Ohio CPC
CPC for Kids Program

June 2019
Context: Ohio CPC for Kids

- **Ohio CPC began in 2017 and has scaled** to 250 practices participating\(^1\) and nearly 1.4M million members included in the model\(^2\) in 2019, **with several practice successes to celebrate to date**

- **Currently 680K pediatric members are included in the Ohio CPC model**\(^2\)

- **In light of this, there is an opportunity to enhance the current CPC model to further support pediatric population health priorities in Ohio**

- **Jointly with many stakeholder groups, ODM is introducing a “CPC for Kids" component of Ohio CPC, to begin in the 2020 program year**

Source: ODM working group conversations and stakeholder input.

1 Measured at the billing ID level.

2 Point-in-time attribution as of June 1, 2018 for the practices enrolled in Ohio CPC for each program year respectively.
# Timeline of Ohio CPC: groundwork laid to date and continued work to build and scale for impact

<table>
<thead>
<tr>
<th>Year</th>
<th>Priorities in focus</th>
<th>Stakeholder engagement</th>
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</table>
| 2015/2016  | Initial design work, focused on designing a PCMH program to promote high-quality, individualized, continuous and comprehensive care in Ohio | • PCMH focus groups for providers and patient advocates  
• SIM Core, inc. MCPs and commercial payers                                              |
| 2017       | **Year 1: Learning year, focused on implementation** with experienced practices (e.g. NCQA accreditation or CPC+ participation required) | - Provider focus groups and other stakeholder sessions for input on program evolution and engagement to improve pediatric health |
| 2018       | **Year 2: scale initial model, including**  
- Eligibility for practices with 500+ Medicaid members  
- Episodes of care linkages, e.g., referral reports, EOC metric | - In-person Learning Sessions and Monthly Practice Webinars, to support ongoing learning and gathering feedback from practices |
| 2019       | **Year 3: federal alignment and continued scale, including**  
- Partnerships  
- Eligibility for practices with 150+ Medicaid members  
- Add’l CPC+ alignment | - Monthly MCP meetings on ways to support program impact and evolution |
| 2020       | **Year 4 and beyond: continue to build and shape Ohio CPC for impact in Ohio**                       |                                                                                        |

Source: ODM working group conversations and stakeholder input.

1 Practices defined at the Medicaid Billing ID level. Point-in-time attribution as of June 1, 2018 for the practices enrolled in Ohio CPC for each program year respectively.
2 Informational only in 2018.
3 Claims-based attributed members. Practices with 150-500 members must participate through a practice partnership.
Ohio’s vision for CPC for Kids

Support preventive services for the healthy growth and development of pediatric populations in Ohio

Use prospective payments and other elements of the PCMH model to support practice-wide engagement in pediatric-specific activities (e.g., social-emotional competence)

Improve wellness and close equity gaps for children statewide, using Ohio CPC as a foundation

Support the integration of Ohio CPC with other efforts focused on improving children’s wellbeing in the state, including behavioral health care and schools

Identify specific, measurable outcomes for improvement

Source: ODM working group conversations and stakeholder input.
Contents

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CPC for Kids is an optional “track” for eligible CPC entities administered at the entity levels

Current eligibility for Ohio CPC

- Eligible provider type and specialty
- Size
  - At least 500 claims-only members to participate independently or as a partnership
  - At least 150 claims-only members to participate via a practice partnership

Eligibility for CPC for Kids

- Entity participates in Ohio CPC - as a practice partnership or practice participating independently¹
- Entity has at least 150 pediatric members²

Note: CPC entities can elect to participate in CPC for Kids during regular CPC enrollment.

Note: CPC for Kids is administered at the entity level (e.g. quality metrics, performance on bonus activities)

Source: ODM working group conversations and stakeholder input.

1 CPC entities may be a practice partnership made up of CPC practices, or a practice participating independently.
2 Based on claims-only attribution at the entity level; pediatric members defined as members under age 21.
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# CPC for Kids requirements for payment

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<tr>
<th></th>
<th>Activity requirements</th>
<th>Efficiency metrics</th>
<th>Quality metrics</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>10 requirements</td>
<td>4 metrics</td>
<td>20 metrics</td>
</tr>
<tr>
<td></td>
<td>Must pass 100%</td>
<td>Must pass 50%</td>
<td>Must pass 50%</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Core Ohio CPC</th>
<th>Additional CPC for Kids</th>
</tr>
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<tbody>
<tr>
<td>PMPM</td>
<td>All core requirements</td>
<td>All core requirements</td>
</tr>
<tr>
<td>Shared savings</td>
<td>All core requirements</td>
<td>All core requirements</td>
</tr>
<tr>
<td>Enhanced PMPM</td>
<td>All core and additional requirements²</td>
<td>All core and additional requirements²</td>
</tr>
<tr>
<td>Bonus pool</td>
<td>All core and additional requirements²</td>
<td>All core and additional requirements²</td>
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</tbody>
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**“Core” Ohio CPC requirements¹**

- No additional CPC for Kids requirements
- Must pass 100%

**“Additional” CPC for Kids requirements**

- No additional CPC for Kids requirements
- Must pass 50%

**CPC for Kids pediatric-focused metrics**

- Must pass 50%

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Source: ODM working group conversations and stakeholder input.

1 For more information on the core Ohio CPC requirements for 2020, please visit the CPC website at https://medicaid.ohio.gov/Provider/PaymentInnovation/CPC.

2 Must also pass “Core” Ohio CPC requirements.
Quality metrics linked to CPC for Kids payment streams

<table>
<thead>
<tr>
<th>Current Ohio CPC pediatric metrics</th>
<th>Well-Child Visits in First 15 Months of Life</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Well-Child Visits in the 3rd, 4th, 5th, 6th years of life</td>
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<tr>
<td></td>
<td>Adolescent Well-Care Visit</td>
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<tr>
<td></td>
<td>Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional CPC for Kids metrics linked to payment</th>
<th>Lead screening (one or more at 2 years of age)</th>
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<tbody>
<tr>
<td></td>
<td>Immunization for children (HEDIS combination 3)¹</td>
</tr>
<tr>
<td></td>
<td>Immunization for adolescents (HEDIS combination 2)¹</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional CPC for Kids metrics information only</th>
<th>Tobacco cessation for ages 12-17</th>
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<tbody>
<tr>
<td></td>
<td>Fluoride varnish</td>
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</tbody>
</table>

Source: ODM working group conversations and stakeholder input

¹ Includes: diptheria, tetanus, and acellular pertussis; polio; measles, mumps, and rubella; influenza type B; 5 chicken pox; pneumococcal conjugate.

² Includes: meningococcal serogroups A, C, W, Y; tetanus, diptheria, acellular pertussis; HPV.
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<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td><strong>Enhanced PMPM</strong></td>
<td>Compensates practices for activities that improve care and are currently under-compensated or not compensated. Enhanced $1.00 PMPM for pediatric members attributed to the practice¹</td>
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<tr>
<td><strong>Bonus payment</strong></td>
<td>Annual lump-sum payment, contingent upon performance (e.g., shared savings and meeting quality and process requirements). Bonus pool focused on additional pediatric activities related to: 1. Additional supports for children in foster care 2. Behavioral health linkages 3. School linkages 4. Transitions of care 5. Select wellness measures</td>
</tr>
</tbody>
</table>

Source: ODM working group conversations and stakeholder input.

¹ Members under 21 years of age.