

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5160-1-71

**Rule Type:** Rescission

**Rule Title/Tagline:** Patient-centered medical homes (PCMH): eligible providers.

**Agency Name:** Ohio Department of Medicaid

**Division:**

**Address:** 50 Town St 4th floor Columbus OH 43218-2709

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#### I. Rule Summary

1. **Is this a five year rule review? Yes**
  - A. **What is the rule's five year review date? 7/31/2020**
2. **Is this rule the result of recent legislation? No**
3. **What statute is this rule being promulgated under? 119.03**
4. **What statute(s) grant rule writing authority? 5164.02**
5. **What statute(s) does the rule implement or amplify? 5164.02**
6. **What are the reasons for proposing the rule?**

This rule is being proposed for rescission because it's content will be moved to proposed rule 5160-19-01 under the same title.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule provides definitional information, identifies eligible entities and requirements for enrollment as a CPC practice, and describes the activity, efficiency, and quality measures including the performance thresholds that must be met. It provides requirements for group practices who participate as a partnership and

informs the CPC practice that it may utilize reconsideration rights to challenge a decision of ODM concerning CPC enrollment or eligibility.

Upon enrollment and on an annual basis, this rule requires that each participating CPC practice attest that it will meet the activity requirements set forth in the rule. The CPC practice must also pass a number of efficiency and clinical quality requirements on an annual basis to continue participation under this rule. This rule allows practices who participated in initial program year 2017 to continue participation as a CPC practice.

For CPC practices who choose to participate in the optional CPC for Kids program, they will be subject to additional requirements and be eligible for additional payments and bonuses under the CPC for Kids program. This rule defines the CPC for Kids program and sets forth the additional requirements participating CPC practices must meet in order to enroll under the CPC for Kids program.

This rule provides clinical quality requirements specific to the CPC for Kids program and the threshold of metrics that must be passed annually to continue participation in the CPC for Kids program.

- 8. Does the rule incorporate material by reference? Yes**
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another Ohio Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation reference by the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

- 10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

*Not Applicable*

## **II. Fiscal Analysis**

**11. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

0

The agency's revenues or expenditures will not be impacted by the rescission of this rule.

**12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

Practices newly enrolling in the Ohio CPC program may incur some costs should they need to perform additional activities to meet those required to become an effective CPC practice. Costs will vary widely based on provider size, current level of staffing, and existing relationships with other providers and networks. Many costs are expected to be administrative and in time spent training existing staff, hiring additional staff, updating technology, providing attestations to ODM, and building relationships with other providers or networks.

Because the CPC for Kids program builds on the existing requirements of the CPC program, and the additional quality metrics being evaluated for CPC for Kids practices are typically already performed as part of the pediatric standard of care, no additional costs beyond those stated for all CPC practices in the paragraph above are expected. CPC for Kids practices may choose to perform additional activities as described in 5160-1-72 to position themselves to be more likely to receive a bonus payment; however, these changes are not required to participate in the CPC for Kids program.

The estimated cost for an Ohio CPC practice to meet activity requirements, clinical quality, and efficiency metrics is \$180,000. This figure was estimated by considering care coordinator costs, average primary care practitioner salary, and administrative costs for the average practice projected to participate in the Ohio CPC program. This estimate also takes into consideration the resources needed to effectively comply with the activity, clinical quality, and efficiency metrics. Practices who form a partnership to participate as a PCMH may combine resources and share in any costs that incur. This is largely dependent on provider size, current baseline operations, and available resources.

Practices who form a partnership may incur additional costs in coordinating, implementing, and aligning CPC program objectives among member practices. The practice who acts as the convener may also incur additional costs in this role.

If a CPC practice does not meet the requirements for the Ohio CPC program, participation in the program may be terminated. A participating CPC practice will not be charged a fine for failure to meet these requirements. CPC for Kids ongoing participation will be assessed separately from the requirements for CPC practices, as described in the Penalties section of 5160-1-72.

13. **Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). Yes**
14. **Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**
15. **If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not applicable. This rule does not impose a regulation fee.

### **III. Common Sense Initiative (CSI) Questions**

16. **Was this rule filed with the Common Sense Initiative Office? Yes**
17. **Does this rule have an adverse impact on business? Yes**
  - A. **Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? Yes**

For any eligible primary care practice that voluntarily chooses to enroll in the Ohio CPC or Ohio CPC for Kids program, this rule requires the participating entity to be licensed to practice as a primary care physician, advanced practice registered nurse, or physician assistant that has a specialty in primary care.

- B. **Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**
- C. **Does this rule require specific expenditures or the report of information as a condition of compliance? Yes**

A practice that participates in the Ohio CPC program will be required to attest that specific requirements are met.

- D. **Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? Yes**

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**IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))**

**18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? Yes**

**A. How many new regulatory restrictions do you propose adding? 0**

**B. How many existing regulatory restrictions do you propose removing? 61**

(B)(5) – describes requirements a practice partnership must meet.

(B)(5)(a) – describes requirements a practice partnership must meet.

(B)(5)(b) – describes requirements a practice partnership must meet.

(B)(5)(c) – describes requirements a practice partnership must meet.

(B)(5)(d) – describes requirements a practice partnership must meet.

(B)(5)(e) – describes requirements a practice partnership must meet.

(B)(5)(f) – describes requirements a practice partnership must meet.

