

ELIGIBILITY REQUIREMENTS

General eligibility requirements

- The following entities may participate through their contracts with MCPs or provider agreements for participation in Medicaid FFS:
 - Individual physicians and practices;
 - Professional medical groups;
 - Rural health clinics;
 - Federally qualified health centers;
 - Primary care or public health clinics; or
 - Professional medical groups billing under hospital provider types.
- The following Medicaid providers are eligible to participate in the delivery of primary care activities or services in the CPC program:
 - Medical doctor (MD) or doctor of osteopathy (DO) with any of the following specialties or sub-specialties:
 - Family practice;
 - General practice;
 - General preventive medicine;
 - Internal medicine;
 - Pediatric;
 - Public health; or
 - Geriatric.
 - Clinical nurse specialist or certified nurse practitioner who has met the requirements of section 4723.41 of the Ohio Revised Code and has any of the following specialties:
 - Pediatric;
 - Adult health;
 - Geriatric; or
 - Family practice.
 - Physician assistant who has met the requirements of section 4730.11 of the Ohio Revised Code.
- Participating practices must have at least 500 attributed Medicaid individuals, attest that they will participate in learning activities as determined by ODM or its designee, and share data with ODM and contracted managed care plans (MCPs);

Additional requirements for enrollment in 2016 for payment beginning in 2017

- For an entity to enroll as a CPC practice for payment beginning in 2017, one of the following must be met:
 - A minimum of five thousand attributed Medicaid individuals and accreditation by one of the following:
 - Accreditation Association for Ambulatory Health Care (AAAHC);
 - The Joint Commission;
 - National Committee for Quality Assurance (NCQA);
 - Utilization Review Accreditation Commission (URAC);
 - Ohio Medicare CPC+ practice with five hundred or more attributed Medicaid individuals at each attribution period;
 - A practice with five hundred or more attributed Medicaid individuals determined through claims-only data at each attribution period, and NCQA III accreditation.