



## Common Sense Initiative

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Carrie Kuruc**, Director

### MEMORANDUM

**TO:** Tommi Potter, Ohio Department of Medicaid

**FROM:** Ethan Wittkorn, Regulatory Policy Advocate

**DATE:** July 28, 2020

**RE:** CSI Review – Comprehensive Primary Care (CPC) Program (OAC 5160-1-71, 5160-1-72, 5160-19-01, and 5160-19-02)

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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This Ohio Department of Medicaid (Department) rule package consists of two rescinded and four new rules. It was submitted to the CSI Office on June 23, 2020, and the public comment period was open through June 30, 2020. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on June 23, 2020.

The rules proposed in this package implement requirements of the Comprehensive Primary Care Program (CPC). These programs benefit Ohio's Medicaid recipients by utilizing a Patient Centered Medical Home (PCMH) model to boost primary care while encouraging providers to more thoughtfully deliver services to achieve better outcomes. The Department proposes to rescind the rules and adopt them as new to make necessary updates for the 2021 program year. In an attempt to streamline operations, the Department has moved rules related to alternative payment models to OAC Chapter 5160-19. OAC 5160-1-71 is proposed for rescission with its contents included in new rule 5160-19-01. Changes to the content include modified language to comply with ORC 121.95, removal of the ability for practices to enroll as a PCMH if they participated during the 2017 program year and fail to meet minimum attributed member thresholds of the rule, minimizing screening

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requirements to determine patients in need of community services and supports, modifying screening requirements to include identification of need for behavioral health services, and removing efficiency and clinical quality measures to qualify for shared savings programs to account for the COVID-19 pandemic. Furthermore, OAC 5160-1-72 is being rescinded and its contents moved to new rule 5160-19-02, with the exception of modification to meet ORC 121.95 requirements, the suspension of certain programs to address challenges of the COVID-19 pandemic, and the removal of a disenrollment potential for not meeting certain efficiency and quality measures.

The Department states that the proposed rules were developed with the input of stakeholders, including current CPC providers, health care associations, and managed care plans, and that stakeholders were overall supportive of the proposed changes. During the period of early stakeholder outreach, the Department held onsite meetings, one on one calls, webinars, and surveys with stakeholders to develop the rules. Two comments were received during the CSI public comment period from United HealthCare and MetroHealth. The comments expressed concerns regarding proposed changes to the use of screening to identify patients in need of community services and supports, and concerns regarding how the COVID-19 pandemic may affect the performance and quality measures used in the CPC. No changes were made as a result of these comments, but the Department stated that they will continue to monitor the pandemic's impact on the programs.

Impacted communities include providers enrolled in the Medicaid fee-for-service program, Medicaid managed care plans, and providers that contract with managed care plans that chose to participate in these programs. The Department notes that the CPC is voluntary and only those that choose to enroll will be impacted by the rules. Also, the Department notes that updates to the rules requiring practices that participated in 2017 but do not meet minimum member attribution thresholds are not eligible for the program in 2021, but can qualify in the future if attribution thresholds are met. Potential adverse impacts of the rule include reporting requirements of applicable documents that attest that a practice met all activity requirements of the rules, the completion of applications, and having at least 150 attributed Medicaid individuals to enroll as a CPC practice. The same standards are required for eligibility in the CPC for Kids program with the difference that attributed individuals must be under the age of 21. Additional impacts include following correct payment calculations, potential penalties for failure to meet outcome measures, and the requirement that a practice meet at least 50% of the applicable metrics for clinical quality, efficiency, and applicable pediatric metrics for CPC for Kids on a yearly basis or during a performance period. The Department states that the rules are necessary to achieve better health outcomes and cost savings, as well as to incentivize providers to deliver quality care efficiently.

## **Recommendations**

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

### **Conclusion**

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