

Ohio
State Medical
Association



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Health Policy Update

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Ohio Hematology Oncology Society

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Overview - Reimbursement

- ✓ Prior authorization
- ✓ Price transparency
- ✓ Tax on Medical Transcription Services
- ✓ Payer Policies – Aetna
- ✓ Medicaid
- ✓ Medical Liability
- ✓ Pharmacy Benefit Managers
- ✓ Maintenance of Certification (MOC)
- ✓ One-Bite
- ✓ New Regulations
 - ✓ opioid prescribing and medical marijuana

✓ Medical Marijuana

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SB 129 – Prior Authorization



- Senator Randy Gardner
(*R-Bowling Green*)
Senator Capri Cafaro
(*D-Hubbard*)
- Passed in 2016, SB 129 simplifies and expedites the process of obtaining prior authorization by making the process more transparent, efficient and fair.

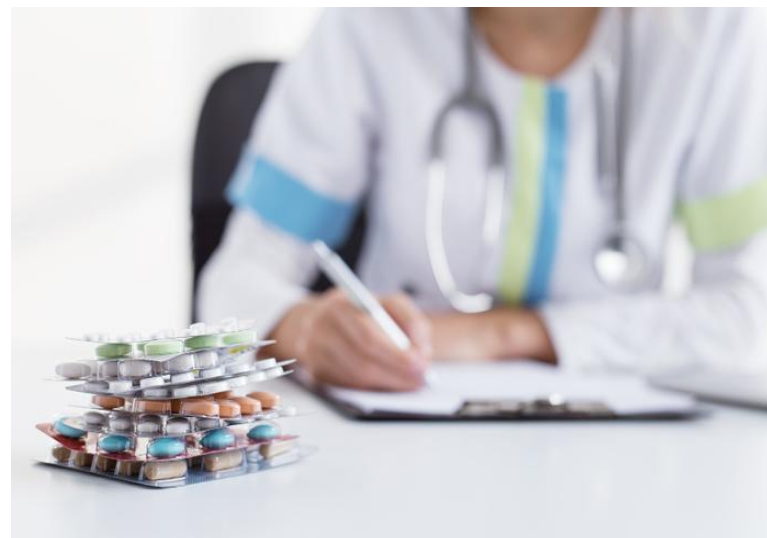


Photo: www.consumeraffairs.com

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SB 129 – Prior Authorization



Photo: www.quantummd.com

Provisions Effective in 2017:

- Disclose all PA Rules
- PA changes require a 30 day notice
- No more retroactive denials
- 12 month PA for certain medications for chronic conditions

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SB 129 – Prior Authorization

Provision Effective in 2018:

- Insurers must have a web-based system to accept PA requests
- Faster turnaround times for PA requests – 48 hours for “urgent” matters and 10 calendar days for non-urgent matters
- Faster turnaround times for appeals – 48 hours for urgent matters and 10 calendar days
- More clarity when an insurer responds to PA requests: electronic receipt, specific reasons for denial, specific additional information needed in the case of a denial

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SB 129 – Prior Authorization

Provision Effective in 2018:

- All appeals shall be between the health care provider requesting the service and a “clinical peer” within the insurer’s internal utilization review operation.
- A clinical peer is a provider in the same, or similar, specialty that typically manages the medical condition under review.
- If the internal appeal does not resolve the disagreement, either the patient or an authorized representative may request an external appeal, which is decided by a neutral, independent medical expert not associated with the insurer.

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Price Transparency



- 2015 BWC budget legislation requires providers to give patients, prior to service, a detailed printout of charges and out of pocket expenses
- Was to become effective January 1, 2017
- OSMA and OHA and other provider groups worked for 18 months to try to fix the language and delay the implementation date.
- Those efforts were met with significant opposition from a handful of elected officials and a legislative fix was not possible before December 31, 2016.

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Price Transparency

- The OHA, with the OSMA and other provider groups, filed a lawsuit against the state of Ohio, to temporarily halt the effective date (01/01/17) of the health care price transparency law
- *Community Hospitals and Wellness Centers, et al v. The State of Ohio, et al* (The Court of Common Pleas, Williams County)
- The Judge granted a TRO on the law extends until late 2018
- Current Legislative Effort – HB 416

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Exemptions For Sales/Use Tax

- House Bill 569
- This legislation would modify the standard for determining when the sales and use tax applies to business-related electronic services that are provided together with other nontaxable services
- Clarifies medical transcription services should not be taxed.

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Aetna Merger and Medical Review



- Aetna/CVS Merger
 - AAI and AMA Testimony
 - Communications with AG and ODI
- Aetna Medical Director Not Reviewing Charts
 - OSMA Letter to ODI

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Medicaid – Reform



- Medicaid Managed Care Complaint Process
 - <https://providercomplaints.ohiomh.com/>
 - Individual Complaint Resolution
 - Tracking of Trends

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Medicaid – Reform



- Episodes of Care
 - Wave 1, Wave 2 and Wave 3
- Ohio CPC
 - Currently about 75-100 practices participating
- Resource
 - <http://www.medicaid.ohio.gov/providers/paymentinnovation.aspx>

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Medical Liability - HB 7



- Medical Malpractice Litigation Improvements Act
- Introduced by State Representative Bob Cupp (R-Lima)
- Amends “I’m Sorry” law to allow a broader conversation between patients and physicians when an unanticipated outcome in medical care occurs –recent *Stewart v. Vivian* Supreme Court Decision could result in removing this from the bill
- Reduces “shotgun” lawsuits by allowing plaintiffs additional time to name potential defendants after the initial filing of a medical claim



