



2020 West El Camino Avenue, Suite 800
 Sacramento, CA 95833
hcai.ca.gov



Primary Care Investment Benchmark
 May 20, 2024
 Public Comment Received to Date

The following table reflects written public comments that were sent to the Office of Health Care Affordability's email inbox. Public comments related to the proposed Primary Care Investment Benchmark may be submitted until 5 pm on May 31, 2024 to ohca@hcai.ca.gov.

| Date | Name | Written Comment |
|-----------|---|--------------------|
| 3/05/2024 | American College of Obstetricians and Gynecologists | See Attachment #1. |
| 5/01/2024 | Planned Parenthood Affiliates of California | See Attachment #2. |
| 5/03/2024 | American College of Obstetricians and Gynecologists | See Attachment #3. |



**American College of
Obstetricians and Gynecologists**
District IX

March 5, 2024

Ms. Margareta Brandt
Assistant Deputy Director, Health System Performance
Office of Health Care Affordability
Sacramento, CA 95814

Dear Ms. Brandt:

On behalf of the American College of Obstetricians and Gynecologists District IX (ACOG), I write to oppose the recommendation by the OHCA Investment and Payment Workgroup to exclude obstetricians and gynecologists (OB/GYNs) from the definition of “primary care provider” when measuring primary care spend.

OB/GYN’s play a critical role in the healthcare system, serving not just as specialists but also as primary care providers for women, transgendered individuals, and birthing people. OB/GYNs provide comprehensive care that addresses a wide range of health issues, not limited to reproductive health. They manage both acute and chronic medical conditions, offering a holistic approach to women's health. ACOG guidance recognizes the role of OB/GYNs as the primary providers of the well-woman visit, and the Affordable Care Act mandates that recommendations from the Health Resources and Services Administration – through the Women’s Preventive Services Initiative – are preventive services without co-payments, co-insurance or deductibles.

For many individuals, an OB/GYN is the first and sometimes the only healthcare provider they consult for health issues. They serve as a person's health partner from adolescence through menopause and beyond, offering continuous care over decades. OB/GYNs play a crucial role in preventive health, offering services such as cancer screenings (e.g., Pap smears for cervical cancer, breast exams for breast cancer), vaccinations, and health education on topics like contraception, sexually transmitted infections (STIs), and healthy lifestyle choices.

OB/GYN’s address primary health concerns specific to women and transgender individuals, including menstrual disorders, fertility issues, contraception, pregnancy, childbirth, menopause, and hormonal disorders. This specialization enables them to provide more nuanced and informed care for women's unique health needs.

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Finally, the value and importance of OB/GYN's role as a primary care provider has been memorialized in the California state statutes, specifically cited in the Knox-Keene Act for decades.¹

OB/GYNs are an indispensable part of the healthcare system, offering a wide spectrum of services catering to the unique health needs of people at all stages of life. Their role as primary care providers is vital in ensuring comprehensive, preventive, and specialized care, promoting the overall well-being of women.

Given both law and practice, the recommendation to *exclude* OB/GYNs from the definition of primary care, but including OB/GYN services provided by any other primary care provider when measuring spend, is both inappropriate and confusing. **Therefore, ACOG asks you to reject this recommendation and to include OB/GYNs as primary care providers when providing primary care services.** If you have any questions, please do not hesitate to contact me and we will be happy to discuss further as necessary.

Sincerely,

A handwritten signature in black ink, appearing to read 'RS', with a long horizontal flourish extending to the right.

Ryan Spencer
Legislative Advocate

¹Health and Safety Code Section 1367.69.

Obstetrician-gynecologists as eligible primary care physicians

(a) On or after January 1, 1995, every health care service plan contract that provides hospital, medical, or surgical coverage, that is issued, amended, delivered, or renewed in this state, shall include obstetrician-gynecologists as eligible primary care physicians, provided they meet the plan's eligibility criteria for all specialists seeking primary care physician status.

(b) For purposes of this section, the term "primary care physician" means a physician, as defined in Section 14254 of the Welfare and Institutions Code, who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for initiating referral for specialist care. This means providing care for the majority of health care problems, including, but not limited to, preventive services, acute and chronic conditions, and psychosocial issues.

Health and Safety Code Section 1300.45.

(m) "Primary care physician" means a physician who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, or for initiating referral for specialist care. A primary care physician may be either a physician who has limited his practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner.



Planned Parenthood Affiliates of California

May 1, 2024

VIA ELECTRONIC TRANSMISSION TO OHCA@HCAI.CA.GOV

Megan Brubaker
Office of Health Care Affordability
Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 1200
Sacramento, CA 95833

RE: PPAC Comments on Proposed Primary Care Investment Benchmark

Dear Ms. Brubaker:

On behalf of California's seven Planned Parenthood Affiliates, who collectively operate more than 100 health centers across the state and conduct more than 1.2 million annual patient visits, Planned Parenthood Affiliates of California (PPAC) respectfully submits the following comments to the California Department of Health Care Access and Information's Office of Affordability (OHCA) regarding the Proposed Primary Care Investment Benchmark.

