

# WHY SHOULD YOU SUPPORT THE OSMA'S AMENDMENTS TO HB64?

## THE FIRST PROBLEM: CUTS TO DUAL-ELIGIBLE PAYMENT RATES

Soft language in the Office of Health Transformation's (OHT's) budget white papers proposed to cut Medicaid reimbursement by 20% for physicians taking care of patients with dual Medicare and Medicaid benefits. These "dual-eligible" patients are usually elderly or disabled and have very low incomes.

- This proposal would greatly limit both primary care and specialty care physicians' ability to provide care to dual-eligible patients. Many physicians would be forced to cut back or eliminate the number of dual-eligible patients they see.
- Over the past 10 years, inflation-adjusted Medicaid reimbursement for physician services in our state actually declined by 27%. This level of reimbursement is untenable.
- **THE BOTTOM LINE:** If these proposed cuts are enacted, elderly and disabled individuals with low incomes could have trouble accessing the care they need.

## THE SOLUTION: NO-COST ELIMINATION OF PROPOSED CUTS

**HB 64 Amendment HC1700, which would not require additional funding**, solves this problem by making sure that Medicaid continues to reimburse physicians for the services they provide to dual-eligible patients at existing levels over the next biennium.

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## THE SECOND PROBLEM: CUTS TO GRADUATE MEDICAL EDUCATION FUNDING

Soft language in the Office of Health Transformation's (OHT's) budget white papers proposed to cut Medicaid reimbursement for graduate medical education (i.e. residency training) by \$25M in 2017.

- Ohio already faces a shortage of physicians in both primary and specialty care across the state.
- Over 1,000,000 Ohioans live in a "health professional shortage area" and have trouble accessing physician services TODAY.
- Nearly 25% of Ohio physicians are over the age of 60 – many will retire within the next decade.
- **THE BOTTOM LINE:** Now is not the time to cut funding for physician training. If these proposed cuts are enacted, Ohio's shortage of physicians could be exacerbated, and our citizens could have even more trouble accessing care.

## THE SOLUTION: NO-COST ELIMINATION OF PROPOSED CUTS

**HB 64 Amendment HC1699, which would not require additional funding**, solves this problem by making sure that Medicaid continues funding graduate medical education at existing levels over the next biennium.

\_\_\_\_\_ moved to amend as follows:

1           Between lines 80165 and 80166, insert:

2           **"Section 327.\_\_\_\_\_.** MEDICAID RATES FOR PHYSICIAN SERVICES  
3 PROVIDED TO DUAL ELIGIBLES

4           (A) As used in this section:

5           (1) "Dual eligible individual" has the same meaning as in  
6 section 5160.01 of the Revised Code.

7           (2) "Integrated Care Delivery System" has the same meaning  
8 as in section 5164.01 of the Revised Code.

9           (3) "Physician services" has the same meaning as in 42  
10 C.F.R. 440.50(a).

11           (B) The Medicaid payment rates for physician services  
12 provided to dual eligible individuals, including the dual  
13 eligible individuals participating in the Integrated Care  
14 Delivery System, during the period beginning July 1, 2015, and  
15 ending June 30, 2017, shall be no less than Medicaid payment  
16 rates for those services in effect on June 30, 2015."

17 The motion was \_\_\_\_\_ agreed to.

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SYNOPSIS

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**Medicaid rates for physician services for dual eligibles**

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**Section 327. \_\_\_\_\_**

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Requires that the Medicaid payment rates for physician services provided during fiscal years 2016 and 2017 to individuals eligible for both Medicaid and Medicare be no less than the June 30, 2015, Medicaid payment rates for the services.

