

Comprehensive Primary Care

- In 2015, the Governor's Office of Health Transformation (OHT) convened Ohio's largest health insurance plans to develop a value-based primary care payment model that financially rewards practices that hold down costs by preventing disease and managing chronic conditions. With input from 800-plus stakeholders, including 600 clinicians and staff from primary care practices, OHT developed a comprehensive primary care (CPC) payment model to adopt across Medicaid and commercial health insurance statewide.
- In January 2017, Ohio Medicaid enrolled the first group of 92 primary care practices in CPC. These practices earn an additional \$4 per member per month on average by engaging in activities that are known to keep patients well. These practices also have the opportunity to earn a performance bonus if they hold down the total cost of care while meeting efficiency and quality targets. The CPC quality metrics are designed to drive improvement in maternal and infant health, mental health and addiction, and chronic disease.
- The Executive Budget as introduced includes \$51.6 million (\$13.6 million state) in 2018 and \$72.0 million (\$19.1 million state) in 2019 to support practices already enrolled in CPC and, beginning in 2018, open enrollment to any primary care practice in Ohio that wants to earn more by meeting the CPC activity requirements and efficiency and quality targets.
- The House-passed budget abolishes the CPC program (Section 333.220) and redirects \$33 million in state funds over the next two years to other purposes. As a result of the House action, the Ohio Medicaid program would be required to:
 - Terminate the CPC program on July 1, 2017.
 - **Reduce total payments to primary care doctors \$123 million over two years.**
 - **Repay \$9.3 million in federal funds** already spent on CPC practices (the federal share of \$12.6 million in CPC per member per month payments made since January 2017).
 - **Forfeit \$36.1 million in federal grant funds** as a result of violating Ohio's four-year State Innovation Model (SIM) cooperative agreement with the federal Centers for Medicare and Medicaid Services (CMS) to implement value-based reimbursement.
 - **Stop implementation on several initiatives that enjoy legislative support** and depend on SIM funding, including performance reporting on primary care practices and high-cost episodes of care, paying these practices based on value, and targeting value-based payment reforms to reduce opioid prescribing and improve maternal and infant health.
 - **Require taxpayers to spend an estimated \$370 million more annually** on high-cost Medicaid services in 2020 and beyond that otherwise could be avoided as a result of better care coordination through the CPC program ([Ohio SIM Financial Analysis](#)).