MOVING INDIANA FORWARD

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INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE TWO | SUMMER 2018

IN THIS ISSUE

PRESIDENT'S MESSAGE

WENDY WINCKELBACH, DPM | IPMA PRESIDENT

I hope everyone has enjoyed the beginning of summer. This year has already been a busy year for the IPMA. In March, IPMA members went to Washington, D.C. during the House of Delegates to discuss the important issues facing the APMA. After three hard days of work, the delegation hit the Halls of Congress to advocate on issues important to the membership. With the leadership of IPMA member Patrick DeHeer, I am pleased to report the APMA accomplished a major legislative victory. A full report is provided on pages 4 and 5, but I wanted to thank all those who attended both the HOD and the Legislative Conference on behalf of the membership.

I ask you to continue to support the IPMA/APMA with your membership dues and participation. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients and our practices. Please keep an eye out for your dues invoice and if you have already received your invoice, please return it as soon as possible.

As always, we continue to need the time and talents of all members in order to remain a strong organization. If you are interested in joining a committee or getting involved, please do not hesitate to contact me or the IPMA office.

Finally, the IPMA Annual Convention is quickly approaching and I hope to see you in Indianapolis this fall. The IPMA offers a strong education program while providing an opportunity to meet with other IPMA members. I also hope that you take the time to invite a colleague who you have not seen at the convention in a while. Please also mark your calendars for the following events:

- The National 2017 Scientific Annual Meeting, Gaylord National Resort & Convention Center, National Harbor, MD, July 12–15, 2018
- IPMA Annual Convention, Hyatt Regency Downtown, Indianapolis, IN, October 18–21, 2018.
- Midwest Podiatry Conference, Hyatt Regency, Chicago, IL, April 10–13, 2019.

If you have any thoughts, concerns or suggestions regarding the activities of the IPMA please do not hesitate to contact me.

NEW 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.

Please contact the IPMA office with any questions at 888.330.5589.

APMA HAS SAVED ME HOW MUCH?

APMA provides tangible benefits for your dues dollars, but your association's advocacy efforts also *save* you thousands of dollars—if not more—each year. Just two of APMA's recent initiatives have saved members more than $100 million.

APMA spearheaded a massive effort to prevent the implementation of a proposed CMS rule that would have changed certification requirements for podiatrists furnishing and fabricating prosthetics and custom orthotics. The rule would have required previously exempted, qualified practitioners to obtain additional certification and licenses to furnish and fabricate prosthetics and orthotics. Those certifications would have required periodic examination, at a cost of thousands of dollars (in addition to travel costs). The proposed rule was withdrawn after a massive and multifaceted advocacy effort from APMA.

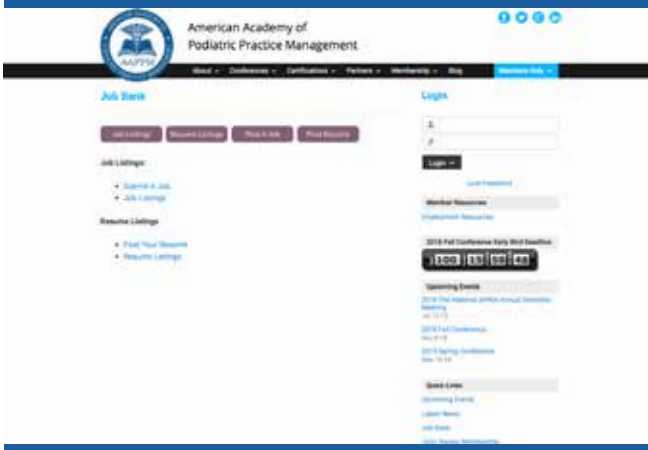
APMA has also achieved a significant victory at Anthem, where an onerous policy would have significantly cut reimbursements for evaluation and management (E&M) services billed with CPT modifier 25 when reported with a minor surgical procedure code or a preventive/wellness exam. APMA's efforts, spearheaded by Frank Kase, DPM, member of the Health Policy and Practice Committee and Private Insurance Subcommittee, have delayed (and perhaps even mitigated) the policy, and Anthem has agreed to reduce its initial decrease by half. We are still in vigorous discussions and hope to eliminate the policy altogether, but the delay and the modification have effectively saved APMA member podiatrists approximately *$100 million per year.*

