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Substitute House Bill 73
Opponent Testimony before the Senate Health Committee
June 12, 2024

Chairman Huffman, Vice Chair Johnson and Ranking Member Antonio, and members of the Senate Health Committee, my name is Adam Mezoff and I have the privilege of serving as Chief Medical Officer and Vice President for Healthcare Transformation at Dayton Children's Hospital. My job means I am responsible for the 478 members of our professional staff as well as the quality and patient safety initiatives at our hospital where our team annually cares for more than 320,000 children, from throughout 20 counties in West/Central Ohio.

At Dayton Children's, interdisciplinary care teams including physicians, nurses, social workers, pharmacists, other staff and parents collaborate within a carefully balanced system designed to deliver safe, effective, and high-quality care, including medication management, every single day.

As an administrator for 11 years and as a practicing pediatric specialist for over 40 years, I am here to share my opposition to Substitute House Bill 73. I have many concerns with the potential impacts of this bill on standards of care, safety and the interdisciplinary care process for critically ill children, but today I wanted to focus my time on the issue of credentialing and specifically, temporary credentialing.

Sub. H.B. 73. requires that if there is not a prescriber in the hospital willing to prescribe a particular drug, then a patient's outpatient prescriber must be allowed to immediately apply for "temporary privileges with oversight," and do so within five days.

As I understand it, under Sub. H.B. 73, a provider who has been uninvolved in the current care of the patient, and who is only quickly vetted, could override the entire interdisciplinary care team and prescribe something that goes against the checks and balances of safe and effective medication use, including the professional judgement of the responsible physicians, pharmacists, nursing staff, and other allied health professionals.

This provider could override the team, even if this provider has no training or expertise in critical care or drug interactions, and in our case, pediatrics or pediatric critical care. It could also lead to bad drug interactions as some medications can cause serious side effects when given together. This goes against the system designed to protect patients.

Granting temporary privileges in this way also bypasses the intricate system of checks and balances established at both the state and federal levels as well as those of hospital accrediting bodies such as Joint Commission.



Hospitals are required by the state, federal government and accrediting bodies to credential providers at all those levels. Credentialing of providers is required under the Social Security Act, Section 1852 and can be found in the Code of Federal Regulations 42-CFR 422.204 for Medicare. For a provider to be enrolled with Ohio Medicaid, they must also be credentialed. I have attached these requirements for your convenience and its important to point out that the Ohio Department of Medicaid asks providers to wait 15 days after the submission of all the paperwork before inquiring about their status.

To maintain quality and patient safety, the process for granting privileges at Dayton Children's is extremely rigorous and thorough, as anyone would want it to be for their child. And it takes time, and an average of six weeks. I have also included a flow chart that documents the complete credentialing process at Dayton Children's, and the series of checks of licenses, references and other documentation required (see attachment A). Our processes have been approved by the National Committee for Quality Assurance (NCQA) in Credentialing and Recredentialing This is similar to the other pediatric institutions in the state of Ohio. In addition, it is important to note that the process, as also noted by the Ohio Department of Medicaid, is dependent on the speed with which the requesting provider responds to requests for information, and the processes and response time of the other organizations providing the information.

And not taking the time necessary to do the thorough vetting, isn't in the best interest of the safety of patients. I personally have been involved in a case where a person held a state license, but as our process unfolded, we discovered this person had used a different name on the application in order to cover some complaints regarding quality of care in another country. It took time to uncover, but as a result of our diligence and process, this provider was not granted privileges and we reported the case to the licensing board for their consideration. These processes work and are there to protect patients and care.

We should all want our providers to follow the standard of care, because the standard of care is based on evidence-based science and well established medical and legal standards. In fact, the Ohio Supreme Court has stated for decades: "The standard of care required of a medical doctor is dictated by the custom of the profession."

I understand the desire to hear all the voices and consider all the options, especially in critical situations. At Dayton Children's, we do that. We have daily Family Centered Rounds and have for more than 10 years, where parents and the interdisciplinary care team meet to discuss the treatment plan, talk through ideas and consider other alternative care options. We want the families voice to be heard.

Our team at Dayton Children's works tirelessly to achieve the best possible outcomes for every child and family. We collaborate with families and do so within a carefully balanced system designed to deliver safe, effective, and responsible care.

House Bill 73 would dismantle this system, creating immediate and long-term threats to patient safety. I also think it will also create confusion regarding which rules hospitals, pharmacists, and other providers should comply with – the rules set forth in Sub. H.B. 73 or the standards that continue to govern the practice of medicine.



