

**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 rules identified below and of a public hearing thereon.

**Proposed for amendment: Rule 5160-19-01, "Comprehensive primary care (CPC) program: eligible providers,"** includes 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 adjust the following provisions:

- 5160-19-01(A)(3)(e): ODM is removing specific reference of the Comprehensive Maternal Care program in the list of alternative payment models for clarity.
- 5160-19-01(C)(2): ODM is adding “certified nurse midwife” to the list of CPC eligible providers in to allow appropriate nursing providers to practice at the top of their license.
- 5160-19-01(F)(1)(b): ODM is adding clarification to this paragraph, noting that providers need to be able to provide twenty-four-seven and same-day access to a Primary Care Physician (PCP), rather than only have the capability to connect a patient to a PCP within 24 hours on initial request. ODM is making this change to better align with CPC reporting and improve access to primary care.
- 5160-19-01(F)(8)(b) and (c): ODM is modifying 5160-19-01(F)(8)(b) and 5160-19-01(F)(8)(c) to ensure all staff who provide direct care or otherwise interact with medicaid individuals to complete cultural competency training within six months of program enrollment and annually thereafter instead of within twelve months of enrollment, and to ensure any new staff who provide direct care or otherwise interact with attributed medicaid individuals complete cultural competency training within thirty days of their start date, respectively. These modifications better align cultural competency training timeliness requirements of the CPC program with the Comprehensive Maternal Care (CMC) program outlined in 5160-19-03: “Comprehensive maternal care program.”
- 5160-19-01(H) and (I): ODM is modifying the terminology used for clinical quality metrics to align with Healthcare Effectiveness Data and Information Set (HEDIS) measure definitions. HEDIS measure “Well-child visits for ages 15-30 months” is being added as a clinical quality metric to 5160-19-01(H) and (I), for both the CPC and CPC for Kids programs. New HEDIS measure “Oral evaluation, dental services” is being added as a payment metric in 5160-19-01(I) for the CPC for Kids program only.

**Proposed for amendment: Rule 5160-19-02, “Comprehensive primary care (CPC) program: payments.”** 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 oral evaluations and dental screens. CPC for Kinds will be scored for performance in wellness activities and top scorers will receive a retrospective bonus payment.

This rule is being proposed for amendment to reflect updates for the upcoming 2025 program year including:

- 5160-19-02(C)(3): ODM is clarifying the shared savings payment exists to reward total cost of care savings, and adding language that a CPC entity has to meet quality, efficiency, and financial outcomes in order to be eligible for the shared savings payment.
- 5160-19-02(D)(2) and (3): ODM is clarifying that provider participation in the program will also be terminated too, not just payment, when program metrics are not met in both the CPC and CPC for Kids programs.

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](mailto: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](mailto: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](mailto: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](#).