MOVING INDIANA FORWARD

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INDIANA PODIATRIC MEDICAL ASSOCIATION

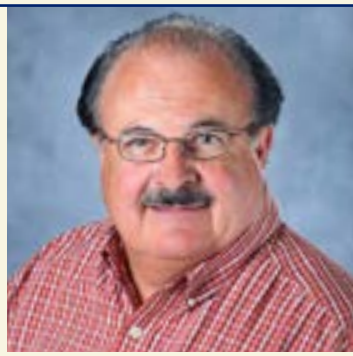
Forward

ISSUE FOUR | WINTER 2019

IN THIS ISSUE

PRESIDENT'S MESSAGE

RICHARD LOESCH, DPM | IPMA PRESIDENT



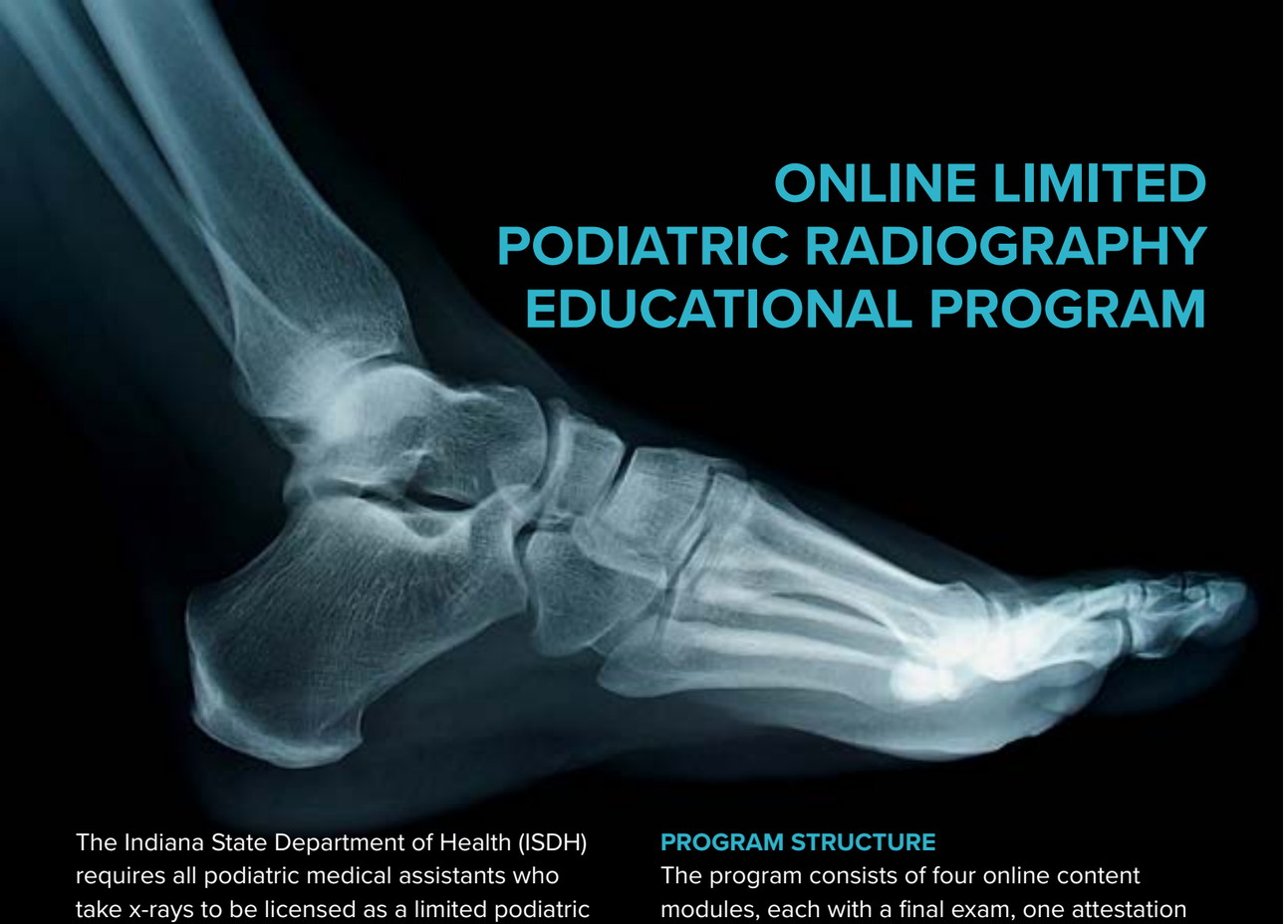
As my term of office nears its end there are many I would like to thank for their service to the association. I have the utmost respect for our current and past Board members and Trustees. We have been very fortunate to have such great leadership. Their vibrant input into the decision-making process is vital to an association responsive to the needs of its membership. With that said in order to continue this level of experience we need to cultivate new leadership. If you are interested in getting involved, please do not hesitate to contact me or the IPMA office. We need new leaders to keep IPMA healthy, especially young physicians. We must make sure IPMA is meeting the needs of the next generation of podiatrist.

