



Governor's Office of
Health Transformation

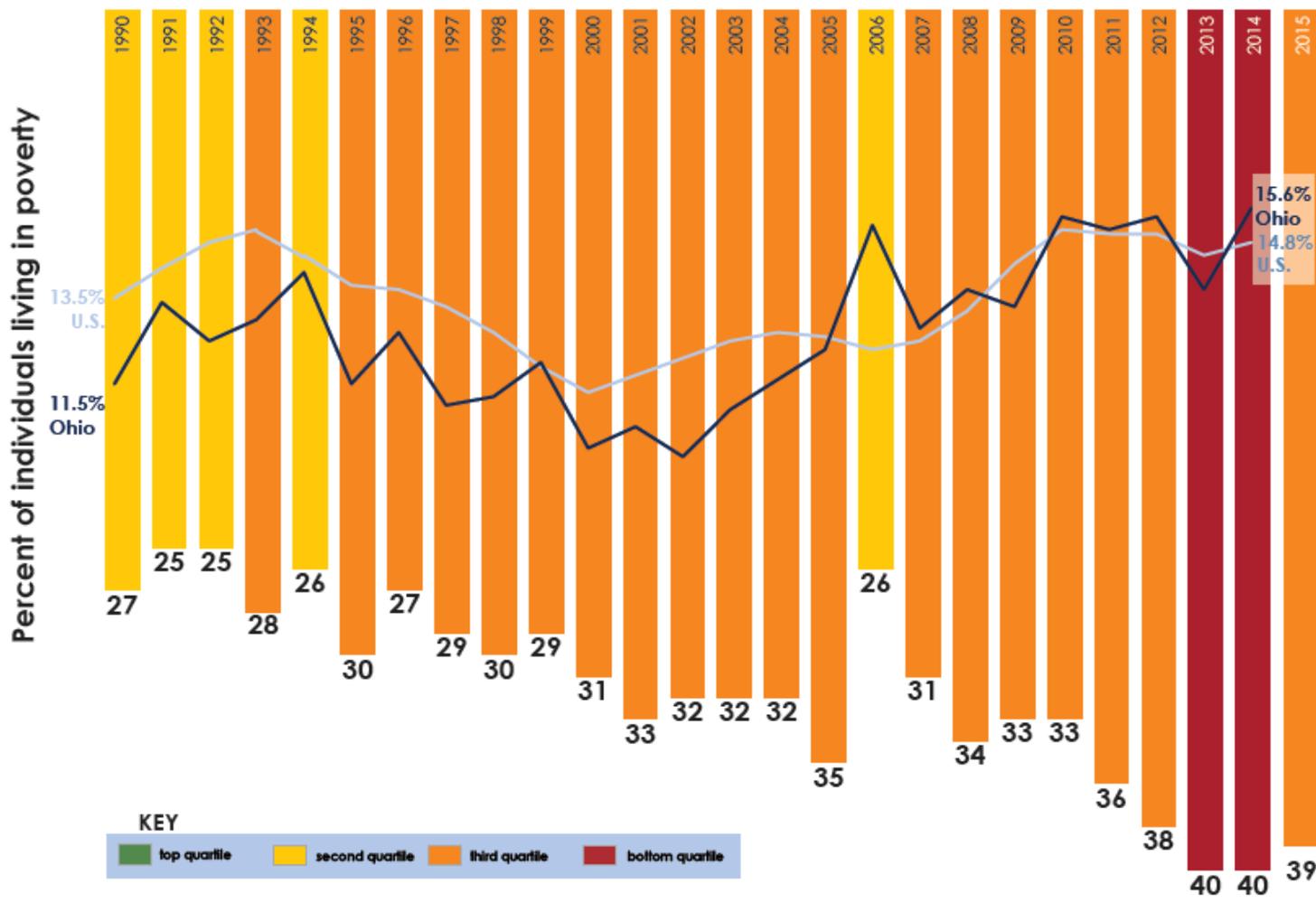
Better Planning for Better Health

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Governor's Office of Health Transformation

OhioHealth Physician Leader Event
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www.HealthTransformation.Ohio.gov

Ohio's performance on population health outcomes has steadily declined relative to other states

