

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-19-01

Rule Type: Amendment

Rule Title/Tagline: Comprehensive primary care (CPC) program: eligible providers.

Agency Name: Ohio Department of Medicaid

Division:

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

Contact: Tommi Potter **Phone:** 614-752-3877

Email: tommi.potter@medicaid.ohio.gov

I. Rule Summary

1. **Is this a five year rule review?** Yes
 - A. **What is the rule's five year review date?** 10/17/2025
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. **Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires?** No
 - A. **If so, what is the citation to the federal law or rule?** Not Applicable
7. **What are the reasons for proposing the rule?**

This rule is being proposed for amendment to reflect changes to the CPC program for the upcoming 2026 program year.
8. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule includes definitions, identifies eligible providers and requirements for enrollment and describes the activity, efficiency, and quality metrics that must be met and the threshold of metrics that must be passed to participate in the program. It provides requirements for practices to participate as a partnership and informs the CPC entity that it may utilize reconsideration rights to challenge a decision of ODM concerning CPC enrollment or eligibility.

Proposed for amendment: Rule 5160-19-01, "Comprehensive primary care (CPC) program: eligible providers," includes definitions, identifies eligible providers and requirements for enrollment and describes the activity, efficiency, and quality metrics that must be met and the threshold of metrics that must be passed to participate in the program. It provides requirements for practices to participate as a partnership and informs the CPC entity 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 each participating CPC entity to attest to meet certain requirements set forth in the rule including population health activity requirements, participating in learning activities as determined by ODM or its designee, sharing all requested data with ODM and its contracted Medicaid managed care organizations, conducting outreach and delivering primary care services to attributed Medicaid individuals who are not current patients, and actively using an electronic health record in its clinical services.

The entity must also pass several efficiency and clinical quality requirements to participate under this rule.

For CPC entities who choose to participate in the optional CPC for Kids program, they are subject to pediatric health related requirements to be eligible for additional PMPM payments and bonuses. This rule defines the CPC for Kids program and sets forth the requirements participating CPC entities must meet to participate in the program.

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

This rule is being amended to adjust the following provisions:

- 5160-19-01(A)(1): ODM is updating the attribution definition to clarify that those not able to participate in accordance with rule 5160-1-17.2 of the Administrative Code at the time of attribution or during the prospective payment period are not eligible for payment.

- 5160-19-01(A)(3)(e): ODM is removing "Recipients attributed to other population health alternative payment models administered by ODM under Chapter 5160-19 of the Administrative Code" and adding it to paragraph (C)(1)(a) of rule 5160-19-02 under per-member-per-month (PMPM) payments to clarify that there are not dual payments being paid for one member.

- 5160-19-01(A)(5): ODM is adding the definition for "CPC entity" which may be a single practice or a practice partnership participating in CPC for clarity.
- 5160-19-01(A)(10): ODM is adding the definition for "population health management" which is an approach to maintain and improve physical and psychosocial well-being and address differences in health outcomes among communities through cost-effective, person-centered health solutions that address members' health needs in multiple settings at all points along the continuum of care.
- 5160-19-01(D): ODM is adding that CPC entities will continue to meet all of the provisions described in paragraph (F) of this rule as of January 1 of the program year to align with the required Provider Network Management module (PNM) attestation statement that providers currently attest to and removing "participate in learning activities as determined by ODM or its designee" and "attest that it will share all requested data with ODM and contracted MCOs" and moving them to paragraph (F) (12) and (F)(13) respectively for clarity.
- 5160-19-01(F): ODM is adding "population health" to "activities" to reinforce the intent of the activities.
- 5160-19-01(F)(3): ODM is updating the definition of "population health management" activities to clarify the intent of the activity which is to identify attributed Medicaid individuals in groups or segments by using practice-defined common characteristics that are in need of preventative or chronic services and outreach to schedule applicable appointments or identify additional services needed to meet the needs and improve the health of the identified group or segment of attributed Medicaid individuals.
- 5160-19-01(F)(4): ODM is removing "team-based care delivery" to reduce duplicity in the program and upon recommendation from the ODM clinical team, replacing it with "continuous quality improvement" activities in which the CPC entity will demonstrate regular and ongoing quality improvement through the use of quality improvement projects, quality goals for outcome metrics, quality improvement education for staff, quality improvement committees, or other quality improvement activities that also includes the voice of the patient and the provider to continuously improve the quality of care for attributed Medicaid individuals.
- 5160-19-01(F)(8): ODM is adding "CPC entity staff and provider" to the patient experience activity upon recommendation from the ODM clinical team so CPC entities take internal staff and provider satisfaction into account in addition to their patients'.

