



# NORTHERN OHIO PHYSICIAN

The Voice of Physicians in Northern Ohio

Winter 2023 | Volume 108 | No. 1 - [www.amcno.org](http://www.amcno.org)

## The Academy Goes to Washington

The Academy of Medicine of Cleveland & Northern Ohio was pleased to participate in this year's American Medical Association (AMA) National Advocacy Conference in Washington D.C. February 13-15.

Academy Executive Director Jen Johns, Health Policy Fellow Anna Ruzicka, Board Member Mary LaPlante, MD, and Future Leaders Council Member Negin Orfanian Azimzadeh Khosravi attended on behalf of the AMCNO.

The conference kicked off with a welcome from AMA President Jack Resneck Jr., MD and a Capitol Hill briefing by AMA Government Relations staff. The advocacy asks for the conference included the following: reforming Medicare payment, fixing prior authorization, fighting scope creep, reducing burnout, and supporting telehealth.

Conference attendees also heard from key government officials including Sen. Amy Klobuchar (D-Minnesota) who spoke to the importance of easing restrictions on visas for medical doctors and the need for penalties for spreading medical misinformation during a public health emergency.

Rahul Gupta, MD, MPH, MBA, FACP, director of the White House Office of National Drug Control Policy discussed the administration's efforts to increase access to treatment for substance use disorders, naloxone, and harm reduction.

Chiquita Brooks-LaSure, Administrator for the Centers for Medicare & Medicaid Services (CMS) who oversees programs including Medicare, Medicaid, the Children's Health Insurance Program, and the HealthCare.gov health insurance marketplace also spoke. She said in her remarks that her goal is to make sure that patients and the providers who serve them are at the center of CMS policy discussions and programs.



Left to right: AMCNO Health Policy Fellow Anna Ruzicka, AMCNO Board Member Mary LaPlante, MD, and FLC Member Negin Orfanian Azimzadeh Khosravi

(Continued on next page)



Rachel L. Levine, MD, admiral, U.S. Public Health Service, and Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) also spoke and rallied the physicians in the crowd to help in the fight for health equity. She said that the federal government cannot fight toward health equity alone—it requires leadership in our states and local communities.

While in D.C., AMCNO representatives met with the offices of Sen. Sherrod Brown (D-Ohio), Rep. Shontel Brown (D-Cleveland), Rep. Warren Davidson (R-Troy), Rep. David Joyce (R-Chagrin Falls) and Sen. JD Vance (R-Ohio). In these meetings, we reiterated the AMA advocacy priorities while also re-introducing the AMCNO and our work to our Congressional representatives. By building relationships with these offices, we can continue to be part of the solution on the many health care policy challenges facing the physician community and country at-large.

**Jen Johns, MPH**

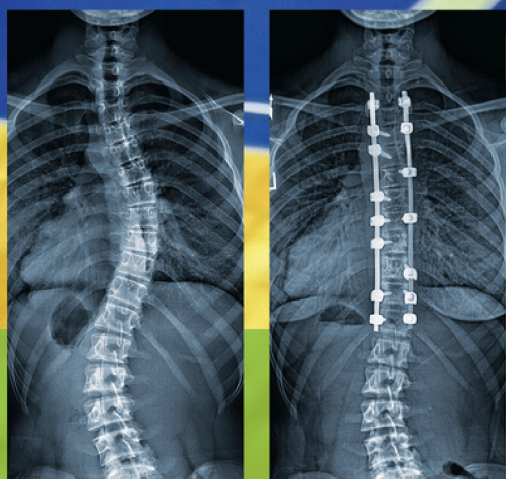
*Executive Director, Academy of Medicine of Cleveland & Northern Ohio*



Top right: Anna Ruzicka, Jen Johns, Mary LaPlante, MD, and Negin Orfania Azimzadeh Khosravi; Bottom left: Jen Johns and Negin Orfania Azimzadeh Khosravi; Bottom right: Anna Ruzicka, Jen Johns, Mary LaPlante, MD, and Negin Orfania Azimzadeh Khosravi



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# The AMCNO will Celebrate its Bicentennial Year in April 2024



First known as the 19th Medical District, the AMCNO is one of the oldest medical societies in the United States and the oldest professional association in Ohio. We will mark this incredible milestone year with several events in the community including a gala supporting the Academy of Medicine's Education Foundation (AMEF) on Saturday May 4th, 2024 at the Western Reserve Historical Society.