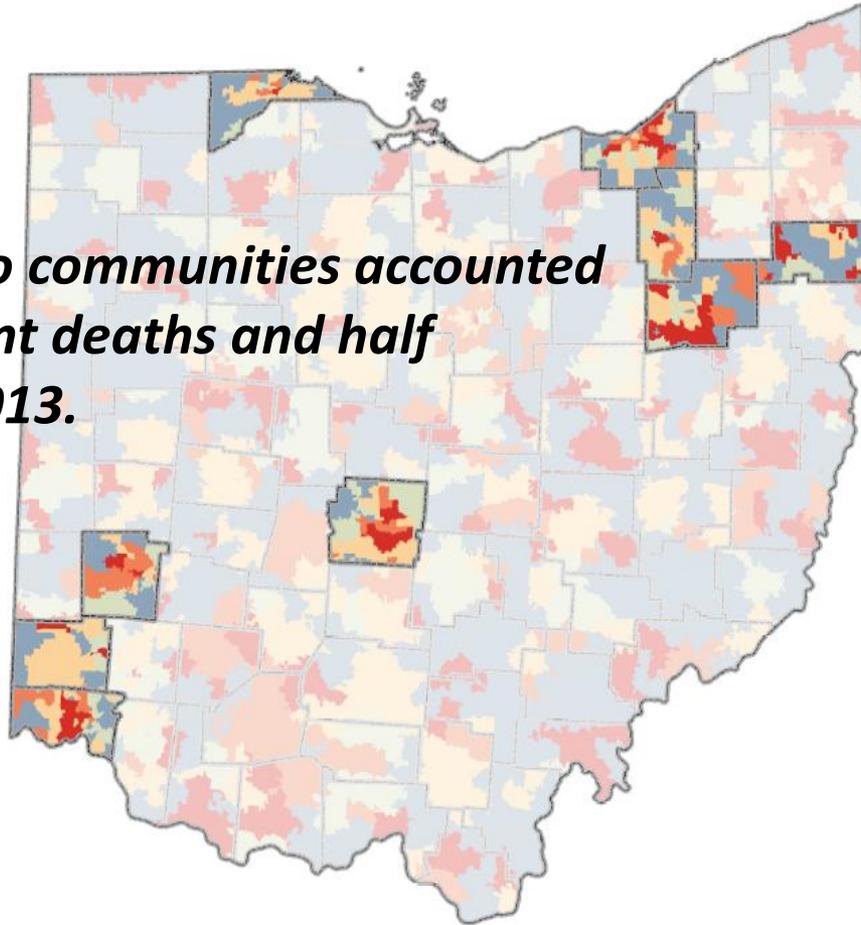


Source: Table prepared by the **Health Policy Institute of Ohio** based on United Health Foundation America's Health Rankings and U.S. Census Bureau Current Population Survey data.

