Ohio Comprehensive Primary Care

2025 Program Year Welcome

December 17, 2024

Department of Medicaid

Housekeeping

Thank you for participating!

- This presentation will be posted for future access at https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/payment-innovation/comprehensive-primary-care/provider-webinars1

- Please submit questions through the questions box

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

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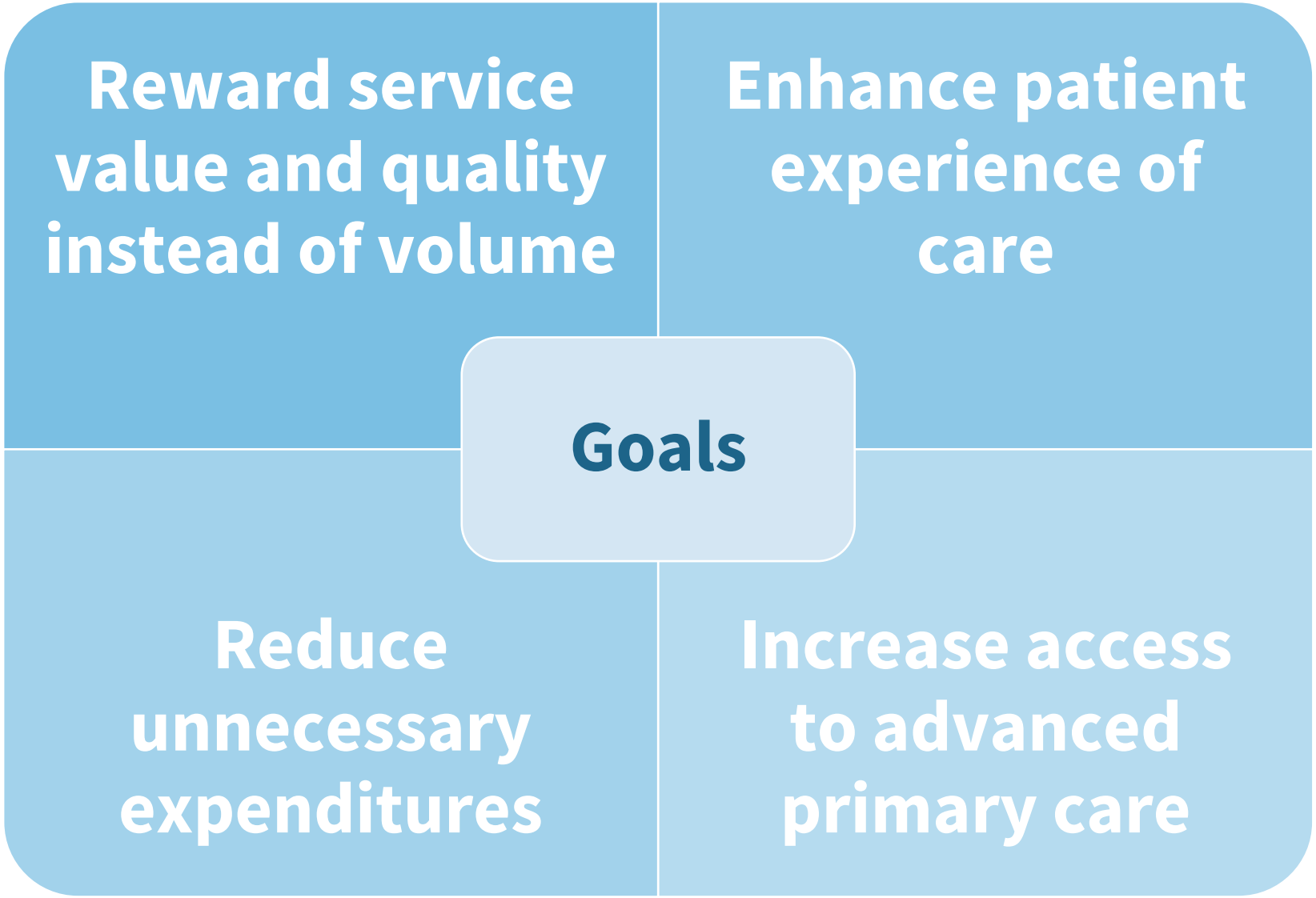
Agenda

