ACTION REPORT
TO 2013 HOUSE OF DELEGATES REGARDING
2012 RESOLUTIONS

Those resolutions not receiving favorable action of the House of Delegates are omitted from this report. Action taken is in blue type after the RESOLVED(s) of each resolution.

Resolution No. 01 – 2012
OSMA Policy Sunset Report

ACTION: The OSMA policy compendium was updated to reflect the actions adopted in Resolution 01 – 2012 and posted on the OSMA web site. Due to its length, the text of Resolution 01 – 2012 is omitted from this report, but can be viewed at www.osma.org under annual meeting archives.

Resolution 05 – 2012
AMA's Truth in Advertising Campaign

RESOLVED, The OSMA work with the state legislature to enact legislation to help provide clarity and transparency for patients when they seek out and go to a health care practitioner and that the legislation include provisions similar to those included in the AMA's Truth in Advertising campaign.

ACTION: At OSMA's urging, House Bill 607 was introduced by Representative Anne Gonzales (R-Westerville) and included as a co-sponsor Representative Lynn Wachtmann, Chairman of the House Health Committee. The bill had only one hearing in December and will have to be reintroduced in the new session of the legislature in 2013.

Resolution 07 – 2012
Limiting Medical Liability Hedge Funds

RESOLVED, That the Ohio State Medical Association (OSMA) help to establish and support legislation that would make medical liability hedge funds illegal in Ohio; and, be it further

RESOLVED, That the OSMA notify the Governor, members of Ohio General Assembly, and the Centers for Medicare and Medicaid Services that the legislation proposed by the OSMA to make medical liability hedge funds illegal is being introduced in order to help curb the rising costs of health care in the United States; and, be it further

RESOLVED, That the OSMA forward this issue to the AMA to raise national awareness of medical liability hedge funds and other attempts at third-party financing of medical liability lawsuits, as medical liability reform is a top priority of our AMA.

ACTION: The OSMA is working with the AMA and the American Tort Reform Association (ATRA) to gain information on the extent of third-party litigation financing occurring in Ohio and nationally. Once the scope of the problem is identified, we will work with the AMA and ATRA to develop legislation to accomplish the objectives of this resolution.

Resolution 09 – 2012
Shortages of Non Narcotic Schedule II Medications Due to DEA and FDA Controls

RESOLVED, That our Ohio State Medical Association (OSMA) encourage our Ohio legislators and our American Medical Association to work with the US Food and Drug Administration and the federal government to monitor the availability of methylphenidate related pharmaceuticals, evaluating the distribution of the various compounds and brands, as well as regional shortages; and be it further

RESOLVED, That our OSMA work with our American Medical Association to encourage the US Food and Drug Administration and the federal government to assure adequate supplies of methylphenidate related pharmaceuticals in the marketplace in all regions of the country.

OSMA ACTION: Council and the AMA Delegation approved submission to the AMA House of Delegates in June a redrafted version of Resolution 09 – 2012. The resolution was co-sponsored by the American Academy of Physician Medicine and Rehabilitation, the American Association of Neuromuscular & Electrodiagnostic Medicine and the Ohio Delegation. Following is the languages of the Resolveds as taken to the AMA:

RESOLVED, That our American Medical Association work with the US Food and Drug Administration and the DEA, and other agencies of the federal government to monitor the availability of non-narcotic Schedule II medications including methylphenidate related pharmaceuticals, evaluating the distribution of the various compounds and brands, as well as regional shortages, and be it further

RESOLVED, That our American Medical Association encourage the federal government through its many agencies, specifically the DEA and FDA, to assure adequate supplies of methylphenidate related pharmaceuticals in the marketplace in all regions of the country.

AMA ACTION: Ohio Resolution 09 – 2012 was submitted to the AMA House of Delegates and became AMA Resolution 510. The resolution was combined with a Council report and 4 other resolutions on the same topic and became Item 6 in annotated Report of Reference Committee E, page 11. The issue was identified as urgent and complex. Ohio's resolution was incorporated into the Council report reinforcing the seriousness of the current situation.

Amended Resolution 10 – 2012
Ohio State Board of Pharmacy Paper Log

RESOLVED, that the Ohio State Medical Association work with the Ohio State Board of Pharmacy (OSBP) to pursue rule changes to address the burden set forth by the OSBP of daily signed paper logs.