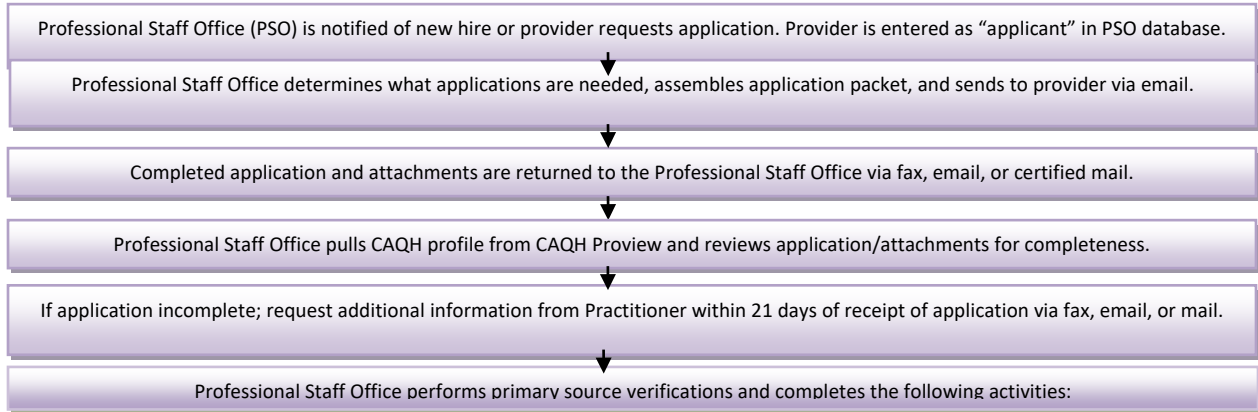
Thank you for the opportunity to testify in opposition to Sub. HB 73. I appreciate your careful consideration and urge you to not support the bill in its current form.

I would be happy to answer any questions

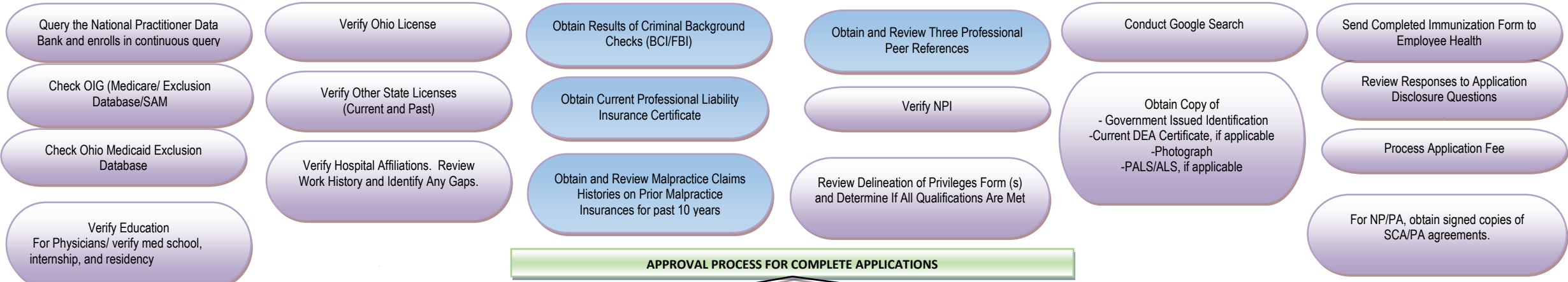
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Dayton Children's Hospital Privileging Flow Chart for Initial Provider Applicants



- Average turn-around time = 60-90 days
- Applications worked on in date received order with consideration of expected start date.



APPROVAL PROCESS FOR COMPLETE APPLICATIONS



- Verify Fellowship if recently completed and not on AMA/AOA profile
- Verify Board Certification Status
- Obtains Educational Commission for Foreign Medical Graduates (ECFMG), if applicable



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Credentialing Guide and Requirements

Every provider is required to undergo the enrollment process, but credentialing is not mandatory for all providers. Please see Appendix A at the end of this document for a list of provider types that require credentialing. For initial credentialing and recredentialing, the application is paired with the enrollment or revalidation application. There is no separate application for credentialing, as it is a single application for both processes.

The Council for Affordable Quality Healthcare (CAQH) form is required for all individual providers who go through credentialing. This is an external system from the Provider Network Management (PNM) module, and both systems must have the appropriate information populated. If you do not already have a CAQH form, please register at <https://proview.caqh.org/Login/Index?ReturnUrl=%2f> and provide the CAQH ID number on the first page of your enrollment/credentialing or revalidation/rec credentialing application. CAQH requires providers to attest to the accuracy of their information at least every 180 days. Ohio Department of Medicaid (ODM) requires attestation every 150 days. If the CAQH form does not exist for the provider or the attestation is out of date, we will return it to the provider for additional information.