- 5160-19-01(F)(8)(f): ODM is replacing references to "cultural disparities" with "differences in health outcomes among communities" to align with the Medicaid Managed Care Provider Agreement effective 07/01/2025.
- 5160-19-01(F)(8)(g): ODM is adding guidance for the CPC entity upon recommendation from the ODM clinical team on gathering internal staff and provider experience feedback by using resources such as meeting minutes, surveys, or a comment box.
- 5160-19-01(F)(12) and (F)(13): ODM is adding due to moving "will participate in learning activities as determined by ODM or its designee" and "share all requested data with ODM and contracted MCOs" from paragraph (D).
- 5160-19-01(F)(14): ODM is adding this to align with the required Provider Network Management module (PNM) attestation statement that providers currently annually attest to that CPC entities are to conduct outreach and deliver primary care services to attributed Medicaid individuals who are not current patients.
- 5160-19-01(F)(15): ODM is adding the use of electronic health records to align with the Comprehensive Maternal Care (CMC) program.
- 5160-19-01(H)(13): ODM is removing "Comprehensive diabetes care; HbA1c poor control (greater than nine per cent)" and replacing it with "Glycemic status assessment for patients with diabetes" to align with measurement year (MY) 2025 Healthcare Effectiveness Data and Information Set (HEDIS) updates.
- 5160-19-01(H)(16): ODM is removing "Antidepressant medication management" and replacing it with "Follow up after emergency department (ED) visit for mental illness" to align with MY2025 HEDIS updates.
- 5160-19-01(H)(22): ODM is adding "Follow up after ED visit for substance use" upon recommendation from the ODM clinical team to align with MY2025 HEDIS updates.

9. Does the rule incorporate material by reference? Yes

10. 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 Administrative Code. This question is not applicable to any incorporation by reference

to another Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1)(d).

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 121.75(A)(1)(a).

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A)(2)(d).

- 11. 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

- 12. 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.

\$0.00

Not Applicable.

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

Not Applicable.

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). Yes**

- 15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

- 16. 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.

III. Common Sense Initiative (CSI) Questions

17. Was this rule filed with the Common Sense Initiative Office? Yes

18. 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 entity enrolled as a Medicaid provider that voluntarily chose to enroll in the CPC or CPC for Kids program, this rule required the participating entity to be licensed with 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? Yes

A CPC entity must meet all requirements found in rule 5160-19-01 of the Administrative Code. In this rule, sanctions are also stipulated should a CPC entity neglect to meet outcome metrics. If these metrics are not met, a warning letter will be issued and after two consecutive program years of these metrics not being met, the CPC entity may no longer receive payment under this rule.

This rule specifies that a CPC entity participating in the CPC for Kids program must be enrolled and meet all requirements set forth in rule 5160-19-01 of the Administrative Code. In this rule, sanctions are stipulated if those requirements are not met, a warning will be issued and after two consecutive program years of these metrics not being met, a CPC for Kids entity may no longer receive payment under this rule.

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

Upon enrollment and on an annual basis, this rule required each participating CPC entity to attest to meet certain requirements set forth in the rule including population health activity requirements, participating in learning activities as determined by ODM or its designee, sharing all requested data with ODM and its contracted Medicaid managed care organizations, conducting outreach and delivering primary care services to attributed Medicaid individuals who are not current patients, and actively using an electronic health record in its clinical services.

- 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? No**

Not applicable.

IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).

- 19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No**

- A. How many new regulatory restrictions do you propose adding to this rule?**

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?**

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.**

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).**

Not Applicable

Rule Summary and Fiscal Analysis

Part B - Local Governments Questions

1. Does the rule increase costs for:

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

Entities newly enrolled in the CPC program may incur some costs to meet the requirements described in this proposed rule. Costs vary based on provider size, level of staffing, and existing relationships with other providers and networks. Many costs are expected to be administrative (i.e., training existing staff, hiring additional staff, updating technology, providing attestations to ODM, and building relationships with other providers and 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 entities are typically already performed as part of the pediatric standard of health care, no additional costs beyond those stated for all CPC entities are expected. CPC for Kids entities may choose to perform additional activities as described in rule 5160-19-02 of the Administrative Code to be eligible to be considered for a bonus payment.

Upon enrollment and on an annual basis, this rule requires each participating CPC entity to attest to meet certain requirements set forth in the rule including population health activity requirements, participating in learning activities as determined by ODM or its designee, sharing all requested data with ODM and its contracted Medicaid managed care organizations, conducting outreach and delivering primary care services to attributed Medicaid individuals who are not current patients, and actively using an electronic health record in its clinical services.

