Hearing Summary Report

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Hearing Date: 10/3/2022 Today's Date: 10/14/2022

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-19-01, 5160-19-02

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. Adam Keating, MD, Cleveland Clinic: OAC 5160-19-01(H)(20)
2. Kelly Shank, APRN, ANP-C, Ohio Association of Advance Practice Nurses (OAAPN): 5160-19-01 (C)(2)
3. Randall Wexler, MD, MPH, The Ohio State University Wexner Medical Center (OSUWMC): OAC 5160-19-01 and OAC 5160-19-02
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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).

The following comments were received as written testimony for Administrative Code rules 5160-19-01, "Comprehensive primary care (CPC) program: eligible providers" and 5160-19-02, "Comprehensive primary care (CPC) program: payments."

Dr. Keating commented on the draft amendment for OAC 5160-19-01 (H)(20). Dr. Keating has requested ODM designates the program performance metric "Well visits for members who are eighteen to twenty-one years of age" to be designated as an observation measure in its introductory year so a baseline measurement may be determined before setting a target value.

Ms. Shank commented on the draft amendment for OAC 5160-19-01 (C)(2). Ms. Shank has requested the addition of "Advanced Practice Registered Nurses excluding Cerified Registered Nurse Anesthesists"to the list of eligible providers, citing section 4723.01 of the Revised Code. This addition would add certified nurse-midwives (CNMs) as eligible providers along with clinical nurse specialists and certified nurse practitioners who are already eligible to participate in the CPC program. Ms. Shank noted that these three types of APRNs may own their own practices separate from physicin practices according to their scope of practice in the state of Ohio. She continued, mentioning these three provider types currently contract with and are already reimbursed by Ohio Medicaid. Additionally, Ms. Shank has requested alignment of 5160-19-01 (C)(2) to reflect the existing language in 5160-19-01 (D)(2), by removing the lisiting our each individual provider type, and instead note "Advanced Practice Registered Nurses excluding Certified Registered Nurse Anesthesists as defined in section 4723.01 of the Revised Code." Ms. Shank shared concern regarding the healthcare professional workforce and supports this change in rule to allow all professionals to practice at the top of their licenses.

Dr. Wexler commented on the draft amendment for OAC 5160-19-01 and OAC 5160-19-02. Dr. Wexler has requested adding geographic boundaries for attributing patients to a given practice, providing a further definition of what claims or other data are used in attribution, and creating a formal process for appealing attributions should CPC entities request an appeal. Dr. Wexler is concerned some attributed patients are not normally seen by the entity on a regular basis prior to attribution and feels as though OSUWMC cannot make any impact on the measures they are to be held accountable for. Dr. Wexler also requested changing the OAC rule 5160-19-02 3M clinical risk grouping methodology to HCC coding to calculate prospective risk-adjusted payments for each attributed individual, citing other Medicare and commercial payment programs are using HCC coding and aligning the attribution methods across payers would positively impact efficiency.

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.

At this time, ODM does not plan to designate the program performance metric "Well visits for members who are eighteen to twenty-one years of age" as an observation measure. ODM is cognizant of the challenges providers face in meeting metrics that haven't yet been well established, and therefore we have set the thresholds for all measures fairly low. ODM included these measures in the Measurement Year (MY) 2020 data that was run to set the MY 2022 benchmarks. ODM recognizes the difficulty in getting this older adolescent population in to the office for well checks, however, we remain committed to the importance of ensuring the health of 18-21 year-olds with Medicaid coverage and the role trusted providers can play in discussing topics such as immunizations, sexual health, and drug and alcohol use with patients in their cohort.

Additionally, ODM recognizes and supports all providers practicing at the top of their licenses, including Certified Nurse Midwives (CNMs) providing primary care. However, ODM is currently working through major system updates bringing forth a new provider network module and a new fiscal intermediary. Adding new providers to these systems takes a great effort that cannot possibly be completed by the start of this 2023 program year. ODM will consider adding CNMs next year to further support the nursing workforce and allow CNMs to practice at the top of their licenses.

Finally, ODM will continue using the 3M clinical risk grouping methodology and not move forward with the HCC coding methodology as Dr. Wexler recommended. Ohio's CPC attribution methodology is based on and aligned with CMS' former CPC+ attribution methodology, and uses similar claims, lookback periods, and patient choice hierarchies. Ohio's attribution begins with patient choice, where patients can express to ODM or their managed care plan which provider they prefer as their primary care home. Next, we use claims-based attribution, and describe which claims are being used and how they are being used in determining a primary care provider here in ODM's Primary Care Provider Data Submission Specifications. Lastly, if we have no choice indicated by a member and no claims on behalf of a member that meet our criteria, we resort to using location to attribute a member. Because of the geographic diversity of Ohio's landscape, we use ArcGIS to determine best matches based on service locations of the closest providers meeting our primary care provider criteria and in alignment with our provider network adequacy rules. Members in urban areas such as Columbus and Franklin County have more options, and therefore get attributed to a wider variety of primary care providers than members in other parts of the state like in Northwest Ohio and Appalachian counties. The vast majority of our eligible members in CPC are enrolled in managed care plans, and because managed care plans attribute their own members to primary care entities, we encourage CPC entities to reach out to specific managed care plans with whom they see greatest opportunity for improving attribution to work through options of how to update attribution information.