1. Comprehensive Primary Care (CPC) and CPC for Kids Program Overview
2. Updates for 2025
3. Upcoming Dates and Reminders
4. Questions

CPC and CPC for Kids Program Overview

CPC Goals



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CPC Overview

- CPC is an alternative payment model program that is based on a 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

- Program Year **2025** will run from 1/1/2025 to 12/31/2025

- 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

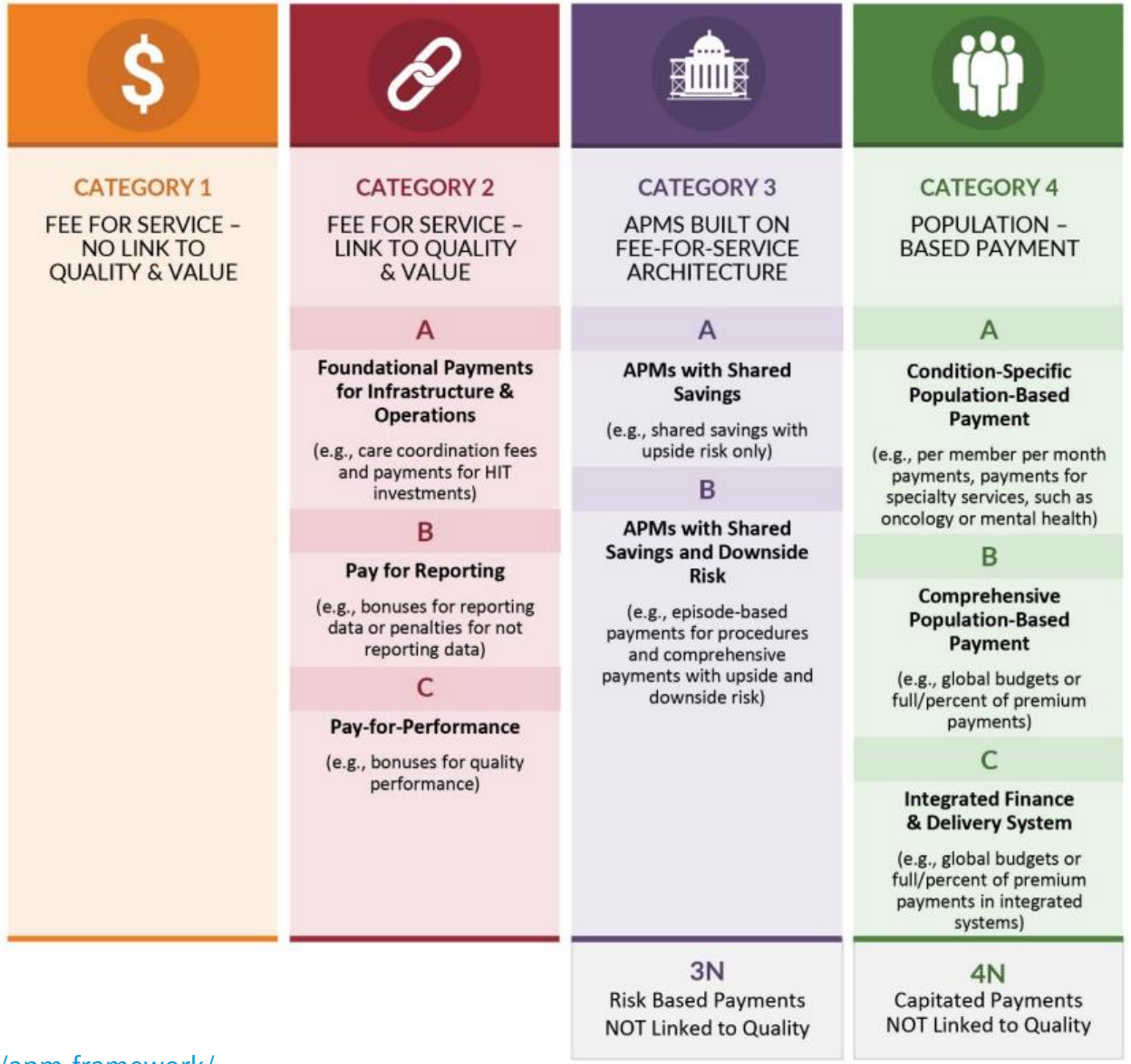
Alternative Payment Model

Framework

- CPC is an **alternative** payment model (APM) that follows the Health Care Payment Learning and Action Network (HCPLAN) 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



Source: https://hcp-lan.org/apm-framework/

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 determined using claims-only data
- 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 determined using claims-only data
  - Member practices will have a **combined** total of 500 or more attributed members determined using claims-only data
  - 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
- Risk stratification
- Population health management
- Team-based care delivery
- Care coordination
- Follow-up after hospital discharge
- Tests and specialist referrals
- Patient experience
- Community services and supports integration
- Behavioral health integration

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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 visits in the 1st 15 months of life
2. Well visits for members aged 3 - 11 years
3. Child/adolescent well 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

Note: Details on clinical quality metrics can be found at https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/payment-innovation/comprehensive-primary-care/requirements1

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