2018-2019 IPMA/APMA MEMBERSHIP DUES

Dues notices for IPMA/APMA have been sent for the current membership year (June 1, 2018 – May 31, 2019). As a reminder, a minimum of 1st Quarter membership fees were due to the IPMA office by June 1st. Reminder notices have been sent.

If you have any questions or need any assistance, please contact the IPMA office at 888-330-5589. Thank you for your continued support of IPMA and the podiatry profession.

BRINGING GREAT PRACTICES AND TALENTED PROFESSIONALS TOGETHER



To be successful, job boards must connect with two core audiences: job seekers and employers. The AAPPM is pleased to bring you its Job Bank, a web-based job board that brings both job seekers and employers together for the podiatric profession.

The AAPPM is also proud to make this resource available to the entire podiatric profession. You do not have to be an AAPPM member to take advantage of this resource!

Are you hunting for a new job? Or perhaps you are moving to another state. Are you an employer searching for your newest employee? Start your search today with the AAPPM Job Bank. Post your job opening, post your resume, browse for jobs, or browse potential employees.

VISIT AAPPM.ORG/JOB-BANK TO GET STARTED.

IPMA AND APMA MEMBERS HIT THE HALLS OF CAPITOL HILL

On March 20th, several hundred state and national leaders in podiatric medicine met with key legislators in the nation's capital to discuss Medicaid, parity for DPMs in the VA system, and other priority health-care concerns at the 33rd APMA Legislative Conference.

Representing the Indiana Podiatric Medical Association were Drs. Patrick DeHeer, Zahid Ladha, Brian Damitz, Walt Warren, and Chris Grandfield. The IPMA members met with Congressional Members or staff from the entire Indiana Delegation.

The Podiatric Legislative Conference helped IPMA members build and maintain essential relationships and to introduce members of Congress to the profession of podiatric medicine. As a result of these efforts the IPMA is proud to report that the VA Provider Equity Act has been signed into law and the Indiana Delegation is second, only behind California, in the number of cosponsors on the HELLPP Act.

Dr. Patrick DeHeer discusses meeting with lawmakers at the APMA Legislative Conference Roundtable.


L to R: Dr. Brian Damitz; Congressman Pete Visclosky (D-IN); Dr. Chris Grandfield; Dr. Zahid Ladha


L to R: Dr. Zahid Ladha; Dr. Brian Damitz; Senator Todd Young (R-IN) and Dr. Patrick DeHeer


L to R: Dr. Walt Warren; Dr. Chris Grandfield; Congressman Todd Rokita (R-IN)

HIGHLIGHTS FROM THE APMA HOUSE OF DELEGATES

On March 17-19, certified delegates and alternates from each component society met at the JW Marriott for the 98th Session of the APMA House of Delegates. The House of Delegates is the legislative and governing body of the APMA. The Indiana Delegation consisted of:

- Patricia Moore, DPM, Chief Delegate
- Walt Warren, DPM, Delegate
- Zahid Ladha, DPM, Delegate
- Brian Damitz, DPM, Alternate Delegate

Highlights from the 98th APMA House of Delegates included:

- Dennis R. Frisch, DPM was installed as President of the APMA.
- The assembled delegates elected new officers, board members, and other representatives.
- President-elect: David G. Edwards, DPM
- Vice President: Seth Rubenstein, DPM
- Treasurer: Jeffrey DeSantis, DPM
- Elected to the Board of Trustees: David Alper, DPM
- Re-elected to the Board of Trustees: Patrick DeHeer, DPM; Lawrence Santi, DPM
- Elected Speaker of the House: JD Ferritto Jr., DPM
- The Delegates began a thorough and thoughtful conversation on proposed changes to the APMA Bylaws, the APMA Policy and Procedures Manuel and other governing documents.
- Patrick DeHeer, DPM, chair of the Legislative Advocacy Committee, offered updates from the Legislative Advocacy Committee and encouraged members to make use of APMA's updated eAdvocacy system to contact their legislators about the VA Provide Equity Act, HELLPP Act, and more.
- Barney Greenberg, DPM, chair of the APMAPAC Board of Trustees, told the delegates that "leaders lead by example," and asked the house to lead by giving to the APMAPAC today.
- Seth Rubenstein, DPM, 2017–18 treasurer, presented a report from the Finance Committee. The house approved the 2018–19 proposed budget. Dr. Rubenstein reported on the strong growth of APMA's investments, as well as the association's substantial reserves.

Indiana Delegation at House of Delegates

Top right and above: Dr. Patrick DeHeer addresses the House of Delegates with his legislative report

KRIEG DEVAULT

INDIANA LAW REQUIRES NOTICE OF REQUIREMENTS FOR OUT-OF-NETWORK REFERRALS

A new law in Indiana recently went into effect that impacts health care providers who provide referrals to their patients. Subject to certain exceptions, House Enrolled Act 1273 ("HEA 1273") requires a provider who makes a referral to also give written notice to the patient specifying all of the following:

- That an out-of-network provider may be called upon to provide health care services to the individual.
- That such out-of-network provider is not bound by the payment provisions that apply to services rendered by a network provider under contract with a health plan.
- That the patient may contact his or her health plan before receiving services by such out-of-network provider.

The purpose of the law is to minimize the "surprise" that some patients, who receive care based on a referral, experience when they realize the services they received were rendered by an out-of-network provider. The law took effect on January 1, 2018.

HEA 1273 applies to "covered individuals," defined as someone entitled to coverage under a "health plan." The term "health plan" is defined broadly to cover most third-party coverage, but it specifically excludes worker's compensation and Medicaid coverage. This notice requirement also does not apply to (a) referrals made immediately following treatment of an emergency medical condition and by the provider who rendered the emergency medical condition treatment or (b) a referral for medically necessary or psychologically necessary therapeutic services rendered to an admitted patient in a hospital or other facility for more than 24 hours.

Restated, whenever a provider makes a referral or recommendation to a patient to receive services or items from another unaffiliated provider, the referring provider should ensure that the notice complies with HEA 1273's minimum notice requirements. A provider's compliance processes and procedures should be updated to include verification of third-party coverage and network affiliation to ensure compliance with Indiana law. Of course, physician providers seeking to comply with HEA 1273 should also be mindful of the consequences of making referrals to physicians or organizations with which they have a financial relationship for purposes of the Stark Law.

If you have questions about your organizations compliance with HEA 1273 and/or the Stark Law, contact Brandon Shirley at bshirley@kdlegal.com or Stephanie Eckerle at seckerle@kdlegal.com.

SECRETS OF SUCCESS
TEAM MEETINGS: GO OR NO?

BY LYNN HOMISAK
SOS HEALTHCARE MANAGEMENT SOLUTIONS

Over the years, it's become clear why doctors avoid/discourage/reject team meetings, claiming:

- *"They are a waste of time. Nothing ever gets accomplished."*
- *"They tend to just be gripe sessions."*
- *"They take away from time I could be seeing patients."*
- *"They are not cost-effective. I lose money from not seeing patients and my staff expects to be paid!"*
- *"Ours are more like 'Steam Meetings'. All they want to do is blow off steam."*

The thing is, if you are going to hold a meeting just for the sake of holding a meeting, you will be disappointed and likely be among those whose bad experiences feel these criticisms are justified. The truth is, staff meetings don't have to be negative and in fact, if properly managed and executed, the positives far outweigh the negatives.

1. They bridge communication gaps – a common area of neglect in the workplace. Sharing ideas, successes, and much needed dialogue within the team can eliminate frustration, clarify expectations, and increase job satisfaction;
2. They give staff a voice, which, when listened to can transform wastefulness and disorganization into efficiency;
3. They increase practice growth with discussions on how to move forward, make changes, fix broken systems.