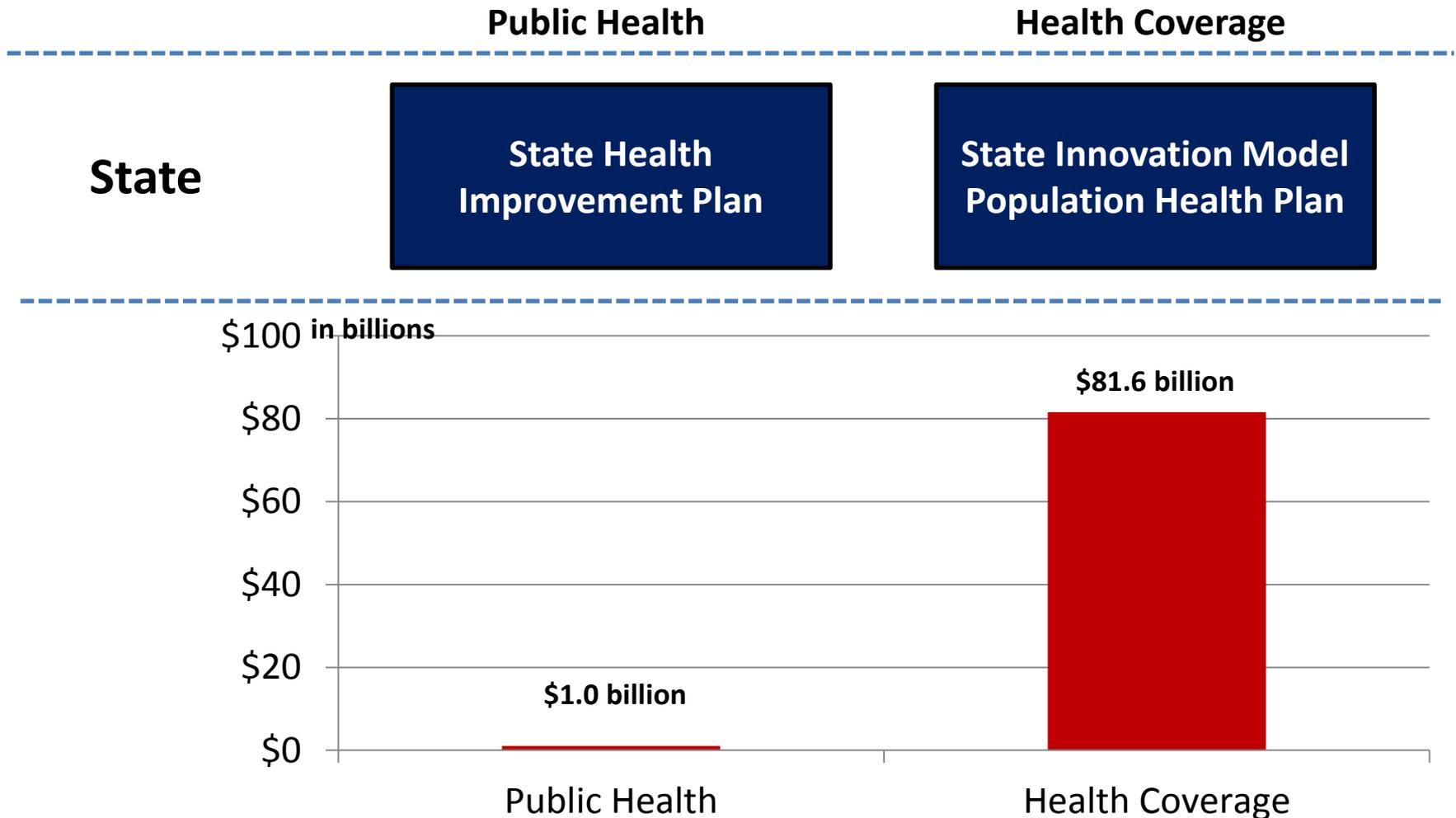
Ohio has significant disparities for many health outcomes by race, income and geography

Neighborhoods in nine Ohio communities accounted for 95 percent of black infant deaths and half of white infant deaths in 2013.