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Note: Details on efficiency metrics can be found at https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/payment-innovation/comprehensive-primary-care/requirements1

CPC Attribution

Defined

- Process through which Medicaid recipients are **assigned** to specific primary care practices (PCP) that can participate in Medicaid's CPC program

- 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 individuals to a PCP:
  - 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 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**

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 possibly shared savings payments

CPC PMPM Payments

Risk Tiers

- 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 <= 1.0

PMPM Payment = $1.80

Tier II

1.0 < Risk Score <= 5.0

PMPM Payment = $6.33

Tier III

Risk Score > 5.0

PMPM Payment = $10.20

CPC PMPM Payments

Calculation

- 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 Shared Savings Payments

Overview

- Shared savings payments are annual **retrospective** payments based on savings on the total cost of healthcare (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 Shared Savings Payments

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 for Kids Overview

Emphasizes primary care to support improved population health outcomes for the pediatric population

Optional program for those enrolled in CPC

Includes additional quality metrics and bonus incentives

Incentives are based on performance on pediatric-related metrics and CPC for Kids activities

CPC for Kids Eligibility

Participates in the CPC program for the same performance period

Has least 150 pediatric members

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CPC for Kids Bonus Activities

1. Additional supports for children in the custody of a title IV-E agency
2. Integration of behavioral health services
3. School-based health care linkages
4. Transitions of care
5. Oral evaluation, dental services

