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Ohio's strategy to enroll primary care practices in the federal Comprehensive Primary Care Plus (CPC+) Program

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www.HealthTransformation.Ohio.gov

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1. **Review core elements of the Ohio PCMH model**
2. Provide a comparison to CPC+
3. Review the CPC+ practice application

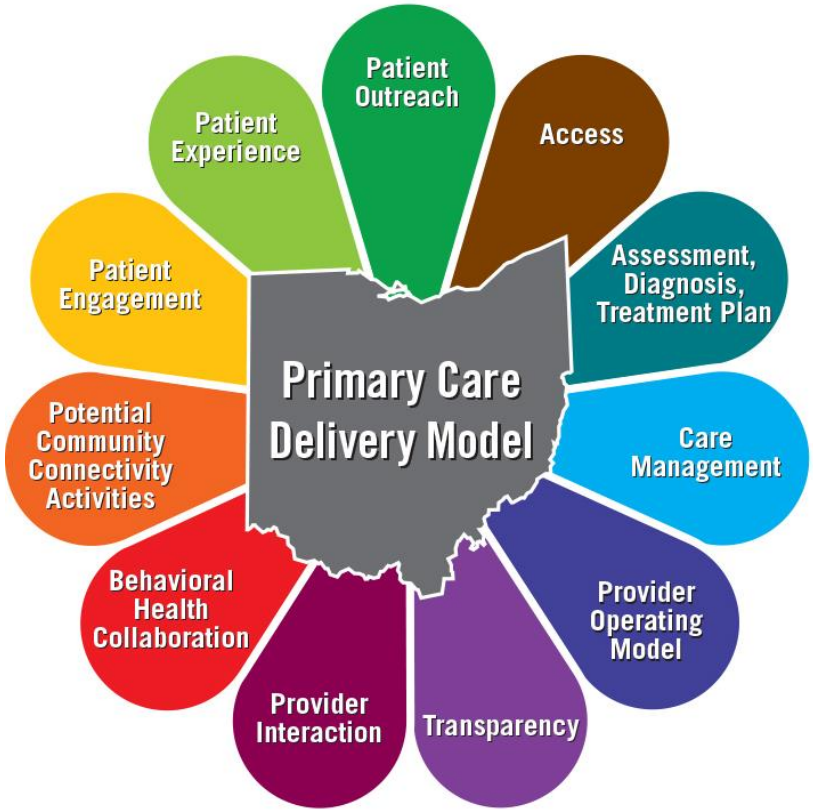
Ohio's State Innovation Model (SIM) partners

Overview of Ohio's Patient-Centered Medical Home (PCMH) care delivery and payment model

- There is **one Patient-Centered Medical Home (PCMH) model in which all practices participate**, no matter how close to an ideal PCMH they are today. The program is designed to encourage practices to improve how they deliver care to their patients over time.
- The Ohio PCMH model is designed to be **inclusive: all Medicaid members are attributed or assigned** to a provider.
- In order to join the program, practices will have to **submit an application and meet enrollment requirements.**
- Model scheduled to **launch with an early entry cohort in January 2017** then **open to any primary care practice that meets model requirements in January 2018 and beyond.**

Ohio's vision for PCMH is to promote high-quality, individualized, continuous and comprehensive care

- **Patient Experience:** Offer consistent, individualized experiences to each member depending on their needs
- **Patient Engagement:** Have a strategy in place that effectively raises patients' health literacy, activation, and ability to self-manage
- **Potential Community Connectivity Activities:** Actively connect members to a broad set of social services and community-based prevention programs (e.g., nutrition and health coaching, parenting education, transportation)
- **Behavioral Health Collaboration:** Integrate behavioral health specialists into a patients' full care
- **Provider Interaction:** Oversee successful transitions in care and select referring specialists based on evidence-based likelihood of best outcomes for patient
- **Transparency:** Consistently review performance data across a practice, including with patients, to monitor and reinforce improvements in quality and experience



- **Patient Outreach:** Proactive, targeting patients with focus on all patients including healthy individuals, those with chronic conditions, and those with no existing PCP relationship
- **Access:** Offer a menu of options to engage with patients (e.g., extended hours to tele-access to home visits)
- **Assessment, Diagnosis, Care Plan:** Identify and document full set of needs for patients that incorporates community-based partners and reflects socioeconomic and ethnic differences into treatment plans
- **Care Management:** Patient identifies preferred care manager, who leads relationship with patients and coordinates with other managers and providers of specific patient segments
- **Provider Operating Model:** Practice has flexibility to adapt resourcing and delivery model (e.g., extenders, practicing at top of license) to meet the needs of specific patient segments

