

Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 16, 2025

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) 25-0002

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This amendment updates Ohio's Comprehensive Primary Care (CPC) and CPC for Kids Programs under the state plan for program year 2025.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 25-0002 was approved on May 16, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Robert Bromwell, CMCS
Angela Cimino, CMCS
Justin Myrowitz, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 2

2. STATE

OH3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Sections 1905(a)(25) and 1905(t) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 25b, pages 1, 2, and 3.

Attachment 4.19-B, Item 25b, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Item 25b, page 1 and 3 (TN-23-043)

Attachment 3.1-A, Item 25b, page 2 (TN-22-037)

Attachment 4.19-B, Item 25b, page 1 (TN-23-043)

9. SUBJECT OF AMENDMENT

Comprehensive Primary Care (CPC) and CPC for Kids program year 2025 updates

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

The State Medicaid Director is the Governor's designee

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

MAUREEN M. CORCORAN

13. TITLE

STATE MEDICAID DIRECTOR

14. DATE SUBMITTED

February 24, 2025

15. RETURN TO

Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218

FOR CMS USE ONLY

16. DATE RECEIVED

February 24, 2025

17. DATE APPROVED

May 16, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Comprehensive Primary Care (CPC). The Ohio Comprehensive Primary Care (CPC) program is Ohio's patient-centered medical home (PCMH) program.

Key definitions:

- A **Patient Centered Medical Home (PCMH)** is a team-based care delivery model led by primary care practitioners (PCPs) who comprehensively manage the health needs of individuals. Provider enrollment in the Ohio Department of Medicaid (ODM) PCMH program, known as the Comprehensive Primary Care (CPC) Program is voluntary. A CPC entity may be a single practice or a practice partnership.
- The **CPC for Kids** program is a voluntary enhancement to the CPC program focused on pediatric members under twenty-one years of age.
- A **Practice Partnership** is a group of practices participating as a CPC entity whose performance will be evaluated as a whole. The practice partnership must meet the following requirements: a) each member practice must have an active Medicaid provider agreement; b) each member practice must have a minimum of 150 attributed Medicaid individuals determined using claims-only data; c) member practices must have a combined total of 500 or more attributed individuals determined using claims-only data at each attribution period; d) member practices must have a single designated convener that has participated as a CPC entity for at least one year; e) each member practice must acknowledge to ODM its participation in the partnership; and f) each member practice must agree that summary-level practice information will be shared by ODM among entities within the partnership.
- A **Convener** is the practice responsible for acting as the point of contact for ODM and the entities that form a practice partnership.
- A **Member Practice** is any practice participating in a practice partnership.

CPC entities that have enrolled in the CPC program provide primary care case management services under authorities of §1905(t) and 1905(a)(25) of the Social Security Act, which includes location, coordination, and monitoring of health care services. The State assures that it will comply with the applicable beneficiary protections in §1905(t)(3) as described below, including providing for reasonable and adequate hours of operation, including 24-hour availability of information, referral, and treatment with respect to medical emergencies. CPC entities enroll in the CPC program to receive per-member-per-month payments (PMPM) for meeting the CPC entity characteristics and to share savings in the total cost of care for certain services.

Program Goals

The CPC model emphasizes primary care and is intended to improve healthcare outcomes and reduce growth in total cost of care over time. An enrolled CPC entity will receive PMPM payments and may have access to shared savings; the payment of savings is contingent upon meeting efficiency metrics and clinical quality of care thresholds. The measures being used to assess performance include activity requirements, efficiency metrics and clinical quality measures.

An enrolled CPC entity that is participating in the CPC for Kids program will receive additional PMPM payments for attributed members under the age of 21 and may have access to shared savings; the payment of savings is contingent upon meeting additional efficiency metrics and clinical quality of care thresholds. Additional pediatric clinical quality requirements will be used to assess

performance for CPC for Kids. A CPC entity participating in CPC for Kids must also pass additional CPC for Kids clinical quality requirements when applicable.

Additionally, the program will be monitored and evaluated as described in Attachment 4.19-B, Item 25b, in the section entitled “Monitoring and Reporting.” Evaluation includes process and outcome measures based on a combination of qualitative and quantitative factors, including but not limited to claims, CPC reporting and survey data. CPC entities may participate in the CPC program via a provider agreement for participation in Medicaid fee-for-service (FFS). Medicaid FFS beneficiaries are free to choose from any qualified provider. Entities that enroll in the CPC program continue to provide services and submit claims in accordance with fee-for-service requirements.

Provider Qualifications

Enrolled CPC entities participating in the CPC program serve as primary care case managers and must meet all of the qualifications set forth in this section.

The following types of entities may participate in the Ohio CPC program as a primary care case manager:

- i. Individual physicians and practices;
- ii. Professional medical groups;
- iii. Rural health clinics;
- iv. Federally qualified health centers;
- v. Primary care or public health clinics; or
- vi. Professional medical groups billing under hospital provider types.

Members will be attributed only to CPC entities with providers of the following types:

- i. Medical doctor (MD) or doctor of osteopathy (DO) with primary care-related specialties or sub-specialties;
- ii. Clinical nurse specialist, certified nurse midwife, or certified nurse practitioner within the State’s scope of practice, with primary care-related specialties or sub-specialties;
- iii. Physician assistant within the State’s scope of practice.