The California Planned Parenthood affiliates are committed to providing equitable and affordable access to the full range of sexual and reproductive health care. While abortion, family planning, and STI care are core services at Planned Parenthood health centers, the affiliates also provide an expanding range of additional services that better encompass their patients' needs, including non-specialty behavioral health care, gender affirming care, and primary care. As trusted community providers serving a patient population that overwhelmingly accesses care through a Medi-Cal program, the California Planned Parenthood affiliates are familiar with the impact on health care costs and outcomes of Californians being unable to access timely and appropriate care. For these reasons, PPAC supports OHCA's work toward increasing investment in primary care. However, we write to raise concerns about several aspects of the Proposed Primary Care Spending Measurement Definition and Methodology ("Attachment A").

Place of Service Codes List Fails to Include Certain Medi-Cal Place of Service Codes

The list Place of Service (POS) codes in Attachment A appears to include all of the primary care sites of service for those entities billing with a [CMS-1500 form](#);¹ however, it does not include certain POS codes utilized by Medi-Cal primary care providers who billing using a [UB-04 form](#).² While most of the claims submitted by the California Planned Parenthood health centers are billed using the CMS-1500 form with a place of service that is reflected in Attachment A's list of eligible places of service, some Medi-Cal managed care payers require the use of the UB-04 in order to be eligible for certain rate augmentations. When billing on the UB-04, the California Planned Parenthood affiliates indicate place of service code 73 (Freestanding Clinic). To ensure that the primary care services provided by the California Planned Parenthood health centers are reflected in the primary care calculation, PPAC urges that Freestanding Clinic be added to the list of included places of service.

Primary Care Services Provided in Primary Care Settings by OB-GYNs Should be Included

PPAC understands that OHCA's intent in Attachment A is to identify a methodology to measure only that spending related to the provision of primary care; however, we are concerned that the exclusion of care provided by obstetricians and gynecologists (OB/GYNs) will result in the exclusion of a portion of primary care services provided by the California Planned Parenthood health centers as well as many other physicians and health care entities. As detailed above, the California Planned Parenthood health centers employ and/or contract with a variety of clinician types, including physicians, nurse practitioners, physician assistants to provide a wide range of services, many of which are reflected in the list proposed in Attachment A. Many of the physicians that provide patient care at the California Planned Parenthood health centers are OB/GYNs and for many of our patients are their only providers of primary care services. By excluding OB/GYNs from the list of primary care providers in Attachment A, the result is that primary care services provided at these health centers (and by other health care entities) would be considered primary care services when provided by an adult medicine physician but not when the physician is an OB/GYN. Because OB/GYNs in the Planned Parenthood health centers provide the same primary and preventive care service to patients as their health center colleagues, we urge OHCA to include OB/GYNs on the list of primary care providers who can provide specified primary care services in a primary care setting for purposes of calculating overall primary care spending.

PPAC appreciates the opportunity to provide feedback on this important proposal and looks forward to working with OHCA to achieve our common goal of providing high quality, affordable, appropriate, and timely care to all Californians. If you have any questions or would like to discuss this

¹ CMS-1500 Completion, Medi-Cal Provider Manual, available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/A6859C8D-CDE9-4AC7-B58C-9B0DBDCF845C/cmscomp.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

² UB-04 Completion: Outpatient Services, Medi-Cal Provider Manual, available at: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/E58ACAC0-5BE2-438B-BB39-72C8EF4A16C8/ubcompop.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

feedback further, please contact me by phone at (916) 639-7157 or by email at stacey.wittorff@ppacca.org.

Sincerely,

A handwritten signature in black ink that reads "Stacey Wittorff". The signature is written in a cursive, flowing style.

Stacey Wittorff
Associate General Counsel
Planned Parenthood Affiliates of California

cc: Elizabeth Landsberg, Director, California Department of Health Care Access and Information

Margareta Brandt, Assistant Deputy Director, California Department of Health Care Access and Information



Attachment #3

**American College of
Obstetricians and Gynecologists
District IX**

May 3, 2024

Secretary Mark Ghaly, M.D.
Chair, Health Care Affordability Board
Department of Health Care Access and Information
202 West El Camino, Suite 800
Sacramento, CA 95833

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TREASURER
Toni Marengo, MD

SECRETARY
Susan Crowe, MD

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Laura Sirott, MD

RE: Definition of Primary Care Provider Proposal: OB/GYN's

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Ryan Spencer
Legislative Advocate

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