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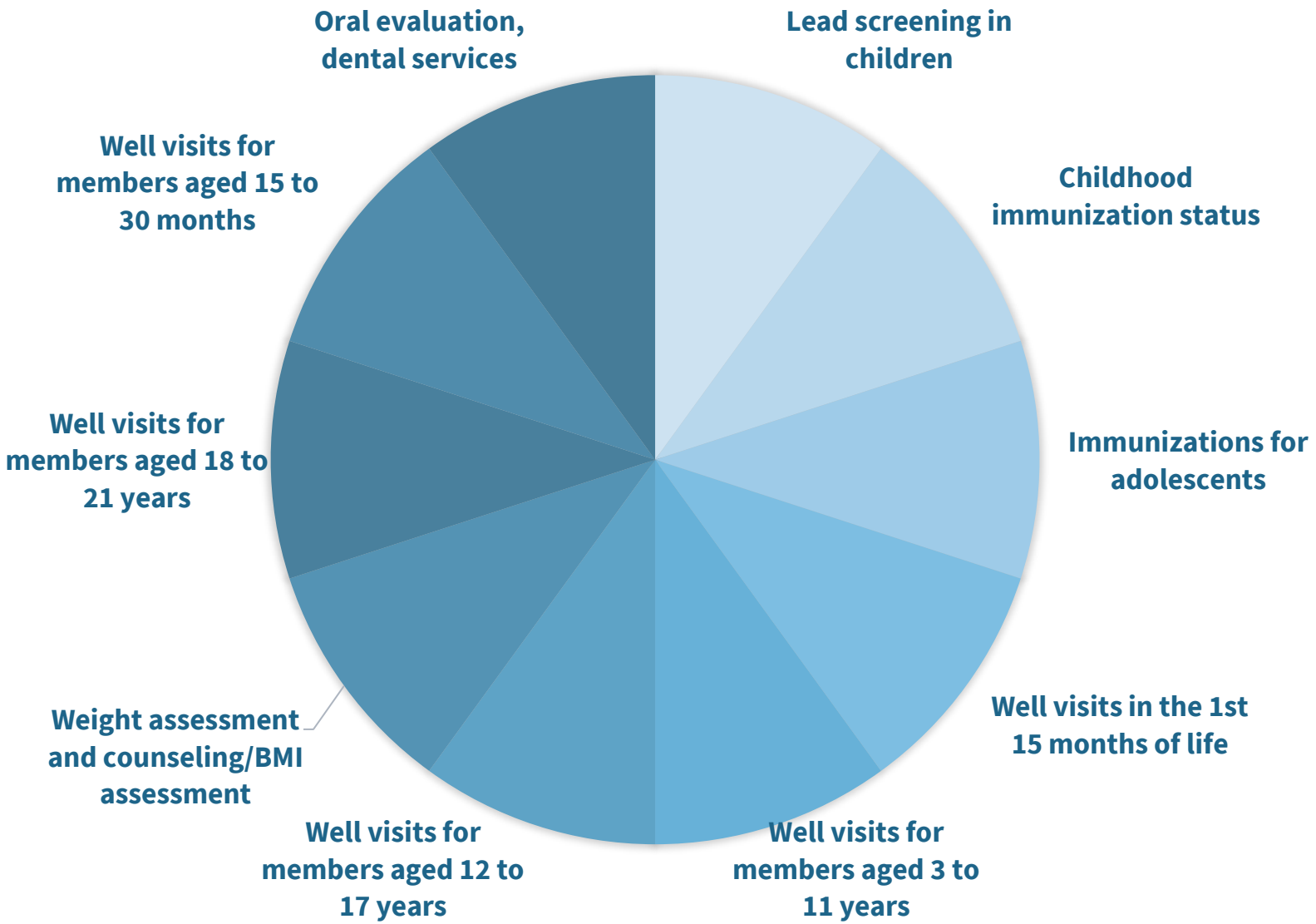
CPC for Kids Clinical Quality Metrics



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CPC for Kids Clinical Quality Metrics - Additional

