Partnership Reports	01/01/2022	12/31/2022	NOV, 2023	SUMMARY	11/16/2023	11/27/2023	
xxxxxxxxxx	Quarterly Preview CPC Practice/Partnership Reports	01/01/2022	12/31/2022	NOV, 2023	DETAIL	11/16/2023	12/04/2023	
xxxxxxxxxx	CPC Provider Attribution Member-level Payment File	10/01/2023	12/31/2023	OCT, 2023	DETAIL	10/22/2023	10/31/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	01/01/2022	12/31/2022	SEP, 2023	SUMMARY	10/04/2023	10/17/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	01/01/2022	12/31/2022	SEP, 2023	DETAIL	10/04/2023	10/17/2023	
xxxxxxxxxx	Annual CPC Practice/Partnership Reports	01/01/2021	12/31/2021	AUG, 2023	SUMMARY	09/15/2023	09/22/2023	
xxxxxxxxxx	Annual CPC Practice/Partnership Reports	01/01/2021	12/31/2021	AUG, 2023	DETAIL	09/15/2023	09/22/2023	
xxxxxxxxxx	CPC Provider Attribution Member-level Payment File	07/01/2023	09/30/2023	JUL, 2023	DETAIL	08/08/2023	08/09/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	10/01/2021	09/30/2022	JUN, 2023	SUMMARY	06/20/2023	07/10/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	10/01/2021	09/30/2022	JUN, 2023	DETAIL	06/20/2023	07/10/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	07/01/2021	06/30/2022	APR, 2023	SUMMARY	05/09/2023	05/10/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	07/01/2021	06/30/2022	APR, 2023	DETAIL	05/04/2023	05/04/2023	
xxxxxxxxxx	CPC Provider Attribution Member-level Payment File	04/01/2023	06/30/2023	APR, 2023	DETAIL	04/18/2023	04/26/2023	
xxxxxxxxxx	CPC Provider Attribution Member-level Payment File	01/01/2023	03/31/2023	JAN, 2023	DETAIL	01/17/2023	01/19/2023	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	04/01/2021	03/31/2022	NOV, 2022	SUMMARY	11/30/2022	12/06/2022	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	04/01/2021	03/31/2022	NOV, 2022	DETAIL	11/30/2022	01/19/2023	
xxxxxxxxxx	CPC Provider Attribution Member-level Payment File	10/01/2022	12/31/2022	OCT, 2022	DETAIL	10/07/2022	10/11/2022	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	01/01/2021	12/31/2021	JUN, 2022	SUMMARY	09/29/2022	10/13/2022	
xxxxxxxxxx	Quarterly Preview CPC Practice/Partnership Reports	01/01/2021	12/31/2021	JUL, 2022	SUMMARY	09/29/2022	10/06/2022	
xxxxxxxxxx	Quarterly CPC Practice/Partnership Reports	01/01/2021	12/31/2021	JUN, 2022	DETAIL	09/29/2022	09/12/2023	

Find all CPC reports in the **Payment Innovation** section in the Provider Network Management (PNM) module!



**Department of  
Medicaid**