Our story began with Dr. David Long. Originally from New York, Dr. Long moved to Cleveland in 1810 and became the area's first physician. He served as a surgeon in the War of 1812. In 1824, Dr. Long founded and became the first president of the 19th Medical District, later called the Academy of Cleveland & Northern Ohio (AMCNO).

Throughout our almost 200-year history, we have seen our physicians bravely serve the Cleveland community. Three of our former presidents, and eventual founders of the Cleveland Clinic, Drs. George Crile, William Lower and Frank Bunts, served in frontline hospitals in Europe in World War I. Our doctors also provided medical care on the day of the historic Cleveland Clinic fire where 123 people lost their lives, including another past president of the AMCNO and the fourth founder of the Cleveland Clinic, Dr. John Phillips, who died while helping patients escape from the fire.

Thousands of our physicians again answered the call to serve on the frontlines of World War II. In 1944, our physicians were the first to respond to the tragic East Ohio Gas Company explosion when homes and businesses were engulfed by a tidal wave of fire in more than one square mile of Cleveland's east side.

Our physicians were critical parts of addressing dangerous pandemics as well as orchestrating significant immunization campaigns against polio in the 1950s and 60s and rubella in the 1970s. Our [Sabin Oral Sundays polio vaccination campaign](#) was the most successful program in the nation.

Decades later in March 2020 as COVID-19 first showed up in Cleveland, our physicians again showed up for our community members by treating patients, educating the public, and advocating for COVID-19 vaccination.



Dr. David Long



Dr. George Crile



The AMCNO also has a long history of making historical firsts in the fields of medicine and public health. Dr. George Crile, one of our earliest presidents, performed the first successful blood transfusion in humans in 1906 at St. Alexis Hospital.

Our physicians were also the first in Ohio to report infant mortality statistics. We worked with the American Red Cross to establish the first area blood bank, and we established the first Poison Control Line in Cleveland—one of the world's first Poison Control Lines ever.

In 1953, we ran one of the first health informational television programs in the country called "Prescriptions for Living" which aired every Sunday in Cleveland. Nearly 70 years later, we now update the public through the Northern Ohio Physician which has been consistently published since 1903, and through our social media pages.

In 1983, the AMCNO enlisted more than 1,400 volunteer physicians to care for the recently unemployed and their families by providing no-cost care to 2,574 people for services ranging from acute illness treatment to open heart surgery.

From witnessing the digging of the Erie Canal and traveling to patients on horseback to now posting health information videos on TikTok and delivering patient care digitally, we have been present for an incredible span of history. We welcome your involvement in helping us celebrate this history in 2024. If you'd like to join our Bicentennial Committee, please contact Executive Director Jen Johns at [JJohns@amcno.org](mailto:JJohns@amcno.org).

In each upcoming edition of the Northern Ohio Physician leading up to the Bicentennial, we will give you updates on our important work celebrating this incredible milestone for the AMCNO.



*Children receive the polio vaccine.*



*The Academy appears on T.V.*



*Academy members publicize poison control campaign.*



*1816 ambulance advertisement.*



# Zest Pediatric Network Brings Concierge Medicine to Pediatrics

Drs. Andrew Hertz, MD, Meghan Lynch-Ljubi, DO, and Michael Perisa, MD opened Zest Pediatric Network (ZPN) this January in Solon and Westlake. ZPN uses Direct Style Pediatric Care (DPC) to allow for personal communication between patients and providers.



Concierge medicine began in the 1990s to make medical care more accessible to patients or those who could afford it. Since then, this form of medical care has steadily increased in popularity and is projected to skyrocket in market size over the next eight years with an expected compound aggregate growth rate of 10.27% from 2022 to 2030. Cleveland has seen this style of care before with the expansion of national concierge providers like ChenMed and Oak Street Health, and Zest Pediatrics is the first pediatric concierge network of its kind in the area.