Lead screening in children

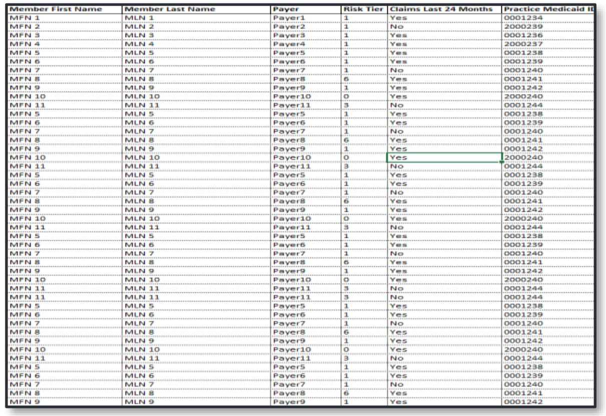
Childhood immunization status

Immunizations for adolescents

CPC Reports

1 Attribution and Payment File

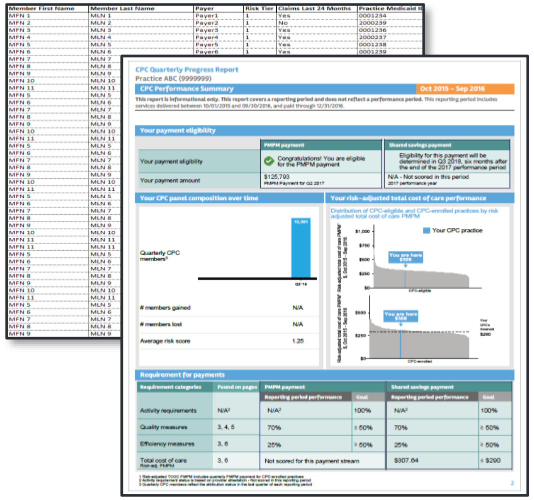
Contains adult and pediatric attributed members and associated PMPM payments for each quarter