The question then becomes – how do you have a successful meeting? There are several elements that account for effective meetings including a pre-arranged agenda (that staff are encouraged to contribute to), a leader mindful of carrying the agenda out in a timely manner and a written action plan to coordinate responsibilities, stay on task and monitor outcomes. (Email me: lynn@soshms.com for an action plan template)

Don't think you have enough agenda items to warrant spending 45 minutes together? Some examples to consider:

- Ways to provide quality customer service
- OSHA and/or HIPAA training point
- Fire, emergency and in-office safety review
- CPR certification
- Educational webinars or training in-services
- Stress and time management programs
- Practice efficiency and marketing tips
- Team building programs or round tables for problem solving
- Addressing employee policies (review employee manual)
- Addressing and creating patient policies (financial, lateness, no-shows, documentation requirements)
- Develop staff scripting responses to common patient questions
- Bump up team enthusiasm by inviting a motivational speaker

CLOSING Q&A:

Q: How often should we have meetings?
A: If you schedule meetings just when you need them, you'll only focus on problems at hand and miss out on using this time to make headway in all the necessary areas of training and practice growth. So whether you choose to have them weekly, monthly or quarterly…HAVE them! Put a sign on your patient door that reads: "Team Training in Progress. Will reopen at ____" to avoid interruption. Yes, it's *that* important!

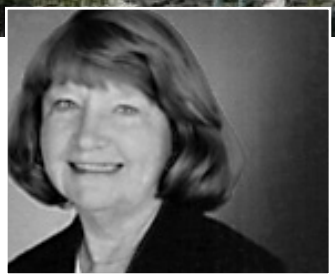
Q: When do we try to fit these meetings into our already busy schedule?
A: You will eventually realize your own pattern and timetable, i.e., the first Friday of every month and schedule these out in advance. Some offices prefer the morning before patients start or at the end of the day (the latter not recommended because if the day runs late, the meeting is cancelled.) Lunch time is probably the most popular as it doesn't take away from the schedule.

Q: Do I have to pay my staff to attend?
A: YES. This is considered "working time" that will *benefit the practice.*

Q: How can we get ALL staff to participate?
A: Post a question in advance so team members can think about it. Once in the meeting, go around the room for individual input. The more they participate, the more comfortable they will feel to contribute. We also promote closing each meeting with "Words of Encouragement (or Inspiration)" giving everyone an opportunity to say something positive.

Let's get your office moving forward, "Full Team Ahead!"

Lynn Homisak, President of SOS Healthcare Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and recently inducted into the PM Hall of Fame. Lynn is also an Editorial Advisor for Podiatry Management Magazine and recognized nationwide as a speaker, writer and expert in staff and human resource management. You can contact her at lynn@soshms.com.



LEGISLATIVE REPORT

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

Governor Eric Holcomb has called a special legislative session for "mid-May" to give the Indiana General Assembly the opportunity to revive some of the five bills that died in the chaotic closing hour on March 14th, the statutory final day for a "short session". Those bills included the federal Internal Revenue Code update, an annual bill matching (or de-coupling) Indiana's tax laws with federal tax laws; a school safety bill; autonomous vehicle regulation; take over of two "failing" school systems; and another local administration/tax bill.

All had been in negotiations to resolve differences between House and Senate-passed versions of the bill—negotiations that at times were contentious.

Despite having "super-majorities" in both chambers, the time ran out before the conference committee reports on these five bills could be adopted in the House. The Senate did adopt four of the five, but passage requires both chambers to pass the conference committee report.

In his announcement the Governor indicated he wanted the special session to deal only with the school safety bill, the IRS update, and a $12-million loan to the Muncie school system that was in the school take-over bill. However, once the special session starts, any number of bills can be introduced and only House and Senate leadership can exercise control over the bills filed. It's expected the special session will last only a few days, but because the 2018 session statutorily ended at midnight on March 14th, the legislative process begins anew---bill filing, committee hearings, second reading, third reading in the first chamber and the same process in the second chamber. Rules can be suspended to shorten the time period between the "steps".