Ohio's PCMH Requirements and Payment Streams

Requirements	1 8 activity requirements	2 5 Efficiency measures	3 20 Clinical Measures	4 Total Cost of Care
	▪ *Same-day appointments* ▪ *24/7 access to care* ▪ *Risk stratification* ▪ *Population management* ▪ *Team-based care management* ▪ *Follow up after hospital discharge* ▪ *Tracking of follow up tests and specialist referrals* ▪ *Patient experience*	▪ *ED visits* ▪ *Inpatient admissions for ambulatory sensitive conditions* ▪ *Generic dispensing rate of select classes* ▪ *Behavioral health related inpatient admits* ▪ *Episodes-linked metric*	▪ *Clinical measures aligned with CMS/AHIP core standards for PCMH*	
		Must pass 30%	**Must pass 50%**	
Payment Streams				
PMPM	***All required***			
Shared Savings	***All required***			***Based on self-improvement & performance relative to peers***
Practice Transformation Support	***TBD for select practices***			

Enhanced payments would begin January 1, 2018 for **any PCP that meets the requirements**

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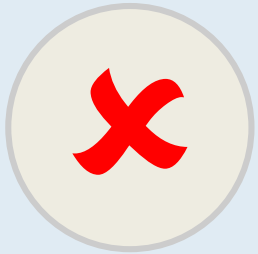
Ohio PCMH Model Practice Eligibility (January 1, 2018 and beyond)

Required

- **Eligible provider type and specialty**
- **Minimum size:** 500 attributed/ assigned Medicaid eligible members within a contracted entity
- **Commitment**
  - To sharing data with payers/ the state
  - To participating in learning activities[1]
  - To meeting activity requirements in 6 months

Not required



- **Accreditation:** *(e.g., NCQA or URAC)*
- **Planning** *(e.g., develop budget, plan for care delivery improvements, etc.)*
- **Tools** *(e.g., e-prescribing capabilities, EHR, etc.)*

1 Examples include sharing best practices with other PCMHs, working with existing organizations to improve operating model, participating in state led PCMH program education at kickoff

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Ohio's Comprehensive Primary Care (CPC) Timeline

CPC "Classic"

Year 3 | Year 4

- **Southwest Ohio's federally-sponsored, multi-payer PCMH model**

CPC Statewide

- **Ohio's SIM-sponsored PCMH model**

Design | Year 1 (early entry) | Year 2 (open entry) | Year 3 … (open entry)

CPC+

- **Medicare-sponsored**
- **Payers apply by region**
- **Practices apply within regions**

Year 1 (CMS-selecte | …IS-selected) | Year 2 | Year 3 … 5 (CMS-selected)

Early Entry into the Ohio CPC Model

- CPC+ practices with 500+ Medicaid members
- Practices with 500+ Medicaid members with claims-only attribution AND NCQA III
- Practices with 5,000+ Medicaid members and national accreditation

Ongoing Enrollment into the Ohio CPC Model

- Any practice with 500+ Medicaid members that meets Ohio CPC activity, efficiency and clinical quality requirements

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Overview of the Federal Comprehensive Primary Care Plus (CPC+) Payment Model

CPC+ is a new payment model that rewards value in primary care for Medicare beneficiaries and encourages multi-payer collaboration

- **Partners sought include:** Medicaid FFS, Medicare Advantage, Medicaid managed care, and commercial insurers (ASO and full risk)
- **Practices can apply to one of two tracks** dependent on level of readiness to assume financial risk (assessed based on EHR readiness)
- **Non-financial benefits** include learning program and data sharing
- CMS intends to select **5,000 practices across 20 regions nationwide**

Alignment of CPC+ model with Ohio PCMH design

		Ohio PCMH	CPC+
Care model		• **Care Model** based on key principles of access, coordination, care management, patient engagement, population health management	• Similar principles
Eligible practices		• **Open provider enrollment** and **inclusive** of most primary care practice types	• **Application process** and **excludes** pediatrics and FQHCs
Definition of practice		• Group based on **tax ID number**	• Defined as **site** rather than group
Payment streams	PMPM	• **Risk-adjusted PMPM** based on patient status	• **Track 1 vs. 2** have different PMPMs
	Incentive	• **Shared savings** based on quality / efficiency	• **Pay for performance bonus**
	Alt. to FFS	• **Episode-based** payment model	• Track 2 includes **partial capitation**
Program Require-ments	EHR	• EHR not required	• EHR required
	Activities	• 8 specific **activity requirements**	• Similar activity requirements
	Clinical quality	• 20 specific **clinical quality measures**	• **7 of 20 metrics** are the same
	Efficiency	• 5 specific **efficiency measures**	• Information not yet released

Application Process for CPC+

April 15 – June 8

Payers submit applications

- Preference given to CPCi and MAPCP participants, and Medicaid SIM states
- States may need additional waivers/ SPAs to apply
- **State created a template for payers to apply**

