

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: 10/3/2022

TIME: 11:00 am EST

Teleconference Dial-in Phone Number: 1-613-721-2972

Teleconference Pin: 351732837#

Link to Microsoft Teams Meeting for Hearing: [Click here to join the meeting.](#)

In-Person Location: 50 W. Town Street, Suite 400, Room A501, Columbus, Ohio 43215-3414

Pursuant to Chapter 119. and section 5164.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the amendment of rules identified below and of a public hearing thereon.

These rules implement 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. This is a team-based care delivery model led by a primary care practitioner who comprehensively manages the health needs of individuals.

These rules were initially submitted to CSIO to implement the first program year 2017 and again in subsequent years to incorporate any yearly program updates. These rules were moved from Chapter 5160-1 to Chapter 5160-19 of the Ohio Administrative Code (OAC) in 2020. The rules contained in this package are being proposed for amendment to reflect changes to the CPC program for the upcoming 2023 program year.

Proposed for amendment: Rule 5160-19-01, "Patient centered medical homes (PCMH): Eligible providers," is being proposed for amendment to reflect changes for the upcoming 2023 program year. This rule provides definitional information, identifies eligible entities and requirements for enrollment as a CPC entity, and describes the activity, efficiency, and quality measures including the performance thresholds that must be met. It provides requirements for group practices who participate as a partnership and informs the CPC entity that it may utilize reconsideration rights to challenge a decision of ODM concerning CPC enrollment or eligibility.

Upon enrollment and on an annual basis, this rule requires that each participating CPC entity attest that it will meet the activity requirements set forth in the rule. The CPC entity must also pass a number of efficiency and clinical quality requirements on an annual basis to continue participation under this rule.

For CPC entities who choose to participate in the optional CPC for Kids program, they will be subject to additional requirements and be eligible for additional payments and bonuses under the CPC for Kids program. This rule defines the CPC for Kids program and sets forth the additional requirements participating CPC entities must meet to enroll under the CPC for Kids program.

This rule provides clinical quality requirements specific to the CPC for Kids program and the threshold of metrics that must be passed annually to continue participation in the CPC for Kids program.

This rule is being amended to update terminology from “PCMH” to “CPC entity” to align with the program name, modify the terminology used for clinical quality metrics to align with Healthcare Effectiveness Data and Information Set (HEDIS) measure definitions. The attribution exceptions have been expanded to also exempt recipients attributed to other population health alternative payment models administered by ODM.

Proposed for amendment: Rule 5160-19-02, “Patient Centered Medical Homes (PCMH): Payments,” is being proposed for amendment to reflect updates for the upcoming 2023 program year, remove unnecessary language referencing the 2020 program year, and update terminology from “PCMH” to “CPC entity” to align with the program name. This rule 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 select wellness activities. CPC for Kids entities will be scored for performance in wellness activities and top scorers will receive a retrospective bonus payment.

ODM will hold the public hearing for this rule package via teleconference and in-person. All in-person attendees are required to follow Lazarus building COVID-19 safety protocols when inside the ODM office. ODM will not require masks for individuals entering the building.

However, visitors are welcome to wear masks if that is their preference. Masks are encouraged if visitors are not up to date with vaccine and boosters, have an immune disorder, or chronic medical condition(s). ODM encourages social distancing in all areas of the office. The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), and link for teleconference attendance, and location for in-person attendance.

All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to Rules@medicaid.ohio.gov no later than one hour before the hearing to be added to the witness list. Those attending in person can be added to the witness list at the hearing. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted in-person, by e-mail, postal mail, or fax that are received or

postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent by e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of the proposed rules are available, without charge, to any person at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at Rules@Medicaid.Ohio.gov.

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three (3) business days prior to the scheduled hearing. If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).