

Comprehensive Primary Care (CPC) February Quarterly Webinar

February 17, 2026

1:00 p.m. – 2:30 p.m.



**Department of
Medicaid**

Housekeeping

Thank you for participating in today's presentation!

This presentation will be posted for future access on the CPC webinars website [here](#)

Feel free to submit your questions through the questions box in GoToWebinar

We encourage your participation today!

Be sure to provide us with your feedback if you have it!

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Agenda

Continuous Quality
Improvement (QI)

Report
Updates

Upcoming Events
and Reminders

Questions

Continuous Quality Improvement (QI)

Continuous Quality Improvement (QI)

Continuous Quality Improvement (QI) Definition

Demonstrate regular and ongoing QI using:

- QI projects
- Quality goals for outcome metrics
- QI education for staff
- QI committees
- Other QI activities that includes the voice of the patient and the provider to continuously improve the quality of health care

Continuous Quality Improvement (QI)

Continuous Quality Improvement

Required Criteria

- Implementing regular and ongoing quality improvement through at least **one** quality improvement process
 - Quality improvement projects
 - Quality goals for outcome metrics
 - Quality improvement education for staff
 - Quality improvement committees
 - Other quality improvement activities
- Actively participating in state Medicaid sponsored quality improvement opportunities such as state directed payments (SDPs) or the outcome acceleration for kids (OAK) programs
- Leveraging the voice of the patient and provider to continuously improve the quality of health care for attributed Medicaid individuals

Continuous Quality Improvement (QI)

Continuous Quality Improvement

Optional Criteria

- Implements regular and ongoing quality improvement through **more than one** quality improvement process
 - Quality improvement projects
 - Quality goals for outcome metrics
 - Quality improvement education for staff
 - Quality improvement committees
 - Other quality improvement activities

Continuous Quality Improvement (QI)

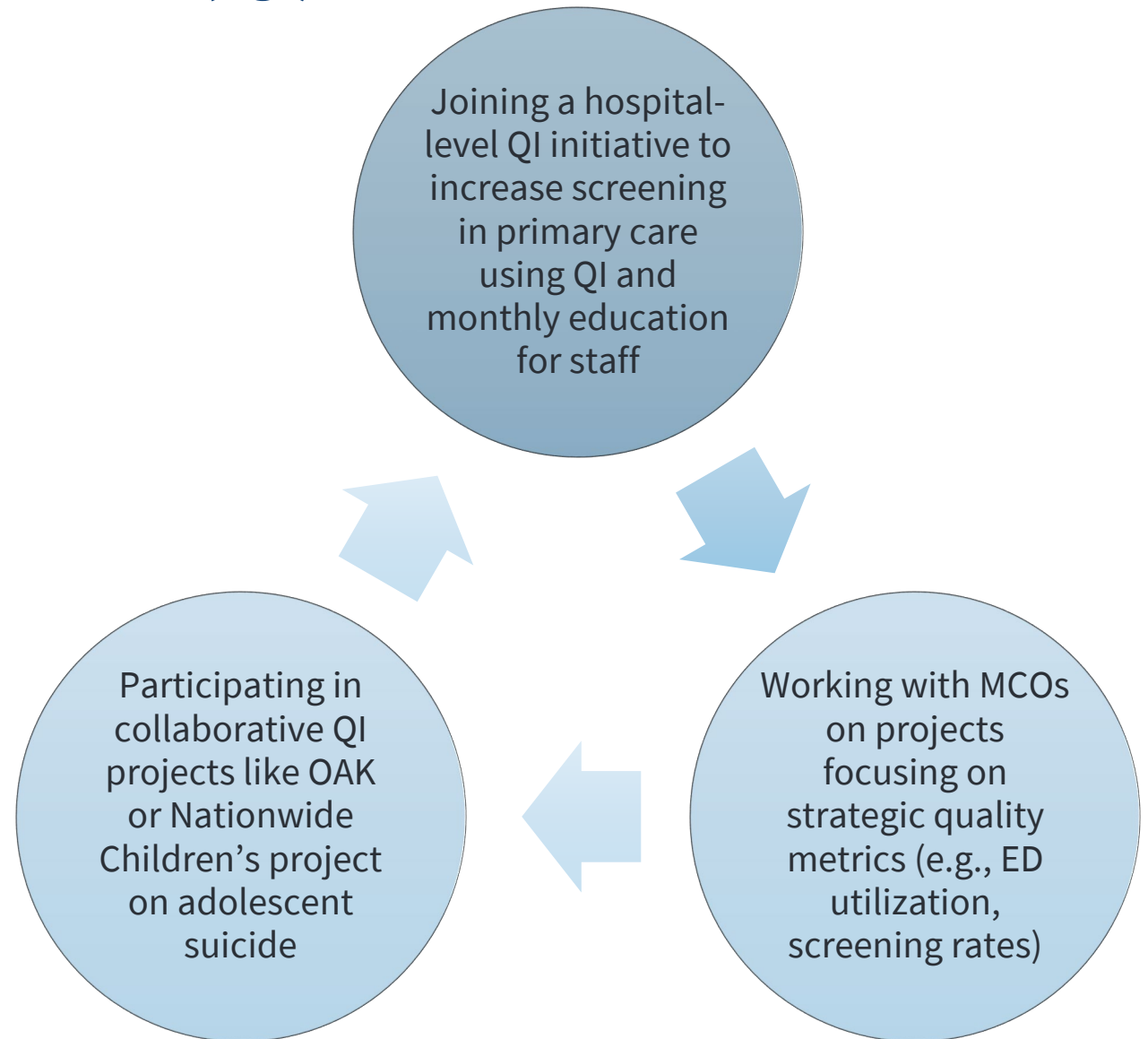
Address behavioral health needs by monitoring and improving depression screening rates

Track newborn follow-up for infants born at the hospital and monitoring overdue tasks, like outstanding lab work

Test a standardized care package to improve depression care coordination

Test and implement screening processes for conditions like coagulopathy and inflammatory arthritis

Continuous Quality Improvement (QI)



Report Updates

Report Updates

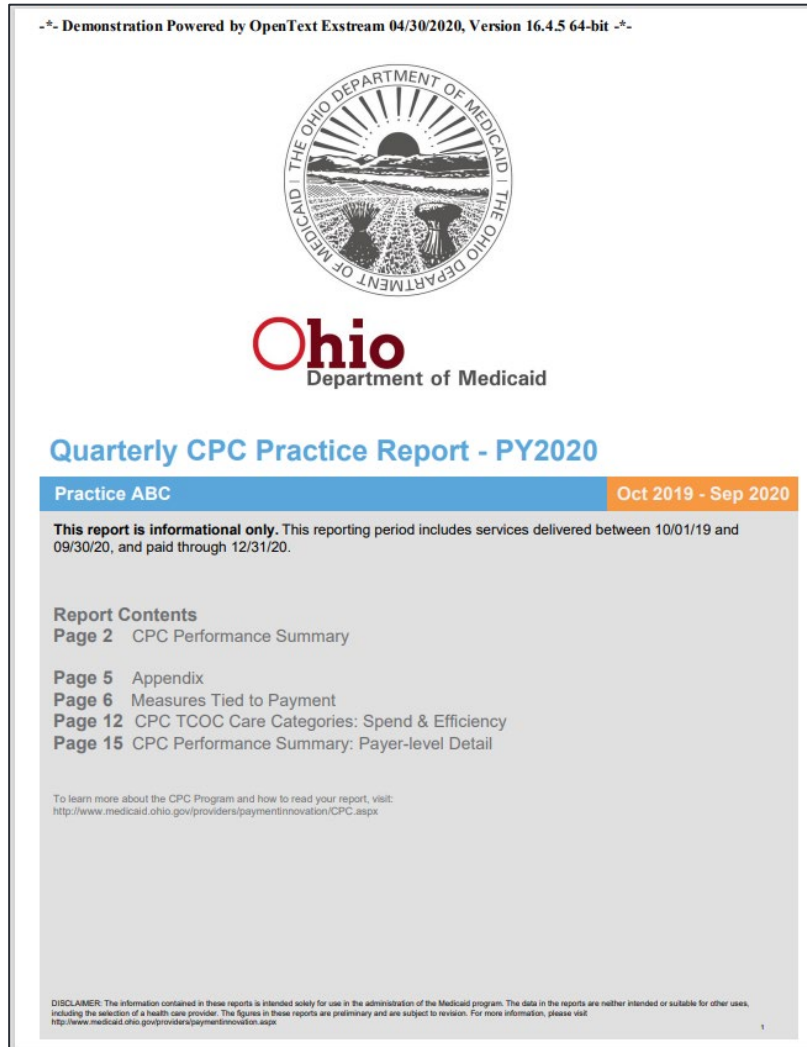
**We are always working on ways to
improve the program**

Let's walk through one of our recent
updates, the **2026** CPC performance
reports

