

Ohio Invests in Comprehensive Primary Care

Paying for Value. Delivering Better Health.

Across the United States, there is a growing consensus that changing the way we pay for health care is critical to our success in decreasing costs and improving health outcomes. In Ohio, despite spending more, health outcomes are poor: Twenty-nine states have a healthier workforce than Ohio, yet we spend more per person on health care than residents in all but 17 states.¹

Recognizing how this puts Ohio families and workers at a disadvantage, Governor John R. Kasich moved on his third day in office to create the Governor's Office of Health Transformation (OHT) with a mission to engage private-sector partners to set clear expectations for better health outcomes and improve overall health system performance.

Working together, health care payers, providers, and patient advocates set aside competing interests to focus on systemic changes that have the greatest potential to maintain and improve health while holding down the total cost of care. One clear path to better value is to invest in comprehensive primary care. Beginning January 1, 2017, Ohio's four largest health insurance plans, along with Medicaid and Medicare will change how they pay to financially reward primary care practices that do more to keep people well and avoid unnecessary costs.

Creating a shared vision for comprehensive primary care in Ohio required significant effort by thousands of interested individuals over multiple years. Key milestones are described below.

Ohio Comprehensive Primary Care (CPC) Program Milestones

January 13, 2011. Gov. Kasich [establishes the Governor's Office of Health Transformation \(OHT\)](#) to align the state's health policy priorities across all state agency jurisdictions, and to engage private-sector partners to improve overall health system performance.

January 9, 2012. [Ohio becomes the first Medicaid program to join Catalyst for Payment Reform](#), an independent, national non-profit organization that leverages the collective strength of private- and public-sector health care purchasers to achieve better value and quality in health care.

October 1, 2012. Cincinnati-Dayton becomes one of seven regions nationally to participate in the [Comprehensive Primary Care Initiative \(CPCI\)](#), a four-year federal pilot program in which Medicare, Medicaid and commercial health plans pay bonuses to practices that coordinate care for patients.

January 9, 2013. [Governor Kasich convenes a CEO-level Advisory Council on Payment Innovation](#) to help transform Ohio from volume-based fee-for-service payments to value-based payments that reward better health outcomes. The council identifies experts to assist the state.

¹ CMS, *Health Expenditures by State of Residence* (2011); The Commonwealth Fund, *Aiming Higher: Results from a State Scorecard on Health System Performance* (2014).

February 21, 2013. [Ohio receives a \\$3 million federal State Innovation Model \(SIM\) grant](#) to develop a comprehensive, multi-payer plan to replace volume-based fee-for-service payments with value-based alternatives that reward better health outcomes while holding down costs.

July 7, 2014. [Ohio applies for federal funding to implement and test value-based payment models](#) that combine several health transformation priorities, including payment innovation, health care delivery system transformation, health information technology, and population health.

December 16, 2014. [Ohio receives a \\$75 million four-year federal SIM grant](#) to test two innovative, multi-payer health care payment models that (1) increase access to comprehensive primary care and (2) reduce the incentive to overuse unnecessary services within high-cost episodes of care.

May 19, 2015. [OHT convenes a comprehensive primary care \(CPC\) design team](#) to adapt the Cincinnati-Dayton CPCi pilot into a statewide payment model. Over the next year, 800+ patient advocates, primary care practices, and health plans participate in the design.

March 30, 2016. [The CPC design team adopts a single set of requirements](#) that, when present, entitle a primary care practice to earn more from Medicaid and other participating health plans. (OHT holds the public announcement pending rumors that Medicare might also participate.)

April 11, 2016. [CMS announces it will create a Comprehensive Primary Care Plus \(CPC+\) program](#) to replace CPCi, and competitively select up to 20 regions nationally and 5,000 primary care sites within those regions to receive enhanced Medicare reimbursement over the next five years.

August 1, 2016. Ohio's Medicaid and commercial health plans jointly propose and CMS agrees to [designate Ohio a single, statewide "region" for Medicare CPC+](#). The requirements necessary for a practice to earn enhanced payment under Medicare CPC+ is similar to the Ohio CPC program.

What happens next?

September 15, 2016. [Primary care practice sites must submit an application](#) to participate in CPC+. Any primary care site that is selected by CMS to participate in CPC+ and also has 500+ Medicaid members will automatically be invited to also enroll in the Ohio CPC program.

November-December 2016. CMS will select and then enroll practices into CPC+ and Ohio Medicaid will invite any CPC+ practice site with 500+ Medicaid members (or any other primary care practice with 5000+ Medicaid members and national accreditation) to enroll in the Ohio CPC program.

January 1, 2017. Primary care practices become eligible to receive enhanced reimbursement from Medicare if they are enrolled in CPC+ and from Medicaid and participating commercial health insurance plans if they are enrolled in the Ohio CPC program.

January 1, 2018. Medicare CPC+ enrollment is locked in for five years and does not change, but [any practice that meets Ohio CPC program requirements in January 2018 and beyond may enroll and earn enhanced reimbursement from Medicaid and other participating health plans.](#)