Our association remains in a strong financial state. We anticipate finishing 2019 with an eighth straight year of net positive in the IPMA budget. This is allowing the IPMA to continue to growth its strategic rainy day fund.

It was great seeing everyone at the Annual Convention this past October. I enjoyed reconnecting with friends and colleagues while getting great educational content. Thank you to Dr. Patrick DeHeer for putting together such a great program. I attended both the IPMA Annual Convention and the Midwest Podiatry Conference in Chicago. Thank you to all who attended the convention. I believe that a strong convention is key to the success of the IPMA and hope that all who attended bring someone new in 2020 and encourage those who did not attend, to do so next year.

Finally, I would like to acknowledge Dr. Sandra Raynor for her dedication to the legislative committee in 2019. We faced some tough issues at the Statehouse and Dr. Raynor spent many hours reviewing legislation hat impacted the association and spent time out of her practice to testify at the Statehouse.

If you have any questions or concerns, please contact the association so we can continue to serve our membership in the best way possible.



ONLINE LIMITED PODIATRIC RADIOGRAPHY EDUCATIONAL PROGRAM

The Indiana State Department of Health (ISDH) requires all podiatric medical assistants who take x-rays to be licensed as a limited podiatric radiographer.

The IPMA wants to remind the membership of its new limited podiatric radiography program that meets the ISDH requirements and is designed to instruct the podiatry assistant in the safe and effective use of x-rays in the podiatric practice.

Content includes:

- History of the x-ray
- Risks and safety measures associated with radiography
- Image production and film development
- Principles of CT Scan, MRI, and Bone Scan
- Anatomy of the foot and ankle
- Positioning and x-ray machine placement

PROGRAM STRUCTURE

The program consists of four online content modules, each with a final exam, one attestation module, a student manual, and an x-ray log. A Certifying Physician must guide the applicant in the clinical portion of the program and the completion of the x-ray log. The podiatry assistant must document competency by demonstrating the proper performance of 60 x-ray views in the podiatrist's office.

At the successful conclusion of the program, the applicant will have the proficiency and skill necessary to obtain the limited podiatric radiography license and will receive a Certificate of Completion. The Certificate, the completed Application for Proficiency Certification for Limited Radiographer and signed x-ray log should be sent to the IPMA.

To learn more about this program or to register, click here.

MedPro Group
a Berkshire Hathaway company

RISK MANAGEMENT STRATEGIES FOR BILLING AND CODE COMPLIANCE

Corporate compliance in healthcare covers a broad range of legal and ethical aspects, from ensuring privacy and confidentiality of patient data to maintaining a safe physical environment. One crucial component of corporate compliance is having accurate and well-monitored billing and coding processes.

Errors in billing and coding can have serious consequences, including allegations of fraud, significant legal costs, loss of reputation, and even criminal penalties. In many cases, these errors might be inadvertent; however, merely not understanding the law or failing to provide compliance training for staff usually is not a sufficient excuse for violations.

Issues related to billing, coding, and reimbursement are highly complex and heavily regulated. The risk strategies that follow are intended to provide general guidance for establishing a solid foundation for billing and coding compliance. Podiatry practices also should consult with legal counsel and compliance experts to develop and implement detailed and effective compliance plans.

- Ensure your practice's corporate compliance plan includes guidelines and standards for billing and coding in relation to government and private payers. These guidelines and standards should be developed and reviewed by individuals who have billing and coding expertise.
- Educate podiatrists and staff members about billing and coding compliance and common mistakes and errors that could potentially lead to fraudulent claims, such as the practice of copy and paste in electronic health records.
- Ensure that staff members who are responsible for billing and coding are appropriately trained and have the necessary competencies to perform the job, including knowledge of current coding and reimbursement standards, federal policies and rules, and ethical principles.

RISK MANAGEMENT STRATEGIES FOR BILLING AND CODING COMPLIANCE

- Support a culture of compliance, and encourage staff members to report any concerns about billing and coding processes or discrepancies. Reinforce the practice's commitment to compliance and ethical standards by ensuring a nonpunitive approach to reporting concerns.
- Be aware of changes to billing and coding standards and alerts and guidance from the Centers for Medicare & Medicaid Services, the Department of Health and Human Services Office of Inspector General, and private payers.
- Develop thorough documentation policies and requirements, and ensure documentation adequately supports the claims that your practice submits. Develop corrective actions for podiatrists and staff members who do not meet documentation requirements.
- Establish ongoing monitoring of billing and coding activities to identify potential issues and ensure processes are working as intended. For example, review denied claims to identify problematic patterns associated with your billing and coding processes.
- Routinely audit billing and coding activities to identify inconsistencies and errors and avoid improper payments. Auditing is a comprehensive review and requires more effort than monitoring. Your practice's compliance officer, compliance committee, or the person who oversees compliance activities should be involved in conducting audits or monitoring audits (if an outside vendor is used).
- Be aware of potential red flags during audits including:
  - Using billing codes that reflect a more severe condition than actually existed or a more expensive treatment than was provided (referred to as "upcoding")
  - Billing for services that were not actually rendered
  - Billing for services that were not medically necessary
  - Billing for services that an improperly supervised or unqualified employee performed
  - Billing for services that were performed by an employee who has been excluded from participating in federal health care programs
  - Billing for services of such low quality that they are virtually worthless
  - Billing separately for services already included in a global fee[1]
- Ensure your auditing process includes mechanisms for (a) implementing corrective actions (such as addressing systems errors, educating staff members, and taking action to correct overpayments and underpayments), and (b) putting safeguards in place to prevent similar errors.
- If your podiatry practice plans to outsource billing and coding functions, perform due diligence of vendors to ensure compliance with statutes and standards and execute a business associate agreement. Due diligence also is essential if your podiatry practice plans to use an outside consultant to perform billing and coding auditing.