Despite the contentious conclusion, 212 bills did pass this session—that's out of just over 900 introduced.

While Sunday carry-out alcohol sales and workforce development issues grabbed many of the headlines, there are other bills of relevance that did pass and have been signed by the Governor.

HB 1130 contained numerous "clean up" provisions to various professional licensing statutes, including provisions recommended by the PLA to the now-repealed Job Creation Commission. It repeals the sections establishing a podiatric assistant's license, which was never implemented in over 20 years of being "on the books"; authorizes the Board of Podiatric Medicine to approve a licensing exam rather than stipulating a particular exam; conforms reinstatement provisions within the DPM licensing law with the general PLA reinstatement provisions; and requires that information regarding addiction treatment, physical injury or disease, or mental health issues that may affect the ability to practice within the prior two years be reported at renewal (current law is prior 4 years). Language once in the law repealing existing reciprocity standards was removed at the request of IPMA.

HB 1143 specifies requirements for prior authorization of health plan coverage and claims payments. It requires notice be posted on a plan's website and for electronic transmissions of requests and plan responses with exceptions for areas with poor Internet services and when a provider has too few plan-covered patients to justify the cost of compliance. Most provisions in HB1143 are effective after Dec. 31, 2019.

HB1175 requires the Departments of Health and Family and Social Services to develop a strategic plan to identify and reduce the prevalence of diabetes and prediabetes.

HB1191 removes the requirement that a licensed health practitioner report that an adult patient is a suspected victim of human trafficking to local law enforcement, and instead requires the practitioner to provide information concerning available resources and services to a patient suspected to be a victim of human trafficking.

HB1245 contains multiple provisions relating to state/local occupational licensing. A late amendment includes language once in another bill detailing the notice a provider must give to a patient to whom a telephone referral to another provider is made—cautioning that the other provider may not be in the patient's network. The referring provider is required to make note of the referral in the patient's medical record.

SB52 authorizes the retail sale of low THC hemp extract (not more than .3% THC), provides for testing, packaging, and labeling requirements.

SB221 contains staggered deadlines for opioid prescribers in various practice settings to check INSPECT before prescribing a patient an opioid or benzodiazepine to the patient. Beginning Jan. 1, 2019, requires a practitioner who is permitted to prescribe a controlled substance must be certified to receive information from the INSPECT program, allowing for a waiver if the practitioner doesn't have Internet access available.

SB223 requires certain licensed healthcare professionals (MD's, nurses, dentists, physician assistants, and pharmacists) to provide various workforce information to the Professional Licensing Agency when renewing their licenses. DPM's are not included in the requirement.

SB225 requires 2 hours of continuing education on opioid prescribing and opioid abuse during a 2 year period for every licensed practitioner applying for controlled substance registration. The 2 hours are included within any currently required hours, not in addition to current requirements.

SB369 prohibits Workers' Comp reimbursement for drugs specified in the ODG Workers' Compensation Drug Formulary Appendix A published by MCG Health as "N" drugs.

SB431 provides immunity from civil and criminal liability for a health care provider who provides professional intervention in an investigation of the Department of Child Services resulting from a report that a child may be a victim of child abuse or neglect.

Also, **HR 2** passed, seeking a summer study committee on the subject of medical marijuana.

SB 399 was defeated in the House following successful lobbying by a coalition of professional associations including IPMA. It would have required all licensing regulations be reviewed by the Small Business Ombudsman with the aim of providing the "least restrictive possible" regulation of professions and occupations, including no regulation where possible.

PARITY AT THE VA
APMA ACHIEVES MAJOR FEDERAL LEGISLATIVE SUCCESS

BY BEN WALLNER, DIRECTOR
LEGISLATIVE ADVOCACY & APMAPAC

APMA is celebrating a major legislative victory after the Senate passed S 2372, the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, or MISSION Act. The legislation provides comprehensive reforms to the Department of Veterans Affairs (VA) health-care system and includes language from APMA's VA Provider Equity Act. The bill passed the House last week and will now go to President Donald J. Trump, who is expected to sign it immediately.