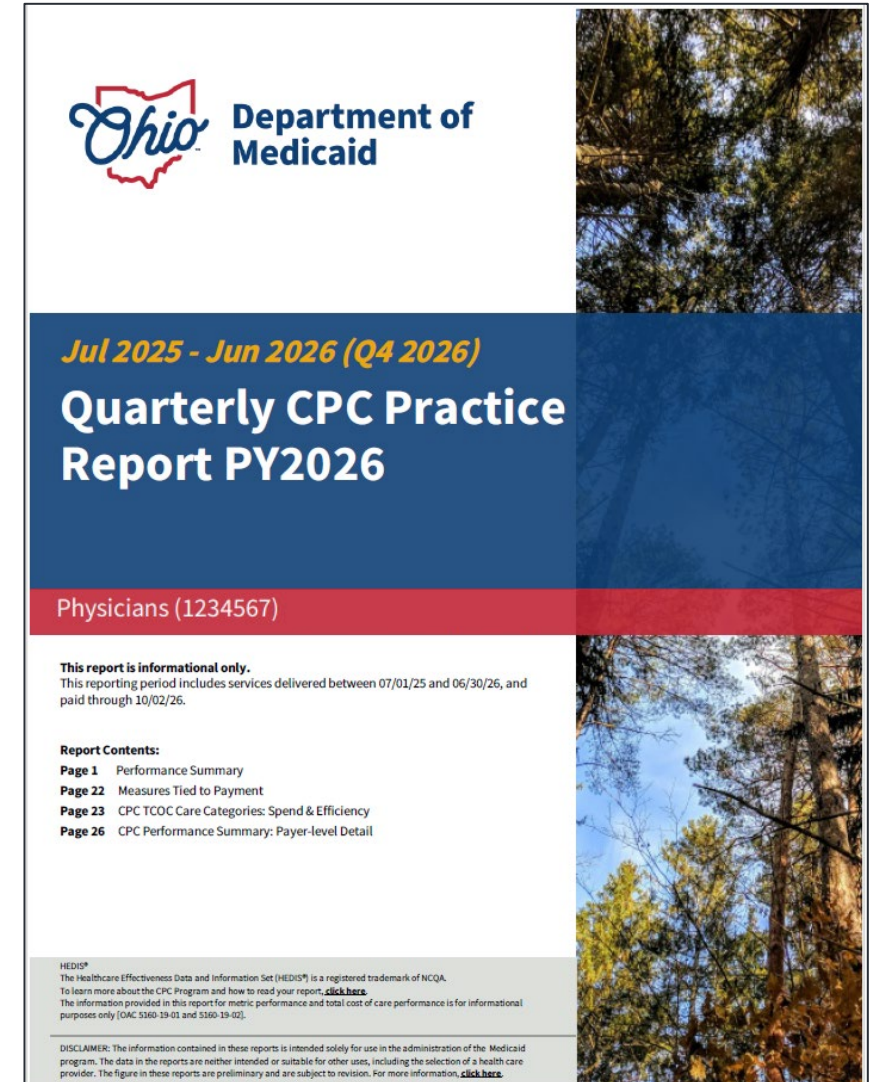
Report Updates

Title Page

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Report Updates

CPC Performance Summary Page One

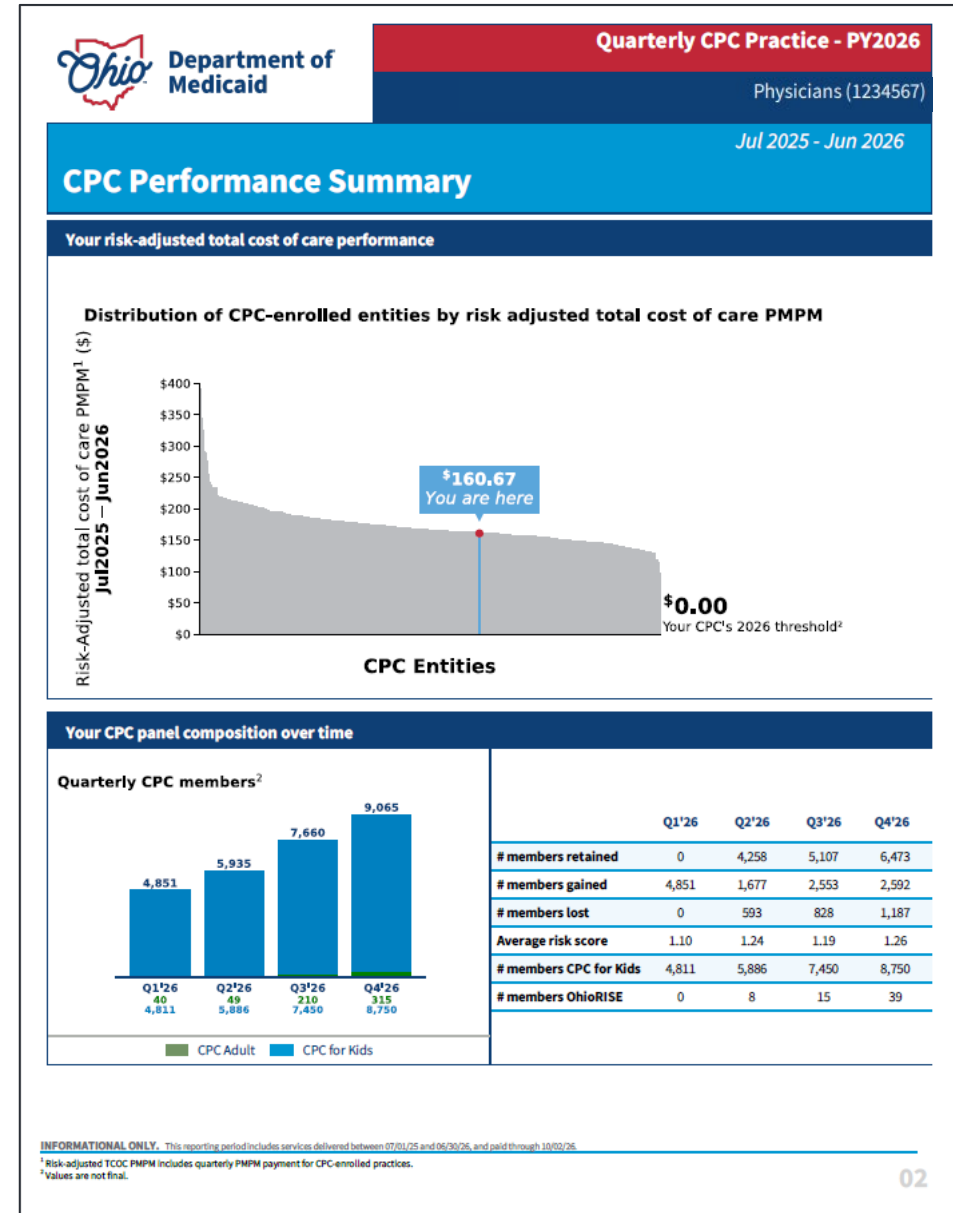
- **Summary of CPC performance data**
 - Includes the date range of the performance period being measured
- **Payment eligibility and amount**
 - Includes eligibility for per-member-per-month (PMPM) payments
 - Shared savings information is on annual reports
 - Includes the quarter and month of payment
- **Requirements for payments**
 - Includes quality, efficiency, CPC for Kids metric/measure performance and the total cost of care (TCOC) PMPM payment amount
 - Activity requirement performance is on annual reports

 Department of Medicaid	Quarterly CPC Practice - PY2026				
	Physicians (1234567)				
Jul 2025 - Jun 2026					
CPC Performance Summary					
Your payment eligibility					
	PMPM	Shared savings¹			
Your payment eligibility	✓ Congratulations! You are eligible for the PMPM payment	Eligibility for this payment will be reflected on your annual report for performance year 2026			
Your payment amount	\$121,401.95 <i>PMPM Payment for Q4 2026 paid November 2026</i>	Total Cost of Care (Relative to self) Risk-adj. PMPM N/A - Not scored in this period 2026 performance year Total Cost of Care (Relative to peers) Risk-adj. PMPM N/A - Not scored in this period 2026 performance year			
Requirements for payments					
Requirement categories	Found on pages	PMPM payment	Shared savings payment²		
		Reporting period performance	Goal	Reporting period performance	2026 Goal
Activity requirements	N/A ²	N/A ²	100%	N/A ²	100%
Clinical quality measures	4	63%	≥ 50%	63%	≥ 50%
Efficiency measures	3	100%	≥ 50%	100%	≥ 50%
CPC for kids ³	7	100.00%	≥ 33.33%	100.00%	≥ 33.33%
CPC for kids clinical quality ³	7	90%	≥ 50%	90%	≥ 50%
Total Cost of Care (Relative to self) Risk-adj. PMPM	2	Not scored for this payment stream		\$ 160.67	\$0.0¹
INFORMATIONAL ONLY. This reporting period includes services delivered between 07/01/25 and 06/30/26, and paid through 10/01/26. ¹ Values are not final. ² Activity requirement status is based on provider attestation - only scored on annual report. ³ A value is displayed here only if the entity is included in CPC for Kids.					

Report Updates

CPC Performance Summary Page Two

- **Risk adjusted TCOC performance**
 - Shows distribution of CPC enrolled entities by risk adjusted TCOC
 - Risk adjusted TCOC PMPM includes quarterly PMPM payments for those enrolled in CPC
- **CPC panel composition over time**
 - Broken down by quarter
 - Shows member counts for CPC adults and CPC for Kids
 - Shows the number of members retained, gained, lost, those in OhioRISE and CPC for Kids and their average risk score



Report Updates

CPC Performance Summary Page Three

- **Measure/Metric Summary**
 - Shows efficiency metric performance tied to payment
 - Includes TCOC tied to payment
- **TCOC performance tied to payment**
 - Shows the risk adjusted TCOC PMPM amount
 - Green indicates the metric was passed
 - Yellow indicates the metric was not passed
 - Blue bullets are filled in when there are enough individuals to be evaluated for the metric



Department of
Medicaid

Quarterly CPC Practice - PY2026

Physicians (1234567)

Jul 2025 - Jun 2026

CPC Performance Summary

Measure Summary

Total cost of care performance tied to payment

Total Cost of Care

Risk-Adjusted Total Cost of Care PMPM

Met total cost of care

\$160.67
Your Performance

≤ \$ 0.00
Threshold 2025

≤ \$ 0.00
Threshold 2026

Efficiency measures tied to payment¹

Meeting 4/4 efficiency measures

EFFICIENCY	Your Performance	Threshold 2025	Threshold 2026
☒ Ambulatory Care ²	60.33	≤81.71	≤81.71
☒ Inpatient Admissions for Ambulatory Care Sensitive Conditions/1,000 Member Months	0.22	≤2.00	≤2.00
☒ Mental Health Utilization (Inpatient) ³	0.22	≤1.94	≤1.94
☒ Preferred Drug List Adherence			
☐ Antidiabetics, DPP4V Inhibitors	N/A	≥75.00%	≥75.00%
☐ Antidiabetics, Insulin, Lantus only	N/A	≥85.00%	≥85.00%
☒ Asthma	99.58%	≥95.00%	≥95.00%
☒ COPD	100.00%	≥95.00%	≥95.00%

Meeting 4/4 efficiency metrics

☒ Enough individuals to be evaluated⁴

☐ Not enough individuals to be evaluated

■ Jul 2025 - Jun 2026 performance meeting threshold

■ Jul 2025 - Jun 2026 performance not meeting threshold

INFORMATIONAL ONLY - This reporting period includes services delivered between 07/01/25 and 06/30/26, and paid through 10/02/26.

¹ For additional details about efficiency and quality metrics, go to [ODM CPC website](#) and to understand member level refer to accompanying CSV file.

² Measures are reported using code certified for HEDIS PY 2024 (MY2023).

³ Retired measures are reported using code certified for HEDIS PY 2022 (MY2021).

⁴ Thirty or more members in denominator required for clinical quality measure evaluation, with the exception of FUH, FUA and FUM. FUH requires 30 discharges, while FUA and FUM require 30 events.

03

Report Updates

CPC Performance Summary Page Four

- **Measure Summary**

- Shows quality metrics tied to payment broken down into population health streams
- Shows Women's Health and Adult Health
- Shows total passed in each stream
- Shows the total passed metrics for all quality metrics at the top of page
- N/A means there weren't enough individuals for the metric - this does not have a negative effect on your practice


**Department of
Medicaid**

Quarterly CPC Practice - PY2026

Physicians (1234567)

Jul 2025 - Jun 2026

CPC Performance Summary

Measure Summary

Clinical quality measures tied to payment¹

Total meeting 7/11 quality measures

WOMEN'S HEALTH	Your Performance	Threshold 2025	Threshold 2026
☐ HEDIS MY 2025 Prenatal and Postpartum Care: Timeliness of Prenatal Care - Adjusted, Unaudited HEDIS Rate	N/A	≥75.67%	≥80.21%
☐ Live Births Weighing Less than 2,500 grams ²	N/A	≤9.20%	≤9.20%
☐ HEDIS MY 2025 Prenatal and Postpartum Care: Postpartum Care - Adjusted, Unaudited HEDIS Rate	N/A	≥65.21%	≥69.12%
☒ HEDIS MY 2025 Cervical Cancer Screening - Adjusted, Unaudited HEDIS Rate	34.15%	≥50.45%	≥52.47%
☒ HEDIS MY 2025 Chlamydia Screening in Women - Adjusted, Unaudited HEDIS Rate	47.96%	≥42.61%	≥44.31%

Meeting 1/2 quality measures

ADULT HEALTH			
☐ HEDIS MY 2025 Controlling High Blood Pressure - Adjusted, Unaudited HEDIS Rate	N/A	≥45.01%	≥47.71%
☐ HEDIS MY 2025 Statin Therapy for Patients with Cardiovascular Disease - Adjusted, Unaudited HEDIS Rate: Received Statin Therapy	N/A	≥77.64%	≥80.75%
☒ HEDIS MY 2025 Asthma Medication Ratio - Adjusted, Unaudited HEDIS Rate	75.25%	≥54.73%	≥56.91%
☐ HEDIS MY 2025 Blood Pressure Control for Patients with Diabetes - Adjusted, Unaudited HEDIS Rate	N/A	≥18.10%	≥18.82%
☐ HEDIS MY 2025 Eye Exam for Patients with Diabetes - Adjusted, Unaudited HEDIS Rate	N/A	≥41.36%	≥43.01%
☐ HEDIS MY 2025 Glycemic Status Assessment for Patients With Diabetes - Adjusted, Unaudited HEDIS Rate	N/A	≤0.00%	≤0.00%

Meeting 1/1 quality measures

☒ Enough individuals to be evaluated³

☐ Not enough individuals to be evaluated

☒ Jul 2025 - Jun 2026 performance meeting threshold

☐ Jul 2025 - Jun 2026 performance not meeting threshold

INFORMATIONAL ONLY. This reporting period includes services delivered between 07/01/25 and 06/30/26, and paid through 10/02/26.

¹ For additional details about efficiency and quality metrics, go to [ODM CPC website](#) and to understand member level refer to accompanying CSV file.

² Data for Live Births Weighing Less than 2,500 Grams reflects a 6-month performance period lag.

³ Thirty or more members in denominator required for clinical quality measure evaluation, with the exception of FUH, FUA and FUM. FUH requires 30 discharges, while FUA and FUM require 30 events.