ZPN's founders believe this model allows pediatricians to build more meaningful relationships with their patients as they see the same patients repeatedly rather than rotating through patients in a group practice. Letting parents contact the pediatricians directly 24/7 and schedule same-day appointments gives parents a sense of ease and partnership with their child's provider. Their mission is to "empower pediatricians to be the doctors they dreamed of becoming and to partner with families in creating the healthiest, best lives for their children."

Concierge medicine is shown to be attractive to patients because of the immediate access to their physician, shorter waiting times to get seen, and more personalized care. Physicians may switch to concierge medicine from a typical health-insurance driven model to have a more patient-centered schedule and build better relationships with their patients. Rather than having a strict 9 to 5 schedule, pediatricians meet with their patients when needed.

Through ZPN's plan, families pay a monthly membership to cover all well visits; home visits for newborns; in-office testing for RSV, strep, flu, and COVID-19; unlimited sick visits; and more. They compare this model to other subscription services like Spotify or Planet Fitness memberships. DPC providers do not take health insurance since their patients' fees are covered through membership costs. ZPN does, however, recommend, that their patients still have health insurance for emergency care, specialist care, and vaccinations. Visit their [website](#) for more information.

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# US Senate Committee Discusses Health Care Workforce

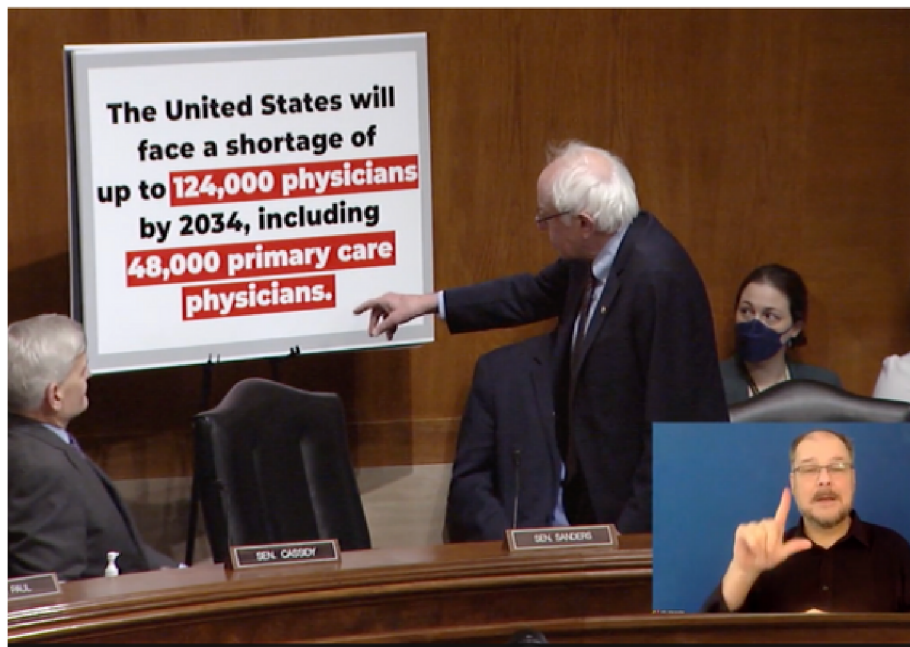
On February 16, the US Senate Committee on Health, Education, Labor, and Pensions (HELP) held a hearing on health care workforce shortages. Chairman of the committee, Senator Bernie Sanders (I-VT) opened the committee discussing the approaching health care shortage in the United States including physicians, nurses, dentists, pharmacists, and mental health care workers. “Nearly 100 million of our people live in a primary care desert where they are unable to gain timely access to a doctor when they need it,” said Senator Sanders.

The Senator also mentioned the need for more health care workers from underrepresented populations in the field including African American, Latino, and Native American individuals. Senator Sanders said, “It is a no brainer to understand that when over 10,000 medical school graduates are unable to fill residency slots every year, we must significantly expand and improve the graduate medical program.” This aligns with the AMCNO priorities of easing the match process and creating more residency slots federally.



