PUBLIC HEARING NOTICE OHIO DEPARTMENT OF MEDICAID

DATE: August 26, 2019

TIME: 11:00am

LOCATION: Room A501, Lazarus Building

50 W Town St., Columbus, Ohio 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid gives notice of the department's intent to consider the amendment of these rules as identified below and of a public hearing thereon.

These rules maintain requirements for the Ohio Department of Medicaid's Comprehensive Primary Care (CPC) program and the CPC for Kids program. The CPC program utilizes a Patient Centered Medical Home (PCMH) model to emphasize primary care and encourage providers to deliver medical services more efficiently and economically to achieve better health outcomes for the more than 3 million Ohioans covered by Medicaid. This is a team-based care delivery model led by a primary care practitioner who comprehensively manages the health needs of individuals.

Previous versions of these rules were submitted to CSIO to implement the first program year 2017 and again in subsequent years to incorporate any yearly program updates. These rules are being proposed for amendment to reflect changes to the CPC program for the upcoming 2020 program year.

Proposed for amendment: rule 5160-1-71, "Patient centered medical homes (PCMH): Eligible providers," is being proposed for amendment to reflect proposed changes for the 2020 CPC program year . 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.

This rule will create an additional set of optional requirements, payments, and bonuses for practices that are eligible for and choose to enroll in a pediatric-focused addition to CPC called CPC for Kids. This rule adds a definition for the CPC for Kids program and

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sets forth the additional requirements participating CPC practices must meet in order to enroll under the CPC for Kids program.

This proposed rule includes two additional activity requirements, removes the generic dispensing rate efficiency metric, and replaces a quality metric. It 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.

Proposed for amendment: rule 5160-1-72, "Patient Centered Medical Homes (PCMH): payments," is being proposed for amendment to reflect proposed changes for the 2020 program year. This rule provides eligibility criteria to qualify for PCMH payments, including per-member per-month payments, as well as shared savings payments and bonus payments. This rule provides that to be eligible for a bonus payment, the CPC practice must meet all clinical quality, efficiency, and financial outcomes, and must achieve savings on its total cost of care performance. Details regarding payment calculations are included in the rule. Penalties are also stipulated should a CPC practice neglect to meet outcome requirements.

The amendment of this rule will create a payment structure specific to the CPC for Kids program established through the proposed amendments to rule 5160-1-71. This rule defines two new payment types for the CPC for Kids program participants, describes the new payments, how they will be calculated and when payment to the participating CPC practice will begin. The amendments to this rule identify specific requirements that CPC for Kids program participants must meet. It includes a provision in the penalties section of the rule indicating that a CPC practice participating in the CPC for Kids program must continue to meet clinical quality requirements. If those requirements are not met, a warning will be issued and after two consecutive warnings, CPC for Kids participant may be terminated from receiving payment.

CPC for Kids practices will be eligible to qualify for a bonus payment, to be assessed annually, based on their performance on pediatric bonus activities, including supports for children in foster care, behavioral health care linkages, school based health care linkages, transitions of care for children aging out of pediatric care, and select wellness activities including lead testing capabilities, community services and supports screening, tobacco cessation, fluoride varnish, and breastfeeding support. CPC for Kids practices will be scored for performance in each of these categories and top scorers will receive a retrospective bonus payment.

A copy of the proposed rule is available, without charge, to any person affected by the rule at the address listed below. The rule is also available on the internet at http://www.registerofohio.state.oh.us/. A public hearing on the proposed rule will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be taken at the public hearing. Written testimony submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rule and testimony on the rule should be submitted by mail to the Ohio Department of Medicaid Rule Administrator, Office of Chief Legal Counsel, 50 W. Town St., Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov. Testimony received may be reviewed at this address.