04

Report Updates

CPC Performance Summary Page Five

- **Measure Summary**

- Shows the Behavioral Health and Pediatric Health population health stream related metrics
- Shows total passed in the pediatric population health stream and total for all quality metrics
- Shows only 7 of 11 metrics were passed due to the others not meeting minimum denominator requirements
- Minimum denominator requires ≥ 30 members to be measured with a few exceptions (follow up after hospital/emergency department (ED) metrics which use “events” and “discharges”)

Department of
Medicaid

Quarterly CPC Practice - PY2026

Physicians (1234567)

Jul 2025 - Jun 2026

CPC Performance Summary

Measure Summary

Clinical quality measures tied to payment ¹

Total meeting 7/11 quality measures

BEHAVIORAL HEALTH	Your Performance	Threshold 2025	Threshold 2026
☐ HEDIS MY 2025 Follow-Up After Hospitalization for Mental Illness - Adjusted, Unaudited HEDIS Rate	N/A	≥33.54%	≥35.56%
☒ HEDIS MY 2025 Initiation and Engagement of Substance Use Disorder Treatment - Adjusted, Unaudited HEDIS Rate	41.07%	≥45.00%	≥47.70%
☒ Tobacco Use: Screening and Cessation Intervention	5.77%	≥12.00%	≥12.48%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Mental Illness - Total - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Mental Illness - Total - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Substance Use - Total - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Substance Use - Total - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%

Meeting 0/2 quality measures

PEDIATRIC HEALTH

☒ HEDIS MY 2025 Well-Child Visits in the First 30 Months of Life: Well-Child Visits in the First 15 Months - Adjusted, Unaudited HEDIS Rate	63.47%	≥58.38%	≥61.88%
☒ HEDIS MY 2025 Well-Child Visits in the First 30 Months of Life - Well-Child Visits 15-30 months - Adjusted, Unaudited HEDIS Rate	83.85%	≥60.82%	≥63.25%
☒ HEDIS MY 2025 Child and Adolescent Well Care Visits - Ages 3-11 years - Adjusted, Unaudited HEDIS Rate	66.99%	≥35.00%	≥36.40%
☒ HEDIS MY 2025 Child and Adolescent Well Care Visits - Ages 12-17 years - Adjusted, Unaudited HEDIS Rate	57.86%	≥41.37%	≥43.85%
☒ HEDIS MY 2025 Child and Adolescent Well Care Visits - Ages 18-21 years - Adjusted, Unaudited HEDIS Rate	29.67%	≥16.07%	≥16.71%
☒ HEDIS MY 2025 Weight Assessment & Counseling for Nutrition & Physical Activity for Children / Adolescents - Adjusted, Unaudited HEDIS Rate	10.15%	≥40.00%	≥41.60%

Meeting 5/6 quality measures

☒ Enough individuals to be evaluated²

☒ Jul 2025 - Jun 2026 performance meeting threshold

☐ Not enough individuals to be evaluated

☐ Jul 2025 - Jun 2026 performance not meeting threshold

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¹ For additional details about efficiency and quality metrics, go to [OHM CPC website](#) and to understand member level refer to accompanying CSV file.

² Thirty or more members in denominator required for clinical quality measure evaluation, with the exception of FUH, FUA and FUM. FUH requires 30 discharges, while FUA and FUM require 30 events.

05

Report Updates

CPC Performance Summary Page Six

- **Measure Summary**

- Shows the supplemental electronic clinical quality metrics (eCQM)
 - These are gathered for informational purposes only and are NOT for payment
 - Not all entities submit this information
- Includes informational only metrics
 - Age stratifications for follow-up after ED visit for substance use (FUA) and for mental illness (FUM are only for informational purposes only
 - 7- and 30-day totals for FUA and FUM are counted toward payment and are included in behavioral health section

Ohio Department of Medicaid

Quarterly CPC Practice - PY2026

Physicians (1234567)

Jul 2025 - Jun 2026

CPC Performance Summary

Measure Summary

Clinical quality measures not tied to payment¹

SUPPLEMENTAL eCQM	Your Performance	Threshold 2025	Threshold 2026
☐ HEDIS MY 2025 Controlling High Blood Pressure - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥47.71%
☒ HEDIS MY 2025 Weight Assessment & Counseling for Nutrition & Physical Activity for Children / Adolescents - Adjusted, Unaudited HEDIS Rate	10.15%	≥0.00%	≥41.60%
☐ HEDIS MY 2025 Glycemic Status Assessment for Patients With Diabetes - Adjusted, Unaudited HEDIS Rate	N/A	≤0.00%	≤0.00%

INFORMATIONAL MEASURES

☐ HEDIS MY 2025 Pharmacotherapy for Opioid Use Disorder - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 Colorectal Cancer Screening - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☒ HEDIS MY 2025 Oral Evaluation, Dental Services - Adjusted, Unaudited HEDIS Rate	43.75%	≥0.00%	≥34.00%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Mental Illness - Ages 6-17 years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Mental Illness - Ages 18-64 years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Mental Illness - Ages 65 Plus years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Mental Illness - Ages 6-17 years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Mental Illness - Ages 18-64 years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Mental Illness - Ages 65 Plus years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Substance Use - Ages 13-17 years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 7-day Follow-Up After Emergency Department Visit for Substance Use - Ages 18 Plus years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Substance Use - Ages 13-17 years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%
☐ HEDIS MY 2025 30-day Follow-Up After Emergency Department Visit for Substance Use - Ages 18 Plus years - Adjusted, Unaudited HEDIS Rate	N/A	≥0.00%	≥0.00%

☒ Enough individuals to be evaluated²

Jul 2025 - Jun 2026 performance meeting threshold

Jul 2025 - Jun 2026 performance not meeting threshold

☐ Not enough individuals to be evaluated

INFORMATIONAL ONLY. This reporting period includes services delivered between 07/01/25 and 06/30/26, and paid through 10/02/26.

¹ For additional details about efficiency and quality metrics, go to [DDM CPC website](#) and to understand member level refer to accompanying CSV file.

² Thirty or more members in denominator required for clinical quality measure evaluation, with the exception of FUA, FUA and FUM. FUA requires 30 discharges, while FUA and FUM require 30 events.

06

Report Updates

CPC for Kids Performance Summary

- **Measure Summary**

- Shows scores broken out by Pediatric Health, CPC for Kids, and CPC for Kids informational only metrics
- These are tied to payment for CPC for Kids
- Total passed metrics is at the top of the page with breakdowns of totals by category below
- Shows passing 9 out of 10 quality metrics and the additional three in which at least one must be met under the CPC for Kids category
- Informational only metrics are in gray

Department of
Medicaid

Quarterly CPC Practice - PY2026

Physicians (1234567)

Jul 2025 - Jun 2026

CPC for Kids Performance Summary

Measure Summary

Clinical quality measures tied to payment ¹

Meeting 9/10 quality measures

PEDIATRIC HEALTH	Your Performance	Threshold 2025	Threshold 2026
✓ HEDIS MY 2025 Well-Child Visits in the First 30 Months of Life: Well-Child Visits in the First 15 Months - Adjusted, Unaudited HEDIS Rate	63.47%	≥58.38%	≥61.88%
✓ HEDIS MY 2025 Well-Child Visits in the First 30 Months of Life - Well-Child Visits 15-30 months - Adjusted, Unaudited HEDIS Rate	83.85%	≥60.82%	≥63.25%
✓ HEDIS MY 2025 Child and Adolescent Well Care Visits - Ages 3-11 years - Adjusted, Unaudited HEDIS Rate	66.99%	≥35.00%	≥36.40%
✓ HEDIS MY 2025 Child and Adolescent Well Care Visits - Ages 12-17 years - Adjusted, Unaudited HEDIS Rate	57.86%	≥41.37%	≥43.85%
✓ HEDIS MY 2025 Child and Adolescent Well Care Visits - Ages 18-21 years - Adjusted, Unaudited HEDIS Rate	29.67%	≥16.07%	≥16.71%
✓ HEDIS MY 2025 Weight Assessment & Counseling for Nutrition & Physical Activity for Children / Adolescents - Adjusted, Unaudited HEDIS Rate	10.15%	≥40.00%	≥41.60%
✓ HEDIS MY 2025 Oral Evaluation, Dental Services - Adjusted, Unaudited HEDIS Rate	43.75%	≥0.00%	≥34.00%

Meeting 6/7 quality measures

CPC FOR KIDS

✓ HEDIS MY 2025 Lead Screening in Children - Adjusted, Unaudited HEDIS Rate	83.64%	≥20.00%	≥20.80%
✓ HEDIS MY 2025 Childhood Immunization Status - Adjusted, Unaudited HEDIS Rate (combination 3) ²	71.89%	≥20.00%	≥30.00%
✓ HEDIS MY 2025 Immunizations for Adolescents - Adjusted, Unaudited HEDIS Rate (combination 2) ³	37.37%	≥10.00%	≥20.00%

Meeting 3/3 quality measures

CPC FOR KIDS INFORMATIONAL

✓ Tobacco Cessation for Ages 12-17	2.67%	≥0.00%	≥0.00%
✓ HEDIS MY 2025 Topical Fluoride for Children - Adjusted, Unaudited HEDIS Rate	9.23%	≥0.00%	≥0.00%

✓ Enough individuals to be evaluated ⁴

■ Jul 2025 - Jun 2026 performance meeting threshold

○ Not enough individuals to be evaluated

■ Jul 2025 - Jun 2026 performance not meeting threshold

INFORMATIONAL ONLY. This reporting period includes services delivered between 07/01/25 and 06/30/26, and paid through 10/02/26.

¹ For additional details about efficiency and quality metrics, go to [QDM CPC website](#) and to understand member level refer to accompanying CSV file.

² Includes: diphtheria, tetanus, and acellular pertussis; polio; measles, mumps, and rubella; influenza type B; hepatitis B; chicken pox; pneumococcal conjugate.

³ Includes: meningococcal serogroups A, C, W, Y; tetanus, diphtheria, acellular pertussis; HPV.

⁴ Thirty or more members in denominator required for clinical quality measure evaluation, with the exception of FUH, FUA and FUM. FUH requires 30 discharges, while FUA and FUM require 30 events.

07

Report Updates

Appendices

- **Appendices**
 - Appendix A – Efficiency Details
 - Appendix B – Measure Details
 - Appendix C – Cost of Care Performance
 - Appendix D – CPC TCOC Care Categories: Spend and Efficiency
 - Appendix E – CPC Performance Summary: Payer-level Detail

 **Department of
Medicaid**

Appendices

Physicians (1234567)

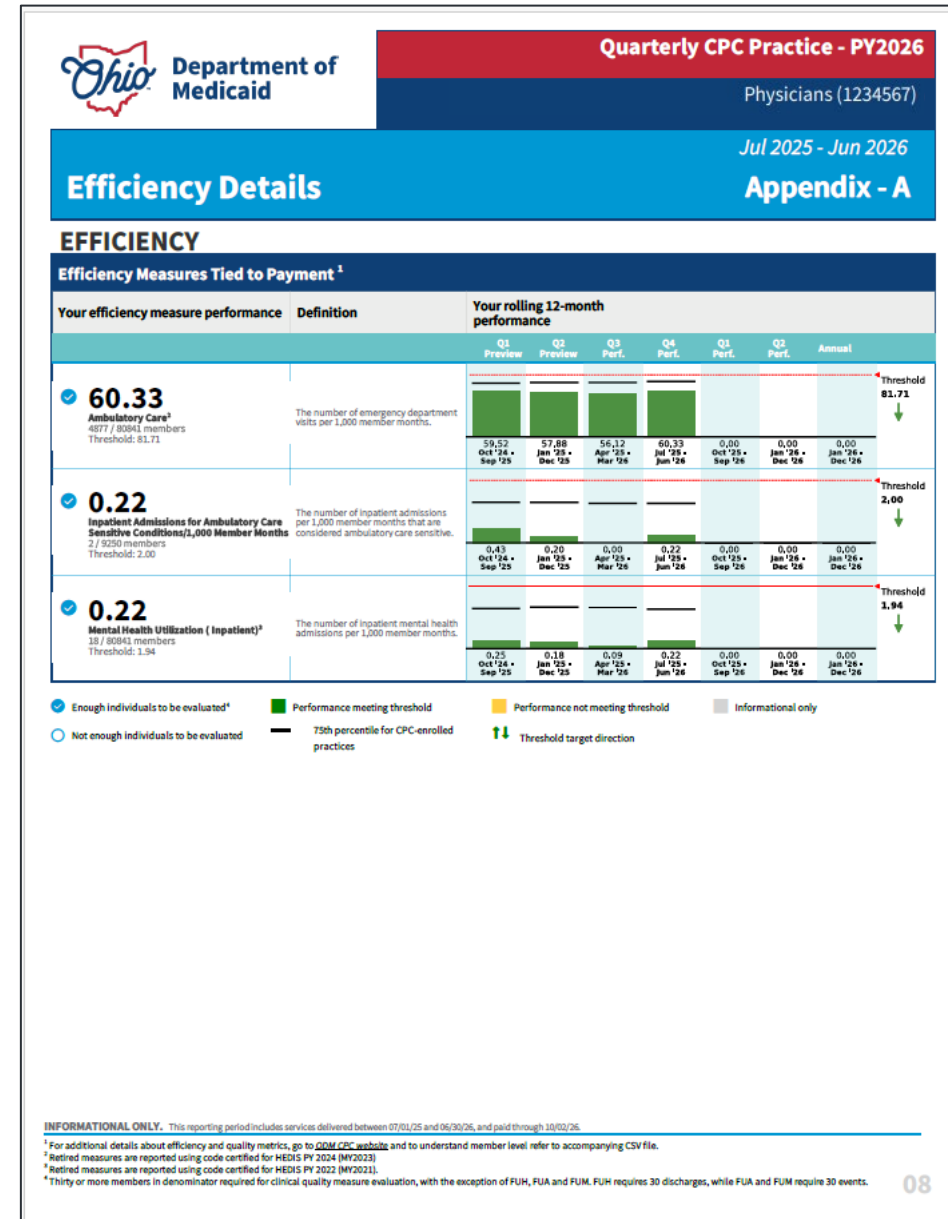
PAGE 8	Appendix A - Efficiency Details
PAGE 11	Appendix B - Measure Details
PAGE 22	Appendix C - Cost of Care Performance
PAGE 23	Appendix D - CPC TCOC Care Categories: Spend & Efficiency
PAGE 26	Appendix E - CPC Performance Summary: Payer-level Detail