1 U.S. Department of Health and Human Services Office of Inspector General. (n.d.). A roadmap for new physicians: Avoiding Medicare and Medicaid fraud and abuse. Retrieved from https://oig.hhs.gov/compliance/physician-education/index.asp

Resources:

- *Billing and Coding Audits Made Easy (HCPro, Inc.)*
- *Compliance Resource Portal (U.S. Department of Health and Human Services Office of Inspector General)*
- *Medicare Fraud & Abuse: Prevent, Detect, and Report (Centers for Medicare & Medicaid Services)*
- *Monitoring and Auditing Practices for Effective Compliance: Best Practices for Compliance Officers (Strategic Management Services)*
- *Provider Compliance (Centers for Medicare & Medicaid Services)*
- *Special Fraud Alerts, Bulletins, and Other Guidance (U.S. Department of Health and Human Services Office of Inspector General)*

LEGISLATIVE REPORT

BY GLENNA, SHELBY, JD, PARTNER
LEGISGROUP PUBLIC AFFAIRS, LLC

The 2019 session of the Indiana General Assembly ended on April 24th, five days before the statutory deadline. The "headline" issues for the session were the passage of a $34.6 billion biennial budget, including a" modest" increase in school funding for teacher salaries, a comprehensive gaming bill ultimately allowing a Gary casino to move to Terre Haute and legalizing sports betting, and a funding mechanism for Indianapolis' convention center, soccer stadium, and Indiana Pacers.

293 bills ultimately passed and were signed by the Governor—out of roughly 1350 introduced bills. Here are some "high interest" bills that became law.

SEA 586 is the physical therapy bill. It extends to 42 days the direct access period. It limits PT's to a PT diagnosis and does not authorize a PT to order labs or imaging. It also does not authorize PT prescribing. The bill largely mirrors the APTA's model act for PT scope of practice. The bill leaves in law the current restriction on PT's performing sharp debridement only with an MD, DO, or DPM order or referral. A key to the bill's passage was State Medical's "neutral" position.

HEA 1248 changes the physician relationship of a Physician Assistant from a "supervising physician" to a "collaborating physician" and lessens some oversight requirements.

HEA 1269 reduces the number of members of professional licensing boards which oversee fewer than 15,000 licensees. The Board of Podiatric Medicine will be a 5 member board—4 DPM's and one consumer member.

HEA 1294 moves the INSPECT provisions from the criminal law area to professional licensing. It narrows the "violations" that are Class A misdemeanors to those instances when a practitioner discloses confidential information without authorization.

HEA 1308 allows the Medicaid office to contract for audits of Medicaid providers to determine if overpayments or underpayments have occurred. The audit look back period is 3 years unless evidence of fraud is found or the claims processing error rate is over 30 percent, then the look back period can be 7 years. It authorizes recovery of overpayments and payment to providers of identified underpayments.

HEA 1548 adds 10 legislators to the current 2 on the federally required Medicaid Advisory Committee. It creates a standing fiscal subcommittee and directs that 6 legislators be assigned to that subcommittee.

HEA 1569 creates a "conviction of concern" for professional licensing statutes. It replaces the term "disqualifying criminal conviction" in those statues. It's defined as a criminal conviction directly related to the duties and responsibilities of the occupation or profession for which the individual is applying or holds a license or certification as set by the (licensing) board. The disqualification period may not exceed 5 years unless the conviction is a crime of violence, a criminal sexual act, or a second or subsequent crime during a disqualification period.

SEA 176 requires prescribing practitioners to issue a prescription for a controlled substance in an electronic format and by electronic transmission after Dec. 31, 2020.

SEA 336 increases the penalty for obstructing a medical person from a Class B misdemeanor to a Class A misdemeanor..

Neither of the bills **(HB 1097 and SB 394)** to authorize independent practice for Advanced Practice Registered Nurses passed.

SB 203, maintenance of certification, failed to pass from the House Health Committee after having passed the Senate 44-4.