ACTION: The OSMA met with the Board to clarify the requirements around electronic prescribing including the requirement for paper logs. The requirement to print out a daily log of electronic prescriptions is vendor specific. What the Board requires varies with how each EMR or e-prescribing vendor's system operates and what the Board has approved. Their authority stems from Ohio Administrative Code OAC 4729-5-01 (N) and 4729-5-30 (F).

4729-5-01:

(N) "Positive identification" means a method of identifying an individual who prescribes, administers, or dispenses a dangerous drug.

(1) A method may not rely solely on the use of a private personal identifier such as a password, but must also include a secure means of identification such as the following:

(a) A manual signature on a hard copy record;
(b) A magnetic card reader;
(c) A bar code reader;
(d) A thumbprint reader or other biometric method;
(e) A proximity badge reader;
(f) A board approved system of randomly generated personal questions;
(g) A printout of every transaction that is verified and manually signed within a reasonable period of time by the individual who prescribed, administered, or dispensed the dangerous drug. The printout must be maintained for three years and made available on request to those individuals authorized by law to review such records; or
(h) Other effective methods for identifying individuals that have been approved by the board.

(2) A method relying on a magnetic card reader, a bar code reader, a proximity badge reader, or randomly generated questions for identification must also include a private personal identifier, such as a password, for entry into a secure mechanical or electronic system.

At this point in time, the only recourse is to have further discussions with EMR vendors about alternative ways to make their system compliant with Board rules.

Resolution 11 – 2012
Pharmacy Board Liaison System

RESOLVED, That the Ohio State Medical Association investigate forming a liaison system to include physicians with the Pharmacy Board in order to foster better prescribing cooperation in the care of the citizens of Ohio.

ACTION: The OSMA has met with the pharmacy board several times over the past year to discuss issue-specific concerns. At each of these meetings the OSMA has discussed the importance of increasing the involvement and interaction between the physician community and the pharmacy board. While a formal liaison system has not been formed, the OSMA continues to increase its visibility in front of the pharmacy board and is continually working towards building a more formal relationship.

Amended Resolution 12 – 2012
Pharmacy Scope of Practice

RESOLVED, That the Ohio State Medical Association (OSMA) work with the Ohio State Board of Pharmacy to require that a disclosure be made to the prescribing physician and to the patient if a medication is changed from what is ordered by the physician and how it differs, if it is not generic equivalent.

ACTION: While this issue has not been resolved, the OSMA brought this issue to the attention of the pharmacy board and will continue to pursue action in line with the intent of the resolution.

Resolution 13 – 2012
48-Hour Rule after Consent to Withhold or Withdraw Life Sustaining Treatment from Patient

RESOLVED, That the Ohio State Medical Association seek to amend ORC 2133.08 to allow immediate withholding and withdrawal of life support measures from the critically ill ICU patient that cannot benefit from continued life support measures, providing that the top two applicable priority groups (as defined in ORC 2133.08 (A)(2) are in full agreement with the decision by the top priority group to withhold and withdraw life support measures.

ACTION: The OSMA is a member of a task force intent on amending the Ohio law to allow use of a uniform *Medical Orders for Life Sustaining Treatment* (MOLST) form. A defining facet of the task force's efforts is the commitment to a patient-centered, patient-driven approach towards end of life care. The matters inherent to Resolution 13 – 2012 are generally part of the legislative approach of the MOLST task force, and the OSMA will continue to advocate accordingly.

Resolution 14 – 2012
Addressing Safety and Regulation in Medical Spas

RESOLVED, That the Ohio State Medical Association (OSMA) advocate for state regulation to ensure that cosmetic medical procedures, whether performed in medical spas or in more traditional medical settings, have the same safeguards as "medically necessary" procedures, including those which require appropriate training, supervision and oversight; and, be it further

RESOLVED, That OSMA advocate that cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures, be considered the practice of medicine; and, be it further

RESOLVED, That OSMA takes steps to increase the public awareness about the dangers of medical spas which do not adhere to patient safety standards by encouraging the creation of formal complaint procedures and accountability measures in order to increase transparency; and, be it further

RESOLVED, That OSMA continues to evaluate the evolving issues related to medical spas, in conjunction with the interested medical specialty societies.