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A team of five panelists discussed potential strategies moving forward to address this problem. Senator Sanders and the panelists discussed options such as expanding the [Teaching Health Center Graduate Medical Education \(THCGME\) Program](#) which allows residents to provide primary care in community health centers focused in rural and high-need areas and increasing student loan debt repayment and scholarships for medical students.

It is encouraging to see these hearings begin at the start of the new Congressional session, and we are hopeful that bipartisan legislation could be introduced soon to address these issues.

## SAVE THE DATE 4 29 23 SAT MEDICAL LEGAL SUMMIT

8:00 am - 12:30 pm  
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### Topics:

Dobbs Decision  
The 20th Anniversary of the Medical/Legal  
Partnership with the Legal Aid Society  
Medical Liability



# Opioid Epidemic Update

Today, overdose deaths remain a leading cause of injury-related death in the United States and a significant problem for Ohioans. Drug overdose has been a significant threat to Ohioans' health for decades. The AMCNO was one of the founding members of the U.S. Attorney's Heroin and Opioid Task Force which was formed in 2014 to bring together members of the Northeast Ohio community representing health care providers, the justice system and police, politicians, and education professionals. This group together worked to expand peer supporters in emergency rooms, increase access to the lifesaving naloxone and medication assisted treatment (MAT), pass good Samaritan legislation, and create OARRS—the state's prescription monitoring system. All of these policy changes along with other state and local initiatives have helped lessen the impact of the epidemic, but it is still raging in Ohio and nationwide.

Prior to the pandemic, Ohio and Cuyahoga County specifically began to see a decrease in accidental overdose deaths with a 22.7% decrease in accidental overdose deaths from 2017 to 2018. However, the increased use of fentanyl mixtures in drugs and substantial isolation with the pandemic led to another spike in overdose deaths going into 2021. According to most recent data, 5,204 Ohioans died due to accidental drug overdose in 2020, and 668 Cuyahoga County residents died due to drug overdose in 2021.

In response, the Biden Administration has announced initiatives to better track and treat opioid cases to prevent these preventable deaths from occurring including a [new website](#) to track non-fatal opioid overdoses. Legislators and advocates hope that this more immediate monitoring will allow for a faster response to crises.

The Drug Enforcement Administration (DEA) released production quotas for schedule I and schedule II controlled substances for 2023 following calls for the regulation from legislators across the U.S.

Also, it is now easier for patients to get treatment for opioid use disorder after the Omnibus Bill passed. The law eliminated the requirement for providers to have a specific waiver to prescribe buprenorphine for opioid use disorder. Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. While we wait to see if Ohio will establish rules to allow us to take advantage of these new flexibilities, we will still be working to expand provider access to education on medication assisted treatment. In fact, the AMCNO recently received a grant from the Ohio Prevention Network to help fund educational programming this summer. Please look for more information on these events in the next *Northern Ohio Physician*.

Governor DeWine also signed a bill on January 3 decriminalizing fentanyl test strips, a common form of harm reduction that people who use drugs are encouraged to use to test their drugs to make sure that they are not laced with fentanyl. According to ODH, fentanyl was involved in 81% of overdose deaths in Ohio in 2020, and it is still shown to be involved in most overdose deaths in Cuyahoga County according to the Cuyahoga County Medical Examiner's Office.

ODH's Primary Care Office also created the [Ohio Substance Use Disorder Professional Loan Repayment Program](#) to increase access to substance use disorder (SUD) treatment for underserved communities and populations. Participating providers must commit to practice for two years at an eligible site in a Health Professional Shortage Area and other high-burdened SUD areas of Ohio, accept Medicare and Medicaid, see patients regardless of their ability to pay, and spend at least half of their direct patient treatment time providing treatment for SUD. In return, ODH repay loans associated with their medical training.

The AMCNO will continue to take part in the U.S. Attorney's Office Opioid Task Force and the Northeast Ohio Hospital Opioid Consortium to ensure we are doing all we can to help curb the effects of the opioid epidemic in Northeast Ohio.





