
Comprehensive Primary Care Plus

Performance-Based Incentive Payments
&
Comprehensive Primary Care Payment APM

Fee-for-Service OHP Members



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Presenters



Summer Boslaugh
Transformation Analyst



Jamal Furqan
Strategy and Program
Implementation Analyst

Agenda

- OHA CPC+ Refresher and Current Status
- Performance Based Incentive Payments
 - Overview
 - Quality Component
 - Utilization Component
- Comprehensive Primary Care Payment APM for Track 2 Practices
 - Overview
 - Lump Sum Payments
 - FFS Claims Reductions due to APM
 - Looking Forward: Future CPC+ Years

Refresher

OHA COMPREHENSIVE PRIMARY CARE PLUS (CPC+)

Oregon's CPC+

- A five-year advanced primary care medical home model beginning January 1, 2017
- Regionally based to meet the diverse needs of primary care practices
- Designed as a multi-payer payment model to give practices greater financial resources and flexibility to make appropriate investments to improve quality and efficiency of care and reduce unnecessary health care utilization

Current Status

- Per-member Per-month (PMPM) Care Management Fees are available now!
 - 56 CPC+ practices have collectively received more than \$240K in 2017 as of September 1st 2017
 - 125 CPC+ Agreements with OHA for FFS members signed
 - 128 practices are recognized under the 2017 PCPCH standards
- Care Management Fees (CMF) available for duration of 5 year demonstration
 - See the [CPC+ Practice Tip Sheet](#) for instructions and more information

Annual bonus for high quality care

PERFORMANCE-BASED INCENTIVE PAYMENTS

Performance Based Incentive Payment Structure

Additional "performance incentive" built into payment model:

<i>Incentive Payment Amounts -</i>	<i>Utilization (PMPM)</i>	<i>Quality (PMPM)</i>	<i>Total (PMPM)</i>
Track 1 clinics	\$1.00	\$1.00	\$2.00
Track 2 clinics	\$2.00	\$2.00	\$4.00

- Starting Q4 2017 CPC+ practices will be eligible to receive an additional PMPM, Performance Based Incentive Payment (PBIP), by meeting Quality and Utilization performance targets for enrolled FFS members
- 2017 PBIP payments will be calculated and paid retrospectively in mid-2018 when quality performance data is available from CMS
- 2018 PBIP payments will be issued prospectively at 50% in early 2018 and reconciled once performance data is available in mid-2019

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- 9 electronic clinical quality measures (eCQM) and CAHPS Summary Score reported to CMS determine eligibility for **Quality PBIP**
- 2 utilization measures calculated by OHA for all Medicaid members determine eligibility for **Utilization PBIP**
 - Emergency Department utilization: CCO incentive measure
 - Practice Medicaid patients who went to the ED
 - Rates are reported per 1,000 practice Medicaid patients months
 - All-cause readmission: CCO performance measure
 - Numerator: practice Medicaid patients who had a hospital stay and were readmitted for any reason within 30 days of discharge
 - Denominator: practice Medicaid patients who had a hospital stay
- Practices may receive all or a fraction of each PBIP type

Performance Based Incentive Payment Calculation

Additional "performance incentive" built into payment model:

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eCQM Quality PBIP Calculations:

- Apply CMS quality eligibility calculation to OHA PMPM amounts
- To retain part of Quality PBIP
 - Meet CMS [reporting requirements](#)
 - Meet 30th percentile benchmark for at least one measure
- To retain full Quality PBIP
 - Meet [reporting requirements](#)
 - Achieve 30th percentile for all 10 measures (9 practice selected quality + CAHPS summary score)
 - Achieve 70th percentile for six measures (5 practice selected quality + CAHPS summary score)

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Utilization PBIP Calculations:

- Based on achievement of CCO benchmarks
 - Emergency Department utilization: $\leq 42.9 / 1,000$ member months for 2017
 - All-cause readmission: $\leq 10.5\%$ for 2017
- 1 benchmark achieved = 50% of PMPM
- 2 benchmarks achieved = 100% PMPM

Example PBIP Calculation

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Example: Track 1 ACME Medical Clinic has 500 Medicaid FFS patients

- 100% of Quality PBIP achieved = \$1 PMPM = \$500 each month
 - Reporting requirements met
 - 30th percentile achieved on all 10 measures (9 eCQMs and CAHPS Summary Score)
 - 70th percentile achieved on 6 measures (5 eCQMs and CAHPS Summary Score)
- 50% of Utilization PBIP achieved = \$0.50 PMPM = \$250 each month
 - Benchmark met for ED utilization
 - Benchmark not met for all-cause readmission
- Total PBIP PMPM = \$750 each month