The estimated cost for a CPC entity to complete all requirements and meet clinical quality and efficiency metrics in the voluntary CPC program varies. Many entities that choose to participate may already have the required practitioners on staff. Entities

who also participate in the Comprehensive Maternal Care (CMC) program may incur fewer costs as they have already established many of the same activities also required under the CPC program. Entities who form a partnership may combine resources and share in any costs that are incurred. Entities who already participate in value-based care models with ODM or other payers may experience fewer costs as they are likely already conducting many of the activities required in this rule. This is dependent on provider size, current baseline operations, and available resources. Most CPC entities are expected to have many of these costs already incorporated into their infrastructure, and the per-member per-month payments provided prospectively through the program are expected to offset most or all of the costs of meeting program requirements.

- 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

This proposed amendment may result in personnel costs and administrative time spent performing enrollment and attestation activities. Entities newly enrolling in the CPC program may incur some costs to meet the requirements described in this proposed rule. Costs vary widely based on provider size, level of staffing, and existing relationships with other providers and networks. Many costs are expected to be administrative (i.e., time spent training existing staff, hiring additional staff, updating technology, providing attestations to ODM, and building relationships with other providers and networks).

B. New Equipment or Other Capital Costs

Entities newly enrolling in the CPC program may incur some costs to meet the requirements described in this rule. Costs vary widely based on provider size, level of staffing, and existing relationships with other providers and networks. Many costs are expected to be administrative (i.e., time spent training existing staff, hiring additional staff, updating technology, providing attestations to ODM, and building relationships with other providers or networks).

C. Operating Costs

To be eligible for participation as a practice partnership, an eligible practice must be enrolled as a CPC entity and have at least 150 attributed Medicaid individuals or 500 attributed Medicaid individuals to participate independently. To be eligible for participation in the CPC for Kids program, the CPC entity must enroll as a CPC for Kids entity and have at least 150 attributed Medicaid individuals under age 21 as determined through claims-only data.

Entities newly enrolling in the 2026 program year are expected to complete an application during the designated enrollment period. Existing CPC entities will re-attest for the next year if they desire to continue as a CPC and/or CPC for Kids entity by completing an enrollment application during the designated enrollment period.

Entities newly enrolling in the CPC program may incur some costs to meet the requirements described in this rule. Costs vary widely based on provider size, level of staffing, and existing relationships with other providers and networks. Many costs are expected to be administrative (i.e., time spent training existing staff, hiring additional staff, updating technology, providing attestations to ODM, and building relationships with other providers or networks).

Upon enrollment and on an annual basis, this rule requires each participating CPC entity to attest to meet certain requirements set forth in the rule including population health activity requirements, participating in learning activities as determined by ODM or its designee, sharing all requested data with ODM and its contracted Medicaid managed care organizations, conducting outreach and delivering primary care services to attributed Medicaid individuals who are not current patients, and actively using an electronic health record in its clinical services.

The estimated cost for a CPC entity to complete all requirements and meet clinical quality and efficiency metrics in the voluntary CPC program vary widely. Many entities that choose to participate may already have the required practitioners on staff. Entities who also participate in the Comprehensive Maternal Care (CMC) program may incur fewer costs as they have already established many of the same activities required under the CPC program. Practice partnerships may combine resources and share in any costs that are incurred. Entities who are already participating in value-based care models with ODM or other payers may experience fewer costs as they are likely already conducting many of the activities required in this rule. This is dependent on

provider size, current baseline operations, and available resources. Most CPC entities are expected to have many of these costs already incorporated into their infrastructure and the per-member per-month payments provided prospectively through the CPC program are expected to offset most or all of the costs of meeting program requirements.

D. Any Indirect Central Service Costs

Entities newly enrolling as a CPC entity in the 2026 program year are expected to complete an application during the designated enrollment period. Existing CPC entities will re-attest for the next year if they desire to continue as a CPC and/or CPC for Kids entity by completing an enrollment application during the designated enrollment period. The act of reporting or attesting does not require monetary costs but will result in time spent to provide this information to operate as a CPC entity. CPC practice partnerships who meet criteria for CPC for Kids may opt-in to the program at the partnership level by reporting this at the time of application.

E. Other Costs

Not Applicable.

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 CPC or CPC for Kids program, entities receive a prospective per-member per-month (PMPM) payment quarterly that helps in meeting the required activities. Entities may also receive a total cost of care savings payment if certain requirements 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 entities would provide more efficient care, improve access to care, and improve overall delivery of health care services provided to Medicaid covered individuals. This will also support independent entities that meet the eligibility criteria to participate.