# AMCNO Works with Cleveland Anti-Tobacco Coalition

The Academy is working with the American Heart Association (AHA) and more than 40 other community organizations to support passage of legislation to prevent minors from getting and using tobacco products. On February 6, Cleveland City Council introduced legislation that would end the sale of flavored tobacco products including menthol and create a tobacco retail license that would keep tobacco products out of youth hands. While the bill has an uphill climb to passage, it could mark a turning point in the battle against predatory marketing of these products to children.

The AMCNO has worked with the AHA in the past on numerous legislative efforts. For example, our organization was a critical piece of the Cleveland Healthy Kids' Meals Campaign with the American Heart Association to make healthy drinks the automatic option for kids' meals which was unanimously passed by Cleveland City Council in July 2020.

We are now targeting the problem of tobacco use in youth populations given the high smoking rate in Cleveland and the predatory tactics used by the tobacco industry to convince children to use tobacco products. Kid-friendly flavors like gummy bear, grape crush, and cotton candy, often used in non-combustible "e-cigarettes," are designed to hook a new generation of tobacco users. Nearly all (97%) youth e-cigarette users report using flavored products, and the overwhelming majority point to flavored products as their starting point.

In addition to ending the sale of flavored products, the legislation would give officials better tools to enforce existing tobacco laws. While the federal government raised the minimum age for tobacco purchasing to 21 in 2015, enforcement efforts continue to be inadequate in deterring sales to underage youth. In 2019, only 28% (176) of Cleveland's 618 tobacco retailers received a compliance check. Of the 176 inspections performed, 38% failed inspection.

Establishing a Tobacco Retail License will allow the city to better enforce laws that keep tobacco products out of the hands of youth. These policies give the city the tools needed to lower Cleveland's startling high smoking rate of 35.2% (a rate significantly higher than state and national averages), prevent future tobacco addiction and tobacco-related health outcomes including heart disease, lung cancer, and stroke.

You can help support this legislation by emailing your legislator through the AHA tool at <https://act.yourethecure.org/kXRgzfa>. Please email your Cleveland legislator soon as the bill will be heard by the Council's Health, Human Services, and the Art Committee in the coming months.





# Congress Passes Omnibus Bill

The Consolidated Appropriations Act of 2023, otherwise known as the Omnibus Bill, passed the House and Senate in late December before being signed by President Biden on December 29. The \$1.7 trillion bill includes significant health provisions including at least \$10 billion appropriated into behavioral health for the fiscal year 2023. This accounts for measures including the following:

- Medicare coverage for mental health counseling
- Funding for an additional 200 graduate medical education training positions, 100 of which must go to psychiatric physicians
- Creation of a maternal health hotline
- Increased pediatric mental health access
- More funding for Certified Community Behavioral Health Clinics

Legislators also changed requirements in the treatment of substance abuse by removing the requirement for physicians to get an additional waiver, called the X-Waiver, from the Drug Enforcement Administration to prescribe buprenorphine, a medication used to treat opioid disorder. The bill also extended telehealth flexibilities for Medicare enrollees and delinked the continuous coverage of Medicaid from the COVID-19 Public Health Emergency declaration, thus allowing states to begin unenrolling beneficiaries who are no longer eligible for Medicaid on April 1.



It is encouraging to see the bipartisan support for key health priorities shared by the AMCNO like expansion of telehealth, and we will stay up to date with the implementation of this bill in Ohio.

## PHE Set to End May 11

The White House announced on January 31 that the COVID-19 national and public health emergencies (PHE) will end on May 11. With this announcement, President Biden preempted two bills in the House of Representatives aimed at ending the declarations sooner.

Initially put into place in March 2020 by former President Trump, the PHE has allowed for various healthcare flexibilities throughout the pandemic. The ending of this declaration brings about the following changes among others:

- Hospitals will no longer receive a 20% increase in the Medicare payment rate for treatment of patients with COVID-19
- Controlled substances may no longer be prescribed through telemedicine without an in-person evaluation
- Health insurance plans will be able to use cost sharing for COVID-19 tests and out-of-network COVID-19 vaccines
- Waivers for potential HIPAA violations occurring through communications technology like FaceTime or Skype

Additionally, the continuous enrollment for Medicaid previously linked with the PHE will end on March 31. The Ohio Department of Medicaid (ODM) has a 12-month plan prepared to return their program to routine operations which began on February 1 to allow termination of Medicaid enrollment on April 1.