A partial alternative to fee-for-service claims billing

APM FOR TRACK 2 PRACTICES

Overview of CPC+ APM

- Upfront Comprehensive Primary Care Payment (CPCP) + FFS claims reduction = Hybrid Payment
- Promotes flexibility
- Track 2 practice selects Hybrid Payment ratio for CMS, OHP FFS uses the same ratio (e.g. 40% up-front, 60% through FFS claims)
- OHP FFS calculates upfront CPCP based on claims paid in 2017 for specific Evaluation & Management (E/M) procedure codes
- Practice continues to bill FFS, claims will be paid at reduced rate per selected Hybrid Payment ratio (e.g. In CY 2018, clinic receiving 40% up-front will have select E/M codes paid at 60%)

Track 2 Practice – Isolated Claims Billing

- **By January 1st 2018**, Track 2 practice must ensure that no other clinical site location services are being billed under the same Medicaid ID number
 - Billing for other locations through the Track 2 Medicaid ID in 2018 will cause lower FFS claims payments (e.g. 60% based on Hybrid Payment ratio selected)
- Enroll other clinics with Oregon Medicaid as needed
 - Apply as a billing provider (provider type 09)
 - OHP Provider Enrollment online
(<http://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx>)
 - Submit appropriate OHP enrollment forms
 - For assistance or questions, contact OHP Provider Enrollment at
800-422-5047 or provider.enrollment@state.or.us

Primary Care Procedure Codes for CPCP

CPT code	Description
99201– 99205	Office or other outpatient visit for new patient
99211– 99215	Office or other outpatient visit for established patient
99354– 99355	Prolonged care for outpatient visit

2017 Claims Validation Process

- In mid-January 2018, OHA will send a spreadsheet of claims for CPCP procedure codes paid in CY2017 to each Track 2 Medicaid ID
- By February 28th, practices must inform OHA:
 - A. That *all* claims on the spreadsheet are for services that occurred at the Track 2 practice site, **OR**
 - B. Identify the specific claims that are for services that occurred at the Track 2 practice site
- This list of claims will be used to calculate the 2018 upfront CPCP

Lump Sum Payments Starting in 2018

- OHA will apply the upfront CPCP Hybrid Ratio selected by the practice for CMS to the attested claims list to calculate the lump sum
- In early 2018 OHA will issue 2018 lump sum (after receiving attestation)
- Example: Track 2 Sunshine Medical Clinic (SMC)
 - Was paid \$100,000 for FFS OHP members under the primary care procedure codes in CY 2017
 - Selected 40% lump sum/60% FFS claims as Hybrid Payment ratio
 - Attested to OHA's claims list on February 1st 2018
 - Will receive 40% of \$100,000 = \$40,000 upfront CPCP in early 2018

OHP FFS Claims Reductions

- Each Track 2 practice must bill OHA using a unique Medicaid ID (not used by other sites) beginning January 1st 2018
- All billed claims for CPCP procedure codes will be paid a reduced fee schedule rate based on the Hybrid Payment ratio selected by the practice
- Example: Track 2 Sunshine Medical Clinic (SMC)
 - Selected 40% Lump Sum and 60% FFS Claims Payments
 - Bills a claim to Oregon Medicaid for an established patient office visit using procedure code 99213 on March 15th 2018
 - The Oregon Medicaid fee schedule rate for 99213 is \$56.08
 - SMC is reimbursed $\$56.08 \times 60\% = \mathbf{\$33.65}$

Looking Forward: Future CPC+ Years

- OHA will apply updated practice-selected Hybrid Payment ratio to prior year claims for CPCP procedure codes
- Starting in 2019, in mid-January every year of the demonstration, OHA will issue the lump sum payment (no attestation needed)
- OHA will pay claims for CPCP procedure codes at reduced fee schedule rate based on Hybrid Payment ratio selected by the practice

RESOURCES

Resources

CPC+ information from CMS

<https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

Oregon Medicaid CPC+ Webpage

<http://www.oregon.gov/oha/HPA/CSI-TC/Pages/Comprehensive-Primary-Care-Plus.aspx>

OHP Forms and Publications

<http://www.oregon.gov/oha/healthplan/Pages/forms.aspx>

MMIS Provider Web Portal

<https://www.or-Medicaid.gov>

Contacts

For patient list, enrollment, and payment questions:

Jamal Furqan, Strategy and Program Implementation Analyst

Jamal.Furqan@state.or.us

503-945-6683

For policy questions:

Summer Boslaugh, Transformation Analyst

Summer.H.Boslaugh@state.or.us

971-673-3387

Contacts

For PCPCH program questions:

PCPCH program staff

PCPCH@dhsoha.state.or.us

<http://www.oregon.gov/oha/HPA/CSI-PCPCH/Pages/index.aspx>

For Provider Web Portal assistance:

Provider Services Unit

Team.Provider-Access@state.or.us

800-336-6016

For OHP Provider Enrollment assistance:

Provider.Enrollment@state.or.us

800-422-5047

QUESTIONS?