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

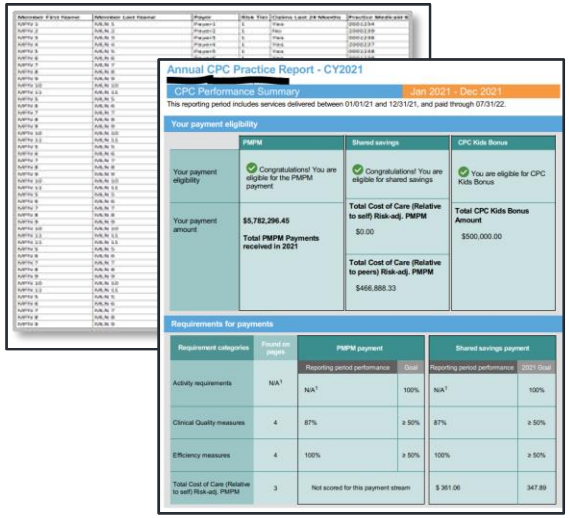


1 quarterly (PDF) file

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

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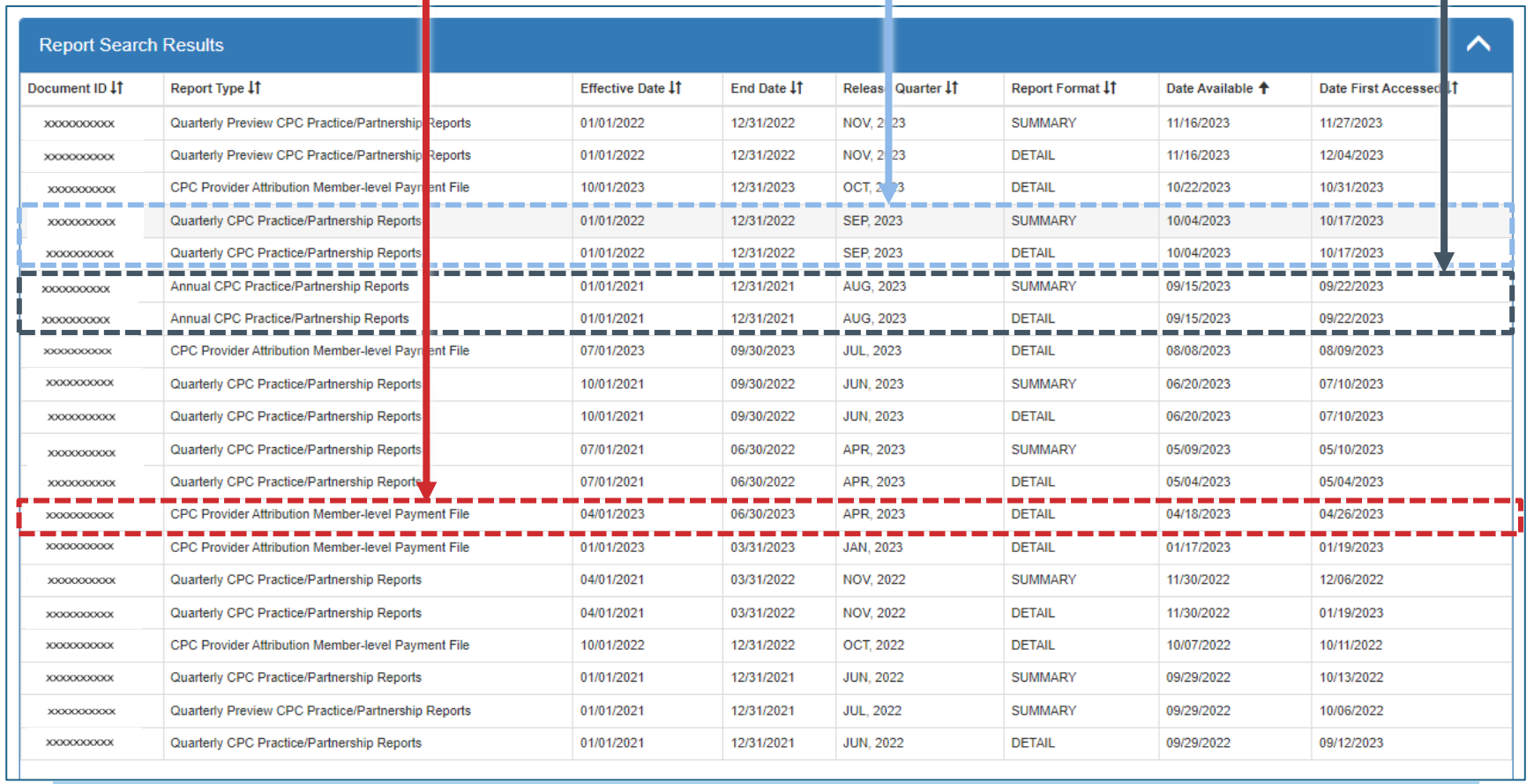
Note: Practices in CPC receive the above reports to track payments & performance!