The Ohio Department of Insurance (ODI) Standardized Credentialing Form Part B (located at <https://insurance.ohio.gov/static/Forms/Documents/INS5036.pdf>) is required for facilities/organizations going through credentialing. Please upload a copy your organization has completed on the required documents page. If this form is not included as part of your application, your application will be returned to your organization and you will be asked to attach a completed copy of the form.

Credentialing Requirements – Individuals

The following are required for all individual providers:

1. CAQH Form
2. Licensure in the state from the state where you practice.
3. Professional liability insurance that covers the provider or provider group (minimums based on state – example, Ohio providers require 1 million occurrence and 3 million aggregate and Indiana providers require 250,000 occurrence, 750,000 aggregate).
4. Education information – for doctors, the education for the specialties they are practicing in should be added on the education page in PNM. For other providers, the highest level of education should be added on the education page in PNM – for example, information about the Master of Nursing for nurse practitioners.
5. Malpractice claims history – disclosure of all malpractice claims is required, whether pending, closed, or settled.
6. Work history – five years of work history is required. If a provider recently graduated and became licensed, work history begins at the time of licensure – in these cases, five years of work history are not required. Any gaps in employment over six months should be entered on this page.

The following are required for certain individual provider types:

Board Certification – This is required for advanced nurse practitioners, clinical nurse specialists, certified nurse midwives, and physician assistants. While it is only required for these provider types, please enter information here for any board certifications held by the providers as this is verified during credentialing and this information is populated in the directory.

Drug Enforcement Agency (DEA) Certificate – This is required for doctors and podiatrists. If the provider has a DEA, please enter information on the DEA screen.

Hospital Privileges – These are required based on both provider type and provider specialty. The following require either hospital privileges or admitting arrangements with another provider:

- Type 20 MDs/DOs:
 - Cardiovascular Disease/Cardiology (and all sub-specialties)
 - Critical Care Medicine (and all sub-specialties)
 - Gastroenterology
 - Hematology/Oncology
 - Medical Oncology
 - Nephrology
 - Neurology
 - Obstetrics/Gynecology (and all sub-specialties)
 - Otolaryngology
 - Physical Medicine and Rehabilitation
 - Pulmonary Disease
 - Radiation Oncology
 - Surgery (and all sub-specialties)
 - Surgery Related Specialties
 - Urology
- Type 71 Certified Nurse Midwives
- Type 30 Dentists
 - Oral Surgery Specialty

Processes for Returning to Provider

If additional information is needed during the credentialing process, you will receive an RTP (Return to Provider) notice with information about requirements for the provider under review. This notice will tell you what is required. Errors most often cited in returns include a lack of a CAQH application, the CAQH application not having the appropriate timeliness for attestation, or a lack of malpractice insurance. To submit the updated information, please click on the provider from your dashboard, click enrollment actions, and hit “continue provider registration” and fill out the pages with the requested information or upload documents based on the request.

Timelines for Credentialing

Providers going through initial credentialing will undergo the enrollment process first. As these are two separate processes paired together with the same application, please allow 15 days before inquiring about provider status. Suppose an application has been returned for additional information. In that case, this will extend the time it takes to complete both processes – the quickest way to get a provider through is to submit all required information the first time.

Credentialing Requirements – Facilities/Organizations

The following are required for all facilities/organizations that go through credentialing:

- ODI Form.
- Licensure in the proper state.

- Malpractice Insurance that meets the requirement for Ohio – 1 million occurrence and 3 million aggregate.
- Accreditation or site visit – please upload a copy of the site visit that has been completed by the Ohio Department of Health or Ohio Mental Health and Addiction Services if your organization is not accredited.
- For hospitals that have a maternity ward and license, a bed letter from Centers for Medicare and Medicaid Services (CMS) is required.

Appendix A

The following individual providers are required to go through credentialing. Most provider types are credentialed based on their provider type but for certain providers it is based on the specialty.

Provider Type 07 – Registered Dietitian Nutritionist

Provider Type 20 – Physician/Osteopath Individual (with the following specialties)