Jul 2025 - Jun 2026

Report Updates

Appendix A

- **Efficiency Details**
 - Shows efficiency metrics tied to payment
 - These are broken down by quarter
 - Shows results for the 12-month period
 - Green means performance is being met and yellow means performance thresholds are not being met

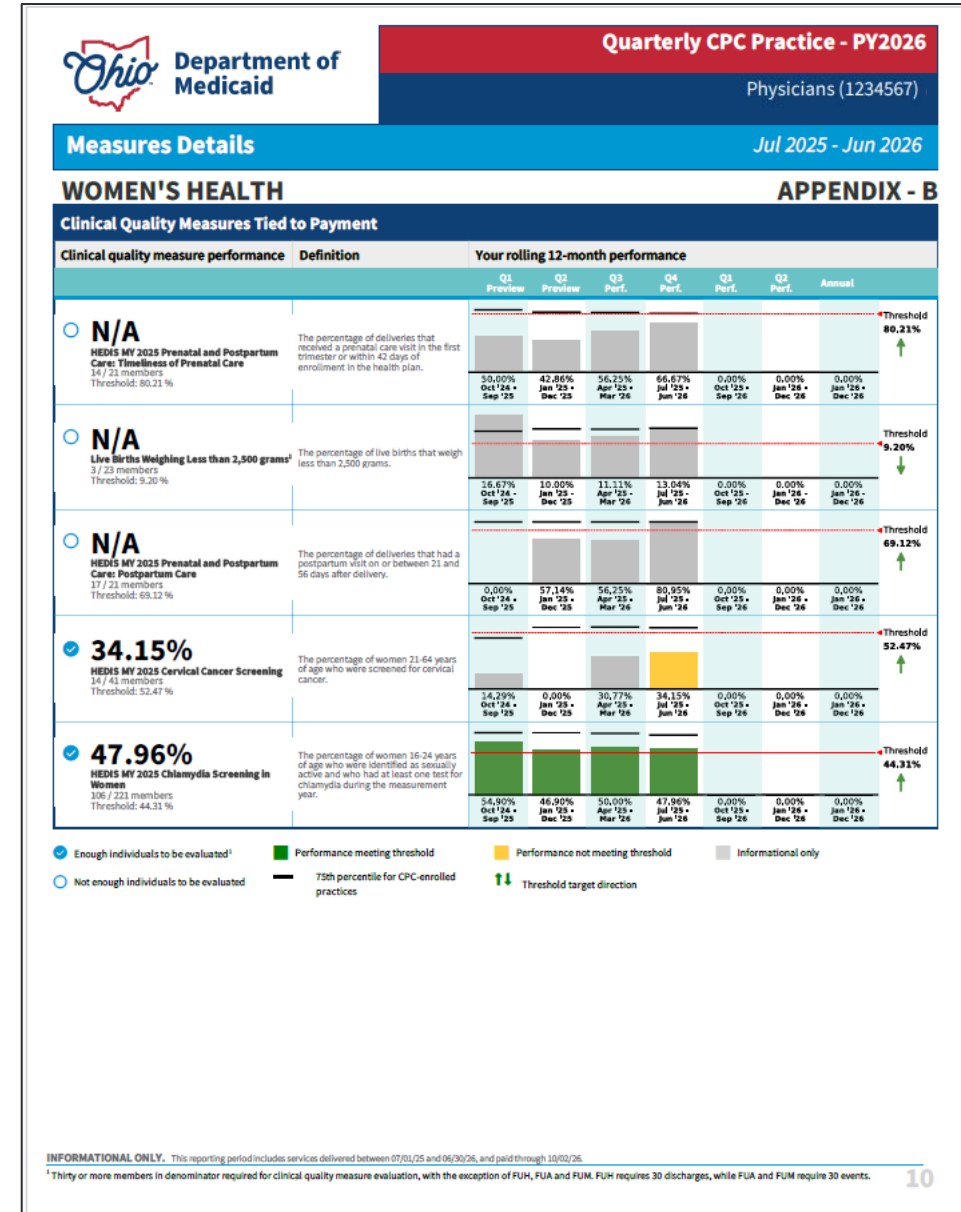


Report Updates

Appendix B

• Measure Details

- Shows metrics tied to payment broken down by population health stream
- Also broken down by quarter for a 12-month period
- Red line shows target threshold
- Arrow direction indicates the target threshold direction
- Black lines indicate the 75th percentile for those enrolled in CPC

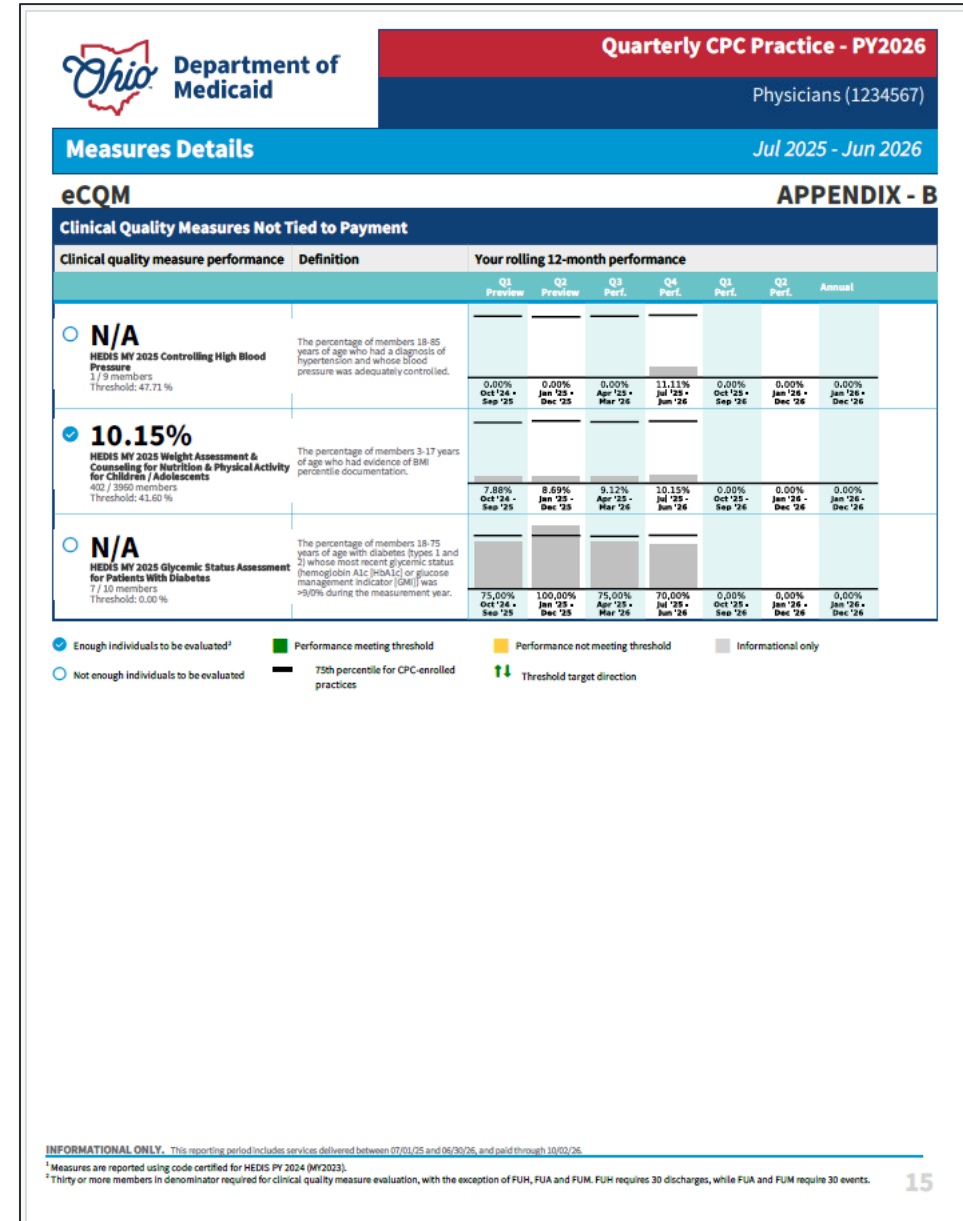


Report Updates

Appendix B

- Measure Details**

- Includes supplemental eCQM metric details
- Gray means these are for informational purposes only
- Shows performance over the 12-month period
- Not mandatory to submit supplemental eCQM information
- Will transition these to for payment metrics in a future program year

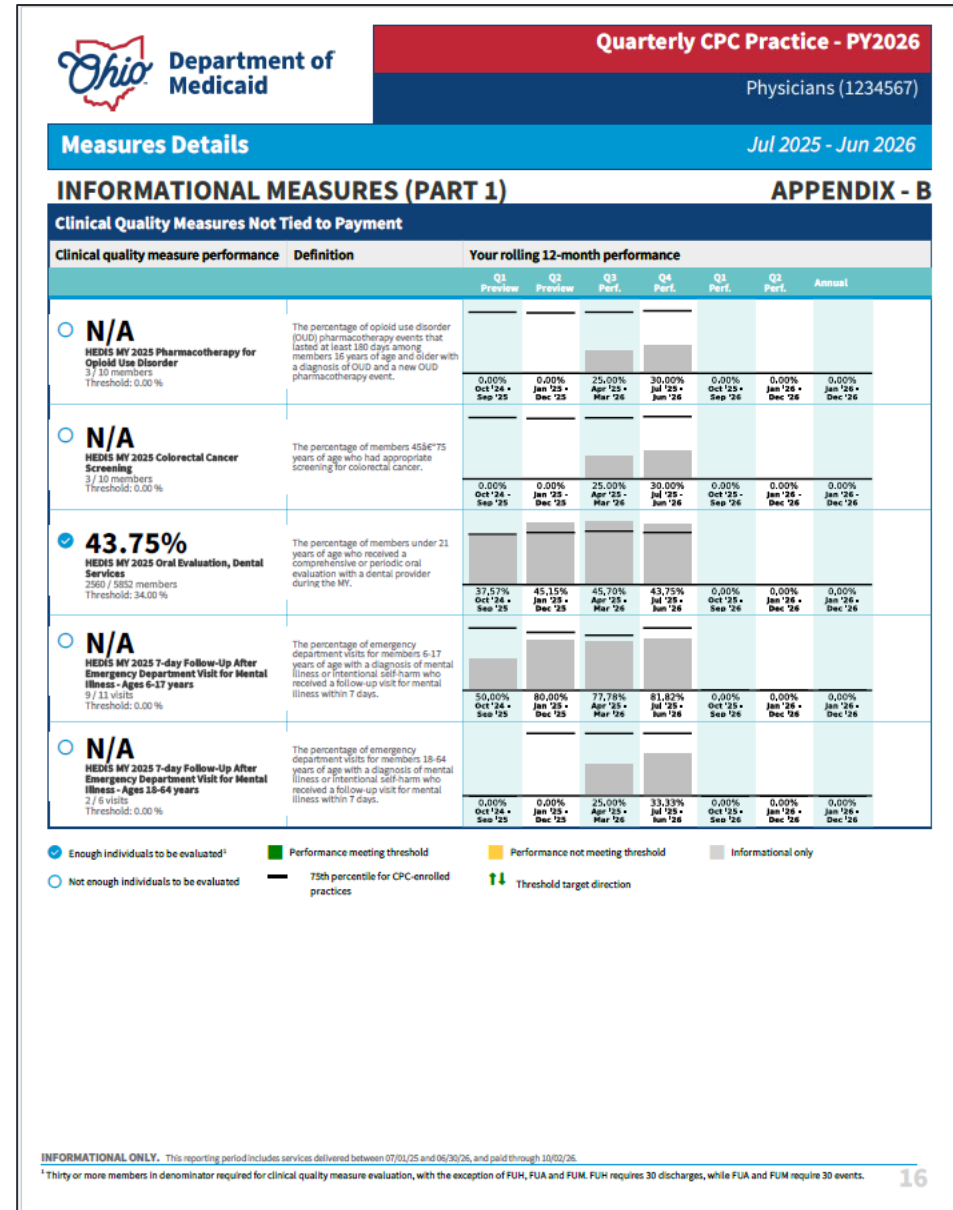


Report Updates

Appendix B

- **Measure Details**

- Includes informational only metrics
- Colorectal cancer screening and Pharmacotherapy for Opioid Use Disorder are new for 2026 and are for informational purposes only
- Coding specifications for all National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) related metrics are included in the most current measurement year's specifications