The VA Provider Equity Act reclassifies podiatrists as podiatric surgeons within the VA Health Administration (VHA), placing them in the same pay band as their allopathic and osteopathic peers. This update to decades-old regulations will go far in addressing the dire recruitment and retention issues in the VHA and ensure our veterans receive the best possible foot and ankle care.

"APMA is ecstatic that Congress has taken action to stem the growing podiatry staffing crisis at the VA while properly recognizing podiatrists for their training and education," said APMA President Dennis R. Frisch, DPM. "Most importantly, we can now guarantee our veterans will be taken care of for years to come."

The passage of this legislation represents the largest advancement for federally employed podiatrists since 1976, and is the first bill specific to podiatry passed by the United States Congress.

The VA Provider Equity Act was introduced by Rep. Brad Wenstrup, DPM (R-OH), in the House and Sen. Bill Cassidy, MD (R-LA), in the Senate.

"As a doctor, my first priority is the patient," said Sen. Cassidy. "This breakthrough legislation puts veterans first and ensures they have access to the quality care they deserve."

"I'm glad we are able to get this legislation across the finish line and finally tackle the disparities between the VA and the private sector," said Rep. Wenstrup. "This [legislation] will increase the VA's ability to recruit and retain qualified specialists like podiatrists, and ensure that our veterans get the specific care and treatment they deserve."


Congressman Brad Wenstrup, DPM (R-OH)

Many individuals contributed to this victory, led by APMA Director of Legislative Advocacy and APMAPAC Benjamin J. Wallner. Wallner was in constant contact with the staff of our congressional sponsors and worked tirelessly to create opportunities to move the bill forward. Your APMA Board of Trustees (including recent past presidents), the APMA Legislative Committee, the APMAPAC Board, and APMA staff all contributed countless hours and energy to the passage of this legislation. The Federal Services Component leadership humanized this issue for congressional leaders and provided important support through workforce statistics and persuasive testimony. And APMA would like to recognize all members who have attended a Legislative Conference, contributed to APMAPAC, used eAdvocacy, or through some other means reached out to their elected officials to advocate for podiatry.

"This bill has been a major initiative by APMA on behalf of our profession and our veterans. Your membership in APMA and contributions to APMAPAC allowed us to make the passage of this bill a reality, and I wish to extend my gratitude to everyone who helped us accomplish this effort," added Dr. Frisch. The elevation of podiatrists within the VA will bolster APMA efforts to pass the Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act, which seeks to appropriately recognize podiatrists for their care of Medicaid patients. Together, we can use this victory as a springboard to move the profession forward.

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM AND PATRICK A. DEHEER, DPM

QUICK FACTS

- IPMA Contributors: 24 Members
- IPMA Contribution Member Percentage: 11%
- IPMA Contribution Total: $12,475/$18,020
- IPMA Contribution Goal Percentage: 69%

DIAMOND LEVEL SUPPORTERS ($2,500-$4,999)

Dr. Patrick DeHeer

PLATINUM LEVEL SUPPORTERS ($1,000-$2,499)

Dr. Sandra Raynor
Executive Director Matt Solak
Dr. Zahid Ladha

GOLD LEVEL SUPPORTERS ($500-$999)

Dr. Angie Glynn
Dr. Rick Stanley
Dr. Walter Warren

SILVER LEVEL SUPPORTERS ($300-$499)

Dr. Cathy Coker
Dr. Nathan Graves
Dr. Daniel Miller
Dr. Patricia Moore
Dr. Kathleen Toepp Neuhoff
Dr. Wendy Winckelbach

BRONZE LEVEL SUPPORTERS ($150-$299)

Dr. Chris Grandfield
Dr. Brian Damitz
Dr. Brandt Dodson
Dr. Richard Loesch
Dr. Scott Neville
Dr. David Sullivan
Dr. Elizabeth Vulanich

PATRIOT LEVEL SUPPORTERS (LESS THAN $150)

Dr. Kent Burress
Dr. Michael Carroll
Dr. Jeffrie Leibovitz
Dr. Eugene MacDonald

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.

