

## Ohio Foot and Ankle Medical Association – April 2013 Update

The 130th session of the Ohio General Assembly has brought many new issues requiring the immediate attention of podiatric physicians. These are issues the OHFAMA is following:

### HB 59 - State Biennial Budget

Governor John Kasich's proposed budget includes several sweeping policy changes. The Ohio House and Ohio's Senate will deliberate this initial 4,602-page document and enact a final version to become Ohio's biennial budget on July 1. Notable issues contained in the budget are:

- **Medicaid** - Podiatric services for Medicaid recipients below 100% of the federal poverty level are maintained in the proposed budget.
- **Medicaid Expansion** - An issue drawing debate on both sides of the aisle, Governor Kasich is proposing to expand Medicaid coverage to those Ohioans between 100% and 138% of the federal poverty level. The Administration has not yet committed to include vision and other "optional Services" for this expanded population. The OHFAMA continues to meet with Administration officials and key legislators to ensure that if Medicaid Expansion is adopted, podiatric services are included as part of this expansion coverage. Podiatry's provider network is ready and willing to undertake this challenge to keep Ohioans walking and out of hospital emergency rooms.
- **Sales Tax Reform** - Governor Kasich is proposing to expand the state sales tax to other currently non-taxed services. *HEALTH CARE SERVICES ARE EXEMPTED*. Kasich wants to reduce the state sales tax rate from 5.5% to 5%. The OHFAMA is working with key legislators to exempt the currently charged sales tax that is paid by podiatrists on materials as part of the exemption of health care items and services. The proposed exemption of services could impact the business functions of OHFAMA members.

### Health Care Exchanges

Ohio will begin enrollment of beneficiaries deemed eligible under the federal health care bill to purchase insurance coverage through a health care exchange on October 2, 2013. Ohio has opted to participate in the federal health care exchange, which means CMS will have the final say on what is included in a "qualified health plan" to be offered in the exchange. Ohio will retain control over Medicaid eligibility and regulation of the insurance plans. The exchange is scheduled to "go live" on January 1, 2014. The OHFAMA continues to work with Administration officials and key legislators on the implementations process of this exchange.

### Dual Eligibles/ ICDS System

Ohio is in the process of implementing a three-year pilot project for those who are jointly eligible for Medicaid and Medicare services, better known as "dual eligible." Enrollment of 114,000 Ohioans under this classification into managed care plans selected to serve seven service regions will begin soon. OHFAMA members serving this population will see changes in how care is administered. Those who are "dual Eligible" will have the opportunity to opt out of their Medicare but not Medicaid services through the ICDS.

### HB 3 - Navigator in Health Care Exchange

The OHFAMA is examining language in HB 3 that would make changes for Health Insuring Corporations; such changes are aimed at providing health plans with more flexibility in Ohio law to offer coverage at all of the medal levels in the health care exchange. Health plans claim these changes are needed to conform to the requirements of the federal health care bill and respond to the changing needs of the marketplace.

### Mandatory ID Badges

The Ohio State Medical Association proposed legislation at the end of last session that would require all licensed or certified health care providers to wear degree-specific photo ID badges when administering direct care. The OHFAMA is opposed to this legislation due to the expense to the provider. We find it unnecessary in small office settings. A bill has not yet been introduced this session.

**Telemedicine**

A bill was introduced at the end of last session that would provide reimbursement to some health providers for telemedicine services in private health plans and Medicaid. A bill has not yet been introduced this session.

**Prior Authorization**

Senate Finance Committee Chairman Scott Oelslager intends to reintroduce legislation from last session (SB 136) regarding health care providers and health insurers and the prior authorization process. The OHFAMA supports this legislation and has met with Senator Oelslager regarding the version of the bill for this session.