

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: 11/17/2025

TIME: 10:30 a.m.

Teleconference Dial-in Phone Number 614-721-2972

Teleconference Pin 591777391#

[Link to Microsoft Teams Meeting for Hearing](#)

In-Person Location Ohio Department of Medicaid, 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 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 practices to 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 each participating CPC entity to attest to meet certain requirements set forth in the rule including population health activity requirements, participating in learning activities as determined by ODM or its designee, sharing all requested data with ODM and its contracted Medicaid managed care organizations, conducting outreach and delivering primary care services to attributed Medicaid individuals who are not current patients, and actively using an electronic health record in its clinical services. 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)(1): ODM is updating the attribution definition to clarify that those not able to participate in accordance with rule 5160-1-17.2 of the Administrative Code at the time of attribution or during the prospective payment period are not eligible for payment.

- 5160-19-01(A)(3)(e): ODM is removing “Recipients attributed to other population health alternative payment models administered by ODM under Chapter 5160-19 of the Administrative Code” and adding it to paragraph (C)(1)(a) of rule 5160-19-02 under per-member-per-month (PMPM) payments to clarify that there are not dual payments being paid for one member.
- 5160-19-01(A)(5): ODM is adding the definition for “CPC entity” which may be a single practice or a practice partnership participating in CPC for clarity.
- 5160-19-01(A)(10): ODM is adding the definition for “population health management” which is an approach to maintain and improve physical and psychosocial well-being and address differences in health outcomes among communities through cost-effective, person-centered health solutions that address members' health needs in multiple settings at all points along the continuum of care.
- 5160-19-01(D): ODM is adding that CPC entities will continue to meet all of the provisions described in paragraph (F) of this rule as of January 1 of the program year to align with the required Provider Network Management module (PNM) attestation statement that providers currently attest to and removing “participate in learning activities as determined by ODM or its designee” and “attest that it will share all requested data with ODM and contracted MCOs” and moving them to paragraph (F)(12) and (F)(13) respectively for clarity.
- 5160-19-01(F): ODM is adding “population health” to “activities” to reinforce the intent of the activities.
- 5160-19-01(F)(3): ODM is updating the definition of “population health management” activities to clarify the intent of the activity which is to identify attributed Medicaid individuals in groups or segments by using practice-defined common characteristics that are in need of preventative or chronic services and outreach to schedule applicable appointments or identify additional services needed to meet the needs and improve the health of the identified group or segment of attributed Medicaid individuals.
- 5160-19-01(F)(4): ODM is removing “team-based care delivery” to reduce duplicity in the program and upon recommendation from the ODM clinical team, replacing it with “continuous quality improvement” activities in which the CPC entity will demonstrate regular and ongoing quality improvement through the use of quality improvement projects, quality goals for outcome metrics, quality improvement education for staff, quality improvement committees, or other quality improvement activities that also includes the voice of the patient and the provider to continuously improve the quality of care for attributed Medicaid individuals.
- 5160-19-01(F)(8): ODM is adding “CPC entity staff and provider” to the patient experience activity upon recommendation from the ODM clinical team so CPC entities take internal staff and provider satisfaction into account in addition to their patients’.
- 5160-19-01(F)(8)(f): ODM is replacing references to “cultural disparities” with “differences in health outcomes among communities” to align with the Medicaid Managed Care Provider Agreement effective 07/01/2025.
- 5160-19-01(F)(8)(g): ODM is adding guidance for the CPC entity upon recommendation from the ODM clinical team on gathering internal staff and provider experience feedback by using resources such as meeting minutes, surveys, or a comment box.

- 5160-19-01(F)(12) and (F)(13): ODM is adding due to moving “will participate in learning activities as determined by ODM or its designee” and “share all requested data with ODM and contracted MCOs” from paragraph (D).
- 5160-19-01(F)(14): ODM is adding this to align with the required Provider Network Management module (PNM) attestation statement that providers currently annually attest to that CPC entities are to conduct outreach and deliver primary care services to attributed Medicaid individuals who are not current patients.
- 5160-19-01(F)(15): ODM is adding the use of electronic health records to align with the Comprehensive Maternal Care (CMC) program.
- 5160-19-01(H)(13): ODM is removing “Comprehensive diabetes care; HbA1c poor control (greater than nine per cent)” and replacing it with “Glycemic status assessment for patients with diabetes” to align with measure year (MY) 2025 Healthcare Effectiveness Data and Information Set (HEDIS) updates.
- 5160-19-01(H)(16): ODM is removing “Antidepressant medication management” and replacing it with “Follow up after emergency department (ED) visit for mental illness” to align with MY2025 HEDIS updates.
- 5160-19-01(H)(22): ODM is adding “Follow up after ED visit for substance use” upon recommendation from the ODM clinical team to align with MY2025 HEDIS updates.

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 years of this not being met, 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 evaluation, dental services. CPC for Kids will be scored for performance and top scorers will receive a retrospective bonus payment.

This rule is being proposed for amendment to reflect updates for the upcoming 2026 program year including:

- 5160-19-02(C)(1)(a): ODM is adding an exception to CPC PMPM payments for individuals attributed to other population health alternative payment models administered by ODM under Chapter 5160-19 of the Administrative Code to align with system functionality and to prevent dual payments for one Medicaid individual.

- 5160-19-02(C)(3)(a)(iii)(d): ODM is updating the expenditure outlier determination definition to align with the Chronic Illness and Disability Payment System plus prescriptions (CDPS+Rx) risk scoring system that is currently being used to determine patient health risk in the program.
- 5160-19-02(D)(4): ODM is adding that ODM can take payments back from a CPC entity if it is discovered that they have failed to meet other program provisions defined in rule 5160-19-01 of the Administrative Code.

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 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, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, 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 or Section 1557 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](#).