Full texts of the bills can be seen at iga.in.gov/legislative/2019/bills.

Interim study committees got a late start this year and most must complete their work by Nov. 1st. The topics assigned to the Interim Health committee are the following:

- Factors contributing to the growth of health care costs (also assigned to the Interim Insurance committee for joint consideration)
- Prescription drug pricing and access
- Regulation and practices of pharmacy benefit managers
- Authorization of an advance practice registered nurse to operate without a practice agreement with a physician or certain other practitioners
- Limited review of hospital licensure structure compared to other state and national trends

Medical reimbursement under worker's compensation for ambulatory surgical centers was assigned to the Interim Insurance committee.

The following issues related to Medicaid were referred to the Interim Committee on Fiscal Policy:

- Health care expenditures by major categories for the most recent 5 years for which information is available
- Key cost drivers and trends pilot opportunities for a value based health care system to reduce health care costs and enhance price transparency and outcomes, including for long-term care

Organization Day for the 2020 Indiana General Assembly will be November 19th. The first session day will likely be Jan 6th; it will be announced at Organization Day. The 2020 session will be a "short" session (non-budget writing) and must adjourn by March 14th.

FOOT SUPPORT PAC UPDATE

BY KENNETH KRUEGER, DPM
FOOT SUPPORT PAC CHAIR

Thank you to all the members who made their Foot Support PAC contribution at the IPMA Fall Convention. I appreciate your willingness to support our legislative efforts at the Indiana Statehouse. As we begin to gear up for the 2020 election year there is still time to make your 2019 contribution.

As of November 15, 2019, the following IPMA members have pledged their contributions to the Foot Support PAC:

PLATINUM LEVEL ($1,000-$2,499)
Dr. Patrick DeHeer
Dr. Sandra Raynor
Dr. Zahid Ladha

GOLD LEVEL ($500-$999)
Dr. Michael Baker
Dr. Nathan Graves
Dr. Angela Glynn
Dr. Kenneth Krueger
J. Tyler Vestile
Matt Solak

SILVER LEVEL ($300-$499)
Dr. Chris Grandfield
Dr. Patricia Moore
Dr. Matthew Parmenter
Dr. Tracy Warner

BRONZE LEVEL ($150-$299)
Dr. Tarick Abdo
Dr. Tim Berry
Dr. Michael Carroll
Dr. Vince Coda
Dr. Cathy Coker
Dr. Lisa Lanham
Dr. Bradford Legge
Dr. Jeffrie Leibovitz
Dr. Lawrence Lloyd
Dr. Daniel Miller
Dr. Kathleen Neuhoff
Dr. John Trench

PATRIOT LEVEL (LESS THAN $150)
Dr. Gary Adsit
Dr. Kathryn Alleva
Dr. Kent Burress
Dr. Brand Dodson
Dr. Stephen Grandfield
Dr. Richard Hilker
Dr. Richard Isaacson
Dr. Richard Loesch
Dr. William Oliver
Dr. David Powell
Alyson Raynor
Dr. Britney Roberts
Dr. Tod Reed
Dr. Mark Schlichter
Dr. Scott Schulman
Dr. Richard Stanley
Dr. Chase Stuart
Dr. Kenneth Stumpf

Thank you again to all have supported the Indiana Foot Support PAC.

PURPOSE: The Indiana Podiatric Medical Association Foot Support Political Action Committee's purpose is to raise and disburse funds to candidates for state office that support the legislative priorities and goals of the podiatric medical profession.

**IMPORTANT: All amounts are simply suggested amounts. You may contribute or not contribute without concern of being favored or disadvantaged.*

94th Annual Fall Convention
OCTOBER 10-13, 2019
Hyatt Regency Indianapolis

IPMA 2019 ANNUAL CONVENTION WRAP-UP

Thank you to all the members who attended the IPMA 94th Annual Fall Convention and Membership Meeting at the Hyatt Regency in downtown Indianapolis.

Highlights of this year's convention include:

- Educational seminars and leading podiatric presenters that provided over 22 CME hours for doctor attendees.
- Tradeshow with 35 exhibitors.
- Annual Meeting presentations and reports on current IPMA activity and vision for the future. IPMA members can receive electronic copies of the 94th Annual Report by emailing the IPMA office at inpma@indianapodiatric.org or calling 888-330-5589.
- Election of IPMA Board of Trustees and Officers. Board and Officers elected for 2020 are:
  - President - Brian Damitz, DPM
  - President-Elect - Sandra Raynor, DPM
  - First Vice President - Christopher Grandfield, DPM
  - Second Vice President – Cathy Coker, DPM
  - Secretary-Treasurer - Nathan Graves, DPM
  - Immediate Past President – Richard Loesch, DPM
  - North Trustee – Kathleen Neuhoff-Toepp, DPM
  - Central Trustee – Michael Carroll, DPM
  - South Trustee – Zahid Lahda, DPM

2019 IPMA AWARDS

During the annual business meeting, the IPMA honored those members who have supported the IPMA and the podiatric profession. This year's award recipients include:

- **Sandra Raynor, DPM**
  Dr. T. H. Clarke Achievement Award
  This award is IPMA's highest award, and is bestowed upon the member who has demonstrated not only contributions to his profession but also service in behalf of the podiatric welfare of the public and service to the community at large.
- **Michael Baker, DPM**
  IPMA Meritorious Service Award
  This award is presented only to IPMA members for long-time service rendered to the profession of podiatric medicine performed within the state Association or for an outstanding current record in a specific category or categories which merits recognition, but does not meet the IPMA Podiatrist of the Year standards.
- **Eve McDaniel**
  Ginny Jewel Podiatric Staff of the Year Award
  This award is presented to a staff member who has demonstrated contributions to the Association or has demonstrated outstanding leadership and commitment to his or her podiatric office. This award nomination is to be submitted by a DPM who wishes to honor his or her staff member for their outstanding work.

The IPMA also recognized the following doctors achieving membership milestones:

25 Years of Membership

- Michael Baker, DPM
- Jane Koch, DPM
- Jeffery Lovins, DPM
- Kathleen Neuhoff, DPM

50 Years of Membership

- Ronald Banta, DPM
- J. David Litsey, DPM

A moment of silence was observed for the members who passed away in 2019 including Allen Martindale, DPM and Robert Mandresh, DPM.

Finally, the membership voted to name the IPMA Meritorious Service Award in honor of IPMA Past President Harold Aron who passed away in late 2018. Dr. Aron exemplified service by volunteering for many years at the Convention Center, USO at the airport, Final 4, Pan Am Games, Children's Wish Fund and 500 Festival - just to name a few. After Lorna's death, Harold continued volunteering at the USO Ronald McDonald House at Riley Hospital and delivering Kosher Meals on Wheels for Congregation Beth-El Zedeck.

SAVE THE DATE FOR THE IPMA 2020 ANNUAL CONVENTION

Mark your calendar now for next year's Annual Convention, October 8-11, 2020. Next year's convention will again be held at the Crowne Plaza in downtown Indianapolis. We appreciate the doctors, vendors and speakers that attended this year, and look forward to seeing you next year.

IPMA SUBMITS COMMENTS TO WPS

IPMA submitted comments to Wisconsin Physicians' Services (WPS) on November 8 in response to its proposed Draft Wound Care Local Coverage Determination (LCD) DL37228. This draft LCD, as written, would continue to not provide coverage for debridement of Stage II pressure ulcers or chronic diabetic foot ulcers, unless neuropathy and/or neuroischemia were present, and chronic non-pressure ulcers with tissue severity of "Limited to Breakdown of Skin."

The long road to this point started in January 2019, when APMA submitted its formal reconsideration request. WPS accepted the request in June, and finally issued a draft LCD in response at the end of September, with the recommendation that no changes be made to the current policy as written, due to insufficient evidence showing the efficacy of debriding all chronic wounds. Recognizing the impact this problematic coverage policy would have on both our members as well as ultimately patients' outcomes in care, APMA acted quickly to organize WPS state components (Indiana, Iowa, Kansas, Michigan, Missouri, and Nebraska) in responding. APMA worked with the Alliance of Wound Care Stakeholders to present formal comments at the public open meeting, and worked with Jurisdictions 5 and 8 Podiatric Carrier Advisory Committee (CAC) representatives to ensure that a unified response was provided at the WPS' closed CAC meetings.

APMA also worked with state component leadership in WPS jurisdictions to collect signatures from their members to submit in their own state letter. Nearly 400 podiatric physicians signed these letters. IPMA extends its sincere thanks to the membership for standing up for patients and the podiatric profession in these efforts!

APMA met with the office of HHS Secretary Alex Azar on November 5, to raise concerns about this specific LCD as proposed as well as over the changes to the LCD and the CAC process in general, stemming from the implementation of the 21st Century Cures Act.

IPMA and APMA are hopeful for a positive outcome, and will inform membership of any updates or future developments.

To request a copy of the full comments submitted to WPS, contact Matt Solak.

CMS RELEASES 2020 MEDICARE FEE SCHEDULE

CMS released its finalized rule for the CY 2020 Medicare Physician Fee Schedule and Quality Payment Program on Friday, November 1. APMA is still conducting a thorough analysis of the rule, but would like to highlight the following for our members:

- CMS finalized its proposal to no longer apply the 1995/1997 guidelines to office and outpatient Evaluation and Management (E/M) services and adopted the new RUC recommended values for office and outpatient E/Ms
- CMS accepted APMA's suggested and RUC-supported values for both G2064 (1.45) and 99458 (0.61)
- CMS finalized its proposals related to performance and exceptional performance thresholds for the Merit-based Incentive Payment System for 2020
- CMS finalized its proposal to require 45 MIPS points in 2020 to avoid a penalty

APMA will provide a complete analysis and overview to members in the coming weeks. Please contact APMA Health Policy and Practice at healthpolicy.hpp@apma.org with any questions.