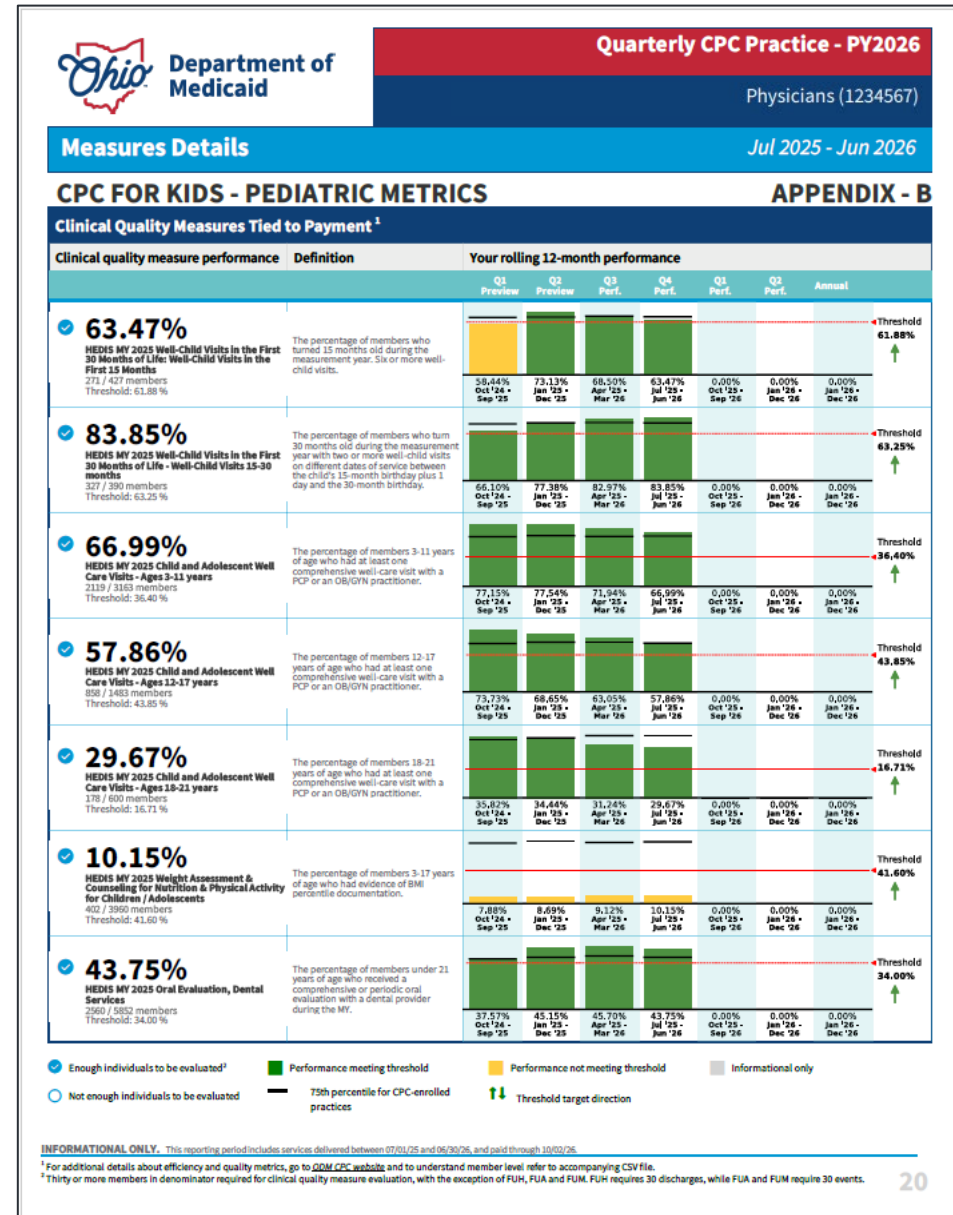


Report Updates

Appendix B

• Measure Details

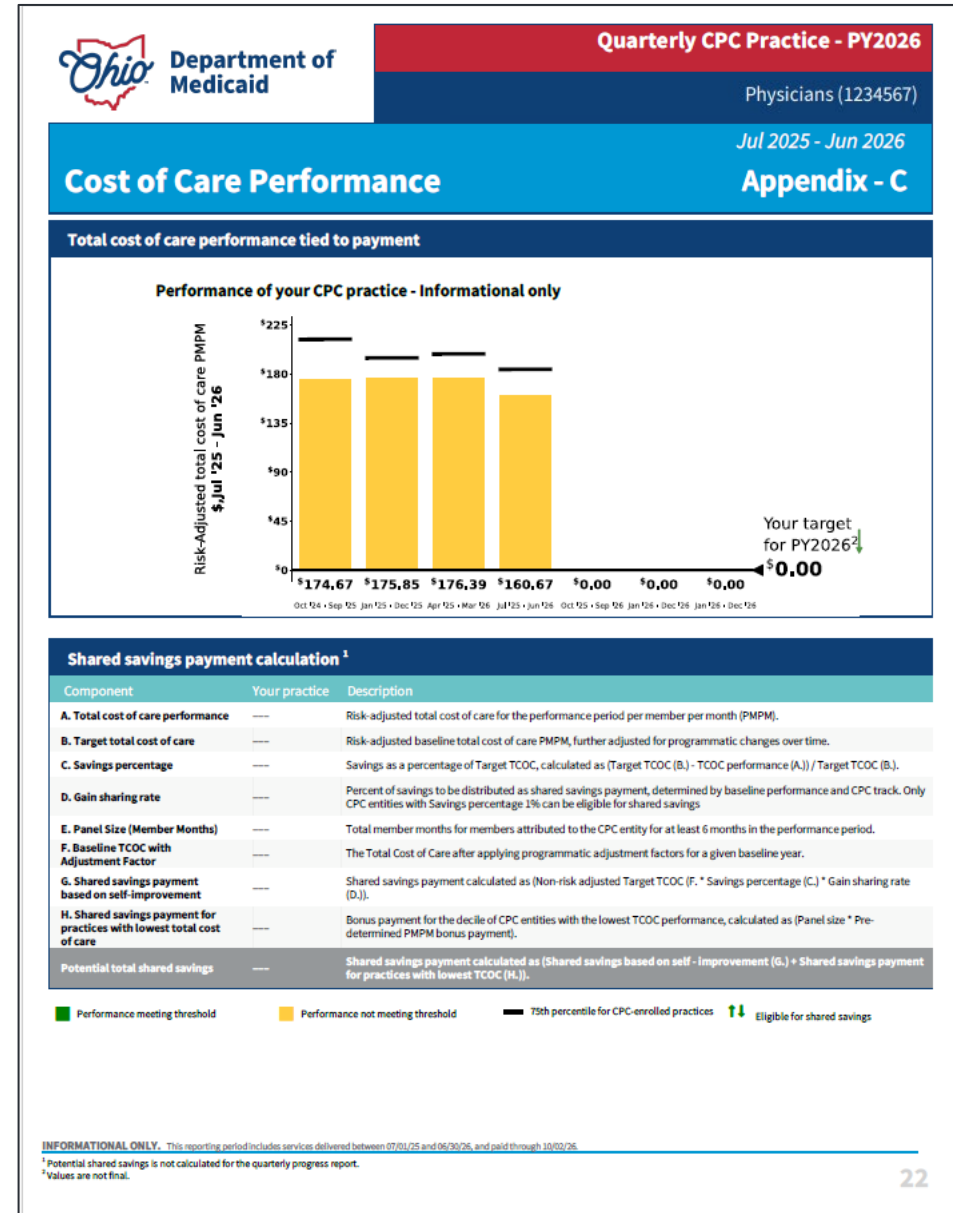
- CPC for Kids details follow the CPC related sections in this appendix
- Broken down into CPC for Kids, Pediatric Health, and CPC for Kids informational only metrics
- Green indicates passing the metric while yellow indicates not passing the metric
- Also shows results over the 12-month period



Report Updates

Appendix C

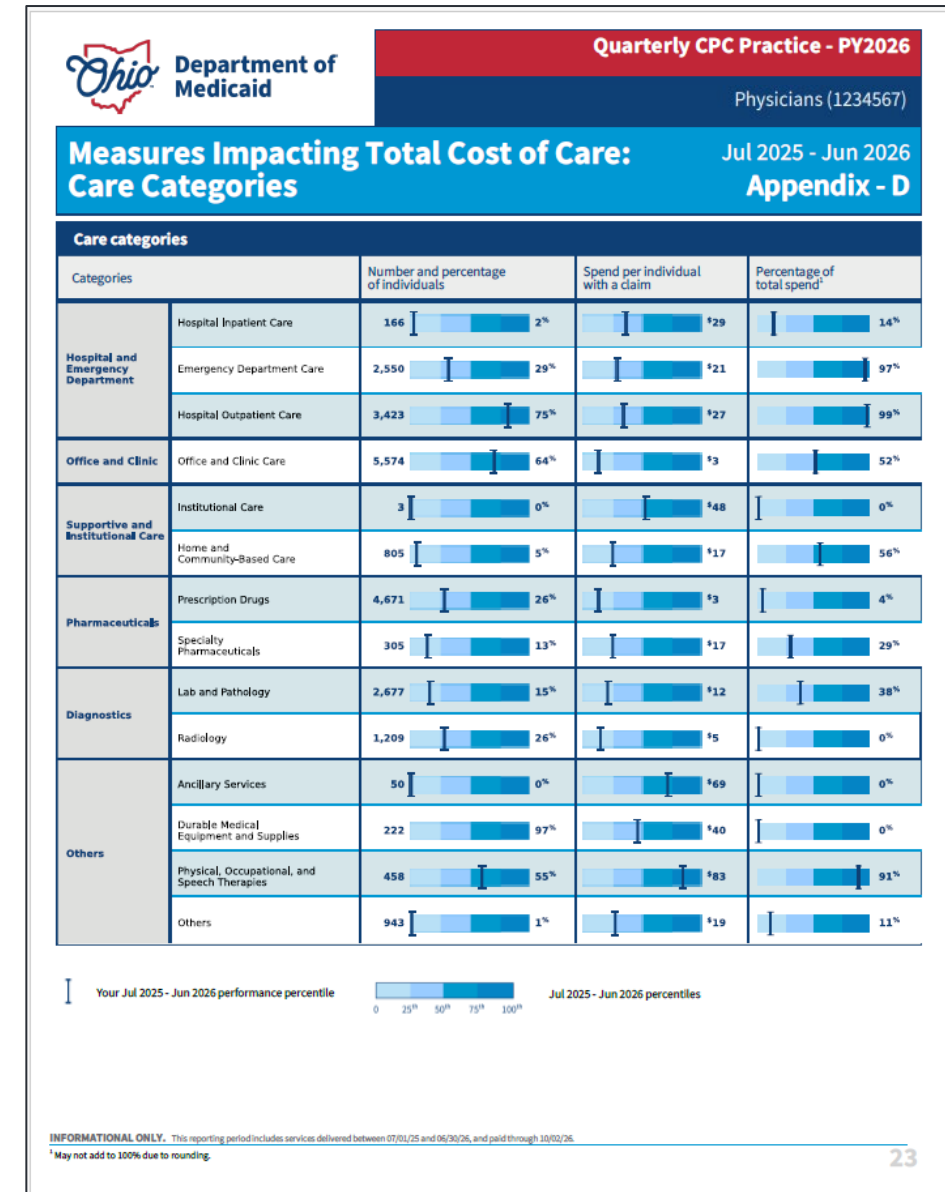
- **Cost of Care Performance**
 - Shows practice specific cost of care performance results
 - Includes the specific baseline TCOC number with the adjustment factor that was not included before
 - More transparency in which numbers are used in the TCOC calculation
 - Green means the target TCOC is being met and yellow indicates that the target TCOC is not being met