SOURCE: 2014 Ohio Infant Mortality Data



Public health strategies alone are not sufficient



Ohio is aligning public health and coverage strategies

Public Health

Health Coverage

State

State Health Improvement Plan

State Innovation Model Population Health Plan

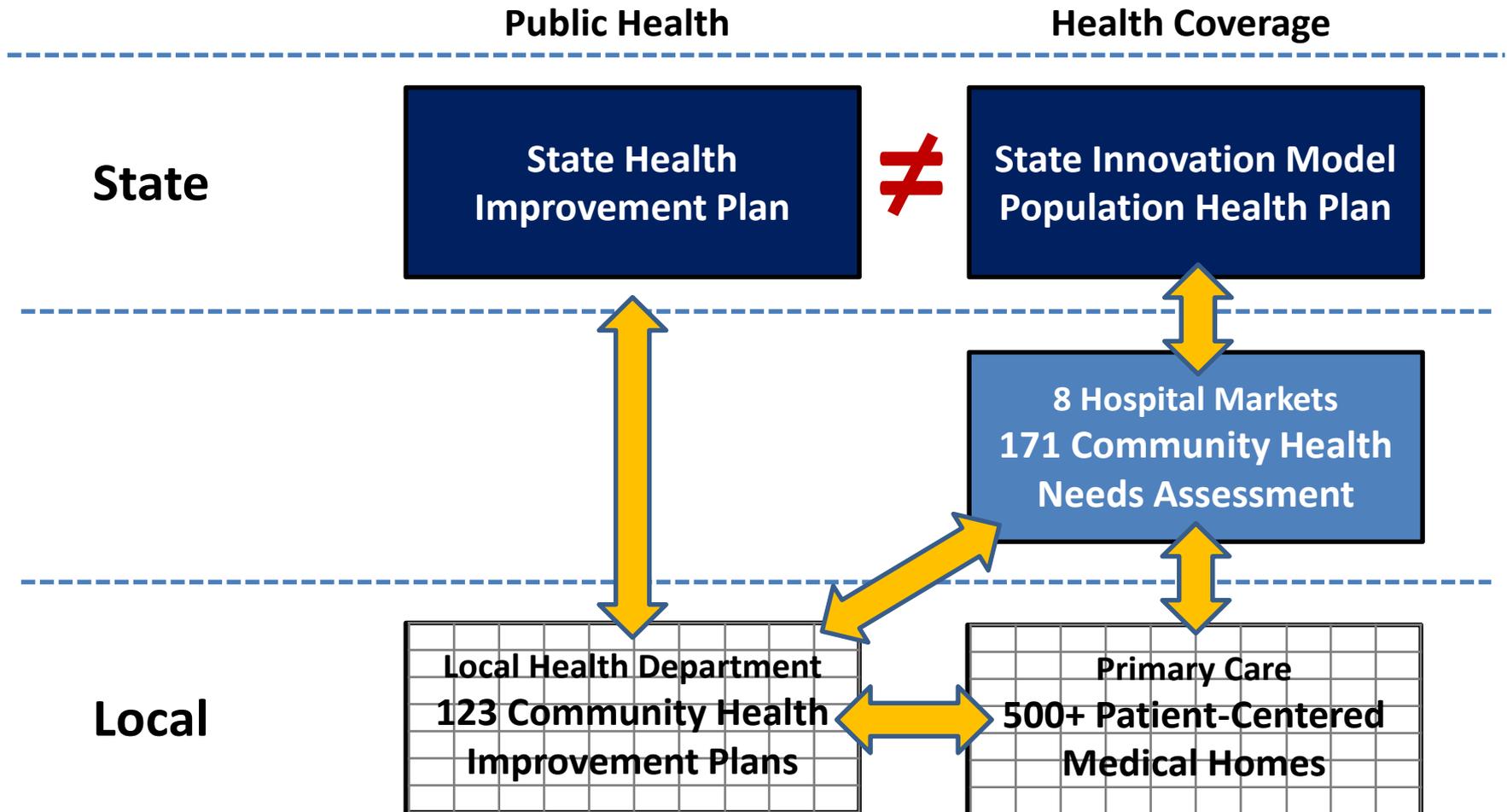
**Example:
Reduce
Infant
Mortality**

Use vital statistics to identify at-risk women
Align maternal and child health programs
Promote safe sleep, folic acid, etc.
Discourage smoking, etc.

Require enhanced care management
Extend Medicaid to cover more women
Financially reward improved infant health
Reduce scheduled deliveries prior to 39 wks

- Identify at-risk neighborhoods
- Enhance care management for every woman in those neighborhoods
- Plans directly engage leaders in at-risk communities
- Surge resources to greatest need

However, the current system is horribly misaligned ...



Engaged experts to identify strategies to improve

- In September 2015, the Office of Health Transformation (OHT) and Departments of Health and Medicaid contracted with the Health Policy Institute of Ohio (HPIO) to develop recommendations for improving population health planning statewide
- HPIO convened six meetings with 48 organizations represented, including local health districts, providers, patient advocates, employer groups, and state agencies
- HPIO reviewed multiple community health assessments and improvement plans, including 10 state-level, 110 local health district, and 170 hospital assessments and plans
- HPIO developed recommendations to (1) improve state-level health improvement planning, (2) align local priorities, and (3) incorporate population health priorities into primary care

Improve state-level health improvement planning

- State health departments are required to develop a state health assessment (SHA) and improvement plan (SHIP) for accreditation by the Public Health Accreditation Board (PHAB)
- The Ohio Department of Health (ODH) was accredited by PHAB in December 2015 and will update Ohio's SHA and SHIP in 2016
- ODH contracted HPIO to organize, facilitate and mentor stakeholders through a collaborative planning process leading to an exemplary SHA and SHIP that meets PHAB standards
- The updated SHIP will be used to set population health priorities – and target resources – across all state agencies