UPDATES FROM THE APMA

BY PATRICK DEHEER, DPM
APMA BOARD OF TRUSTEES

The biggest piece of news from APMA is the APMA member health insurance plan. Initially larger groups consisting of more than twenty insured (including APMA member podiatric physicians and staff) will be eligible. Towards the end of 2019 intermediate size practices (11-19) and smaller practices (1-10) will be eligible. APMA staff transitioned to the same plan in January. The advantages of this member-benefit are numerous. Benefits of the program include significant premium savings combined with better coverage for members and a non-dues source of income for APMA. For more information, click here.

Last October, APMA's Young Physician Institute takes place in Nashville, TN. Matthew Lining, DPM second-year resident from St. Vincent Indianapolis is representing IPMA. Matt will provide a report sharing his experiences at the January Board Meeting.

I continue to serve as APMA Legislative Committee Chair and on the APMAPAC Board. My liaison states this year are Ohio and West Virginia. The Board of Trustees retreat took place the last weekend in September. We traveled to Portland, OR for our retreat. The retreat was my third since being elected to the Board (every other year event). Some APMA business takes place during this event, but it is primarily bonding experience for us. Importantly, we pay for the entire weekend retreat out of our own pockets, except for one dinner provided by APMA. I think it is important for everyone to realize the financial commitment Board members make towards the profession. Not only do we pay for our travel and almost all of our food, we are also out of the office (in this case we missed Thursday and Friday from our offices). Another reason to thank a Board member when you see them.

The Legislative Department and Committee continue to position the HELLPP Act for progression through the federal legislative process. The approach this year is targeted towards the committees of jurisdiction over the bill. We are looking for a key constituent in each member of the House Energy and Commerce, and Ways and Means Committees. APMA staff continues to lobby on Capitol Hill with guidance from our lobbyist Capitol Hill Consulting. Please visit APMA's eAdvocacy website, call your members of congress and make your APMA PAC contributions to ensure the profession's future with the passage of this important bill. Please click here to use eAdvocacy.

Please do not hesitate to contact me with any questions or concerns.

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM
APMAPAC COORDINATOR

I am proud to say that IPMA members have consistently showed generosity and support to APMAPAC. Indiana is one of only two state components with membership over 100 podiatrists to reach its yearly fundraising goal the last five years. We need to make a final push to finish strong in 2019. If you have not already done so please make your 2019 contribution here.

As of November 15, 2019, the following IPMA members have pledged their contributions to APMAPAC:

DIAMOND LEVEL ($2,500-$4,999)
Dr. Patrick DeHeer
Dr. Sandra Raynor

PLATINUM LEVEL ($1,000-$2,499)
Dr. Michael Baker
Dr. Zahid Ladha
Executive Director Matt Solak

GOLD LEVEL ($500-$999)
Dr. Tim Barry
Dr. Angie Glynn
Dr. Chris Grandfield
Dr. Kenneth Krueger
Dr. J. Tyler Vestille
Dr. Walter Warren

SILVER LEVEL ($300-$499)
Dr. Brian Damitz
Dr. Nathan Graves
Dr. Mark Lazar
Dr. Patricia Moore
Dr. Kathleen Toepp Neuhoff
Dr. Matthew Parmenter
Dr. David Sullivan
Dr. Wendy Winckelbach

BRONZE LEVEL ($150-$299)
Dr. Tarick Abdo
D. Gary Adsit
Dr. Michael Carroll
Dr. Cathy Coker
Dr. Pratap Gohill
Dr. Miranda Goodale
Dr. Anthony Jagger
Dr. Lisa Lanham
Dr. Bradford Legge
Dr. Larence Lloyd
Dr. William Oliver
Dr. Tod Reed
Dr. Chase Stuart
Dr. Amanda Vujovich
Dr. Tracy Warner
Dr. Aaron Warnock

PATRIOT LEVEL (LESS THAN $150)
Dr. Kent Burress
Dr. Brandt Dodson
Dr. Robert Freestone
Dr. Richard Hilker
Dr. Kevin Houseman
Dr. Richard Isaacson
Dr. Jane Koch
Dr. Jeffrie Leibovitz
Dr. Robert Loesch
Dr. David Powell
Dr. Kenneth Stumpf

The future of podiatry and your future depends upon your support of APMAPAC.

PURPOSE: The American Podiatric Medical Association Political Action Committee's purpose is to raise and disburse funds to candidates for Federal office that support the legislative priorities and goals of the podiatric medical profession.

IMPORTANT: All amounts are simply suggested amounts. You may contribute or not contribute without concern of being favored or disadvantaged. Occupation/ Employer information is required for aggregate annual contributions of more than $200.00 by the Federal Election Campaign Act. Federal election law does not permit corporate contributions to be used for donation to candidates for federal office. Political contributions are not deductible for income tax purposes.