Report Updates

Appendix D

- **Measures Impacting TCOC: Care Categories**
 - These results show a practice's medical costs broken down into categories
 - These main categories include hospital and ED, office and clinic & supportive institutional care
 - These are further broken down, so for example hospital and ED is broken down to hospital inpatient care, ED care, and hospital outpatient care
 - Shows number of individuals included in each category, spend per individual and percentage of total spend over 12 months



Report Updates

Appendix D

- **Measures Impacting TCOC: Spend by Panel Composition**
 - Members are attributed to the practice for at least 6 months in the reporting period
 - Shows the number of members for the practice in each of the three risk bands and their total spend
 - Shows the top spenders broken down into ranges
 - Shows total spend and risk adjusted total spend for PMPMs
 - Includes information for the 12-month period

Department of
Medicaid

Quarterly CPC Practice - PY2026

Physicians (1234567)

Measures Impacting Total Cost of Care:
Spend by Panel Composition

Jul 2025 - Jun 2026
Appendix - D

Risk bands (Jul 2025 - Jun 2026 performance)

Risk band	Members ¹	Total spend (%)	Total spend PMPM (\$)	RA ² total spend PMPM(\$)
LOW	4,417	29	\$94	\$2
MEDIUM	2,172	49	\$308	\$171
HIGH	332	18	\$785	\$71

Top spenders (Jul 2025 - Jun 2026 performance)

Spend Percentile	Members ¹	Total spend (%)	Total spend PMPM (\$)	RA ² total spend PMPM(\$)
TOP 1%	140	9	\$956	\$3,109
2 - 5%	279	14	\$745	\$831
6 - 15%	698	24	\$486	\$354
16 - 25%	698	18	\$361	\$181
26 - 100%	5,163	32	\$87	\$120

INFORMATIONAL ONLY. This reporting period includes services delivered between 07/01/25 and 06/30/26, and paid through 10/01/26.

¹ Members are attributed to the practice for at least 6 months in the reporting period.

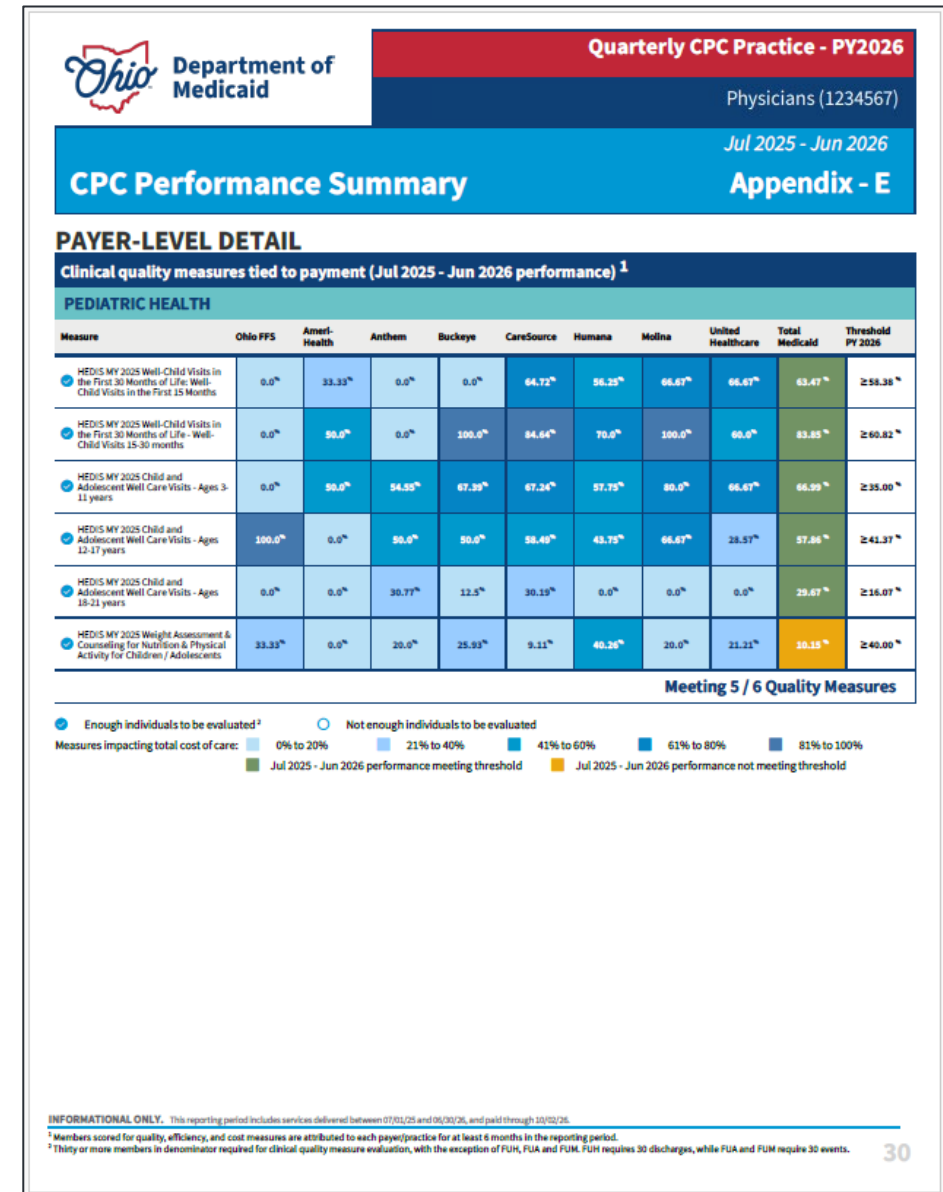
² Risk-adjusted.

24

Report Updates

Appendix E

- **CPC Performance Summary: Payer-level Detail**
 - Shows a practice's panel composition including average monthly members and their average risk score broken down by payer
 - Includes risk-adjusted TCOC PMPM amounts by payer
 - Also includes metrics broken out into population health streams per payer
 - Green means passed, yellow means not passed



Report Updates

Downloading Reports

Navigate to the
[PNM website](#)

Click on “Login
with OH|ID”

The screenshot shows the Ohio Department of Medicaid website. The header includes a 'Menu' icon, the 'Ohio Department of Medicaid' logo, and a navigation bar with links: 'Provider Network Management' (highlighted with a red box and arrow), 'Medicaid Home', 'Learning', 'Contact', and 'Fee Schedule'. On the right of the header are 'Sign Up' and 'Login' links. The main content area has a 'Log in' section with a red box around the 'Log in with OH|ID' button, which is pointed to by a red arrow from the instruction box on the left. Below the login button is an orange banner with text: 'Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov'. The 'Latest News' section includes a headline 'Multi-Factor Authentication required starting May 4' and a paragraph explaining the requirement. It also includes a link to a user guide. Below this is a section titled 'NEW Streamlined Attachments Process' and another titled 'NEW Ordering, Referring and Prescriber (ORP) search feature'.

Menu | Ohio Department of Medicaid | **Provider Network Management** | Medicaid Home | Learning | Contact | Fee Schedule | Sign Up | Login

Log in
All users must log in on the OH|ID portal using their single sign on ID.

Log in with OH|ID

Attention Providers: if you need assistance signing in or acquiring your OH|ID, please contact the ODM Integrated Help Desk at 800-686-1516 or email ihd@medicaid.ohio.gov

Latest News

Multi-Factor Authentication required starting May 4

To increase protection for the PNM system and the State of Ohio's data, starting May 4, 2025, signing into the PNM secure web portal will require Multi-Factor Authentication (MFA). MFA is a two-factor authentication process that takes user verification a step beyond the State of Ohio ID (OHID) and password. This is done by using a second source of validation to verify your identity before granting access to State resources.

We urge you to set up MFA prior to May 4, 2025 to ensure access to PNM is not interrupted. If you are an existing PNM portal user and already have MFA set up for the OHID used to sign into the PNM portal, no action is required. Here is a [link](#) to a user guide to assist you with setting up MFA. Please refer to the instructions starting on page 12 to set up your MFA.

If you need assistance setting up MFA, please contact the ODM Integrated Help Desk (IHD) at 800-686-1516 or email IHD@medicaid.ohio.gov.

NEW Streamlined Attachments Process

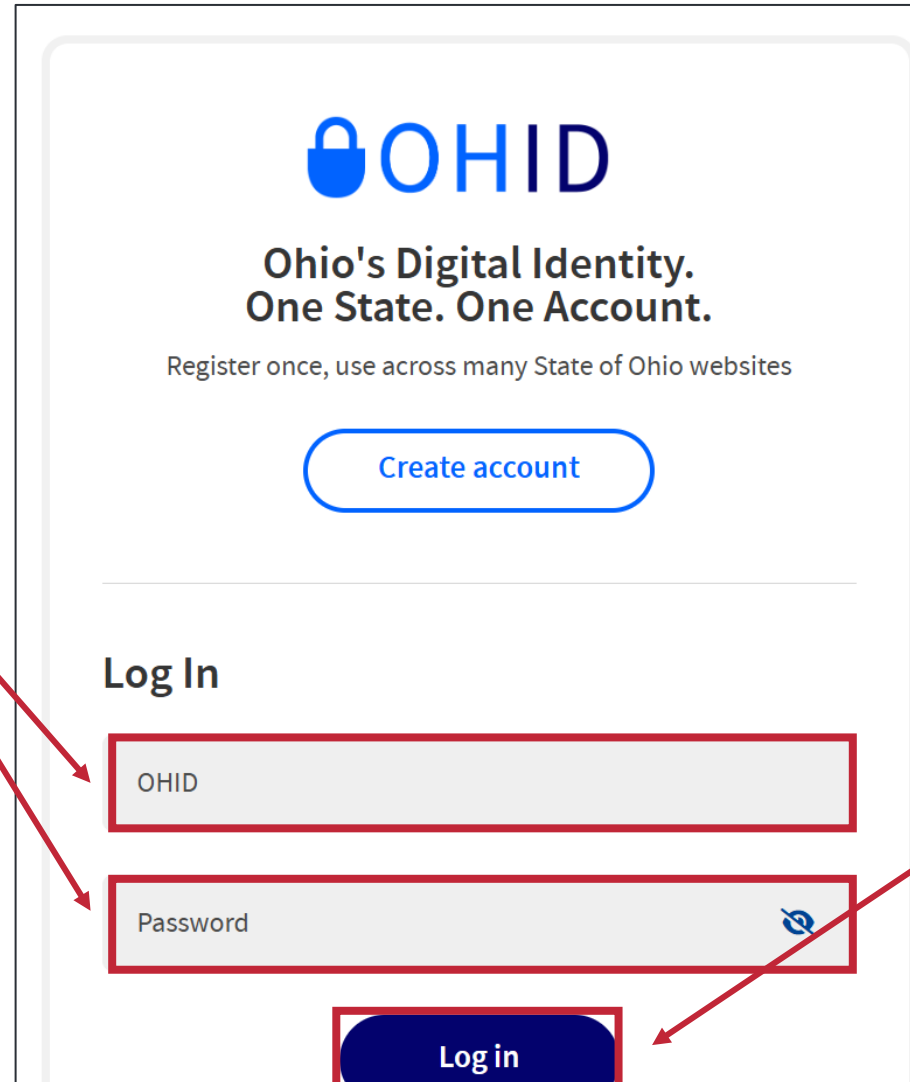
System updates have been made to improve and streamline the process to add attachments to existing prior authorizations and claims. An updated Quick Reference Guide has been posted for reference [here](#).

NEW Ordering, Referring and Prescriber (ORP) search feature

Report Updates

Downloading Reports

Enter your
OH|ID and
password



The image shows the OHID login page with several elements highlighted by red boxes and arrows. A box on the left contains the text 'Enter your OH|ID and password'. Two red arrows point from this box to the 'OHID' and 'Password' input fields. A box on the right contains the text 'Click "Log in"'. A red arrow points from this box to the 'Log in' button. The login page itself features the OHID logo, the tagline 'Ohio's Digital Identity. One State. One Account.', a 'Create account' button, and a 'Log In' section with two input fields and a 'Log in' button.