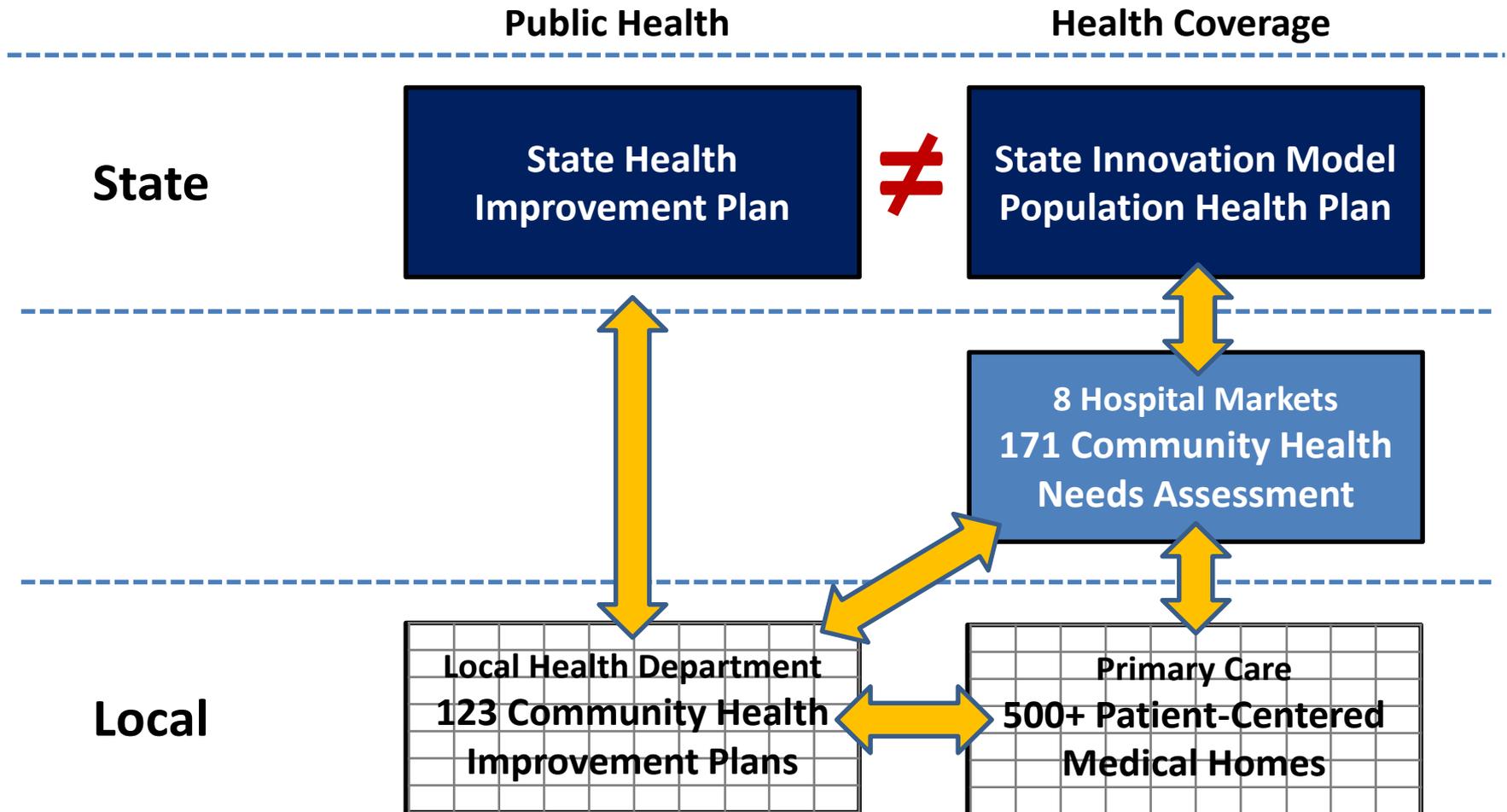
Align population health priorities

- Local health districts must be PHAB accredited by 2020 and complete a community health assessment (CHA) and adopt an implementation plan (CHIP) every five years
- Tax-exempt 501(c)(3) hospital organizations are required by the IRS to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years
- Requirements for these plans are similar but timelines and activities to conduct assessments and adopt plans often are not aligned, resulting in a lack of clearly defined priorities
- A new law (ORC 3701.981) requires hospitals and health districts to submit existing plans to the state to post online beginning July 2017, and complete future assessments and plans in alignment every three years beginning in 2020