FOOT SUPPORT PAC UPDATE

The Foot Support PAC is a nonprofit, bipartisan fundraising committee through which podiatrists support state candidates who support podiatric medicine's issues before the Indiana General Assembly.

QUICK FACTS

- IPMA Contributors: 14 Members
- IPMA Contribution Member %: 6%
- IPMA Contribution Total: $5,275/$8,000
- IPMA Contribution Goal %: 66%
- IPMA Foot Support PAC Balance: $25,970.59
- IPMA Advocacy Fund Balance: $4,695.00

PLATINUM LEVEL ($1,000-$2,499)

- Dr. Sandra Raynor

GOLD LEVEL ($500-$999)

- Dr. Angie Glynn
- Dr. Nathan Graves
- Dr. Zahid Ladha
- Dr. Kathleen Neuhoff

SILVER LEVEL ($300-$499)

- Dr. Cathy Coker
- Dr. Wendy Winckelbach

PATRIOT LEVEL (LESS THAN $150)

- Dr. Richard Stanley
- Dr. William Oliver
- Dr. Jeffrie Leibovitz
- Dr. Christopher Grandfield
- Dr. Richard Loesch

Contribute to Foot Support PAC online at www.indianapodiatric.org/political-action.html.

SEEKING PART TIME PODIATRIST

PrevMED
THE HEART OF PREVENTIVE CARE

PrevMED is currently seeking a Part Time Podiatrist to join our growing team! Our Podiatrists provide portable podiatry services in a non-private practice setting with all supplies, tools and equipment provided. Our process is streamlined, organized and makes a positive impact on the community by bringing foot care to patients that would not otherwise have access to treatment. Duties include, but are not limited to:

- exams
- nail & skin care
- ulcer and wound care
- diabetic foot care
- orthopedic foot care

PrevMED offers excellent compensation, a flexible schedule working 1-2 days per week with no evening or weekend hours, mileage reimbursement and malpractice. Join our team today at www.prevmed.org!

MedPro Group
a Berkshire Hathaway company

IS YOUR PODIATRY PRACTICE WALKING THE LINE WHEN IT COMES TO CORPORATE COMPLIANCE?

In healthcare, corporate compliance refers to an organization's commitment to (a) detect and prevent violations of state and federal laws, (b) establish expectations for ethical business practices, and (c) set appropriate standards for patient services and care. In a nutshell, corporate compliance is a commitment to do the right thing, both legally and ethically.

The notion of corporate compliance in healthcare is not new. For years, the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) has encouraged healthcare providers to adopt corporate compliance initiatives. In doing so, the HHS-OIG established seven fundamental elements of a corporate compliance plan, as follows:

- Conduct internal monitoring and auditing.
- Implement compliance and practice standards.
- Designate a compliance officer or contact.
- Conduct appropriate training and education.
- Respond appropriately to detected offenses and develop corrective action.
- Develop open lines of communication with employees.
- Enforce disciplinary standards through well-publicized guidelines.

With the implementation of the Patient Protection and Affordable Care Act (ACA) in 2010, compliance plans went from voluntary efforts to mandatory programs. Section 6401 of the ACA stipulates that healthcare providers must establish compliance programs as a condition of enrollment in Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). Further, HHS-OIG recommends regular auditing and monitoring of compliance programs to ensure effectiveness.

Whether developing a new compliance program or auditing an existing plan, podiatry practices should consider their specific risks. Just as no two practices or organizations are exactly same, compliance programs are not one-size-fits-all. Podiatry practices should tailor their compliance plans to meet their particular needs.

