



Governor's Office of
Health Transformation

Transforming Payment for a Healthier Ohio

Greg Moody, Director

Governor's Office of Health Transformation

Comprehensive Primary Care Learning Session

May 20, 2016

www.HealthTransformation.Ohio.gov

Ohio's State Innovation Model (SIM) Partners



Ohio's State Innovation Model (SIM) progress to date

Episode-Based Payment

- **13 episodes** designed across seven clinical advisory groups (CAGs), with **30 additional episodes** under development to launch in 2017
- **Nine payers** released performance reports on first wave of 6 episodes
- State set **thresholds for performance** payments across Medicaid FFS and MCPs on first wave of episodes
- State released **performance reports** aggregated across Medicaid FFS and MCPs on second wave of 7 episodes
- **Executive Order** signed by Governor established a rule that requires Medicaid provider participation

Patient Centered Medical Home

- **Care model and payment model** design in place for model to reach 80 percent of Ohio's population
- **Statewide provider survey** gauged readiness for PCMH (570 responses)
- **Infrastructure plan** in place for attribution, enrollment, scoring, reporting, and payment
- **PCMH performance report** designed with provider/payer input
- **State provided a template for payers to apply for CPC+** (a similar template is under development for providers)

Ohio's episode timeline



Wave 1 | Perinatal, asthma exacerbation, COPD exacerbation, Acute PCI, Non-acute PCI, total joint replacement

Timeline: 2015 (Design), 2015 (Reporting only), 2016 (Performance Y1), 2017 (Performance Y2), 2018 (Performance Y3)

Wave 2 | URI, UTI, cholecystectomy, appendectomy, upper GI endoscopy, colonoscopy, GI hemorrhage

Timeline: 2016 (Design), 2016 (Reporting only), 2017 (Performance Y1), 2018 (Performance Y2)

Wave 3 | *Preliminary:* HIV, Hepatitis C, Neonatal, Hysterectomy, Bariatric surgery, Diabetic ketoacidosis, Lower back pain, Headache, CABG, Cardiac valve, congestive heart failure, Breast biopsy, Breast cancer, Mastectomy, Otitis, Simple pneumonia, Tonsillectomy, Shoulder sprain, Wrist sprain, Knee sprain, Ankle sprain, Hip/Pelvic fracture, Knee arthroscopy, Lumbar laminectomy, Spinal fusion exc. Cervical, Hernia procedures, Colon cancer, Pacemaker/defibrillator, Dialysis, Lung cancer, Bronchiolitis and RSV pneumonia, ADHD, Oppositional defiant disorder

Timeline: 2016 (Design), 2016 (Reporting only), 2017 (Performance Y1)

Wave 4 | Design work begins on behavioral health episodes in July 2016 ...

Timeline: 2016 (Design), 2017 (Reporting Only)

EPISODE of CARE PROVIDER REPORT

EPISODE NAME

Q1 + Q2 YYYY

Reporting period covering episodes that ended between Start Date to End Date

PAYER: Payer Name

PROVIDER ID: PAP ID

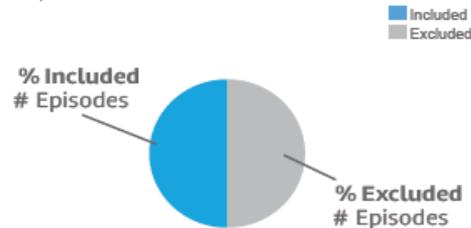
PROVIDER: Provider Name

Eligibility requirements for gain or risk-sharing payments

- ✓ **Episode volume:** You have at least 5 episodes in the current performance period.
- ✓ **Spend:** Your average risk-adjusted spend per episode is below the commendable threshold.
- ⚠ **Quality:** You are not currently eligible for gain-sharing because you have not passed all quality metrics linked to gain-sharing.
- ⓘ **This report is informational only.** Eligibility for gain or risk-sharing will be determined at the end of the performance period and any applicable payments will be calculated at that time.

Episodes included, excluded & adjusted

Total episodes#



% of your episodes have been risk adjusted

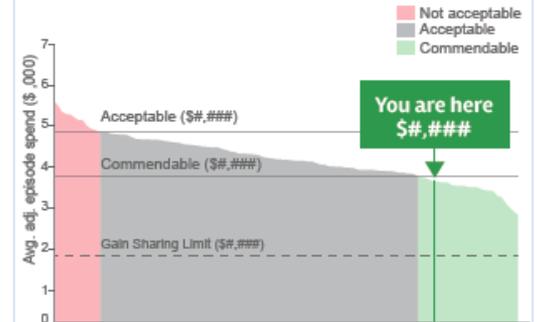
Quality metrics

You achieved # of # quality metrics linked to gain sharing

Quality metric 01	##%	✓
Quality metric 02	##%	✓
Quality metric 03	##%	✗
Quality metric 04	##%	✗

Risk adjusted average spend per episode

Distribution of provider average episode spend (risk adj.)



Key performance

Rolling four quarters

	Performance period 2016		Reporting period 2015		
	Q3 '15	Q4 '15	Q1 '16	Q2 '16	Weighted average
Avg adjusted episode spend (\$,000)	###	###	###	###	###
# of included episodes	#	#	#	#	#
Your spend percentile	##%	##%	##%	##%	##%

This is an example of the multi-payer performance report format released in 2016



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DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The data in the reports are neither intended nor suitable for other uses, including the selection of a health care provider. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/Providers/PaymentInnovation.aspx>.

Ohio's PCMH Requirements and Payment Streams

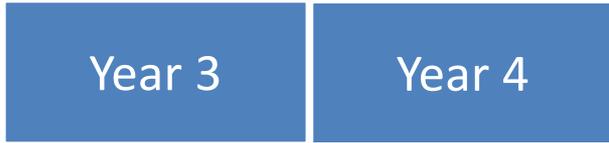
Requirements	1 8 activity requirements <ul style="list-style-type: none"> ▪ Same-day appointments ▪ 24/7 access to care ▪ Risk stratification ▪ Population management ▪ Team-based care management ▪ Follow up after hospital discharge ▪ Tracking of follow up tests and specialist referrals ▪ Patient experience 	2 5 Efficiency measures <ul style="list-style-type: none"> ▪ ED visits ▪ Inpatient admissions for ambulatory sensitive conditions ▪ Generic dispensing rate of select classes ▪ Behavioral health related inpatient admits ▪ Episodes-linked metric 	3 20 Clinical Measures <ul style="list-style-type: none"> ▪ Clinical measures aligned with CMS/AHIP core standards for PCMH 	4 Total Cost of Care
Payment Streams PMPM	<p style="text-align: center;"><i>Scoring weight shifts from standard processes and activities... ...to efficiency and clinical quality over time</i></p>			
Shared Savings	<i>Must meet activity and efficiency targets</i>	<i>Quality gate</i>	<i>Based on self-improvement & performance relative to peers</i>	

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

Ohio's Comprehensive Primary Care Timeline



CPCi "Classic"



CPC Statewide



- Ohio's SIM-sponsored PCMH model

CPC+



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

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



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