CareOregon CPC+ Program

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CareOregon CPC+ Funding Packages

CPC+ Funding Package

- T1 – existing PC capitation program (PBIP) with added CMF
- T2 - existing PC capitation program (PBIP), existing BH capitation program (PBIP), CMF and FFS Alternative

Covered Population

- Medicaid and Medicare beneficiaries

Program Eligibility

- CMS designated CPC+ T1 or T2
- Recognized by State's Medical Home Program (OHA – PCPCH)
- Minimum membership
- BH component requires further attestation

CPC+ T2: Alternative to FFS Payment

- Overview
  - Reduced FFS reimbursement, 30%, on select code set – currently using CMS code list
  - Paired with bi-annual lump sum payment, CPCP, based on 12 month claims history
- Timeline for CPC+ Implementation
  - CPC+ Track 1 launched for all participating organizations
  - Planning for Track 2 implementation began Jan 1, 2017 for Jan 1, 2018 launch date
    - Analysis and detailed calculations 3 to 6 months
  - Launched a "*lite*" Track 2 on January 1, 2018 sans alternative FFS
  - Alternative FFS element delayed to July 1, 2018, Jan 1, 2019

Experience & Barriers

Great to be able to leveraged existing PC & BH capitation programs as pilots

Existing factors we knew we had to solve for:

- Custom logic to re-assign members to clinic of choice (depends on correct site-level information).
- Network billing practices, service & billing location NPIs
    - These conversations are ongoing, and the next phase will be to develop reporting to ensure provider claims submission compliance

New complicating factors

- Competing MCE exited market – influx of 80,000 members to CareOregon (2/1/2018)
- Lack of claims history on added covered lives
- Dynamic Medicaid membership – reassignment and coverage changes

Next Steps

1) Continue conversations with clinical network on billing practices.
   A. Testing billing and service location changes planned for Oct 2018, need to master this.
2) Develop solution for:
   A. Validation of prospective payment portion of FFS alternative.
      i. Incorporate claims from added population
      ii. Semi annual reviews to compare encounter claims volume/value to prospective payments
      iii. Rate adjustments made annually to all funding package elements.
   B. Membership changes
      i. Set threshold to trigger recalculations and corresponding action