

**PUBLIC
HEARING
NOTICE OHIO
DEPARTMENT
OF MEDICAID**

DATE: 10/28/2024

TIME: 11:00 a.m.

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin: 683822438#

Link to Microsoft Teams Meeting for Hearing: **[Join the meeting now](#)**

In-Person Location: Ohio Department of Medicaid, 50 W. Town Street,
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 the rule identified below and of a public hearing thereon.

OAC Rule 5160-19-03: Comprehensive maternal care (CMC) program is a maternal and infant support program which utilizes a comprehensive care coordination and service model incorporating supportive services for expectant and postpartum mothers, particularly those with a high risk of adverse outcomes. The CMC program is a team-based care delivery model led by a CMC entity who is responsible for comprehensively managing the health needs of pregnant and postpartum individuals and ensuring that their infants are receiving appropriate pediatric care. This program is similar to the Ohio Comprehensive Primary Care (CPC) however, it targets a different population of Medicaid covered individuals. Participation is voluntary for eligible Ohio Medicaid providers and for eligible Medicaid covered individuals.

This rule provides definitional information and identifies eligible entities and requirements for enrollment as a CMC entity. It describes the activity requirements that the CMC entity is responsible for conducting and the quality measures the CMC entity is responsible for meeting. This rule informs the CMC entity of penalties that may be enforced by ODM, and that the CMC entity may utilize reconsideration rights to challenge a decision of ODM concerning CMC program enrollment or eligibility.

This rule indicates that, at the time of application, the CMC entity will attest that it will conduct certain activities throughout its participation. The CMC entity will attest that it will perform the activities identified in the rule and have at least one practitioner from the following categories on staff or contracted with the entity: a practitioner with prescribing authority, a registered nurse (RN) or licensed practical nurse (LPN), and a case manager. The CMC entity will also attest that it will demonstrate organizational commitment to integration of physical and behavioral health care, integrate services of community resources and other practitioners, conduct cultural competency activities, ensure appropriate actions are taken to protect the safety and

confidentiality of attributed medicaid individuals, establish a patient and family advisory council (PFAC), participate in learning activities, review quarterly reports, implement and actively use an electronic health record (EHR), have the ability to submit prescriptions electronically, and have the ability to share, receive, and use electronic data from a variety of sources.

This rule states the CMC entity will attest at time of enrollment and annually thereafter that it will conduct the following activity requirements for its attributed Medicaid individuals: risk stratification, enhanced access, patient engagement, team-based care delivery, care management plan, patient experience, follow-up after hospital discharge, community integration, population health management, and PRAF submission.

This rule states the participating CMC entity is responsible for passing clinical quality requirements which will be evaluated at the end of each performance period.

The CMC practice is eligible to receive a per-member per-month (PMPM) payment and based on performance, may qualify for additional quality and health equity add-on payments. The PMPM payment is prospective and will be calculated for each attributed Medicaid individual utilizing two risk tiers with varying PMPM payments. The quality add-on payment will be made after each performance year to CMC practices who meet quality add-on payment requirements.

This rule is being amended to adjust the following provisions:

- 5160-19-03(C)(9): ODM is removing specific time constraints for CMC entities to review reports. CMC entities will be responsible for reviewing various reports as specified by ODM.
- 5160-19-03(D)(2)(a)(i): ODM is removing progesterone eligibility from CMC program attribution. This change will better align program attribution with the Pregnancy Risk Assessment Form (PRAF).
- 5160-19-03(E)(8)(d): ODM is adding language to allow doulas to participate in patient care when requested. ODM recognizes the value doulas can provide medicaid individuals from the prenatal through postpartum periods.
- 5160-19-03(F)(7): ODM is adding maternal behavioral health screenings (i.e., depression, anxiety, substance use disorder, etc.) to the CMC clinical quality measures. ODM recognizes the impact of maternal mental health on maternal mortality and is committed to ensuring medicaid individuals in the CMC program have access to high quality mental health services.
- 5160-19-03(H)(2): ODM updated this language to align CMC penalties with the Comprehensive Primary Care program penalty provision. If provisions are not met within a program year, a warning will be issued. This language clarifies that after two consecutive program years of a metric not being met, payment under this rule will be terminated.

ODM will hold the public hearing for this rule package via teleconference and in-person. ODM will not require masks for individuals attending in person. However, visitors are welcome to wear masks if that is their preference. 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 rule is available, without charge, to any person at the address listed below. The rule is also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rule or comments on the rule 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 no later than 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](#).