

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5160-19-01

**Rule Type:** Amendment

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

**Agency Name:** Ohio Department of Medicaid

**Division:**

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#### I. Rule Summary

1. **Is this a five year rule review?** No
  - 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. **What are the reasons for proposing the rule?**

The rules contained in this package are being proposed for amendment to reflect changes to the CPC program for the upcoming 2022 program year.

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

Proposed for amendment: Rule 5160-19-01, "Patient centered medical homes (PCMH): Eligible providers," is being proposed for amendment to reflect changes for the upcoming 2022 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.

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 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.

This rule is being amended to update Ohio Administrative Code (OAC) rule references, add definitions and clarifying language, remove unnecessary dated references, and correct a misspelling. The "care management plan" activity requirement is being amended and replaced with the "care coordination" activity requirement in which the PCMH will identify and close gaps in care through referrals to managed care organizations or community resources. Amendments to clinical quality requirements are proposed in this rule to remove one measure and modify the description of other measures to provide additional detail and align with industry terminology of national measures.

- 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 121.75.

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.

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

Language was added to paragraph (B)(2) to provide additional clarification on the attribution process.

## **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.

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There will be no impact on revenues or expenditures. The adoption of this proposed rule will not have a fiscal impact for ODM.

**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 to meet the requirements described in this proposed rule. 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 if needed, 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 practices are typically already performed as part of the pediatric standard of care, no additional costs beyond those stated for all CPC practices are expected. CPC for Kids practices may choose to perform additional activities as described in 5160-19-02 to position themselves to be more likely to receive a bonus payment.

Upon enrollment and on an annual basis, each CPC practice must attest that it will meet all activity requirements. All CPC practices must attest to meeting all ten activity requirements at the beginning of each program year, including CPC practices that are

re-attesting to meeting activity requirements based on their current program year enrollment.

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 are incurred. This is largely dependent on provider size, current baseline operations, and available resources.

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.**

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 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? 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? No**

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

Not Applicable

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

Not Applicable

## 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.**

Practices newly enrolling in the Ohio CPC program may incur some costs to meet the requirements described in this proposed rule. 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 if needed, updating technology, providing attestations to ODM, and building relationships with other providers and networks.

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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 are incurred. This is largely dependent on provider size, current baseline operations, and available resources.

**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 rule will result in personnel costs and the administrative time spent performing enrollment and attestation activities. Practices newly enrolling in the Ohio CPC program may incur additional costs to meet the requirements described in this rule. 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.

**B. New Equipment or Other Capital Costs**

Practices newly enrolling in the Ohio CPC program may incur some costs to meet the requirements described in this rule. 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.

**C. Operating Costs**

To be eligible for participation, an eligible practice must be enrolled as a CPC practice and have at least 150 attributed Medicaid individuals. To be eligible for participation in the CPC for Kids program, the CPC practice must enroll as a CPC for Kids practice and have at least 150 attributed Medicaid individuals under age 21 as determined through claims-only data. Practices newly enrolling as a CPC practice in the 2022 program year are expected to complete an application during the designated enrollment period. Existing CPC practices will re-attest for the next year if they desire to continue as a CPC and/or CPC for Kids practice by completing an enrollment application during the designated enrollment period.

**D. Any Indirect Central Service Costs**

Practices newly enrolling as a CPC practice in the 2021 program year have to report specific information by completing an application during the designated enrollment period. Existing CPC practices will re-attest their desire to continue as a CPC and/or CPC for Kids practice in 2021 by completing the 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 and operate as a CPC practice. CPC practice partnerships who meet the criteria for CPC for Kids may opt-in to CPC for Kids at the partnership level by reporting this specific information at the time of application.

**E. Other Costs**

No other costs.

**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 CPC practice, and improve overall delivery of health care services provided to Medicaid covered individuals. This will also support independent practices that meet the eligibility criteria to participate.