The AMCNO will continue to update members on how the transition out of the PHE could affect their practices.



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## The 134th Concludes Without Action on AMCNO Priority Legislation

The 134th Ohio General Assembly concluded its work in December 2022 without moving forward on any AMCNO priority legislation. However, the legislature did allocate federal funds on a priority issue for the Academy: lead poisoning. The amendment, which was passed as part of Substitute House Bill 45 and introduced by Sen. Matt Dolan (R- Chagrin Falls), appropriates \$150 Million from the American Rescue Plan Act (ARPA) for lead prevention and mitigation.

The \$150M appropriation to the Dept. of Development requires that no less than \$20M be used in FY23 in coordination with the Dept. of Health to "support lead poisoning prevention projects in the state." The ARPA lead prevention funding also includes investments in "workforce development, recruitment, and retention of lead contractors" and funding for "window and door replacement" in homes and childcare facilities built before 1978, an innovative targeted approach to reducing lead exposure in older homes. AMCNO is a proud member of the Ohio Lead Free Kids Coalition, and we thank them for their continued advocacy on this issue.

Looking to the now active 135th General Assembly, we expect to see the return of priority legislation on biomarker testing coverage and co-pay assistance programs. We will also work with the Ohio State Medical Association on the introduction of prior authorization reform legislation.

## NORTHERN OHIO PHYSICIAN

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THE NORTHERN OHIO PHYSICIAN (ISSN# 1935-6293) is published quarterly by the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), 6111 Oak Tree Blvd., Suite 150, Cleveland, Ohio 44131. Periodicals postage paid at Cleveland, Ohio. POSTMASTER: Send address changes to NORTHERN OHIO PHYSICIAN, 6111 Oak Tree Blvd., Suite 150, Cleveland, Ohio 44131. Editorial Offices: AMCNO, 6111 Oak Tree Blvd., Suite 150, Cleveland, Ohio 44131, phone (216) 520-1000. Annual subscription rates: \$12 for members (included in dues), \$36 for nonmembers. Single copies: \$12. Circulation in electronic format: 6,000.

Opinions expressed by authors are their own, and not necessarily those of the Northern Ohio Physician or The Academy of Medicine of Cleveland & Northern Ohio. Northern Ohio Physician reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

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## Governor DeWine Introduces State Budget

Ohio Governor Mike DeWine gave his State of the State speech on Jan. 31st to kick off the state's biennial budget cycle. The Governor's remarks concentrated on the need for Ohio to provide better support for its children as well as the need to continue economic expansion in the state.

Highlights of the introduced budget include:

- Expanded Medicaid coverage for pregnant mothers and children up to 300 percent of the federal poverty level
- Expanding the Comprehensive Maternal Care (CMC) initiative by partnering with obstetrical practices to connect expectant mothers with care earlier in their pregnancies to improve birth outcomes
- \$2,500 child tax deduction
- A funded school resource officer in every public and private school
- Expansion of school vouchers for charter schools
- Repeal of sales tax on critical infant supplies including cribs and diapers
- Creation of a new Department of Children and Youth to focus on children's physical and mental health, and foster care
- \$300 million for capital improvements for Ohio's career tech centers
- \$2.5 million investment in preparing large sites for economic development

The budget will now head to the Ohio House of Representatives who will work on the bill in the coming months before submitting their changes and sending them to the Ohio Senate.

# Abortion and Vaccination Amendments Expected to Move Forward in 2023

The “Medical Right to Refuse” amendment is in the process of gathering 443,000 voters’ signatures required to place the referendum on the ballot. Organizers said they are hoping to put the issue to voters in May 2023.