June 8 – July 15

20 Regions Selected

- CMS evaluates payers and selects regions based on payer footprint
- 20 regions to be selected – intent to award to the 7 current CPCi regions plus 13 new regions
- Regional size and boundaries to be determined

July 15 – Sept. 1

Practices submit applications

- Practices in selected regions eligible to apply
- Application includes program integrity check, questions regarding care model, and letters of support including from IT vendor
- **State will create a template for practices to apply**

Sept. 1 – Dec. 31

5,000 practices selected

- Evaluation based on practice diversity (e.g., size, location)
- CMS-selected practices eligible for CPC+ Medicare payments beginning January 1, 2017

All of Ohio's State Innovation Model (SIM) partners submitted payer applications for CPC+

Ohio application of CPC+ payment streams by line of business

		Ohio Medicaid FFS	Ohio Medicaid Managed Care	Medicare FFS	Commercial / Medicare Advantage
Payer		ODM	MCP[2]	CMS	Plan
Minimum panel size		500 (across all Medicaid members)	500 (across all Medicaid members)	150 Medicare FFS members	Determined by plan
Enhanced care management	**Track 1[1]**	$3-5 average	$3-5 average	$15 average	Determined by plan
	Track 2[1]	$3-5 average	$3-5 average	$28 average	Determined by plan
Incentive payment	**Track 1**	50% gain-sharing rate on TCOC[3]	50% gain-sharing rate on TCOC[3]	$2.50 PMPM pay for performance	Determined by plan
	Track 2	65% gain-sharing rate on TCOC	65% gain-sharing rate on TCOC	$4.00 PMPM pay for performance	Determined by plan
Alternative to FFS	**Track 2 Only**	Episodes only	Episodes only	Partial capitation	Determined by plan

1 Single payment reflects both CPC+ and PCMH; in no instance would there be double payment
2 MCP administers payment in all cases; PMPM payment would be supported through ODM
3 Practices would have potential opportunity to earn the higher gain-sharing rate due to highest performance on TCOC in baseline year

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Core Elements of the CPC+ practice application

- A Preliminary questions
- B Practice structure and ownership
- C Model participation
- D Practitioner and staff information
- E Practice activities
- F Health information technology
- G Patient demographics
- H Practice revenue and budget
- I Care delivery
- J Access
- K Quality improvement

- **43 questions** within the 11 chapters (detail follows)
- Accompanying **letters of support** also required from clinical leadership, owner of parent organization, and IT vendors

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CMS Provider Resources for CPC+

- **Model overview**

  https://innovation.cms.gov/Files/x/cpcplus-modeloverviewslides.pdf

- **Frequently asked questions**

  https://innovation.cms.gov/Files/x/cpcplus-faqs.pdf

- **Program requirements**

  https://innovation.cms.gov/Files/x/cpcplus-practicecaredlvreqs.pdf

- **Request for applications**

  https://innovation.cms.gov/Files/x/cpcplus-rfa.pdf

CPC+ Model Frequently Asked Questions

	Question	Response
MACRA	• Would **participation in CPC+** support eligibility for Medicare Access and CHIP Reauthorization Act (MACRA) Alternative Payment Model (APM) track?	• Some indications from CMS for **participation to support APM,** albeit on a long-term timeline
MSSP	• Can providers participate in **CPC+ and Medicare Shared Savings Program (MSSP)?**	• Confirmation from CMS that **MSSP participants eligible for CPC+ model**
Dual eligible members	• Would **dual-eligible Ohioans** be included in the CPC+ model?	• **Yes –** dual eligible Ohioans are included in the CPC+ model, with the exception of those in a demonstration project. Dual eligible Ohioans are not included in PCMH
Practice application	• What are the **core elements of the practice application?**	• **Detail follows**

Any other questions?

CPC+ practice application components (1/4)

HIGHLY PRELIMINARY

A Preliminary Questions

1. For which Track is your practice applying (1 / 2)
2. If you are a Track 2 applicant but are not eligible for Track 2, would you like your application considered for Track 1? (Y/N)
3. Is your practice a concierge practice, a Rural Health Clinic, or a Federally Qualified Health Clinic (Y/N) [Disqualifier]
4. Is your practice currently participating in any of the Medicare initiatives that follow? Please check all that apply
   - TCPi, Pioneer ACO, Next Generation ACO, MSSP ACO, another Medicare ACO, Accountable Health Communities, None, participates but plans to withdraw

B Practice Structure and Ownership

5. Practice identification questions (e.g., name, ownership, belonging to larger system, satellite office)
6. Does practice share a TIN for billing with other practices in the same health system
7. Does practice use more than one billing TIN?
8. What billing TIN will practice use?
9. Who owns the practice [physicians, other practitioners, another physician organization, hospital, health plan, medical school, other]