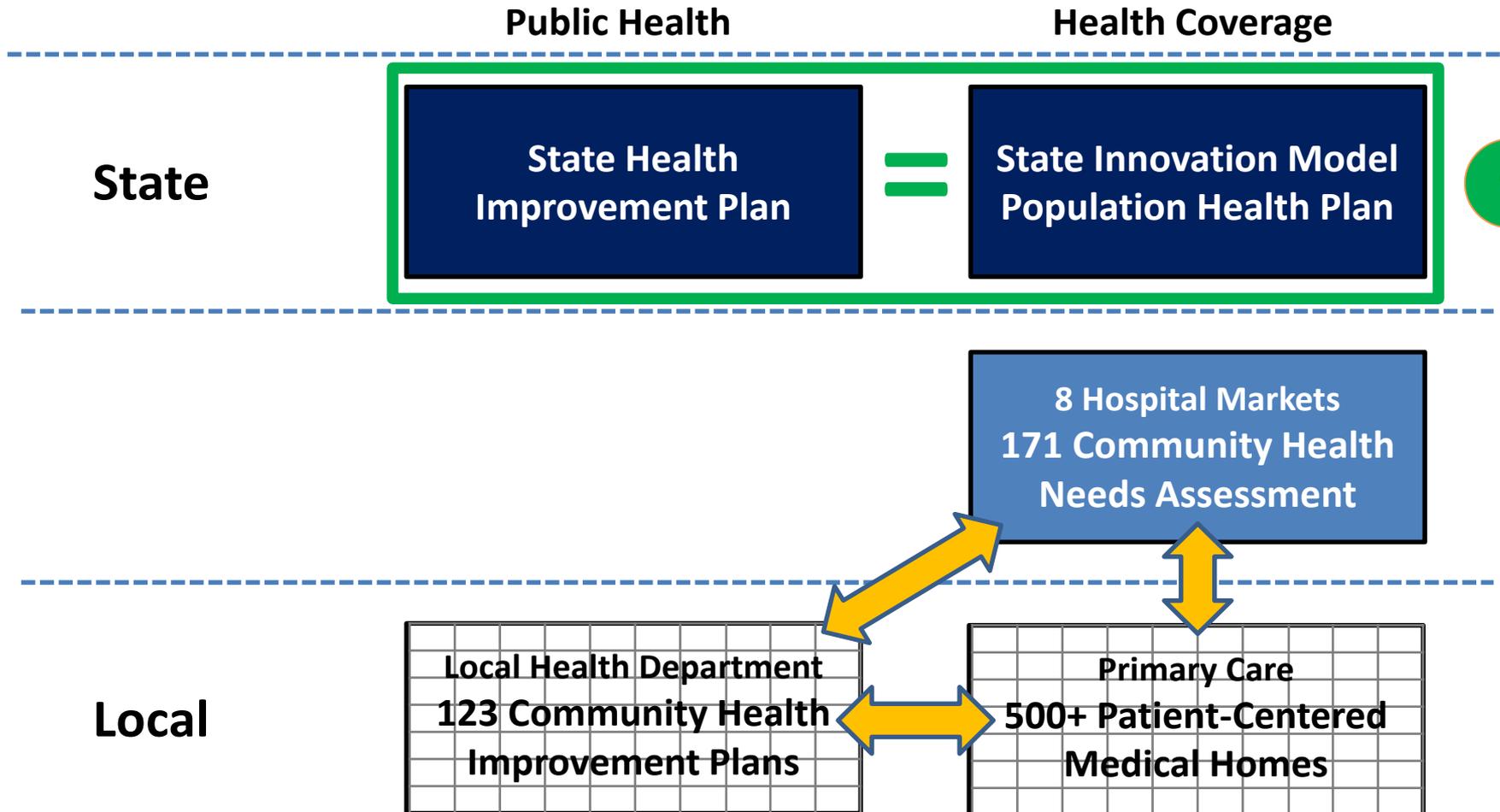
Incorporate population health priorities into primary care

- Ohio was awarded a State Innovation Model (SIM) grant in 2014 to test health care payment models that reward better health outcomes and cost savings through improvement
- SIM creates an opportunity to incorporate population health priorities into the same performance measures that health care payers use to reward provider performance
- OHT and HPIO worked with clinicians and community health leaders to identify a core set of measures that are powerful for driving population health priorities *and* quality in primary care
- Ohio's largest health insurance plans have agreed to adopt a patient-centered medical home (PCMH) model that links the core measures to performance payments beginning in January 2018