The proposal covers all vaccines, not just COVID-19. It contains two basic elements:

- “An individual’s right to refuse any medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device shall be absolute.”
- “No law, rule, regulation, person, employer, entity, or healthcare provider shall require, mandate or coerce any person to receive or use a medical procedure, treatment, injection, vaccine, prophylactic, pharmaceutical, or medical device nor shall the aforementioned discriminate against the individual who exercises this right.”


If enacted, the law could force changes in several institutions that require vaccination including schools, health care facilities, and other private businesses.

Additionally, a coalition of pro-choice advocates, including the [Ohio Physicians for Reproductive Rights](#), is collecting signatures to get an amendment on the ballot in November 2023 to codify abortion rights in Ohio.

The AMCNO will continue to keep members abreast of updates on these referendums.

## Next Generation of Ohio Medicaid Launches Stage 3

On February 1, the Ohio Department of Medicaid (ODM) launched the third stage of its Next Generation of Ohio Medicaid Managed Care which implemented the following:




**Ohio Medicaid Providers**

**February 1 launch of the Next Generation of Ohio Medicaid Program**

The February 1 launch of the Next Generation of Ohio Medicaid program includes the implementation of the Next Generation managed care plans, the new Electronic Data Interchange, and the Fiscal Intermediary.


Last updated: January 5, 2023

**What is changing for me?**




**Next Generation Managed Care Plans**

Seven Next Generation managed care organizations (MCO) begin providing services to Ohio Medicaid members.




**Managed Care Contracts**

Contracts with the MCOs have been updated to ensure consistency and minimize differences between how providers interact with the Next Generation managed care plans.




**Managed Care Plan Portals**

Continue using managed care plan portals to submit claims, prior authorizations, prior authorizations, verify eligibility, view managed care 1099s, correspondence, etc.




**External Medical Review**

An external medical review is offered to providers who are unsatisfied with a decision made by an MCO or the OhioRISE plan, to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity.




**Member ID Number**

The Medicaid ID (or MMIS ID) must be the ID number used for fee-for-service and managed care claims processing. Providers can check member eligibility and member IDs via the Provider Network Management (PNM) module, which redirects to MITS.



**Electronic Data Interchange (EDI)**

Providers should confirm their trading partner is authorized to work with Deloitte, the new EDI vendor. EDI claims are submitted to the new EDI vendor. Prior authorizations (PA) will not be submitted to the EDI. Fee-for-service (FFS) PAs must be submitted through the PNM module and managed care PAs to the MCO.



**Rendering Provider**

EDI-submitted claims and FFS claims must only include one rendering provider and must be listed in the header of the claim. Different rendering providers at the detail level are no longer acceptable.\*

\*Exceptions for FFS Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers are detailed <https://medicaid.ohio.gov/static/About+Us/PoliciesGuidelines/MAL/MAL622-A.pdf>

- Seven more managed care plan options for enrollees for a total of nine plans
- Ohio Medicaid Enterprise System (OMES) replaced most modules in the Medicaid Information Technology System (MITS) to be a single point of entry for all provider credentialing, claims, prior authorization requests, and member eligibility requests
- Electronic Data Interchange (EDI) runs through a new vendor, Deloitte. Claims with dates of service on or after February 1 must be submitted through Deloitte
- Fiscal Intermediary (FI) replaced the systems used to process and pay Fee for Services (FFS) claims and providers through the EDI. The FI now manages financial data for Medicaid

To watch ODM’s full webinar for providers on these changes, visit their [website](#).



# Malpractice Suit Dismissed; AMCNO Participated in Amicus Brief

The AMCNO, alongside the Ohio Hospital Association and the Ohio State Medical Association, participated in an amicus brief on the side of the defendants in the case of *Clawson v. Heights Chiropractic Physicians*. The case was a malpractice suit against a chiropractic practice after the patient, Ms. Clawson, was allegedly injured by excessive pressure. Because the malpractice statute of limitations against the provider had passed, the patient sued the chiropractic practice.

The Ohio Supreme Court, in a 4-3 vote, sided with the provider and amicus curiae, including the AMCNO. The court stated that an employer cannot be sued because the plaintiff failed to serve a case against an employee within the statute of limitations.

