



Common Sense Initiative

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

Joseph Baker, *Director*

MEMORANDUM

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Caleb White, Business Advocate

DATE: September 16, 2024

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

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 Department as provided for in ORC 107.54.

Analysis

This rule package consists of two amended rules proposed by the Ohio Department of Medicaid (ODM). This rule package was submitted to the CSI Office on July 25, 2024, and the public comment period was held open through August 1, 2024. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on July 25, 2024.

This rules in this package implements the Comprehensive Primary Care (CPC) and CPC for Kids programs. Administrative Code (OAC) 5160-19-01 establishes the definitions and governs the eligibility of providers for the CPC and CPC for Kids programs. This rule establishes which providers are eligible for the programs, who can provide the primary care activities or services in the programs, requirements providers must meet to participate in the programs, as well as activity, efficiency, and quality benchmarks that providers must meet to continue to be enrolled in the programs. This rule is amended to add certified nurse midwives to the list of who can provide CPC activities and services, clarify that CPC providers must attest they will provide twenty-four-seven and same-day access to a primary care physician, and reduce the timelines in which the staff of CPC entities must provide

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cultural competency training for its employees from twelve to six months within program enrollment and annually after and from ninety days of a new employees start date to thirty days of their start date. This rule is also amended to add well visits to CPC members who are fifteen to thirty months of age to the CPC clinical quality metrics and to add well visits to CPC members who are fifteen to thirty months of age and oral evaluation and dental services to the CPC for Kids clinical quality metrics. In addition to these more substantive changes, this rule is also amended streamline language. OAC 5160-19-02 establishes the criteria providers must meet to qualify for CPC and CPC for Kids program payments. This rule is amended to clarify that CPC shared savings payments are to reward total cost of care savings, clarify that the quality, efficiency, and financial outcomes outlined in OAC 5160-19-01 must be met for a provider to be eligible for CPC shared savings payments, make the payment condition requirements also applicable to program participation, and change the program participation and payment termination trigger from two consecutive warnings to two consecutive years of a metric not being met for both the CPC and CPC for Kids programs.

During early stakeholder outreach, ODM held a series of meetings and webinars with stakeholders between June of 2023 and April of 2024 to discuss updates to the CPC and CPC for Kids Programs. ODM also emailed the rule updates to all Managed Care plans for feedback. The feedback obtained during this period was overall supportive. ODM did receive several questions related to activity requirements and bonus activities specifically focused on the same day access to care requirement in OAC 5160-19-01 and adding oral evaluation and dental services as a bonus activity in OAC 5160-19-02 for the CPC for Kids program ODM responded to these comments by clarifying that the updated same day access to care requirement in OAC 5160-19-01 does not change the intent of the rule and that ODM does not have any concerns about CPC entities being able to meet this requirement. ODM also responded that the oral evaluation and dental services bonus activity does not add the expectation that CPC entities must provide dental services within their primary care practice but instead reinforce the importance of dental evaluations and suggested that providers support a referral system for dental services. No comments were received during the CSI public comment period.

The business community impacted by the rules includes providers enrolled in Ohio's Medicaid fee-for service program, Medicaid managed care plans, and providers who contract with Medicaid managed care plans that have elected to enroll in the CPC and CPC for Kids programs. The adverse impacts created by the rules include by the rules include completing an application to participate in the program, preparing and submitting informational reports, and the requirement to meet certain metrics to qualify for payments. If a provider fails to meet these requirements, they will not receive payments. ODM notes that participation in both the CPC and CPC for Kids programs are voluntary and only providers that choose to enroll in these programs are impacted by these rules. ODM states that the adverse impacts to business are justified to achieve better health outcomes and cost savings through improvement and encourage Medicaid providers to deliver quality care more efficiently and

economically.

Recommendations

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

Conclusion

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