ACTION: The OSMA has addressed this issue with the State Medical Board of Ohio. While maintenance of licensure (MOL) and the regulation of pain management clinics absorbed most of the medical board's attention in 2012, the medical board has stated that they are currently reviewing the issue of safety and regulation in medical spas and will likely address the specific issues of the safety and regulation of laser treatments and dermal fillers in 2013. The OSMA will continue to monitor and actively participate in this issue.

Resolution No. 15 – 2012
Dissemination of Information on Proposed Health Care Legislation

RESOLVED, That the OSMA inform its membership of all proposed legislation, executive orders, administration rules, ballot initiatives and other state government actions that impact health care or the practices of its physician members.

ACTION: The OSMA Council approved the following implementation plan for state government actions in response to Resolution 15 – 2012:

Legislation, executive orders and ballot initiatives

The OSMA government relations staff will review the weekly introduction of bills and publish on the OSMA website all bills that impact health care or the practices of its physician members.

As in the past, staff will prepare summaries of those bills that are germane to the OSMA's health care policies and priorities and place those bills before the OSMA Focused Task Force on State Legislation (FTFSL) for consideration of an official position.

For bills that impact health care or the practices of its physician members, but may not be germane to the OSMA's health care policies or priorities, staff will present those proposals to the FTFSL for consideration of whether to more formally engage in the issue. If the FTFSL requests further engagement, OSMA staff will prepare a bill summary and place the proposal before the FTFSL for consideration.

In order to implement Resolution 18 – 2012, with regard to bills that may criminalize the practice of standard of care medicine, the OSMA staff will note those proposals with greater emphasis relative to the posting mentioned above.

For any bill that criminalizes clinical practice that is the standard of care, staff will present the proposal to the FTFSL for consideration, using the following process for analysis:

- Does the bill affect a clinical practice that is the standard of care?
- What is the applicable standard of care?
- Does the bill criminalize this standard of care?
- If yes, the OSMA will oppose the provision (unless the FTFSL determines such a position would be in conflict with another OSMA policy and at that point, it may decide to take a different position).

Administrative Rules

The OSMA will provide links on the OSMA Advocacy page and in the OSMA this week to the Register of Ohio and the JCARR Weekly Report. Both of these sources provide a listing of all rules being proposed or acted upon by state agencies. We will also publish a link to key state

agency rule sites for Bureau of Worker's Compensation, Ohio Departments of Health, Insurance, Medicaid and the Medical Board and Pharmacy Board.

In addition, we will continue our current efforts to monitor state agency rules by daily scanning rule proposals and determining whether additional staff action or physician interaction is warranted. The agencies that the OSMA routinely monitors are Bureau of Workers' Compensation, Ohio Departments of Health, Insurance, Medicaid, and the Medical Board, and Pharmacy Board. If any of these agencies propose a rule that appears to have some impact on physicians or physician practice, staff more thoroughly reviews the rule and determines whether OSMA action is warranted. OSMA action might include gathering impact information from members (primarily through the community forum or by creating ad hoc task forces to deal with specific issues such as prescription drug abuse or office based surgery rules), presenting information and evidence to the state agency either formally or informally. Staff might meet with agency staff, send a letter, provide testimony at a hearing (written or oral), or offer alternative rule language. Any or all of the above action may be appropriate at any given time in the rule making process.

The OSMA will also create a separate community forum page for rule and other state action postings. We will post every rule filing link without any staff comment. Members who are interested in following all rules can subscribe to this page and review any filing of interest. The intent would be to provide information to all who wish it and to take individual action if they so choose but that the OSMA would not necessarily take action.

Amended Resolution 16 – 2012
Maintenance of Board Certification and Maintenance of Licensure Requirements

RESOLVED, The OSMA actively oppose any efforts by the State Medical Board of Ohio to implement different maintenance of licensure requirements other than those currently in place for physicians in Ohio; and, be it further

RESOLVED, That the OSMA form a task force to explore methods, other than maintenance of certification, for physicians to demonstrate ongoing competency in anticipation of new requirements for maintenance of licensure by the State Medical Board of Ohio.

ACTION: The efforts of the Ohio State Medical Association (OSMA) contributed to the Medical Board's vote to suspend further consideration of participation in the Maintenance of Licensure (MOL) pilot project with the Federation of State Medical Boards (FSMB).The medical board met in October 2012 and determined that they would **not** pursue additional MOL activities in the state of Ohio. More information about the board's decision is available on the OSMA website and Community Page.