(E) – describes requirements to participate in the PCMH program

(E)(1) – describes requirements to participate in the PCMH program

(E)(2) – describes requirements to participate in the PCMH program

(F) – describes requirements for the PCMH for kids program

(F)(1) – describes requirements for the PCMH for kids program

(F)(2) – describes requirements for the PCMH for kids program

(G) – describes activity requirements a PCMH practice must meet

(G)(1) – describes activity requirements a PCMH practice must meet

(G)(1)(a) – describes activity requirements a PCMH practice must meet

- (G)(1)(a)(i) – describes activity requirements a PCMH practice must meet
- (G)(1)(a)(ii) – describes activity requirements a PCMH practice must meet
- (G)(1)(a)(iii) – describes activity requirements a PCMH practice must meet
- (G)(1)(b) – describes activity requirements a PCMH practice must meet
- (G)(1)(c) – describes activity requirements a PCMH practice must meet
- (G)(1)(d) – describes activity requirements a PCMH practice must meet
- (G)(1)(e) – describes activity requirements a PCMH practice must meet
- (G)(1)(f) – describes activity requirements a PCMH practice must meet
- (G)(1)(g) – describes activity requirements a PCMH practice must meet
- (G)(1)(h) – describes activity requirements a PCMH practice must meet
- (G)(1)(i) – describes activity requirements a PCMH practice must meet
- (G)(1)(j) – describes activity requirements a PCMH practice must meet
- (H) – describes efficiency requirements a PCMH practice must meet
- (I) – describes clinical quality requirements a PCMH practice must meet
- (J) – describes metrics a PCMH for Kids practice must meet.
- (K) – describes clinical quality requirements a PCMH for Kids practice must meet
- (B)(5) - describes requirements a practice partnership must meet.
- (B)(5)(a) - describes requirements a practice partnership must meet.
- (B)(5)(b) - describes requirements a practice partnership must meet.
- (B)(5)(c) - describes requirements a practice partnership must meet.
- (B)(5)(d) - describes requirements a practice partnership must meet.

- (B)(5)(e) - describes requirements a practice partnership must meet.
- (B)(5)(f) - describes requirements a practice partnership must meet.
- (D)(1) - describes eligible practitioner types and their requirements.
- (D)(2) - describes eligible practitioner types and their requirements.
- (D)(3) - describes eligible practitioner types and their requirements.
- (G) - describes activity requirements a PCMH practice must meet
- (G)(1)(a) - describes requirements a PCMH practice must meet
- (G)(1)(a)(i) - describes requirements a PCMH practice must meet
- (G)(1)(a)(ii) - describes requirements a PCMH practice must meet
- (G)(1)(a)(iii) - describes requirements a PCMH practice must meet
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- (G)(1)(f) - describes requirements a PCMH practice must meet
- (G)(1)(g) - describes requirements a PCMH practice must meet
- (G)(1)(h) - describes requirements a PCMH practice must meet
- (G)(1)(i) - describes requirements a PCMH practice must meet
- (G)(1)(j) - describes requirements a PCMH practice must meet
- (H) - describes efficiency requirements a PCMH practice must meet.



(H) - describes efficiency requirements a PCMH practice must meet.  
"Requirement" used twice in this paragraph.

(I) - describes clinical quality requirements a PCMH practice must meet.

(J) - describes metrics a PCMH for Kids practice must meet.

(K) - describes clinical quality requirements a PCMH for Kids practice must meet.

## Rule Summary and Fiscal Analysis

### Part B - Local Governments Questions

**1. Does the rule increase costs for:**

<b>A. Public School Districts</b>	No
<b>B. County Government</b>	Yes
<b>C. Township Government</b>	Yes
<b>D. City and Village Governments</b>	Yes

**2. Please estimate the total cost, in dollars, of compliance with the rule for the affected local government(s). If you cannot give a dollar cost, explain how the local government is financially impacted.**

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3. **Is this rule the result of a federal government requirement?** No
  - A. **If yes, does this rule do more than the federal government requires?** *Not Applicable*
  - B. **If yes, what are the costs, in dollars, to the local government for the regulation that exceeds the federal government requirement?**  
  
*Not Applicable*
4. **Please provide an estimated cost of compliance for the proposed rule if it has an impact on the following:**
  - A. **Personnel Costs**

Practices newly enrolling in the Ohio CPC program may incur some costs should they need to perform additional activities to meet those required to become an effective CPC practice. Costs will vary widely based on provider size, current level of staffing, and existing relationships with other providers and networks. Many costs are expected to be administrative and in time spent training existing staff, hiring additional staff, and building relationships with other providers or networks.
  - B. **New Equipment or Other Capital Costs**

Practices newly enrolling in the Ohio CPC program may incur some costs should they need to update technology in order to perform additional activities to meet those required to become an effective CPC practice. Costs will vary widely based on provider size and current type of technology used.
  - C. **Operating Costs**

The estimated cost for an Ohio CPC practice to meet the activity requirements, clinical quality, and efficiency metrics is \$180,000. This figure was estimated by considering care coordinator costs, average primary care practitioner salary, and administrative costs for the average practice projected to participate in the Ohio CPC program. This estimate also takes into consideration the resources needed to effectively comply with the activity, clinical quality, and efficiency metrics.

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**D. Any Indirect Central Service Costs**

No new costs are expected.

**E. Other Costs**

No new costs are expected.

**5. Please explain how the local government(s) will be able to pay for the increased costs associated with the rule.**

Through participation in the Ohio CPC or Ohio CPC for Kids program, providers receive a prospective per-member per-month (PMPM) payment quarterly that helps in carrying out the required activities. Practices may also receive a total cost of care savings payment if certain quality and efficiency metrics are met.

**6. What will be the impact on economic development, if any, as the result of this rule?**

This rule is expected to have a positive impact on economic development. Participating practices would provide more efficient care, improve access for Medicaid enrolled individuals receiving care through a PCMH, and improve overall delivery of health care services provided to Medicaid enrolled individuals. This will also support independent practices that meet the eligibility criteria to participate.