

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-19-02

Rule Type: Amendment

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

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. **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 implements the Ohio Department of Medicaid's Comprehensive Primary Care Program (CPC) and the CPC for Kids program. These programs utilize 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. The

rule contained in this package is being proposed for amendment to reflect changes to the CPC program for the upcoming 2024 program year.

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

"Comprehensive primary care (CPC) program: payments," provides eligibility criteria to qualify for CPC program payments, including per-member per-month payments (PMPMs), shared savings payments and bonus payments.

This rule outlines the payment structure and defines payment types specific to the CPC and CPC for Kids programs, describes payments, how they will be calculated and when payment to the participating CPC entity occurs. This rule identifies specific activities that CPC and CPC for Kids program participants must meet to qualify for bonus payments.

This rule sets forth the eligibility requirements to receive a CPC shared savings payment and details payment calculations.

This rule outlines the eligibility requirements for the CPC for Kids program and states that a CPC entity must be enrolled and meet all requirements set forth in rule 5160-19-01 of the Administrative Code. If those requirements are not met, a warning will be issued and after two consecutive warnings, CPC for Kids entities may no longer receive payment under this rule. CPC for Kids entities are eligible under this rule 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 oral evaluations and dental screens, an activity to be added in this rule amendment. CPC for Kids entities will be scored for performance in wellness activities and top scorers will receive a retrospective bonus payment.

"Comprehensive primary care (CPC) program: payments," is being proposed for amendment to reflect updates for the upcoming 2024 program year including removing reference to the 3M Clinical Risk Grouping software, adding mention of further detail related to program risk-adjustment on the Ohio Department of Medicaid's website, and updating the CPC for Kids bonus activities for bonus payments. "Select wellness activities, including lead testing capabilities, community services and supports screening, tobacco cessation, fluoride varnish, and breast feeding support," is being replaced by "Oral evaluation and dental services," to align with Healthcare Effectiveness Data and Information Set (HEDIS) measure definitions.

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).

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

This re-file edits 5160-19-02(C)(3)(a)(ii) to add that baseline total cost of care calculations may be adjusted mid-performance year as necessary to reflect factors such as population acuity shifts. ODM believes this is the fairest approach for providers to accurately reflect member acuity throughout the year and account for how much it costs to take care of sicker members. CPC entities that take care of sicker patients will receive larger payments, and CPC entities with less sick patients will receive less payment, because their total cost of care should be lower. These potential mid-year adjustments will help account for events such as eligibility and enrollment changes (e.g., adding or extending eligibility categories, etc.) and may impact bonus payments only. The per member per month payments will not be impacted by this change.

This re-file also clarifies in 5160-19-02(C)(1)(a) that per member per month (PMPM) payments will be calculated for each medicaid individual except for those excluded in rule 5160-19-01. The same clarification is made in (C)(2)(a) regarding the CPC for Kids program. This language clarifies that all medicaid individuals are attributed, but only one PMPM can be made at a time.

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.

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There will be no increase or decrease in revenues or expenditures in the current biennium as a result of this proposed rule.

- 13. 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. No new costs are expected for practices currently participating in the CPC and CPC for Kids programs.

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.

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.**

This rule does not impose a regulation fee.

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**

Each participating practice must enroll as a CPC entity by completing the online application and have at least 150 attributed Medicaid individuals. To be eligible

for participation in the CPC for Kids program, the CPC entity must enroll as a CPC for Kids entity by completing the online application and have at least 150 attributed Medicaid individuals under age 21 as determined through claims-only data.

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, penalties are also stipulated should a CPC entity neglect to meet outcome measures. If these measures are not met, a warning letter will be issued and after two consecutive warnings, 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. If those requirements are not met, a warning will be issued and after two consecutive warnings, 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

To be eligible to enroll for participation in the 2024 program year, a practice must report specific information as a condition of compliance. Practices newly enrolling as a CPC entity in the 2024 program year must report specific information by completing an application during the designated enrollment period and attesting that it will conduct certain activities throughout its participation. The CPC program requires entities that participated in the CPC program for the previous performance year to re-attest their desire continue as a CPC and/or CPC for Kids practice in 2024 by completing the enrollment application during the designated enrollment period.

Upon enrollment and on an annual basis, each CPC entity must report specific information and attest that it will meet all activity requirements. All CPC entities will be required to attest to completing all activities at the beginning of program year 2024, including CPC entities that are re-attesting to meeting activity requirements based on their current program year enrollment.

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

No new costs are expected for practices currently participating in the CPC and CPC for Kids programs. Practices newly enrolling in the Ohio CPC program may incur some costs. 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.

This rule identifies specific activities that CPC entities have to meet to qualify for bonus payments. CPC for Kids entities are eligible under this rule 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 entities will be scored for performance in each of these categories and top scorers will receive a retrospective bonus payment.

There are no additional expected adverse impacts in terms of dollars as a result of this rule. Participation in the CPC program is voluntary and this rule would impose no additional costs on primary care providers that deliver services under authorities the of §1905(t), §1905(a)(25) and §1905(t)(3) of the Social Security Act. CPC entities receive per-member-per month payments to support the CPC entity in comprehensively managing a patient's health needs and provides the CPC entities with the opportunity to share savings in the total cost of care if they meet the program requirements.

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.

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 exiting 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 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 a CPC entity to complete activity requirements and meet clinical quality measures in the voluntary CPC program will vary widely. Many entities that choose to participate may already have the required practitioners on staff. Entities who also participate in the Ohio 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. Practices who form a partnership to participate as a CPC entity 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 largely 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 practice 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.

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 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 some costs to meet the requirements described in this proposed rule. Costs will vary widely based on provider size, current level of staffing, and exiting 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.
 - 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 entity and have at least 150 attributed Medicaid individuals. To be eligible for participation in the CPC for Kids program, the CPC entity 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 entity in the 2024 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.

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The estimated cost for a CPC entity to complete activity requirements and meet clinical quality measures in the voluntary CPC program will vary widely. Many entities that choose to participate may already have the required practitioners on staff. Entities who also participate in the Ohio 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. Practices who form a partnership to participate as a CPC entity 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 largely 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 practice 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

Practices newly enrolling as a CPC entity in the 2024 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 and operate as a CPC entity. CPC entity partnerships who meet 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 entities would provide more efficient care, improve access for Medicaid enrolled individuals receiving care through a CPC entity, 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.