MEDICARE POLICY UPDATES FOR CY 2020

2020 MPFS HIGHLIGHTS

BY CINDY MOON
HART HEALTH STRATEGIES MPP, MPH

- Final conversion factor - +.14%
- Expected impact to DPMs is ~+2% - doesn't account for any changes related to EM
- E/M codes changes:
  - Determination of level – MDM or time
  - Did not finalize proposal to extend updated E/M values to global codes
  - Effective Jan. 1, 2021
- Global surgery:
  - RAND studies found that only 4% of expected post-op visits were reported for 10 day globals / 39% of expected post-op visits for 90-day global
  - CMS will continue to monitor/assess need for additional small practice-based studies
- New principal care management service codes:
  - Codes describe at least 30 min of comprehensive care mgmt. services for ONE complex condition by a physician/qual. health professional/clinical staff
  - General supervision requirements apply for the clinical staff code
- Review /Verification of Med Record Documentation:
  - Physician/PA/APRNs may review/verify, rather than re-document notes in a patient's medical record made by physicians/residents/nurses/students of the same/other members of the medical team
- CMS silent on the clarification of NP role – finalized greater flexibility in accordance with state law/scope of practice proposal

MIPS IN 2020

- Largely maintains policies from 2019 to 2020 (same LVT, reporting options)
- Maintained the performance weights from 2019
  - Quality (45%), ACI (25%), Cost (15%), and IA (15%)
- Performance threshold up to 45, exceptional PT is 85, max neg. adj. is 9%
- Quality updates:
  - New participation framework – MVPs
  - Data completeness threshold now 70% (versus 60% in 2019)
- Cost updates:
  - 10 new episode based cost measures (not applicable to DPMs)
  - DPMs are excluded from attribution under TPCC measures
  - MSPB revised to improve attribution
- ACI updates:
  - Removed measure: verify opioid treatment agreement measure
- IA updates:
  - 2 new IAs, 7 modified IAs, 15 IAs removed
  - Group participation for IA now requires 50% of clinicians in the practice performing the same IA during any 90 day period.

E/M CHANGES FOR 2021

BY JEFFREY LEHRMAN, DPM

CPT 99201 deleted
Changes effective 2021 for level selection

- Decision making or total time
- History and/or exam must be performed, but no longer plays a role in level selection
- MDM:
  - 4 levels
    - ✦ straight forward (99202/12)
    - ✦ low (99203/13)
    - ✦ moderate (99204/14)
    - ✦ high (99205/15)
  - new elements (need 2/3)
    - ✦ # / complexity of problems addressed
    - ✦ Amount and/or complexity of data to be reviewed/analyzed
    - ✦ Risk of complication and/or morbidity or mortality of patient mgmt.
- Time:
  - Total time spent on day of the encounter
  - Includes both face to face and non-face to face time
  - New total time values

With these changes to office and outpatient E/M coding guidelines that take effect 1-1-21, the barriers that have made it difficult for those providers that specialize in one area of the body to reach the thresholds of CPT 99204, 99205, and 99215 will be removed

PRIVATE INSURANCE ISSUES: TOOLS AND TRENDS

KELLI BACK, ESQ., LAW OFFICES OF KELLI BACK

RECOUPMENT

- What line of business is concerned
- Contracted or non-contracted
- Did you appeal?
- State law application
- Retroactive denials/coordination of benefits

MA

- Likely to see a big enrollment jump at the start of 2020 because premiums have dropped so much (23%)
- Ma plans don't have to follow the same edits/coding… how would they know is there language to look for?
  - Reminder: they have to cover the same services Medicare covers, but they don't have to pay in the same manner
  - CMS is not going to get into coverage disputes between contracted providers/MAOs.
- Two types of payment denials:
  - Denial based on coverage
    - ✦ Ask for PA (generally 14 days to make decision outside of expedited determinations)
    - ✦ If denied, two options – beneficiary can pay out of pocket/bill, or appeal using the member appeal process
    - ✦ Denials after service occurs: appeal using process
  - Denial in whole or in part based on administrative rule or payment policy
    - ✦ Look at provider contract (coding rules, modifier rules? Payment terms?)

NEW BENEFIT FLEXIBILITY

- Expansion of benefits to things not traditional considered (i.e. transportation costsharing for just diabetics)
- "special supplemental benefits for the chronically ill" - SSBCI

MA NETWORKS

- Key enforcement and scrutiny area for network adequacy
  - Plans reviewed every 3 years on rolling basis
  - CMS will enforce penalties against non-compliant plans
  - New plans have until Jan 1 to comply
- Termination appeals
  - Plans have to offer appeal rights to all physicians terminated
  - Notice must be provided
  - MAO has to ensure that majority of hearing panel members are peers of the affected physician
- 2020 updates – all IRE decisions will be publicly available, new required terms to contracts

MA RECORD REQUESTS

- Variety of reasons – check your contract for your actual obligations
- If the request is onerous, contact the plan and ask for reimbursement
- Non-contracting providers typically have no obligation