Amended Resolution 17 – 2012
Introducing Quality and Patient Safety Education Curriculum in Undergraduate Medical Education

RESOLVED, That the Ohio State Medical Association (OSMA) encourage Ohio medical schools to adopt a curriculum such that core competencies of patient safety and quality of patient care in medical education are met; and be it further

RESOLVED, that the OSMA ask the AMA to urge the Liaison Committee on Medical Education (LCME) to include patient safety and quality of patient care curriculum within the core competencies of medical education in order to instill fundamental skills.

OSMA ACTION: Resolution 17 – 2012 was submitted to the AMA House of Delegates in June 2012 and became AMA Resolution 320.

AMA ACTION: The resolution was amended by a single word change of "urge" to "encourage" and adopted as written.

Substitute Resolution 18 – 2012
Criminalization of Medical Care

RESOLVED, That the OSMA Focused Task Force on State Legislation review every bill or ballot initiative that impacts the delivery of health care; and be it further

RESOLVED, That the OSMA strive to inform its members of any proposed legislation which criminalizes the practice of standard of care medicine; and, be if further

RESOLVED, That the OSMA Focused Task Force on State Legislation oppose any portion of proposed legislation that criminalizes clinical practice that is the standard of care.

ACTION: The OSMA Focused Task Force on Legislation reviewed and established a position on 105 different legislative proposals. The OSMA reported on these proposals via OSMAThisWeek and the bills and bill summaries were made available to OSMA members on the OSMA website. On various bills that may have established criminal penalties for clinical practice that is the standard of care, the OSMA legislative team expressed the association's concerns and opposition to such legislative activity in meetings and discussions with key lawmakers.

Resolution 20 – 2012
Physician Reimbursement for Coordination of Care in Medical Home

RESOLVED, That the Ohio State Medical Association work with Ohio insurers, and the Ohio Department of Insurance to assure that physicians receive adequate reimbursement for providing coordination of care outside of the traditional patient office visit required for the successful treatment of patients in the medical home.

ACTION: The OSMA works directly with insurance companies in Ohio that are implementing new payment methodologies to advocate for payment for care coordination services. Additionally, OSMA staff participates in the Ohio Patient Centered Primary Care Collaborative. The Collaborative brings together insurers, providers, and public health officials to address all aspects of the implementation of primary care medical homes.

Resolution No. 21 – 2012
Universal Compendium Codes

RESOLVED, That the Ohio State Medical Association work collaboratively with the Ohio Hospital Association in an effort to make all hospitals/radiographic facilities in Ohio have standardized nomenclature and compendiums for all radiographic testing.

ACTION: The OSMA staff will meet with OHA staff to clearly identify the different ways that hospitals or radiographic facilities use nomenclature and compendiums for all radiographic testing and include some radiology practice managers in this meeting. After the initial meeting, the OSMA will develop a suggested set of solutions and work with OHA to encourage its membership to adopt designated solutions.

Amended Resolution 22 – 2012
Testing and Treatment Supplies

RESOLVED, That the Ohio State Medical Association delegation to the AMA propose AMA policy that requests CMS and other payers to allow the patient's physician to determine the quantity of supplies and frequency of testing that are determined to be medically necessary by the physician and to cover the cost of the supplies required for that testing and treatment.

ACTION:

Amended Resolution 22 – 2012 as submitted to the AMA House of Delegates and became AMA Resolution 113

RESOLVED**,** That it is the policy of the AMA that a patient's physician, at his/her sole discretion, shall determine the frequency of testing or treatment that is medically necessary to appropriately manage a chronic disease and therefore the quantity of supplies needed for any time interval;; and, **be it further**

RESOLVED, That the AMA request the CMS to modify existing restrictions on the number of supplies allowed per month by Medicare and to provide the patient's physician the authority and the autonomy to determine the appropriate testing or treatment intervals for optimum medical control and; **be it further**

RESOLVED, that the AMA develop model state legislation to prevent third-party payers from imposing payment limits on medical supplies that override the physician's medical judgment in testing or treatment frequency.

Action Taken by the AMA House of Delegates:
AMA Policy was approved to allow for every physician to have the right to not enroll in Medicare, and the AMA will seek the right of patients to collect from Medicare for covered services provided by un-enrolled or disenrolled physicians.

