Comprehensive Primary Care Plus

Performance-Based Incentive Payments & Comprehensive Primary Care Payment APM

Fee-for-Service OHP Members
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:

<table>
<thead>
<tr>
<th>Incentive Payment Amounts -</th>
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<th>Quality (PMPM)</th>
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- 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

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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)

**CMS Payment Methodology**
Performance Based Incentive Payment Calculation

**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

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<th>CPT code</th>
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<tr>
<td>99201–99205</td>
<td>Office or other outpatient visit for new patient</td>
</tr>
<tr>
<td>99211–99215</td>
<td>Office or other outpatient visit for established patient</td>
</tr>
<tr>
<td>99354–99355</td>
<td>Prolonged care for outpatient visit</td>
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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 1\textsuperscript{st} 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 15\textsuperscript{th} 2018
  – The Oregon Medicaid fee schedule rate for 99213 is $56.08
  – SMC is reimbursed $56.08 \times 60\% = $\textcolor{red}{33.65}$
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@dhs.oha.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?