Areas that might benefit from review include:

- Business operation policies and procedures
- Billing and coding processes and review of claims submissions, including availability and adequacy of documentation, reasonable and necessary services, and accurate payment
- Health record documentation
- Health record retention policies and procedures
- Appropriate use of federal and state forms and documents
- Adherence to federal fraud and abuse laws (e.g., the False Claims Act, the Anti-Kickback Statute, the Physician Self-Referral Law, the Exclusion Authorities, and the Civil Monetary Penalties Law)
- Compliance with federal and state safety codes, regulations, and standards (e.g., Occupational Safety and Health Administration standards, HIPAA regulations, Centers for Medicare & Medicaid Services [CMS] Conditions of Participation, Centers for Disease Control and Prevention guidelines, Food and Drug Administration standards, etc.)
- Organizational roles and responsibilities, including following licensing and scope of practice regulations, prescription authority rules, and professional organizations' standards
- Patient care standards and compliance to specialty protocols/guidelines
- Patient satisfaction and resulting corrective action plans
- Processes or functions that have been problematic in the past
- Training and education (e.g., fulfillment of required continuing education, training for new technologies or equipment, staff training, etc.)

For further details about developing a corporate compliance program and policy, visit the HHS-OIG website and CMS's Medicare Learning Network Provider Compliance webpage. For tools and resources related to Medicaid fraud, waste, and abuse, see CMS's Medicaid Program Integrity Education.

INDEPENDENT PHYSICIANS GAIN NEW ALLY IN VALUE-BASED CARE EFFORTS

BY TODD SHRYOCK
MEDICAL ECONOMICS MAGAZINE

Independent physicians obtain better outcomes for lower costs than large health organizations, but don't always get the recognition they deserve when it comes to public policies on value-based care.

For example, a 2016 report on the Medicare Shared Savings Program found that nearly half of physician-only accountable care organizations (ACO) earned savings, and that they were significantly more likely to do so than hospital-led or hybrid ACOs.

A new coalition, the Partnership to Empower Physician-Led Care (PEPC), is committed to making sure independent physicians are recognized for the quality outcomes they provide by advocating for policies that support them moving to risk-based care models like an ACO. The partnership was founded by the American Academy of Family Physicians (AAFP), California Medical Association, Florida Medical Association, Medical Group Management Association (MGMA), Texas Medical Association/ Practice Edge, and Aledade—a company that helps physicians create ACOs.

There are four policy priorities for PEPC: advancing physician-led alternative payment models, ensuring an equitable policy framework that promotes choice and provider competition, creating new opportunities for physicians in commercial markets such as Medicare Advantage, and supporting consumer-directed care.

Kristen McGovern, JD, the partnership's executive director, says the group will explore making a difference through both regulatory and legislative change, and focus at the federal level. While some education may be done in the private sector, the main target is Medicare programs.

"Independent physicians aren't being ignored in these programs, but we are starting to understand what works and doesn't work [in the programs]," says McGovern. "It's becoming clear that independent physicians are able to achieve results."

The idea for the partnership came about from conversations among the founding members who realized that it was important that the voice of the independent practitioner was heard as value-based care moves forward in Medicare. "We did scan the landscape and realized there was a gap that the partnership could fill," says McGovern.

The common objective of helping independent practices thrive in new care models attracted the AAFP to the partnership, says Shawn Martin, senior vice president of advocacy and practice advancement for the physician group. "This brings us the opportunity to work with specialists and other organizations who are coming at the same problem from different perspectives," says Martin. "The partnership will create a collective voice and the policy-making apparatus will be a little stronger to advance policies that make value-based care more friendly to independent practices."

He adds that independent practices, besides providing better care, also are important to local communities for another reason. "Community-based practices across the country are the economic and social anchors for their communities and it is important to help them continue to play that role."

Halee Fischer-Wright, MD, president of the MGMA, said in a statement that independent practices play a critical role in the health system, and afford physicians the autonomy and flexibility to make decisions that are best for their patients. "We look forward to working with PEPC to ensure that the independent practice is a viable option for those that seek it."

Todd Shryock is the Editor of Medical Economics Magazine. For more information, visit www.physiciansforvalue.org.

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