Resolution 23 – 2012
Mandatory Competency Exams for Older Physicians

RESOLVED, that the Ohio State Medical Association develop policy to oppose mandatory medical competency exams solely on the basis of age.

ACTION: The OSMA will monitor any Medical Board actions that would impose manadatory competency exams solely on the basis of age. In addition, the OSMA supports AMA policies

that focus on assessment of physicians based on competency such as H-225.961, H-275.978, H-300.982, H-275.996, and H-275.923.

Resolution No. 25 – 2012
Medical Price Controls for Physicians

RESOLVED, That the Ohio State Medical Association (OSMA) develop a comparison chart to show average increases in hospital reimbursements over the past 25 years as compared to average changes in physician reimbursements over the past 25 years, contrasting both Medicare and Medicaid reimbursements to both hospitals and physicians and transmit such information to the delegation members and full membership~~; and, be it further~~

~~RESOLVED, That the OSMA declare a clear policy statement in opposition to price controls for physicians' fees; and, be it further~~

~~RESOLVED, That the OSMA declare a clear policy statement supporting a physician's right to bill any patient for physician services not fully covered by insurance payments and work to change laws that prohibit physicians from billing patients for amounts not covered by insurance~~.

[Note that the House amended Resolution No. 25 – 2012 as indicated and referred the resolution as amended to Council for Action.]

ACTION: The chart below shows hospital and physician expenditures for the Medicare and Medicaid program from 1980 until 2010 with every ten years shown from 1980 until 2000 and annual expenditures from 2000 to 2010.

Over the last thirty years Medicare hospital expenditures have increased from $26.3 billion to $226 billion (761%) compared to an increase from $8.3 billion to $114.8 billion (1,281%) in Medicare physician expenditures. Additionally, over the same time period Medicaid hospital expenditure have increased from $9.2 billion to $152.5 billion (1,158%) compared to an increase from $2.4 billion to $43 billion (1,692%) in Medicaid physician expenditures.

While total dollars expended by both the Medicare and Medicaid programs are greater for hospital services than physician services, the percentage increase for both Medicare and Medicaid spending has grown at a faster rate for physician services than hospital services.

Medicare

Year	Hospital Expenditures Billions $	Increase	Physician Expenditures Billions $	Increase
1980	$26.3		$8.3	
1990	$67.4	156%	$30.5	267%
2000	$122.9	82%	$58.7	92%
2001	$134.5	9%	$63.7	9%
2002	$142.7	6%	$68.0	7%
2003	$150.2	5%	$73.8	9%
2004	$162.1	8%	$80.8	9%
2005	$175.4	8%	$85.9	6%
2006	$184.1	5%	$91.5	7%
2007	$192.6	5%	$96.0	5%
2008	$205.5	7%	$103.8	8%
2009	$216.5	5%	$111.4	7%
2010	$226.5	5%	$114.8	3%
Total 1970-2010		**761%**		**1283%**

Medicaid

Year	Hospital Expenditures Billions $	Increase	Physician Expenditures Billions $	Increase
1980	$9.2		$2.4	
1990	$26.7	190%	$7.0	192%
2000	$71.2	167%	$19.2	174%
2001	$77.7	9%	$21.4	11%
2002	$84.9	9%	$23.9	12%
2003	$90.7	7%	$25.1	5%
2004	$97.7	8%	$27.7	10%
2005	$104.8	7%	$29.8	8%
2006	$110.2	5%	$31.6	6%
2007	$119.8	9%	$33.3	5%
2008	$124.1	4%	$35.7	7%
2009	$137.1	10%	$40.0	12%
2010	$152.5	11%	$43.0	8%
Total 1970-2010		**1558%**		**1692%**

Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group; National Health Expenditures, by Source of Funds and Type of Expenditure

Amended Resolution 27 – 2012
Transparency in Insurance Coverage Information

RESOLVED, That the OSMA work with the Ohio Department of Insurance to develop transparency in the Insurance Card information presented by patients so that physicians are aware of the coverage provided by the insurance program including the patient's responsibility.

ACTION: The OSMA staff, as part of the 2010 Payer Updates conferences, addressed this issue of transparency of insurance information with each of the insurers that attended. Also, more patient eligibility information is now available online in real time reducing the concerns with physical cards. The OSMA is also working on this issue with the AMA Private Sector Advocacy division to promote use of the HIPAA eligibility standard transaction to automate eligibility checking.