023 - Acupuncture

201 - General Practice

202 - General Surgery

203 - Allergy & Immunology

205 - Otolaryngology

Advanced Heart Failure and Transplant Cardiology

206 - Cardiology

207 - Family Practice

208 - Gastroenterology

209 - Internal Medicine

210 - Neurology

211 - Neurological Surgery

212 - Obstetrics & Gynecology

213 - Psychiatry

214 - Pulmonary Disease

215 - Pediatric

216 - Geriatric

217 - Cardiovascular Surgery

218 - Hematology/Oncology

219 - Gynecology

220 - Oncology

221 - Surgical Oncology

222 - Radiation Oncology

223 - Gynecological Oncology

226 - Addiction Medicine

227 - Addiction Psychiatry

228 - Adult Reconstructive Orthopedics

229 - Allergy

232 - Cardiothoracic Surgery

233 - Cardiovascular Disease

234 - Child & Adolescent Psychiatry

235 - Child Neurology

241 - Clinical Cardiac Electrophysiology
247 - Colon & Rectal Surgery
248 - Critical Care Medicine (Neurological Sur.)
249 - Critical Care Medicine (Anesthesiology)
251 - Critical Care Medicine (Internal Med)
253 - Dermatologic Surgery
254 - Dermatology
256 - Diabetes
258 - Endocrinology/Diabetes & Metabolism
261 - Facial Plastic Surgery
Female Pelvic and Reconstructive Surgery
263 - General Preventive Medicine
267 - Hematology
268 - Hepatology
269 - Immunology
273 - Maxillofacial Surgery
274 - Internal Medicine/Pediatrics
Maternal/Fetal Medicine - no current designation
Medical Genetics - no current specialty in system
282 - Neonatal-Perinatal Medicine
283 - Nephrology
Neuromusculoskeletal Medicine
290 - Obstetrics
292 - Ophthalmology
293 - Orthopaedic Surgery
298 - Pain Medicine
299 - Palliative Medicine
321 - Pediatric Cardiology
322 - Pediatric Critical Care Medicine
Sleep Medicine - no current designation
Developmental-Behavioral Pediatrics
Pediatric Dermatology
324 - Pediatric Endocrinology
325 - Pediatric Gastroenterology
326 - Pediatric Hematology/Oncology
327 - Pediatric Infectious Disease
333 -Pediatric Pulmonology
328 - Pediatric Nephrology
335 - Pediatric Rheumatology
Pediatric Transplant Hepatology
330 - Pediatric Orthopedics
336 - Pediatric Surgery
338 - Physical Medicine & Rehabilitation
339 - Plastic Surgery
347 - Rheumatology
Sports Medicine (non Family Practice)

352 - Sports Medicine (Family Practice)
356 - Infectious Disease
357 - Surgical Critical Care
358 - Thoracic Surgery
359 - Transplant Surgery
361 - Trauma Surgery
Undersea and Hyperbaric Medicine - not currently in system
362 - Unspecified
363 - Urology
365 - Vascular Surgery
Provider Type 23 – Acupuncturist
Provider Type 24 – Physician Assistant
Provider Type 27 – Chiropractor
Provider Type 30 – Dentist
Provider Type 35 – Optometrist
Provider Type 36 – Podiatrist
Provider Type 37 – Social Worker (with the following specialties)
370 Licensed Independent Social Worker
399 – Multi-Independent Licensure
471 – Clinical Counselor – Independent
521 – IMFT - Independent
541 – Chemical Counselor – Independent
39 – Physical Therapist
40 – Speech Language Pathologist
41 – Occupational Therapist
42 – Psychologist
43 – Audiologist
Provider Type 47 – Clinical Counselor (with the following specialties)
399 – Multi-Independent Licensure
474 – Licensed Professional Clinical Counselor
471 – Clinical Counselor – Independent
521 – IMFT – Independent
541 – Chemical Counselor – Independent
Provider Type 52 – Marriage and Family Therapist (with the following specialties)
399 – Multi-Independent Licensure
520 – Licensed Independent Marriage and Family Counselor
471 – Clinical Counselor – Independent
521 – IMFT – Independent
541 – Chemical Counselor – Independent
Provider Type 54 – Chemical Dependency (with the following specialties)
399 – Multi-Independent Licensure
540 – Licensed Independent Chemical Dependency Counselor
471 – Clinical Counselor – Independent
521 – IMFT – Independent
541 – Chemical Counselor – Independent
Provider Type 65 – Clinical Nurse Specialist
Provider Type 69 – Pharmacist

Provider Type 71 – Nurse Midwife
Provider Type 72 – Nurse Practitioner

The following facilities/organizations are required to go through credentialing:

- 01 – Hospital
- 02 – Psychiatric Hospital
- 03 – Psychiatric Residential Treatment Facility
- 44 – Hospice
- 46 – Ambulatory Surgery Center
- 59 – End-Stage Renal Disease Dialysis Clinic
- 60 – Medicare Certified Home Health Agency
- 79 – Independent Diagnostic Testing Facility
- 84 – Ohio Department of Mental Health Provider (Community Mental Health Center)
- 86 – Nursing Facility
- 95 – Ohio Mental Health and Addiction Services- (OMHAS) Certified/Licensed Treatment Program (Substance Use Disorder Clinic)