BEST PRACTICES – APPEALS

- Know your rules, appeal where you believe you are owed $$$, even if it's a small amount
- Keep track of the appeals process for each payer

PIAC DISCUSSION

- TN – blue care (managed Medicaid) denying orthotics using the Millimans guidelines, refused to release what the guidelines state (APMA has requested to purchase the guidelines, Milliman won't sell to us)
- NJ – MA contractor audits (CIOXX)
- IA Wellmark
- CA – continued casting issue/discriminatory price differences between prosthetist/orthoptist
- Minnesota – prepay audit Humana Jan. 1, for any patient with more than 1 procedure they deny the modifier
- OR – Centene/Healthnet RFC
- UHC – bulk of patients are being pushed to outpatient not hospital

COMMON CERT ERRORS AND ANSWERS TO FREQUENTLY ASKED QUESTIONS

BY BEKAH NELSON CERT COORDINATOR, JURISDICTION A AND D, NORIDIAN HEALTHCARE SOLUTIONS AND PATRICK PEICK, CPO ORTHOTIST/PROSTHETIST, JURISDICTION A AND D, NORIDIAN HEALTHCARE SOLUTIONS

- Cert coordination – works with the contractor who does all the review/acts as a liaison
- Ultimate goal of the cert program is to get the errors down – they're auditing both the MAC and the provider
- Claims are old by the time they come through a report period – about a 2 year cycle.
- Top DME denials
- Surgical dressings – insufficient doc is 85%
- Diabetic shoes has a 73.2% rate of improper payment
  - Often just states neuropathy, not peripheral neuropathy
  - Certifying physician must be physician, not np/pa
- Recommendation of providing an order template – Noridian is working on – they have documentation checklist available on the DME website
- Make sure all of those details (not just ulcer) are included

DME RELEVANT ISSUES

PAUL KESSELMAN, DPM

- Screen shot your portal results whenever you search same/similar
- Most people who fail POE first round go on to pass round 2
- Put by appt. only on your app*
- Certificates of medical necessity are NOT required for most things that a DPM would DISPENSE,
- NOT just prescribe

LOCAL COVERAGE DETERMINATIONS (LCDS) DEVELOPMENT PROCESS

ROCHELLE FINK, MD, JD, FDA/CMS

CHANGES BROUGHT ABOUT BY THE 21ST CENTURY CURES ACT

- At least 45 days before effective date of new LCD, MACs must post following:
  - Entire determination
  - Where/when proposed determination was made public
  - Web links to proposed determination/response to comments submitted to MAC about proposed determination
  - Summary of evidence considered by MAC during development of determination
  - LCDs must be consistent with Medicare regulations, NCDs and national guidance published in CMS' manuals
- CMS is hoping that this new process allows for more transparency, ease communications
- Proposed LCD will be retired if it's not finalized within one year (outdated)
- LCD challenges v. reconsideration requests – the former is brought by a Medicare beneficiary or the estate of a Medicare beneficiary

FUTURE PLANS INCLUDE:

- Removing all codes from A/B and some DME LCDs, relocating to a billing/coding Article when appropriate
- Add an LCD landing page – "one stop shipping for announcements for upcoming meetings, open, CAC"
- LCD summary sheet in the MCD

GIVING BACK BECAUSE I HAVE BEEN GIVEN SO MUCH

BY PATRICK A. DEHEER, DPM

I feel truly blessed to be able to practice podiatric medicine.I have the opportunity to give back each and every day serving my patients, through outreach and medical mission work, within our profession by volunteering with the IPMA and APMA and by training future podiatrists as Residency Director at St. Vincent Hospital.However, none of these things would have been possible if not for my foundational podiatric medical education at the Dr. William M. Scholl College of Podiatric Medicine.It was at Scholl College that I learned what it meant to be a podiatrist and to give back.My life would have been very different if it were not for Scholl College and the trajectory it helped create.

I have been given many gifts in my life.This is why I believe strongly in giving back to important institutions like Scholl College.This year I established an endowed scholarship named the *Anthony D. Jagger, DPM '66 and Patrick A. DeHeer, DPM '90 Honorary Endowed Scholarship* **to benefit students from Indiana who attend Scholl College, who have financial need and are from an underrepresented group**. As a fellow Indiana podiatrist, I invite you to join me in supporting Scholl College and its pivotal role in educating the next generation of podiatrists.Please join me by making a gift to the scholarship fund I established.Your gift will increase the size of the endowed fund and in doing so, will create a larger scholarship award **for students from Indiana.** To do this or to create your own named, endowed fund, or to make a recurring or single gift in support of Scholl College, please click on this link.

Being a podiatrist is a great privilege.If you feel, as I do, that it is important for us to invest in the future podiatrists entering our profession and you believe in helping those from our state who need support, then I encourage you to join me by making a gift to this endowed fund, creating your own scholarship or by making a recurring or single gift to support Scholl College. Your generosity ensures that future podiatrists with Indiana roots continue to receive an excellent professional education from Scholl College.