Resolution No. 28 – 2012 – Practice Economics
Pricing Inequity for Patients Without Health Insurance

RESOLVED, That the OSMA create a task force to research options, including legislative options, that would end the disparity in pricing for uninsured patients; and, be it further

RESOLVED, That this task force report back to OSMA annual meeting in 2013.

ACTION: The OSMA Council directed staff to investigate the issues in Resolution No. 28 – 2012 and determine what options related to providing care to the uninsured that OSMA might support. Before taking further specific action, the OSMA is waiting to determine what action Ohio government will take with respect to Medicaid expansion and health insurance exchanges. Once the OSMA knows how the Governor proposes to address coverage for the uninsured, the OSMA will implement a strategy in response.

Amended Resolution 29 – 2012
Denial of Care by Medicaid Managed Care Programs

RESOLVED, That our Ohio State Medical Association (OSMA) actively oppose any Medicaid payer's action of requesting proof of qualifications from physicians who have already been credentialed in the program as specialists; and, be it further

RESOLVED, That our OSMA continue to work with all Medicaid entities to decrease the administrative burden for physicians who agree to care for Medicaid patients.

ACTION: The OSMA, in conjunction with Medicaid Medical Director Mary Applegate, has formed a small provider workgroup consisting of physicians and practice managers from practices that treat Medicaid patients. This workgroup is working to address the administrative and policy challenges that physicians have with the Medicaid program and Medicaid managed care companies.

Amended Resolution 31 – 2012
Third Party Carriers Should Include Incentives for Patient Accountability

RESOLVED, That the Ohio State Medical Association strongly support efforts to encourage third party insurance carriers to include incentives for patient accountability to reduce obesity, tobacco use, physical inactivity and other behaviors contributing to excessive morbidity, mortality and health care costs.

ACTION: As part of the OSMA's participation in the Ohio Patient Centered Primary Care Collaborative, the OSMA is advocating for increased patient accountability and responsibility in future payment methodologies developed by third party payers. Additionally, the OSMA has learned from payers that they are working on such initiatives with employers.

Amended Resolution 32 – 2012
Personal Health Care Record

RESOLVED, That any proposed solution for health care includes a system to transfer data seamlessly between providers; and, be it further

RESOLVED, That the Ohio State Medical Association support personal access to one's medical record.

ACTION: The OSMA continues to support and participate with The Partnership, formerly the Ohio Health Information Partnership, and its Clinisync health information exchange product. The Partnership is working to make the directives in this resolution a reality for all Ohioans. The OSMA also works to promote these directives in other advocacy venues as appropriate and informs the membership of the obligation to give patients access to their medical records.

Amended Resolution 34 – 2012
Anthem Cuts Evaluation and Management Payments 50%

RESOLVED, That the Ohio State Medical Association (OSMA) protest Anthem's proposal to cut reimbursements for evaluation and management payments when the -25 modifier is appended on the same day; and, be it further

RESOLVED, That the OSMA take the issue of Anthem's proposal to cut payment for evaluation and management claims when a -25 modifier is appended to the Ohio Department of Insurance and to health care purchasing groups; and, be it further

RESOLVED, That the OSMA monitor unreasonable business practices by insurers in Ohio to unilaterally recode or inappropriately bundle services and keep OSMA members notified of such actions; and, be it further

RESOLVED, That the OSMA notify the American Medical Association of Anthem's proposal to cut payment for evaluation and management claims when a -25 modifier is appended and notify OSMA members of their opportunity to notify our AMA of any

unreasonable business practices by insurers to unilaterally recode or inappropriately bundle physician services.

ACTION: The OSMA works directly with AMA's Private Sector Advocacy Practice Management Federation Staff Advisory Committee to share third party payer issues experienced by Ohio including issues related to Anthem's payment policies. Additionally, the OSMA works directly with members as they raise issues with different insurers and both meets with the insurers to try to directly resolve issues and encourages members to file individual complaints with the Ohio Department of Insurance. Due to concerns expressed regarding the -25 modifier, including denial of payment, the AMA created a webinar that can be accessed on demand on the AMA web site titled: Definitions and Use of Modifier -25.