

APPENDIX XX

OHIO COMPREHENSIVE PRIMARY CARE PRACTICE (CPC) ADDENDUM

The Appendix is adopted and incorporated into the Physician Provider Agreement between AmeriHealth Caritas Ohio, Inc. and Provider.

What is CPC

Ohio Comprehensive Primary Care (Ohio CPC) is Ohio Medicaid’s patient-centered medical home (PCMH) program: a team-based care delivery model led by a primary care practice that comprehensively manages a patient’s health needs. The aim is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs.

Comprehensive Primary Care Practice Requirements

ACOH will implement a patient centered medical home payment program pursuant to OAC rules 5160-19-01 and 5160-19-02 and the applicable ODM guidance. To be eligible to participate in the CPC Program, provider agrees to comply with all requirements of ODM related to the CPC Program and any guidance provided by ODM. ACOH will support each of the CPC’s activities and the overall CPC initiative in accordance with OAC 5160-19-02.

There are three main requirements that practices must agree to, in order to participate:

- 1) attesting to meeting a set of activity requirements;
- 2) a commitment to sharing data with payers and ODM; and
- 3) participating in learning activities as determined by ODM. Practices are also assessed against clinical quality and efficiency requirement metrics.

Per policy (OAC 5160-19-01), practices must meet the following to be eligible for enrollment:

PCMH Program

- have at least 500 attributed Medicaid individuals determined using claims-only data; attest that it will participate in learning activities as determined by ODM or its designee; and share data with ODM and contracted MCOs.

PCMH for Kids Program

- be a PCMH that participates in ODM’s PCMH program for the same performance period and have at least 150 attributed pediatric Medicaid individuals determined using claims-only data.

Practices who are found eligible by ODM will receive an invitation to participate. Open enrollment occurs every fall for the following program year. If Provider does not meeting eligibility requirements or does not comply with ODM’s attestation requirements for the CPC Program, this Appendix will be null and void.

Ohio

CPC Program Payment Parameters

Pursuant to OAC 5160-19-02, the following payment conditions apply:

- A PCMH has to continue completing activities annually as defined in paragraph (G) of rule 5160-19-01 of the Administrative Code. If activities are not completed upon evaluation, payment under this rule terminates;
- Except for the 2020 calendar year, a PCMH has to continue to meet efficiency and clinical quality metrics defined in paragraphs (H) and (I) of rule 5160-19-01 of the Administrative Code. If any of these metrics are not met, a warning will be issued. After two consecutive warnings, payment under this rule will be terminated;
- Except for the 2020 calendar year, a PCMH participating in PCMH for kids has to continue to meet clinical quality metrics defined in paragraphs (J) and (K) of rule 5160-19-01 of the Administrative Code. If any of these provisions are not met, a warning will be issued. After two consecutive warnings, PCMH for kids' payments under this rule will be terminated.

ACOH will reimburse CPC practices per member per month (PMPM) payment specified by ODM for attributed members for meeting model requirements in accordance with requirements set forth by ODM. The MCO must send the PMPM payment to CPC practices within 15 business days of receipt from ODM, unless otherwise specified by ODM. CPC PMPM payments are determined based upon ODM's attribution and risk scoring methodology.

ACOH will distribute any shared savings, as determined by ODM, to CPC practices within 90 calendar days from the time fee-for-service shared savings payments are dispersed, unless otherwise specified by ODM. TCOC Shared Saving eligibility is based on meeting 100% of Activity Requirements, 50% Quality metrics, 50% Efficiency metrics, 60,000 annual member months, and lowered annual TCOC defined by ODM.

CPC practices agree to use best efforts to collaborate and develop clinical integration initiatives to improve quality and health outcomes under the CPC Program.

ACOH Support of the CPC Program

Based upon this determination, Health Plan shall support each of the CPC activities and the overall initiative by complying with the requirements of ODM and the Ohio Department of Medicaid Ohio Medicaid Provider Agreement for Managed Care Organization.

It is the responsibility of an enrolled PCMH to complete activity requirements as required by ODM and have written policies where specified. Further descriptions of these activity requirements can be found on the ODM website: www.medicaid.ohio.gov.

Return of Payments for Fraud

If the Provider is convicted of fraud and the time period of the fraudulent activity overlaps with the time period that the episode, quality or other value-based payment is based upon, the Provider must return these payments.



IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties hereto, each by its officers duly authorized, hereby affix their hands as of the date written below.

<p>HEALTH SYSTEM</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>National Provider ID Number</p> <p>_____</p> <p>Medicaid ID Number Medicare ID Number</p> <p>_____</p> <p>Tax ID Number</p> <p>_____</p> <p>Date</p> <p>Assignment of Payment <i>(applicable to Group Practitioner only):</i> Check and initial if Assignment of Payment Not Applicable: <input type="checkbox"/> Health System Initials _____</p> <p>By signing below, Group Physician hereby assigns and transfers all Group Physician's right to and interest in compensation payable by ACOH pursuant to this Agreement to the party identified below, and Group Physician therefore directs ACOH to pay such compensation to said party:</p> <p>_____</p> <p>Health System Signature</p> <p>_____</p> <p>Name of Group</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Group Tax ID Number</p>	<p>AmeriHealth Caritas Ohio, Inc.</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p> <p>Effective Date of Agreement: _____ [To be completed by AmeriHealth Caritas Ohio, Inc.]</p>
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