

Testimony Regarding Substitute House Bill 166
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The Ohio Foot & Ankle Medical Association
Health & Medicaid Subcommittee
The Ohio Senate
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Chairman Hackett, Ranking Member Thomas and members of the subcommittee, on behalf of Ohio's podiatric physicians and surgeons that make up the Ohio Foot & Ankle Medical Association (OHFAMA), I would like to offer our association's written comments on a few specific health care issues contained within the House-passed version of Substitute House Bill 166, the biennial budget bill. My name is Jimelle Rumberg, Ph. D.; I serve as the Executive Director of OHFAMA.

Our association appreciates the opportunity to share our thoughts on specific provision in Sub. HB 166 that will impact Ohio's podiatric physicians and our patients. The first item of which I would like to comment concerns language contained in Revised Code section 3962, the proposed "health care transparency mandate" that would require health care providers and/or health insurers to furnish written cost estimates to patients for non-emergency services. This issue has been part of past budget bills and has also been vetted in Ohio's court system.

OHFAMA and our member physicians have and remain committed to providing all needed relevant information to our patients to make sure those consumers are well informed about the care they receive. Our association truly believes there is a better way to achieve this goal of health information transparency for patients than the large mandate contained in Sub. HB 166. OHFAMA remains committed to the premise that this desired transparency process **should be at the request of the patient** and the Senate should formulate language that first and foremost reflects this important standard.

Our physicians and their staffs deal daily with numerous insurers and their affiliates in determining coverage and eligibility levels for each patient we see. These requirements already take our physicians away from crucial time with their patients providing care. There would be additional and enormous mandates on health care providers and our staffs if this section of Sub. HB 166 was enacted as it is currently written. Our association believes there might be better ways to get patients valuable information. While the goal of informing patients is certainly laudable, the administrative and time requirements mandated in proposed Section 3962 of Sub. HB 166 are immense. For example, in proposed Section 3962.04 (2)(b), a provider would be required to tell a patient what the provider will receive in reimbursement from a health insurer for a service, product or procedure.

Our association does not know why the terms of a private contract between the provider and the insurer is necessary information to the patient. If the goal is to allow the patient to know what the

service may cost him/her out-of-pocket or what the best price is, reimbursement for that service via a private contract between a provider and insurer is irrelevant.

OHFAMA requests that other alternatives at health care transparency be considered, as our association and other provider groups are very aware of the laudable work Senator Steve Huffman has done in this area. We know Dr. Huffman has tried to bring his extensive experience as a health care provider to this important debate. Our association hopes that this subcommittee will continue the important debate regarding informed health care consumers and make significant changes to the language currently contained in the budget bill.

Related to the health care information mandate contained in proposed Section 3962 of the budget bill, proposed Section 5167.105 would attempt to tie a health care provider's participation in the Ohio Medicaid program to adhering to the aforementioned transparency standards. Podiatric physicians play a very important role in Ohio's Medicaid program. Our work with patients in many areas (especially diabetes) in this public health care program has provided many Ohioans on Medicaid with quality, cost-effective care. We save limbs, help patients manage their disease and prevent amputations.

Our association strongly encourages our members to participate in Medicaid. With its lower reimbursement rates and many challenges, it remains a struggle for the Medicaid program to get quality providers to see Medicaid beneficiaries. OHFAMA does not believe that we need to create additional unnecessary hurdles in this vital area and possibly eliminate providers, thereby reversing our goal of emergency rooms becoming portals of entry to care to Medicaid beneficiaries.

Our association is supportive of language contained in proposed Section 5167.22 that clearly establishes a one year "look-back" provision for Medicaid managed care organizations to seek perceived overpayments made to a provider. OHFAMA also applauds the establishment of required information that needs to be given to the provider in order to initiate the alleged overpayment recoupment.

Our association is still trying to find the need for the language contained in proposed section 5167.29, a proposal that apparently creates a consumer rating system of providers to determine who are "high quality participating providers" in the Medicaid system. Under this proposed "Yelp-like star rating system" language, MCO's would establish "quality metrics" to rate providers that do not include health care outcomes or data but appear to be based on consumer star ratings. Is there currently not an opportunity for Medicaid beneficiaries to offer feedback to the Medicaid program and their Medicaid MCO on provider satisfaction? OHFAMA and our podiatric physicians certainly value the satisfaction of our patients, but we feel feedback systems already exist to allow consumers to voice their opinions with MCO's and the doctors themselves on their individual care experience. Therefore, we request the Senate to either delete this language or prominently restructure what is currently in the bill.

Finally, there is language contained in proposed section 5167.37 that would allow Medicaid to immediately suspend a provider agreement without prior notice if the department has evidence that the provider presents a danger of immediate and serious harm to a Medicaid recipient. Let me be clear, OHFAMA strongly supports the health, safety and welfare of the patient and the Medicaid program's ability to protect these enrollees. However, we believe language should be inserted into this section

that gives the provider due process after the suspension of the agreement by the department. **Perhaps most importantly, language should be added to this section that if the immediate suspension is due to a quality of care issue, that should fall under the jurisdiction to the provider's state licensing board and Medicaid should be required to immediately refer the suspension to the appropriate state licensing board for a final quality of care and licensing determination.**

Chairman Hackett, Ranking Member Thomas and members of the subcommittee, thank you for allowing me to provide written testimony on behalf of Ohio's podiatric physicians and surgeons. As always, our association and the profession we represent thank you for your consideration of our views. Please feel free to contact me or Dan Leite or Courtney Saunders of Capitol Advocates if you should have any questions.