

July 31, 2019 Response to RFI – Medicaid Managed Care reprocurement

Thank you for the opportunity to submit comments for consideration regarding the Medicaid managed care reprocurement process on behalf of the American College of Emergency Physicians, Ohio Chapter (Ohio ACEP). Ohio ACEP represents nearly 1600 emergency medicine physicians in the state.

As the scope of the RFI is expansive, we will focus on areas most directly impacting emergency medicine. Ohio ACEP did sign onto a more comprehensive set of recommendations and considerations submitted on July 30, 2019 by Kelly O'Reilly on behalf of a wide range of groups and associations.

Provider support - Standardization across managed care plans

(Question 15): State and federal law rightly prohibit prior authorization for emergency care. This should certainly continue. However, we have seen a trend nationally of insurance plans retroactively denying certain emergency service codes and final diagnoses across the board. The plans are requiring physicians to provide additional documentation, medical records, etc. for emergency care after the care has already been completed. This is an unnecessary hassle for safety net providers. Any policy that seeks to request additional documentation for correctly coded claims is onerous and superfluous. MCOs should also be required to have specialty physicians review the claims. Emergency medicine is highly specialized and a unique medical practice environment with specific medical and legal requirements (i.e. EMTALA). It is therefore critical that board certified emergency physicians review claims. Ohio's MCO contracts should explicitly prohibit denials and claims reviews based solely on a CPT code or specific diagnosis. Ohio MCO contracts should explicitly adhere to the prudent layperson standard and not allow denial of insurance coverage based on the final diagnosis.

(*Question 14*): Standardization of forms among MCOs is very important for emergency medicine. As our members are seeing patients enrolled in all forms of coverage, having uniformity among the MCOs will ease administrative burdens on our providers. The medical care we provide patients is the same regardless of insurance coverage, so it makes sense for the documentation and paperwork to also maintain uniformity.

President Bradley D. Raetzke, MD, FACEP

Secretary Nicole A. Veitinger, DO, FACEP President-Elect Ryan Squier, MD, FACEP

Immediate Past President John R. Queen, MD, FACEP Treasurer Dan C. Breece, DO, FACEP

Executive Director Laura L. Tiberi, MA, CAE **Benefits and Delivery System –** *Integration of behavioral health and physical health services*

(Question 23) – Telemedicine is a care delivery tool that would serve many special populations. Managed care plans should be expanding utilization of telemedicine and reimbursing those services fairly. Telemedicine can be used in many innovative ways. It can increase access to specialists in the emergency department like psychiatrist when we need a psychiatric consult. It can increase access to primary care services for patients with transportation barriers. It can increase access to a wide range of behavioral health support to patients who might not otherwise have those connections.

(*Question 26*) – In the emergency department, we face serious challenges with psychiatric boarding. Psychiatric boarding is when a patient experiencing a mental health crisis must wait in the emergency department for a more appropriate bed and transfer. To address this issue, there needs to be better communication between provider systems. The emergency department should be able to more quickly access information on open beds in the area for these patients. MCOs should be more accessible to our hospitals to expedite this process.

(Question 27) - The MCOs should increase access to and utilization of medication assisted treatment (MAT) in emergency departments. There have been successful pilot programs to this effect implemented in other states. Patients who present to the ED after an overdose may be in their best position to accept help. If we can utilize MAT and refer patients in need to treatment, Emergency Department Physicians will be more capable of enacting meaningful, evidence-based practice to prevent further use.

Thank you for your consideration of our perspective.

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Dr. Brad Raetzke Ohio ACEP President

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