



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Carrie Kuruc, Director

MEMORANDUM

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Paula Steele, Common Sense Initiative

DATE: July 23, 2019

RE: **CSI Review – Patient Centered Medical Homes (PCMH): eligible providers**
Patient Centered Medical Homes (PCMH): Payments (OAC 5160-1-71 and 5160-1-72)

On behalf of Lt. Governor Jon Husted, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

This rule package consists of two amended rules proposed by the Ohio Department of Medicaid (Medicaid). This rule package was submitted to the CSI Office on June 18, 2019 and the public comment period was held open through June 25, 2019. Two parties provided comments on the draft rules.

In 2014, Medicaid received a grant from the Centers for Medicare and Medicaid Service (CMS) to implement new healthcare delivery payments that reward the value of services. Medicaid implemented the program in 2017. Both proposed rules in this rule package prescribe requirements for Medicaid's Comprehensive Primary Care (CPC) program and reflect changes in the proposed 2020 CPC program year. The CPC program is based on the patient-centered medical home (PCMH) model, emphasizing primary care delivered efficiently and economically. The program is voluntary and is led by primary care practitioners (PCPs) who manage the health care needs of Medicaid recipients.

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OAC 5160-1-71 prescribes the eligibility requirements for PCMH providers. The draft rule includes definitions, requirements for enrollment as a CPC practice, and required quality, efficiency and activity measures. To remain a CPC practice, providers must to pass multiple quality measures annually. The rule is being amended to add optional requirements for practices to be eligible in a pediatric version of CPC called “CPC for Kids” program. The CPC for Kids program is a voluntary enhancement to the PCMH program and serves children under twenty-one years of age.

OAC 5160-1-72 prescribes eligibility requirements for PCMH payments, shared saving payments and bonuses. Payment calculations are included in the rule. The rule is being amended to create a payment structure for CPC for Kids program.

During the rule development process, Medicaid gained comprehensive stakeholder feedback through multiple webinars, focus groups and listening sessions. As a result of the early stakeholder outreach, many of the suggested changes were incorporated into the proposed rules. During the CSI review period, two entities provided additional specific comments that they believe would help ensure Ohio Children receive the best possible care. Medicaid responded to each comment and committed to considering some of them in the 2021 program year. Other suggestions are addressed in the provider agreements with the plans.

According to the BIA, Medicaid’s fee-for-service, Medicaid’s managed care plans and providers who contract with Medicaid’s managed care plans; and voluntarily enroll and participate in the Ohio CPC program are impacted by the proposed rules. The CPC for Kids program metrics for participating practices are typically already performed as pediatric standard of care. No additional cost caused by the amendments is expected as the CPC for Kids program builds on the existing CPC program requirements.

Recommendations

Based on the information above, the CSI Office has no recommendations on this rule package.

Conclusion

The CSI Office concludes that the Ohio Department of Medicaid should proceed in filing the proposed rules with the Joint Committee on Agency Rule Review.