CPC Reports

Attribution and payment file

CPC practice reports

CPC annual reports



Report Search Results

Document ID	Report Type	Effective Date	End Date	Releas	Quarter	Report Format	Date Available	Date First Accessed
xxxxxxxxxx	Quarterly Preview CPC Practice/Partnership Reports	01/01/2022	12/31/2022	NOV, 2	23	SUMMARY	11/16/2023	11/27/2023
xxxxxxxxxx	Quarterly Preview CPC Practice/Partnership Reports	01/01/2022	12/31/2022	NOV, 2	23	DETAIL	11/16/2023	12/04/2023
xxxxxxxxxx	CPC Provider Attribution Member-level Payment File	10/01/2023	12/31/2023	OCT, 2	3	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
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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!

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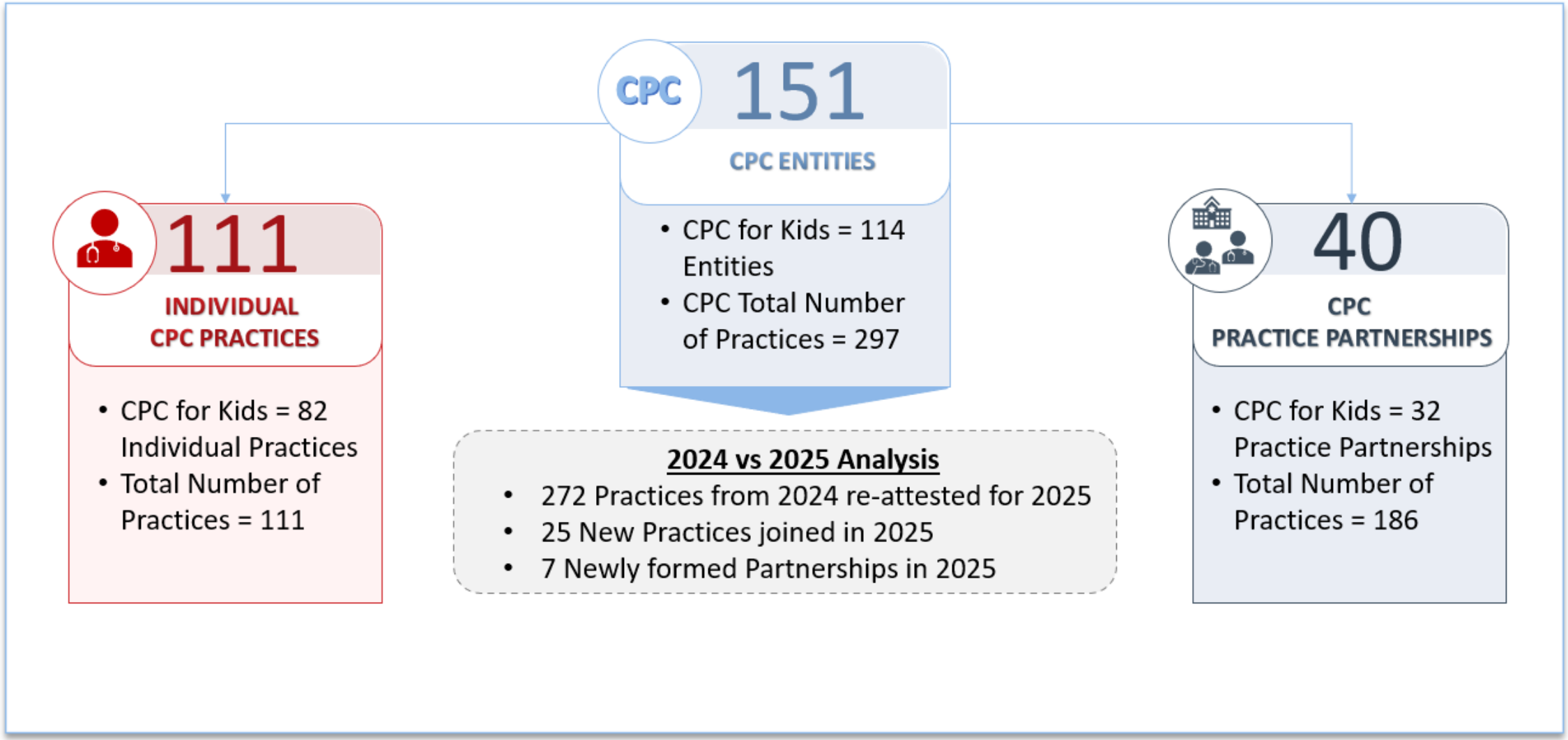
Updates for 2025

Ohio CPC 2025 - Participation



CPC Rule Updates
Ohio Administrative Code (OAC) Rule 5160-19-01

- Removed reference to the Comprehensive Maternal Care program in the **list** of alternative payment models for clarity
- Added "certified nurse **midwife**" to the list of CPC eligible providers
- Added **clarification** that providers need to provide 24/7 and same-day access to a primary care practitioner (PCP), rather than only have the capability to connect a patient to a PCP within 24 hours of initial request
- Modified timeframe for **new/current** staff to complete cultural competency training:
  - Within 6 months of program enrollment **and** annually thereafter
  - New staff **must** complete cultural competency training within 30 days of starting
- Added "Well-child visits for ages 15-30 months" as a clinical **quality** payment metric for both CPC and CPC for Kids
- Added "Oral evaluation, dental services" as a **payment** metric for CPC for Kids

CPC Rule Updates
Ohio Administrative Code (OAC) Rule 5160-19-02

- Clarified that shared savings payments exist to **reward** total cost of care savings

- Added language that a CPC entity must **first** meet quality, efficiency, and activity requirements to be eligible for the shared savings payment