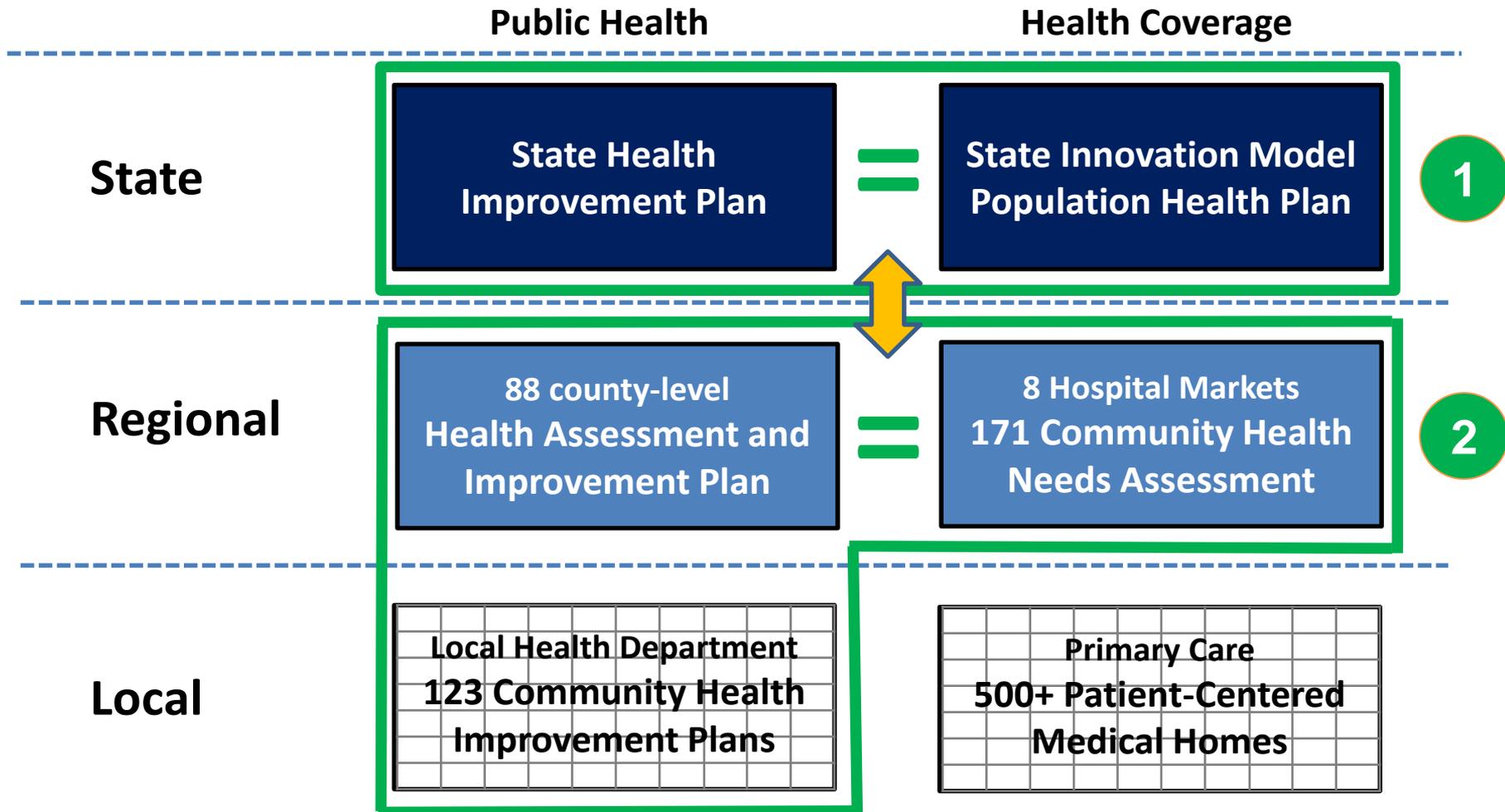
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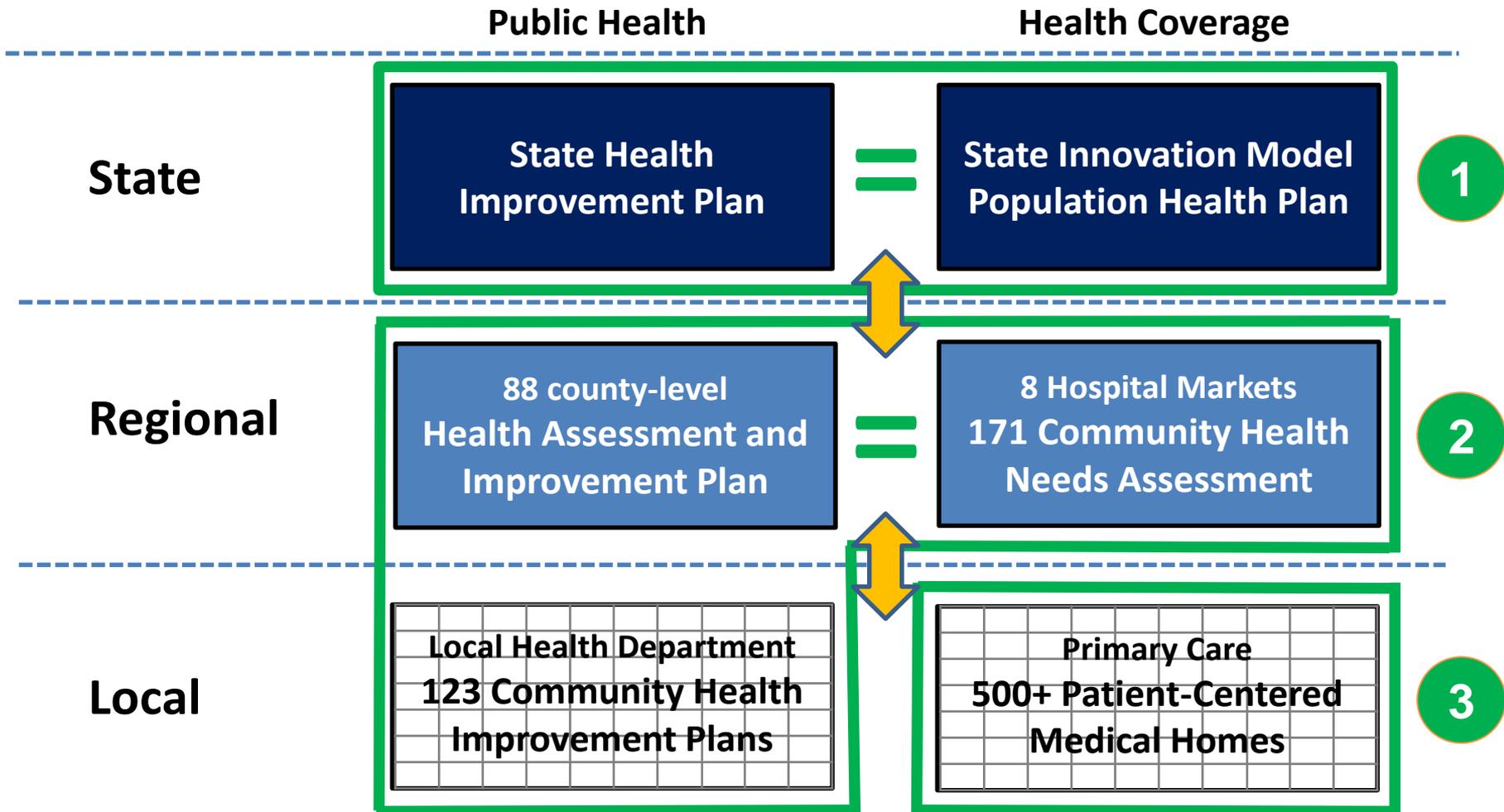
Improve state-level health improvement planning