OHID

Ohio's Digital Identity.
One State. One Account.

Register once, use across many State of Ohio websites

Create account

Log In

OHID

Password

Log in

Click "**Log in**"

Report Updates

Downloading Reports

Review the
terms

Click “**Yes**, I
have read the
agreement”

Terms

Whoever knowingly, or intentionally accesses a computer or computer system without authorization or exceeds the access to which that person is authorized, and by means of such access, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of the information operated by the State of Ohio, shall be subject to such penalties allowed by law. All activities on this system may be recorded and/or monitored. Individuals using this system expressly consent to such monitoring and evidence of possible misconduct or abuse may be provided to appropriate officials. Users who access this system consent to the provisions of confidentiality of the information being accessed, but have no expectation of privacy while using this system.

In the event that an unauthorized user is able to access information to which they are not entitled, the user should immediately contact the site administrator.

☐ **Yes, I have read the agreement**

Cancel

Report Updates

Downloading Reports

Click on
“Menu”*



*What you see may vary based on your role(s) (PNM Administrator, PNM Power Agent, and PNM Agent)

Report Updates

Downloading Reports

Click on
“**Alternative
Payment
Model
Information**”*



Skip To Main Content

Medicaid Home

Home

My Queue

Provider Search

Owner Search

Provider Directory

Provider Search - GIS

Site Visit Assignment

Transaction Search

Reports

Alternative Payment Model Information

Ordering, Referring and Prescribing Search

Recipient Eligibility

Provider Ed & Training Resources

Contact Us

Fee Schedule

Self Service

Log Out

Menu

Ohio | Department of Medicaid

Provider Network Management

Medicaid Home

Learning

Contact

Fee Schedule

Log out

Ohio | Department of Medicaid

Welcome to Provider Network Management (PNM) System. Please use the Menu to navigate.

Version: (OH PROD) V3.11.10 2025-04-01

ODM Provider Enrollment and Assistance
1-800-686-1516

Mailing Address: Ohio Department of Medicaid
Provider Enrollment Unit
P.O. Box 1461
Columbus, OH 43216-1461

[Home](#) - [Contact Us](#) - [Security, Privacy & Accessibility Policy \(opens new window\)](#) - [Terms of Usage Policy](#)

*What you see may vary based on your role(s) (PNM Administrator, PNM Power Agent, and PNM Agent)

Report Updates

Downloading Reports

Review and click “**OK**” on the browser disclaimer pop up

The screenshot shows the Ohio Department of Medicaid's APM Reports interface. At the top, there is a navigation bar with links for APM Reports, APM Dashboards, Documentation, Training, Release Notes, and PNM Provider Home. A warning banner below the navigation bar states: "Welcome to APM 1.1 --- Please watch this space for upcoming maintenance updates and other news". A blue "Help" button is located in the top right corner. The main content area displays the following information:

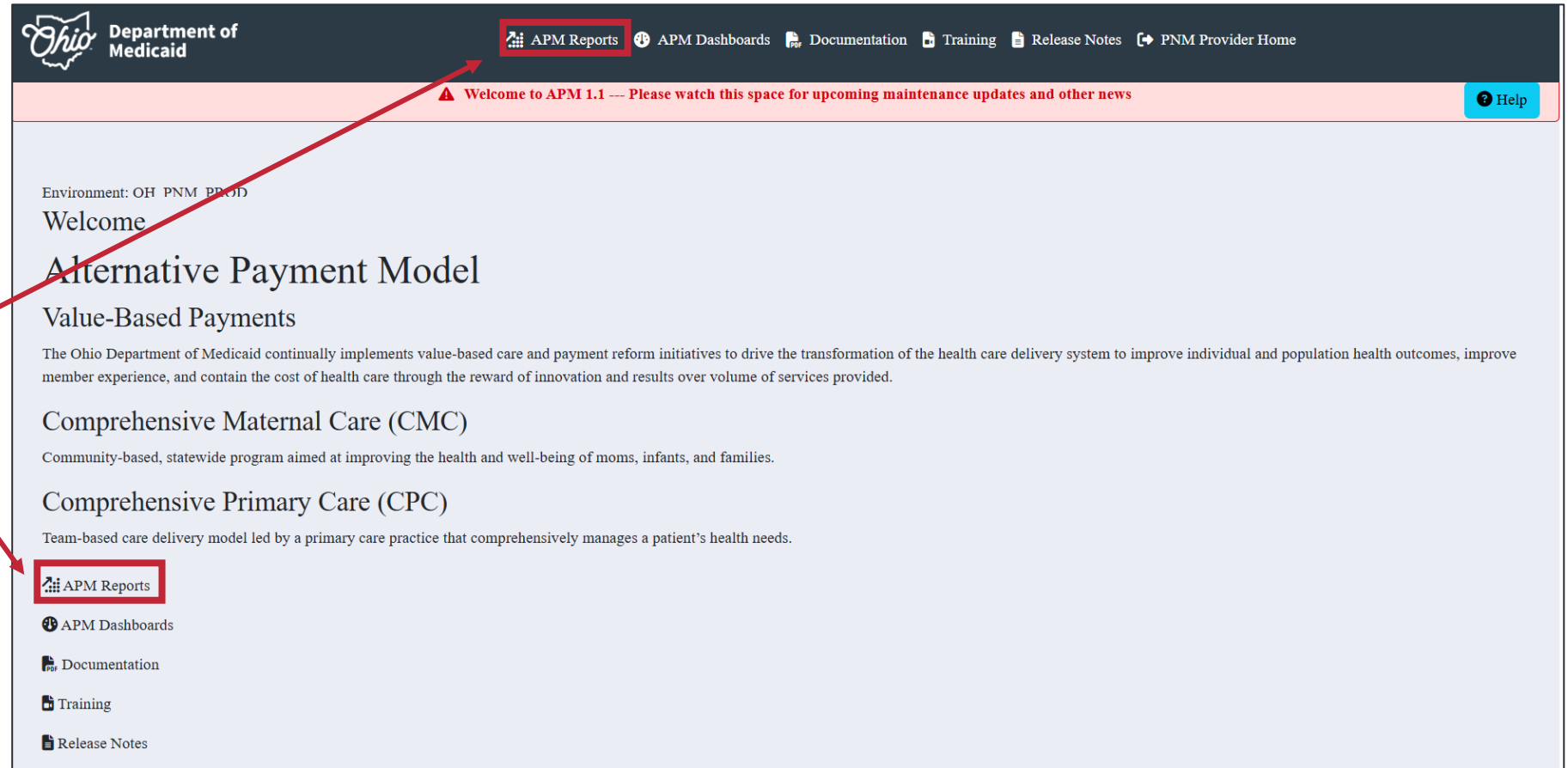
- Environment: OH PNM PROD
- Welcome
- Alternative Payment Model (APM)
- Value-Based Payments
- The Ohio Department of Medicaid continually improves individual and population health outcomes, improving the quality of care provided.
- Comprehensive Maternal Care (CMC)
Community-based, statewide program aimed at improving the health and well-being of moms, infants, and families.
- Comprehensive Primary Care (CPC)
Team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs.

A yellow "Browser Disclaimer" pop-up is centered on the screen, containing the text: "For the best experience, we recommend using the latest versions of Microsoft Edge, Safari, Google Chrome, or Mozilla Firefox. Older versions of browsers may not support all features of Alternative Payment Model (APM). Please ensure your browser is up to date to enjoy full functionality and enhanced performance." Below the text is a red-outlined orange button labeled "OK". A red arrow points from the text box on the left to the "OK" button.

Report Updates

Downloading Reports

Click on
“**APM
Reports**”
from either
location



The screenshot shows the Ohio Department of Medicaid website interface. At the top, a dark navigation bar contains the Ohio Department of Medicaid logo and several links: **APM Reports** (highlighted with a red box), APM Dashboards, Documentation, Training, Release Notes, and PNM Provider Home. Below this is a red banner with the text: **Welcome to APM 1.1 --- Please watch this space for upcoming maintenance updates and other news**. The main content area has a light blue background and displays the following information:

- Environment: OH PNM PROD
- Welcome
- Alternative Payment Model
- Value-Based Payments
- The Ohio Department of Medicaid continually implements value-based care and payment reform initiatives to drive the transformation of the health care delivery system to improve individual and population health outcomes, improve member experience, and contain the cost of health care through the reward of innovation and results over volume of services provided.
- Comprehensive Maternal Care (CMC)
- Community-based, statewide program aimed at improving the health and well-being of moms, infants, and families.
- Comprehensive Primary Care (CPC)
- Team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs.

At the bottom left, a sidebar contains a list of links: **APM Reports** (highlighted with a red box), APM Dashboards, Documentation, Training, and Release Notes. Two red arrows originate from a text box on the left, pointing to the **APM Reports** link in the top navigation bar and the **APM Reports** link in the bottom sidebar.

Report Updates

Downloading Reports

APM Reports
page **opens**

Enter or select
your **Medicaid
ID** or name*

Ohio Department of Medicaid

APM Reports APM Dashboards Documentation Training Release Notes PNM Provider Home

Welcome to APM 1.1 --- Please watch this space for upcoming maintenance updates and other news Help

Environment: OH_PNM_PROD

Provider Reports

Provider Medicaid ID / MCP CFC ID / Name

Enter Provider ID or Name

All Reports

Date Available

Begin mm/dd/yyyy

End mm/dd/yyyy

EQ/PY

Effective Quarter

Select

Performance Year

Select

Page Size

10

Search Clear

*What you see may vary based on your role(s) (PNM Administrator, PNM Power Agent, and PNM Agent)

Report Updates

Downloading Reports

Click a selection
from the “**All
Reports**”
dropdown

Click
“**Search**”

The screenshot shows the Ohio Department of Medicaid APM Reports interface. At the top, there is a navigation bar with links to APM Reports, APM Dashboards, Documentation, Training, Release Notes, and PNM Provider Home. A red banner below the navigation bar reads: "Welcome to APM 1.1 --- Please watch this space for upcoming maintenance updates and other news". Below the banner, the environment is set to "OH_PNM_PROD". The main section is titled "Provider Reports" and contains a form for searching reports. The form includes a text input field for "Provider Medicaid ID / MCP CFC ID / Name" with the value "111111111111". Below this is a dropdown menu labeled "All Reports" which is currently open, showing a list of report types: "All Attribution Files", "All Quarterly Reports", "All Annual Reports", "CPC Quarterly Attribution Payment Files", "CPC Annual Performance Reports", "CPC Quarterly Performance Reports", "CMC Monthly Attribution Payment Files", "CMC Quarterly Performance Reports", and "CMC Annual Performance Reports". To the right of the dropdown is a "Page Size" selector with a slider and the value "10". At the bottom right of the form are "Search" and "Clear" buttons. Two red arrows point from the instructional text boxes to the interface: one points to the "All Reports" dropdown, and the other points to the "Search" button.