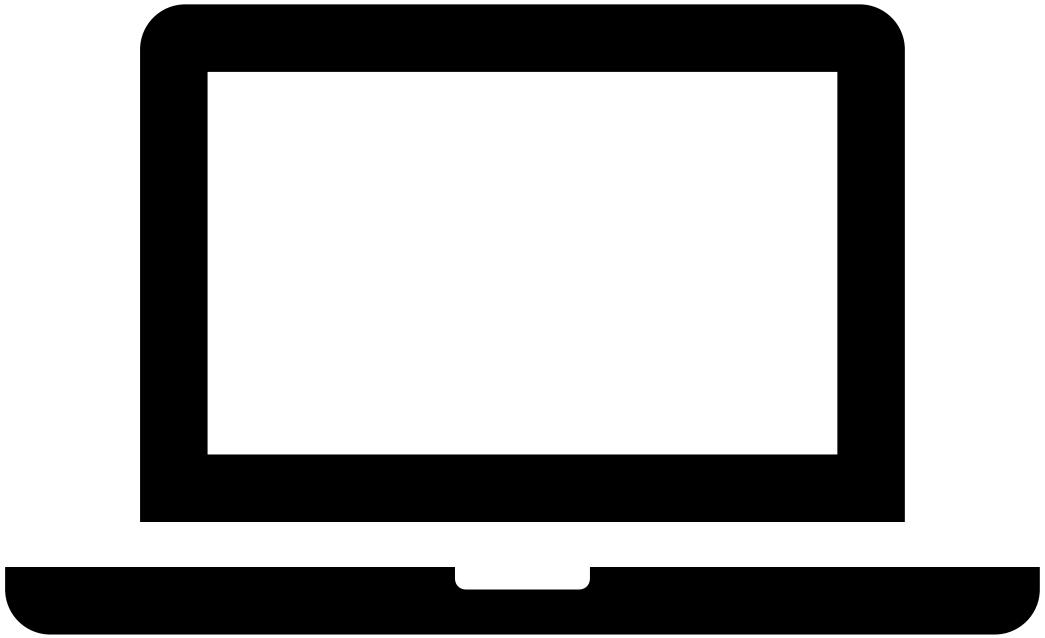
- Clarified that provider participation in the program will also be terminated too, not just payment, when program metrics are **not met** after two years of failure

New APM System

- Launching on **1/28/25**

- MCO dashboards launching in **March** 2025

- There are **updates** to reports, new dashboards for research and more!



Upcoming Dates and Reminders

Upcoming Webinars

- The 2025 CPC quarterly webinar series is scheduled for:
  - Tues, Feb 18, 2025, from 9:30 am – 11:00am
  - Tues, Apr 15, 2025, from 9:30 am – 11:00am
  - Tues, Sept 16, 2025, from 9:30 am – 11:00am
  - Tues, Nov 18, 2025, from 9:30 am – 11:00am

- Register at https://register.gotowebinar.com/register/2409209640691681887

Upcoming Newsletters

- CPC quarterly **newsletters** are scheduled for:
  - Winter 2025 in January
  - Spring 2025 in March
  - Summer 2025 in June
  - Fall 2025 in October

- Sign up to receive these at https://medicaid.ohio.gov/home/govdelivery-subscribe

Upcoming Training

- 2025 CPC **Summer** Learning Session
  - Opportunity to learn more about CPC, meet other staff/stakeholders, and ask questions!
  - Tentative information:
    - **When:** July 15th and/or July 22nd, 2025, from 9:30am-3:30pm
    - **Where:** In-person at 4200 Surface Rd, Columbus, OH 43228
  - More details to come!
    - https://medicaid.ohio.gov/home/govdelivery-subscribe

Reminder: CPC Website

- The website is **updated** regularly to offer relevant and useful resources and information on the program

- Find past newsletters, enrollment information, payment information, requirements, past webinars, and more!

- Bookmark the following: https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/payment-innovation/comprehensive-primary-care/comprehensive-primary-care

Other Updates

- Q2 and Q3 2024 performance reports are delayed and are being worked on as quickly as possible

- Look for additional PMPM payments in December due to discrepancy with Q3 and Q4 attribution payment files

- Shared savings 2022 is nearing completion!

- Stay up to late on the latest CPC news!
  - https://medicaid.ohio.gov/home/govdelivery-subscribe

QUESTIONS?

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THANK YOU

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