

Hearing Date: 8/26/2019

Today's Date: 9/5/2019

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-1-71, 5160-1-72

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Micheal Dalton, Vice President of Executive Projects, MetroHealth

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Hearing Report and Summary

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

MetroHealth submitted testimony expressing overall support of the changes proposed for the CPC program in 5160-1-71 and 5160-1-72. The testimony expressed support of ODM's efforts to improve the quality of care provided to children through the Ohio CPC for Kids program. MetroHealth also expressed support of the CPC program and the investment it has allowed the organization to make in their care management infrastructure.

MetroHealth suggests ODM modify the risk stratification process to allow program participants to submit supplemental data to help ensure placement in the correct risk stratification tier. The organization states it has experienced members being placed in a tier that is too low because the current methodology only uses claims data to assign the risk tier. MetroHealth argues that in these instances reimbursement is too low considering the level of effort required to provide effective care management and reduce total cost of care. The organization asks ODM to establish an "appeals process" where additional data can be submitted for purposes of changing the risk level of the individual.

Hearing Report and Summary

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s).
If no comments were incorporated, explain why not.

ODM did not consider revising the risk tiering methodology as MetroHealth suggests because the methodology currently used for risk tiering (3M CRG) has been widely tested and is broadly accepted across the industry.

The modifications suggested by MetroHealth will be difficult for ODM to operationalize as it would require significant investment in infrastructure and data analytic capacity. A provider-driven system for risk tiering would require ODM and the MCPs to have more oversight of the supplemental data submissions. ODM believes this would be costly to implement and would result in a minimal return on ODM's investment.