*What you see may vary based on your role(s) (PNM Administrator, PNM Power Agent, and PNM Agent)

Report Updates

Downloading Reports

Select a
report(s)
from the list

Click
**“Download
Selected”**



Department of
Medicaid

APM Reports

APM Dashboards

Documentation

Training

Release Notes

PNM Provider Home

Begin

End

Effective Quarter

Select

Performance Year

Select

10

Help

Search

Clear

Report Search Results

Select	Document ID	Report Type	Description	Report Format	Quarter	Year	Date Available	Date First Accessed	Provider ID
☒	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q1	2024	09/11/2024	None	1111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q1	2024	09/11/2024	03/20/2025	1111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q4	2023	06/11/2024	None	1111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q4	2023	06/11/2024	06/12/2024	1111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q3	2023	04/19/2024	None	1111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q3	2023	04/19/2024	04/22/2024	1111111
☐	XXXXXXX	Reporting (Preview)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q2	2023	11/16/2023	None	1111111
☐	XXXXXXX	Reporting (Preview)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q2	2023	11/16/2023	11/27/2023	1111111

1

Download Selected

Report Updates

Downloading Reports

Select “**Open file**” from the “Downloads” pop up



Department of Medicaid

APM Reports

APM Dashboards

Documentation

Training

Begin

End

Effective Quarter

Select

Performance Year

Select

Search

Clear

Report Search Results

Select	Document ID	Report Type	Description	Report Format	Quarter	Year	Date Available	Date First Accessed	Provider ID
☒	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q1	2024	09/11/2024	None	11111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q1	2024	09/11/2024	03/20/2025	11111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q4	2023	06/11/2024	None	11111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q4	2023	06/11/2024	06/12/2024	11111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q3	2023	04/19/2024	None	11111111
☐	XXXXXXX	Reporting (Performance)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q3	2023	04/19/2024	04/22/2024	11111111
☐	XXXXXXX	Reporting (Preview)	CPC Quarterly Performance Reports	DETAIL (CSV)	Q2	2023	11/16/2023	None	11111111
☐	XXXXXXX	Reporting (Preview)	CPC Quarterly Performance Reports	SUMMARY (PDF)	Q2	2023	11/16/2023	11/27/2023	11111111

1

Download Selected

Downloads

selected_files (1).zip

Open file

See more

Report Updates

Reporting Dashboard

Click on either
of the “**APM
Dashboards**”
buttons

Ohio Department of Medicaid

APM Reports APM Dashboards Documentation Training Release Notes PNM Provider Home

⚠ Welcome to APM 1.1 --- Please watch this space for upcoming maintenance updates and other news

Help

Environment: OH_PNM_PROD

Welcome

Alternative Payment Model

Value-Based Payments

The Ohio Department of Medicaid continually implements value-based care and payment reform initiatives to drive the transformation of the health care delivery system to improve individual and population health outcomes, improve member experience, and contain the cost of health care through the reward of innovation and results over volume of services provided.

Comprehensive Maternal Care (CMC)

Community-based, statewide program aimed at improving the health and well-being of moms, infants, and families.

Comprehensive Primary Care (CPC)

Team-based care delivery model led by a primary care practice that comprehensively manages a patient's health needs.

APM Reports

APM Dashboards

Documentation

Training

Release Notes

Report Updates

Reporting Dashboard

Click on the
“**Reporting
(Practice)**” or
“**Reporting
(Partnership)**”
dashboards*

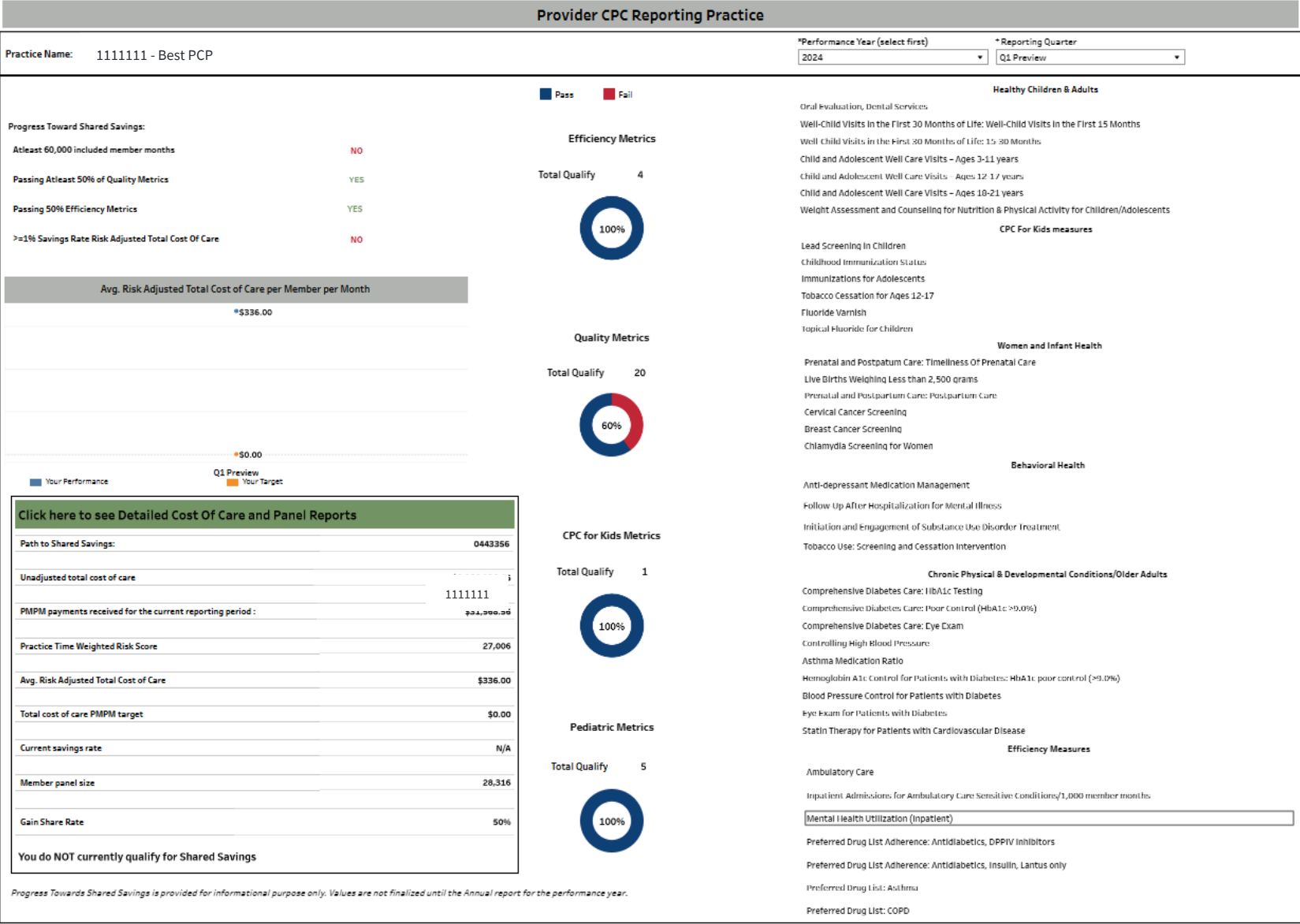
The screenshot displays the Ohio Department of Medicaid APM Dashboards interface. The navigation bar at the top includes links for APM Reports, APM Dashboards (highlighted), Documentation, Training, Release Notes, and PNM Provider Home. A red banner at the top of the dashboard area reads: "Welcome to APM 1.1 --- Please watch this space for upcoming maintenance updates and other news". Below this, the environment is set to "OH_PNM_PROD". The dashboard is divided into two main sections: "CPC Dashboards" and "CMC Dashboards". Under "CPC Dashboards", there are buttons for Attribution, Reporting (Practice), Reporting (Partnership), Enrollment, eCQM, MCO CPC Attribution, MCO Reporting Member Level, and MCO Reporting Practice Level. The "Reporting (Practice)" and "Reporting (Partnership)" buttons are highlighted with a red box. Under "CMC Dashboards", there are buttons for Attribution, Enrollment, and MCO CMC Attribution. A callout box on the left side of the image points to the "Reporting (Practice)" and "Reporting (Partnership)" buttons.

*Note that the specific dashboards you see will vary based on your role (MCO, practice, etc.)

Report Updates

Reporting Dashboard

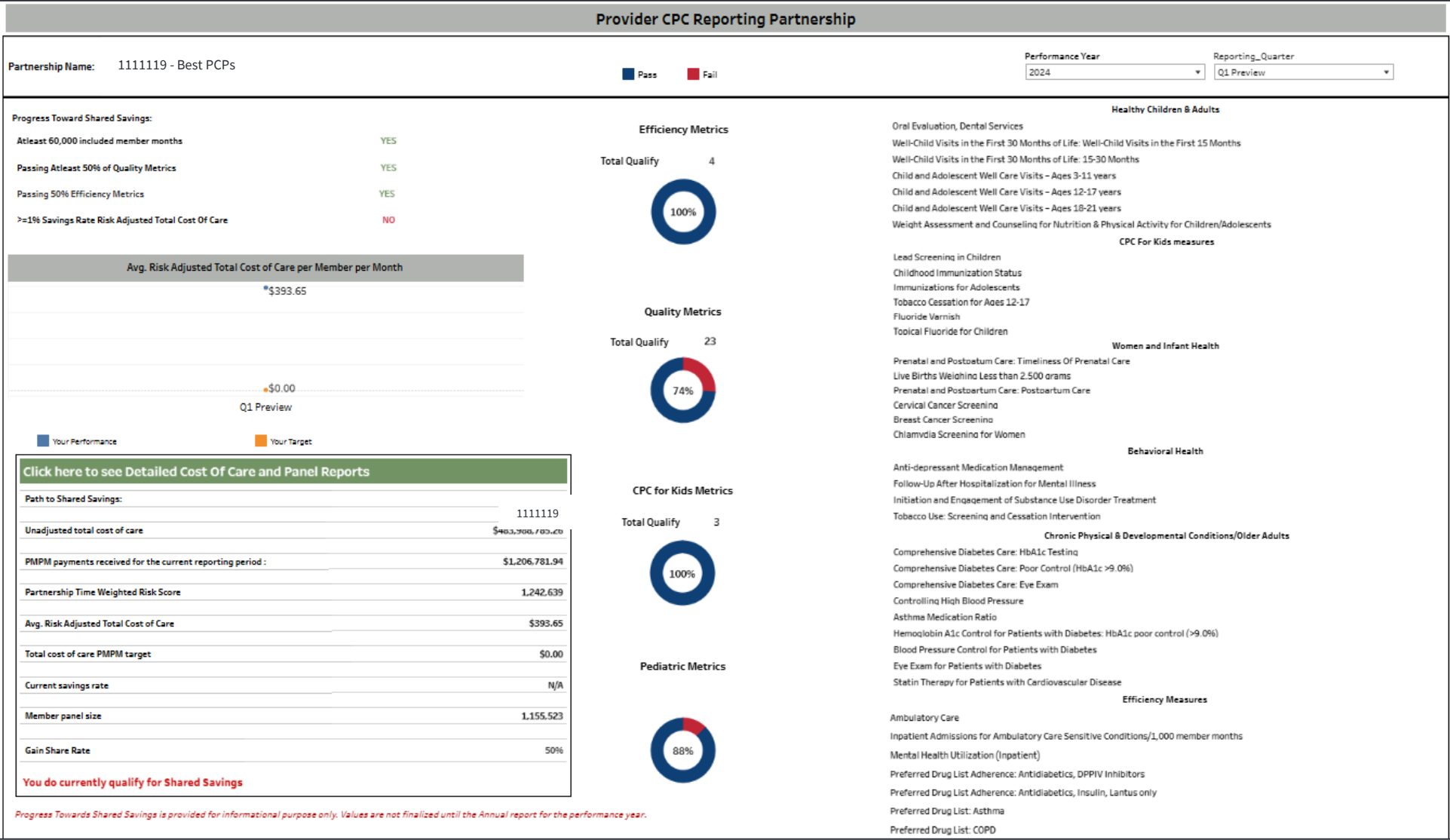
CPC Reporting (Practice) Dashboard



Report Updates

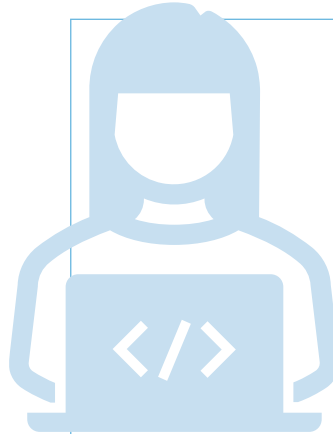
Reporting Dashboard

CPC
Reporting
(Partnership)
Dashboard



Upcoming Events and Reminders

Upcoming CPC Webinars



The 2026 CPC quarterly webinar series is scheduled from 1-2:30 p.m. on :

- Tuesday, 4/21/2026
- Tuesday, 9/22/2026
- Tuesday, 12/15/2026



Register at

<https://attendee.gotowebinar.com/register/8513180336355846496>

Upcoming CPC Newsletters



CPC quarterly newsletter schedule:

- Spring 2026 in March
- Summer 2026 in June
- Fall 2026 in October

Sign up to receive these notifications and more at <https://medicaid.ohio.gov/home/govdelivery-subscribe>



Reminders and Other Updates

CPC Participants MUST*

- Regularly check their reports in the Alternative Payment Model (APM) module
- Conduct outreach and deliver primary care services to attributed medicaid individuals who are not current patients
- Actively use an electronic health record (EHR) in clinical services

CPC Payments & Reports

- Delayed attribution and payment files for Q1 2026
- 2023 annual results to be finalized in the Spring
- Q1 2026 and Q1 2026 preview reports to be available by the end of March 2026

QUESTIONS?

medicaid.ohio.gov

THANK YOU

medicaid.ohio.gov