C Model Partici-pation

10. Has practice participated in CPCi (Y/N)? If so, what was practice ID?
11. Has practice participated in MPAPCP (Y/N)? If so, what was practice ID?
12. Primary contract information
13. Secondary contact information
14. HIT contact

Source: CPC+ RFA

CPC+ practice application components (2/4)

HIGHLY PRELIMINARY

D Practitioner and staff information

15. To the best of your knowledge, has your practice or anyone employed in your practice had a final adverse legal action (Y/N)?
16. What is the total number of individual physicians, nurse practitioners, physician assistants, and clinical nurse specialists who provide patient care?
17. Of the total individual practitioners that provider care at your patient site, how many are primary care practitioners?
18. Are all of the PCPs applying to be a part of CPC+ in the same physical address?
19. For each PCP in your office, please provide the following identifying information
20. Please describe the current Meaningful Use attestation progress including: total Medicare and Medicaid eligible practitioners (EPs); total number of Medicare and Medicaid EPs who plan to attest to MU Stage 2

E Practice activities

21. Which statement best characterizes your practice: single-specialty primary care; multi-specialty practice; other LOBs (e.g,. urgent care)
22. Is this practice engaged in training future practitioners and staff (Y/N). Please briefly describe the engagement
23. The practice is recognized as a “medical home” by: NCQA, TJC, AAAHC, URAC, State-based, Plan-based, Other, None

F Health Information Technology

24. Is your practice able to complete HIT requirements indicated for the track for which it is applying? (Y/N)
25. Please provide the following information regarding the primary certified EHR system used by your practice site (Vendor Name / Product Name / Version)
26. Please provide the most up-to-date CMS EHR certification ID for your practice’s certified products
27. Please list any other health IT tools or services your practice currently uses (e.g., PHM tools, care management tools, data analytics, services provided by an HIE or data registry) including: (Vendor Name/Product Name/Version/Function)
28. Does your practice currently have plans to purchase a new EHR in 2017 or a subsequent year? (Yes/No/Unknown)

Source: CPC+ RFA

CPC+ practice application components (3/4)

HIGHLY PRELIMINARY

G Patient demo-graphics

29. Percent of patients of Hispanic, Spanish, or Latino origin
30. Percentage of patients by race (6 races given)
31. Percent of patients by preferred language (i.e, English, non-English). If not English, what is the most common language

H Practice revenue and budget

Please list all revenue (insurance and co-pays) generated by services provided to patients covered by the following payers in 2015. Exclude any bonus payments. Please use your billing system or billing vendor to generate this information.

32. Total revenue for 2015 from all LOBs
33. Total revenue for 2015 by LOB (options given)
34. Percentage of patients by insurance type

I Care delivery

Level to which each of the statements below is true [scale of four options provided]

35. Patients: Are assigned to specific practitioner panels and panel assignments are routinely used by the practice for scheduling purposes and are continuously monitored to balance supply and demand
36. Non-physician practice team members: Perform key clinical service roles that match their abilities and credentials
37. Track 2 only: Care plans: Are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service
38. Track 2 only: A standard tool or method to stratify patients by risk level is available, consistently used to stratify all patients, and is integrated into all aspects of care delivery
39. Follow up by the primary care practice with patients seen in the ED or hospital is done routinely because the primary care practice has arrangements in place with the ED and hospital to both track these patients and ensure that follow-up is completed within a few days
40. Track 2 only: Linking patients to supportive community-based resources is accomplished through active coordination between the health system, community service agencies, and patients and accomplished by a dedicated staff person

Source: CPC+ RFA

CPC+ practice application components (4/4)

HIGHLY PRELIMINARY

(J) Access

Level to which each of the statements below is true [scale of four options provided]

41. Patient after-hours service (24 hours, 7 days a week) to a physican, PA/NP, or nurse: Is available via the patient's choice of e-mail or phone directly with the practice team or a practitioner who has real-time access to the practice's EMR

(K) Quality improve-ment

42. Quality improvement activities: Are based on a proven improvement strategy and used continuously in meeting organizational goals
43. Staff, resources, and time for quality improvement activities: Are all fully available in the pracitce

Letters of support

1. Clinical leadership
2. Parent of owner organization
3. Support from HIT vendor (Track 2 only)

Source: CPC+ RFA

Next Steps

Ohio Department of Medicaid:

- Communicate status of statewide payer CPC+ application and announce whether CMS selects Ohio as a CPC+ region in late July
- Share Ohio-specific provider application template
- Assist in answering questions regarding the application as necessary, and communicate questions/concerns to CMS

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Primary Care Practices:

- Begin soliciting letters of support
- Become familiar with the application so you are ready to apply when it is announced that Ohio is a CPC+ region