

DEFINITIONS AND CALCULATIONS APPLICABLE TO PAYMENT METHODOLOGIES

- **CPC practices** are defined by Medicaid billing ID. These practices may include one practitioner or several under the same Medicaid billing ID
- **CPC entities** are comprised of one or several CPC practices grouped together to achieve the minimum Medicaid population required to calculate total cost of care in a statistical and actuarially sound manner. Only single-practice CPC entities can enroll in the CPC program in 2016, but multi-practice CPC entities will be able to enroll in the program in 2017 and beyond.
- **Performance period** is the 12-month calendar year period of participation in the CPC program by a CPC practice. A CPC practice's first performance period begins January 1st after their enrollment in the program.
- **Baseline year** is the twelve-month period from the 13th through the 24th month (inclusive) before the start of the performance period.
- **Attribution:**
 - Member exclusions: All Medicaid members are included in the Ohio CPC program and therefore included in the attribution process, except for the following excluded populations:
 - Dual-eligible members;
 - Members with limited benefits;
 - All other members with third-party liability coverage.
 - Methodology: ODM will attribute all non-excluded fee-for-service and managed care members to a CPC practice. Attribution of members occurs quarterly using retrospective data. Members will only be attributed to one CPC practice. Attribution will be done using a hierarchical process as follows:
 - Member choice when expressed (i.e. communicated explicitly via contact with ODM through the Medicaid hotline);
 - Individuals who do not express member choice explicitly will be attributed to the practice with whom they have the most claims (i.e. the practice that they have visited the most);
 - For individuals who do not express member choice and do not have any claims history, non-claims factors such as geographic proximity will be used for attribution.

- **Risk scoring:**

- Methodology: ODM will score all members attributed to a CPC practice based on health status using [3M's CRG](#) risk scoring methodology. Risk scoring will be done using the previous 24 months of data.
- Relationship to payment: The risk score is used both to determine PMPM payment amounts on a quarterly basis, and as an adjustment in the calculation of shared savings payments on an annual basis. The relationship to both payment streams is described in more detail below.

Quality and efficiency metrics required for PMPM and shared savings payments

CPC practices must meet all of the activity requirements described above, in addition to quality metrics and efficiency metrics described below, in order to receive either the PMPM or the shared savings payments.

CPC practices must meet specific thresholds for clinical quality and efficiency metrics. CPC practices either pass or fail each quality and efficiency metric, depending where their performance falls relative to the specific metric threshold. It is not possible to partially pass a metric.

Quality and efficiency metrics are only applicable to a practice if the patient volume in the metric denominator is sufficient for the measured metric to be statistically valid. Quality and efficiency metrics will be evaluated for each CPC practice at the end of each performance period using claims from the entire performance period across Medicaid FFS and managed care plans for all members attributed to the CPC practice.

- **Clinical quality metrics**: The set of clinical quality metrics includes adult health measures, behavioral health measures, pediatric measures, and women's health measures. The full set of clinical quality metrics are listed under the "CPC requirements" section on the ODM website. CPC practices must pass at least fifty percent of applicable metrics.
- **Efficiency metrics**: Efficiency metrics are measures of health system utilization and efficiency. The full set of efficiency metrics are listed under the "CPC requirements" section on the ODM website. One metric – the episode-based metric—is informational only for performance year 2017. CPC practices must pass at least fifty percent of applicable metrics.
- **Thresholds**: The state will notify CPC practices of the full set of metrics and thresholds by publishing them on the ODM website prior to January 1 of each participation year. The thresholds will be updated once per year.