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Medical Liability - HB 7



- Prohibits insurer reimbursement policies from being used as evidence to establish a standard of care
- Establishes an alternative standard of liability (willful and wonton) for services provided during a declared disaster
- Clarifies that peer review records remain confidential when shared with regulators (Medical Board, Dept. of Health, etc.)
- Note: Evidence of damages provision removed from bill (billed charges v. actually paid)



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Pharmacy Benefit Manager

- HB 479
- This legislation would prohibit pharmacy benefit managers (PBMs) from forbidding pharmacists from disclosing information about cheaper medications to patients. It aims to correct the practice of PBMs, who act as the “middle man” between insurance and drug companies, putting orders in contractual obligations with pharmacists that prohibit them from telling a patient that the actual cost of their prescription be less than the copay.
- Now, unless a patient specifically asks for this information, patients may unknowingly pay a higher cost for their prescription by paying the copay being asked of them, and the PBM keeps the difference between the cost of the medication and the copay as profit – sometimes referred to as a “claw-back.”

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Maintenance of Certification



HB 273 would prohibit a physician from being required to secure a maintenance of certification as a condition of obtaining:

- licensure;
- reimbursement;
- employment; or,
- admitting or surgical privileges at a hospital or health care facility.



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“One-Bite Rule”



Photo: www.usnews.com

A confidential, non-punitive way for physicians to seek assistance, early intervention and treatment for substance use disorders.

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“One-Bite Rule”



The Medical Board considered removing the anonymity of the program a few years ago, and the medical community expressed serious concerns. Legislation to preserve the "one-bite" rule, [HB 145](#), results from months of collaboration between the Board and a coalition of physician organizations. Ultimately, HB 145 revises current law to clarify the eligibility requirements for participation in the program and maintain its confidentiality. Passed and signed by governor in February 2018.

For additional information: <https://www.ophp.org/>

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New Chronic Pain Rules

- Just announced last week – rules not finalized yet
- The rules do not apply to patients receiving medication for terminal conditions or those within a hospital or in-patient setting where they are closely monitored.
- They also take into consideration patients who are already being treated for chronic pain by not establishing a maximum dose or duration of treatment.

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Resources to Know and Use



OSMA's Smart Rx – www.OSMA.org/SmartRx



OSMA's BeSmart – www.OSMA.org/BeSmart

Med Board – www.med.ohio.gov

Pharm Board – www.pharmacy.ohio.gov

GCOAT – www.opioidprescribing.ohio.gov

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Ohio Medical Marijuana Implementation Timeline

2016

- House Bill 523 Passage
 - 5/26/16
- Effective Date of Bill
 - 9/8/16
- Appointment of Advisory Committee
 - October 2016
- Advisory Committee First Meeting
 - November 2016

2017

- Department of Commerce Rules and Standards for Cultivators
 - May 2017
- Department of Commerce Rules and Standards for Labs and Processors
 - September 2017
- Pharmacy Board Rules and Standards for Patients and Dispensaries
 - September 2017
- Medical Board Rules and Standards for Physicians
 - September 2017

2018

- Medical Marijuana Program Fully Implemented
 - Sept. 2018



Qualifying Conditions

- AIDS
- ALS
- Alzheimer's disease
- Cancer
- Chronic traumatic encephalopathy
- Crohn's disease
- Epilepsy or another seizure disorder
- Fibromyalgia
- Glaucoma
- Hepatitis C
- Inflammatory bowel disease
- Multiple sclerosis
- Pain that is either chronic and severe or intractable
- Parkinson's disease
- Positive status for HIV
- Post-traumatic stress disorder
- Sickle cell anemia
- Spinal cord disease or injury
- Tourette's syndrome
- Traumatic brain injury
- Ulcerative colitis

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State Medical Board of Ohio



- Register physicians to recommend medical marijuana to patients;
- Maintain rules “establishing for physicians the minimal standards of care when recommending treatment with medical marijuana;”
- Certificate to Recommend (CTR)
 - https://www.youtube.com/watch?time_continue=22&v=xz25rW1tnMI
 - In April – first 36 certificates approved



Photo: www.medscape.com

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Regulatory Involvement

Ohio Department of Commerce

Will establish rules for licensing cultivators, processors, and testing labs

Ohio Pharmacy Board

Will license and regulate dispensaries & register patients

OHIO'S FOUR TIERS OF MEDICAL MARIJUANA REGULATION

Ohio State Medical Board

Register physicians and determine requirements to recommend

Local Government Zoning

May restrict location of dispensaries and the total number allowed

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MedicalMarijuana.Ohio.Gov



Medical Marijuana Control Program

medicalmarijuana.ohio.gov

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**OHIO'S OFFICIAL RESOURCE
FOR THE MEDICAL
MARIJUANA CONTROL
PROGRAM**

- CULTIVATION,
PROCESSING & TESTING
- DISPENSARIES
- PHYSICIANS
- PATIENTS & CAREGIVERS

Search the web and Windows

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8/9/2016

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Upcoming Opportunities

OSMA Activities



- Medicare/Medicaid Seminars – Summer 2018
 - August 8, 2018 – Holiday Inn Fairborn
 - <https://www.osma.org/mm>
- Tracking of PA law compliance
- Tracking of Anthem ER denials

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Questions?



drug pricing tort reform
public health
tobacco cessation
scope of practice
Medicaid price transparency drug abuse
step therapy
state budget prior authorization
telehealth
certification medical marijuana
health insurance
truth in ads prescribing rules One-Bite
access to care ACA
compounding

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