



Common Sense Initiative

Mike DeWine, Governor
Jon Husted, Lt. Governor

Sean McCullough, Director

MEMORANDUM

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Jacob Ritzenthaler, Business Advocate

DATE: August 26, 2022

RE: **CSI Review – Comprehensive Primary Care (OAC 5160-19-01 ad 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 6, 2022, and the public comment period was held open through July 13, 2022. Unless otherwise noted below, this recommendation reflects the version of the proposed rules filed with the CSI Office on July 6, 2022.

Ohio Administrative Code (OAC) 5160-19-01 establishes provider eligibility requirements for the Comprehensive Primary Care (CPC) Program, which is replacing the previous Patient-Centered Medical Homes (PCMH) Program, as well as the CPC for Kids program. The rule includes lists of eligible providers, attestations the provider is required to make regarding the completion of activities, and efficiency and clinical quality metrics. The rule is amended to add recipients attributed to other population health alternative payment models administered by ODM to the list of attributed Medicaid individuals, introduce well visits for program members between 18 and 21 years of age, and to revise the rule language to replace instances of "PCMH" with "CPC" where appropriate. OAC 5160-19-02 concerns CPC program payments and is amended to update rule language to reflect the new title of the program and to remove certain outdated time-based requirements.

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During early stakeholder outreach, ODM conducted numerous meetings with industry stakeholders, including hospitals and medical providers, health organizations and professional associations, and government agencies. During that time, ODM received input from stakeholders that prompted amendments to remove language concerning previous program years. ODM did not make changes based on suggestions to include some operational requirements within the rule language, stating that these details are typically included in ODM program materials. ODM received one comment during the CSI public comment period, which requested clarification regarding managed care organizations excluding individuals attributed to other population health alternative payment models, which ODM provided.

The business community impacted by these rules includes Medicaid fee-for-service program providers, managed care plans, and providers contracted with managed care plans. The adverse impacts created by the rules include application for participation in the program, reporting on activity completion, and complying with requirements for activity completion. If a CPC entity does not complete outcome measures according to rule requirements, the entity will cease to receive payment through the program. ODM states that the adverse impacts are necessary to help increase access to primary and preventative care through incentivized payments to providers for good performance.

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