Chief Justice Maureen O'Connor wrote in the [majority decision](#) that the court's ruling was based on precedent from a prior case, *Natl. Union Fire Ins. Co. of Pittsburgh, PA v. Wuerth*, where it was decided a law firm cannot be held liable for malpractice unless an employee is liable.

In the amicus brief, we had urged the Court to apply *Wuerth* to physician-employees stating, “such an approach strikes an appropriate balance between holding corporate entities responsible for the negligent acts of their non-physician employees and recognizing the independent roles physicians have in diagnosing and treating patients. At bottom, if a physician-employee cannot be held liable for malpractice, there can be no secondary liability against the employer.”



# HAPPY DOCTORS' DAY!

MARCH 30

## Future Leader Spotlight Negin Orfanian Azimzadeh Khosravi

Negin Orfanian Azimzadeh Khosravi is a fourth-year medical student and one of the inaugural members of the AMCNO Future Leaders Council. She joined the AMCNO's trip to Washington, D.C. in February and spoke with Congressional offices about her experience as a medical student.



Born and raised in Iran, Negin leapt into advocacy work as an adult after experiencing and witnessing persecution and oppression of individuals for expressing themselves. She remembers a specific encounter with the morality police scolding her for her hair being visible through her hijab, and she shares that she did not feel comfortable being her true, outgoing self until she moved to the United States at age 15.

Negin earned a Bachelor of Science at the University of San Francisco and a Master of Science at Johns Hopkins University before moving to Ohio for medical school at Northeast Ohio Medical University (NEOMED). Her path as an advocate and leader led her to join the Future Leaders Council at the Academy where Negin has contributed to legislative meetings, service events, and congressional visits. At NEOMED, she is a senior leader at the NEOMED student-run free clinic, a tutor for first- and second-year medical students, and a peer advisor. She loves traveling, reading, mentoring, and participating in community service.

The trauma she witnessed and experienced throughout her life has led to a devotion to advocacy which she plans to harness into a career in emergency medicine. She says, "I wanted to treat diverse patient populations and conditions... I wanted to be a voice for patients dealing with addictions, homelessness, abuse or violence." Negin is happy to return to the Future Leaders Council for the 2023-2024 class and is excited for her future as a physician in Northern Ohio.





# AMEF Contributors as of 2022

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Walter & Haverfield, LLP

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Todd Associates, Inc.  
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## \$5,000 – 9,999

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Endoscopy Center at Bainbridge  
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Kapp Surgical Instruments  
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McDonald Hopkins, LLC  
Mount Yale Capital Group  
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The Premium Group  
Rea & Associates, Inc.  
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Sisters of Charity Health System  
Sutter, O'Connell & Farchione  
Tucker Ellis & West, LLP  
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## \$3,000 – 4,999

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## \$1,000 – 2,999

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Howmedica/Three Rivers  
Independence Surgery Center  
Inspire Pharmaceuticals, Inc.  
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LA Makeup, Inc.  
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Mercedes-Benz of Cleveland  
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NEON (Northeast Ohio Neighborhood  
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Academy  
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Parma Community General Hospital  
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Astra-Zeneca  
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Dale Cowan, MD, JD  
David C. Epstein, MD  
Marcie Grosbeck, MD  
Fred M. Jorgensen, MD  
George P. Leicht, MD  
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Andrea H. Naylor-Golembiewski, MD  
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Raymond J. Votpyka, MD



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ADDRESS SERVICE REQUESTED



## 'Tis the Season to Give Back

We want to thank all the AMCNO members who joined us for volunteer opportunities this past holiday season. Community service has been a core value of the AMCNO since our founding. In November, we volunteered at [MedWish International](#), an organization founded in 1993, that saves lives and the environment by repurposing surplus medical supplies and equipment to provide humanitarian aid to people in need. And in December, we volunteered at the [Greater Cleveland Food Bank](#). In just two hours, our team was able to pack 9 pallets, or about 10,000 lbs. of food to distribute to our neighbors in need. Thanks again to all our volunteers!