Align local population health planning infrastructure



Increase access to patient-centered medical homes



Ohio's value-based payment partners



Ohio's PCMH Requirements and Payment Streams

Requirements

1 8 activity requirements

- 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

- 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

- Clinical measures aligned with CMS/AHIP core standards for PCMH

4 Total Cost of Care

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



Governor's Office of Health Transformation

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**

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

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 1¹	\$3-5 average	\$3-5 average	\$15 average	Determined by plan
	Track 2¹	\$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

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>

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CURRENT INITIATIVES

BUDGETS

NEWSROOM

CONTACT

VIDEO



Current Initiatives

Modernize Medicaid

- Extend Medicaid coverage to more low-income Ohioans
- Reform nursing facility reimbursement
- Integrate Medicare and Medicaid benefits
- Prioritize home and community based services
- Rebuild community behavioral health system capacity
- Enhance community developmental disabilities services
- Improve Medicaid managed care plan performance

Streamline Health and Human Services

- Implement a new Medicaid claims payment system
- Create a cabinet-level Medicaid department
- Consolidate mental health and addiction services
- Simplify and integrate eligibility determination
- Coordinate programs for children
- Share services across local jurisdictions

Pay for Value

- Engage partners to align payment innovation
- Provide access to patient-centered medical homes
- Implement episode-based payments
- Align population health planning
- Coordinate health information technology infrastructure
- Coordinate health sector workforce programs
- Support regional payment reform initiatives