To be eligible for enrollment in the CPC program for payment beginning January 1st of each program year, the CPC entity must have at least 500 attributed Medicaid individuals determined using claims-only data, attest that it will participate in learning activities as determined by ODM or its designee, and share data with ODM and its designees.

To be eligible for enrollment in the CPC for Kids program for payment beginning January 1st of each program year, the CPC entity must:

1. Be a CPC entity that participates in the CPC program; and
2. Have at least 150 attributed Medicaid pediatric individuals determined using claims-only data.

CPC Entity Characteristics

An enrolled CPC Entity must meet activity requirements within the timeframes below and have written policies where specified. Further descriptions of these activities can be found on the ODM website, www.medicaid.ohio.gov. Upon enrollment and on an annual basis, the CPC entity must attest that it will:

- Meet the “twenty-four-seven and same-day access to care” activity requirements in which the CPC entity must: offer at least one alternative to traditional office visits to increase access to the patient care team and clinicians in ways that best meet the needs of the population. This may include e-visits, phone visits, group visits, home visits, alternate location visits, or expanded hours in the early mornings, evenings and weekends; provide 24/7 and same-day access to a primary care practitioner with access to the patient’s medical record; and make patient clinical information available through paper or electronic records, or telephone consultation to on-call staff, external facilities, and other clinicians outside the entity when the office is closed;
- Meet the “risk stratification” activity requirements in which the CPC entity must have a developed method for documenting patient risk level that is integrated within the patient record and has a clear approach to implement this across the patient panel;
- Meet the “population health management” activity requirements in which the CPC entity must identify patients in need of preventive or chronic services and begin outreach to schedule applicable appointments or identify additional services needed to meet the needs of the patient;
- Meet the “team-based care delivery” activity requirements in which the CPC entity must define care team members, roles, and qualifications and provide various care management strategies in partnership with payers, ODM and other providers as applicable for patients in specific patient segments identified by the CPC entity;
- Meet the “care coordination” activities in which the CPC entity will identify and close gaps in care and refer attributed Medicaid individuals for further intervention as needed, including referrals to managed care organizations (MCOs) or community resources as appropriate;
- Meet the “follow-up after hospital discharge” activity requirements in which the CPC entity must have established relationships with emergency departments and hospitals from which it frequently receives referrals and establish a process to ensure a reliable flow of information;
- Meet the “tests and specialist referrals” activity requirements in which the CPC entity must have established bi-directional communication with specialists, pharmacist, laboratories and imaging facilities necessary for tracking referrals; and
- Meet the “patient experience” activity requirements in which the CPC entity focuses on patient preference, access to care, communication, coordination, and whole person care and self-management support to improve attributed Medicaid individual experience and reduce cultural disparities. The CPC entity will report patient experience findings and opportunities to attributed Medicaid individuals, the patient family advisory council (PFAC), payers and ODM.

Comprehensive Primary Care (CPC) Program, Payment Adjustment.

Payment for CPC services can include two types of payments for enrolled CPC entities: (1) per-member-per-month (PMPM) payments; and (2) shared savings payments. All enrolled CPC entities are eligible for PMPM payments, and some may be eligible for shared savings payments. PMPM payments and shared savings payments are distributed to enrolled CPC entities by ODM.

Definitions and key calculations applicable to all payment

- A **Patient Centered Medical Home (PCMH)** is a team-based care delivery model led by primary care practitioners (PCPs) who comprehensively manage the health needs of individuals. Provider enrollment in the Ohio Department of Medicaid (ODM) CPC program is voluntary. A CPC entity may be a single practice or a practice partnership.
- The **CPC for Kids** program is a voluntary enhancement to the CPC program focused on pediatric members under twenty-one years of age.
- A **Practice Partnership** is a group of practices participating as a CPC entity whose performance will be evaluated as a whole. The practice partnership must meet the following requirements: (a) each member practice must be an active Medicaid provider for the Ohio Department of Medicaid (ODM); (b) each member practice must have a minimum of one hundred fifty attributed Medicaid individuals determined using claims-only data; (c) member practices must have a combined total of five hundred or more attributed individuals determined using claims-only data at each attribution period; (d) member practices must have a single designated convener that has participated as a CPC entity for at least one year; (e) each member practice must acknowledge to ODM its participation in the partnership; and (f) each member practice must agree that summary-level practice information will be shared by ODM among practices within the partnership.
- A **Convener** is the practice responsible for acting as the point of contact for ODM and the practices that form a practice partnership.
- A **Member practice** is a practice participating in a practice partnership.
- The **Performance period** is the 12-month calendar year period of participation in the CPC program by an enrolled CPC entity. An enrolled CPC entity's first performance period begins January 1st after their enrollment in the program.
- A **Baseline year** is the twelve-month calendar year two years preceding the performance period.

Attribution:

- i **Member exclusions:** All Medicaid beneficiaries are included in the Ohio CPC program and therefore included in the attribution process. The following attributed individuals are excluded from CPC program quality and efficiency metrics, total cost of care calculations, and per member per month payments:
 - a. Dual-eligible beneficiaries (i.e., MyCare Ohio);
 - b. Beneficiaries with limited benefits;
 - c. Other beneficiaries with third-party liability medical coverage except for those with exclusively third-party dental or vision coverage;
 - d. Beneficiaries enrolled in a prepaid inpatient health plan under contract with ODM (i.e., OhioRISE).
 - e. Beneficiaries attributed to other population health alternative payment models administered by ODM.