MOVING INDIANA FORWARD

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INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

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PRESIDENT'S MESSAGE

JEFFRIE LEIBOVITZ, DPM | IPMA PRESIDENT

I am excited to begin my second term as President of the IPMA. I believe the IPMA is in a strong position entering 2017. We have a tremendously experienced Board of Trustees serving the interests of the IPMA membership. With that said, in order to continue this level of experience we need to cultivate new leadership. If you are interested in joining a committee or getting involved, please do not hesitate to contact me or the IPMA office.

In 2016, the IPMA finished the fiscal year with a profit of slightly more than $11,000. This is the fifth straight year with a profit and will put IPMA's rainy day fund over $100,000.

IPMA leadership and staff are working on some projects it hopes to rollout throughout 2017, including:

- An update of IPMA Bylaws
- Online Dues Payment
- Online Foot Support PAC Contributions
- Revitalization of Legislative Key Contact Program
- Rolling out relationship with Krieg DeVault LLP
- APMA Membership Recruitment Campaign

Additionally, the IPMA member incentive program has begun, and I encourage members to take advantage of the program. This will allow members to receive a discount at future IPMA Fall Conventions. A low cost meeting for members does not mean a cheap meeting. We need a well-attended meeting to provide quality lectures and attract exhibitors.

Additionally, please mark your calendars for the following events:

- Midwest Podiatry Conference, Hyatt Regency, Chicago, IL – April 27 – April 30, 2017
- The National 2017 Scientific Annual Meeting, Gaylord Opryland Resort & Convention Center, Nashville, TN – July 27 - 30, 2017
- IPMA Annual Convention, Hyatt Regency Downtown, Indianapolis, IN, October 5 – 8, 2017

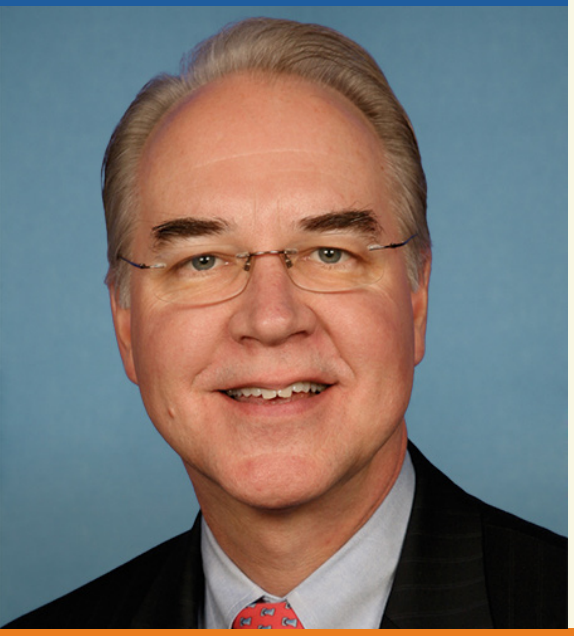
Finally, I hope you enjoy the new format of the IPMA Newsletter. We have worked to make the newsletter more user friendly and interactive for the membership.

APMA HAS POSITIVE WORKING RELATIONSHIP WITH SECRETARY PRICE

Last month, the US Senate confirmed Rep. Tom Price, MD (R-GA), as secretary of the Department of Health and Human Services.

APMA has a longstanding relationship with Dr. Price—he participated in an APMA-sponsored health event at the 2012 GOP Convention—and APMA offered its support for his nomination. As a physician, Dr. Price understands the challenges and frustrations facing providers and as a member of Congress has been supportive of policies that will free providers of overly burdensome regulations which hinder the delivery of care to patients.

Podiatry has long enjoyed strong bipartisan support on Capitol Hill, and APMA looks forward to finding new opportunities to work with both sides of the aisle to advocate for our members through our new lobbying firm, Squire Patton Boggs, as the 115th Congress and the new administration make health-care reform a major policy focus.



APMA: Powered by You

MEMBER get a MEMBER

HELP IPMA GROW

Calling all Members! Help grow your organization by inviting your colleagues to join. It's as easy as 1-2-3:

1. Review this article for details.
2. Talk with your colleagues about APMA membership.
3. Enter to win!

You refer, they join, you both get rewards! For every one of your colleagues who joins*, you'll receive:

- $10 Starbucks gift card (limit 10 per member)
- Acknowledgement on APMA.org and at The National
- Chance to win one of three great prizes:
  1. One-year of free membership
  2. An Apple Watch (Series 2)
  3. A Fitbit One

For more information, visit www.apma.org/grow.

**Eligibility: New members must join by May 31, 2018. Colleague must list your name as "referred by" on the appropriate form. Former members whose membership lapsed from June 1, 2016 to date are not eligible for this campaign.*

Download the APMA MEMBER APP to your iOS device today!

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM
APMAPAC COORDINATOR, IPMA PAST PRESIDENT
AND PATRICK A. DEHEER, DPM
APMA BOARD OF TRUSTEES & LEGISLATIVE CHAIRMAN AND IPMA PAST PRESIDENT

We are proud to report that IPMA members have stepped up again and contributed 110 percent of IPMA's fundraising goal for 2016. This means IPMA has hit its goal for the third consecutive year.

Now begins the 2017 fundraising campaign. This year, the IPMA fundraising goal is $16,751. As everyone is aware, Washington D.C. is undergoing drastic political change and the APMA needs to be at the table during this time. The APMAPAC is a critical tool to ensure that happens.

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.

We ask all members to strongly consider a recurring monthly contribution of $20. This allows members to make a meaningful contribution while avoiding the necessity of writing one large check.

As of February 15, 2017, these IPMA member have pledged their contributions to APMAPAC:

- Dr. Zahid Ladha, DPM
- Dr. Patrick DeHeer, DPM
- Executive Director Matt Solak
- Dr. Michael Carroll, DPM

The future of podiatry and your future depends upon your support of APMAPAC. Donate online today.

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 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.

2017 LEGISLATIVE SESSION

State legislative advocacy is a key function of IPMA. IPMA's leadership — with the support of its lobbying team in Indianapolis — works to advance the priorities of podiatric medicine through legislative advocacy at the state level.

IPMA's success is in part determined by the participation of its members. IPMA needs its members to become active in legislative affairs.

WHAT CAN YOU DO?

- Find your legislators: http://iga.in.gov/legislative/find-legislators/
- Sign-up for your legislator's newsletters
- Attend a "town hall"/"third house" meeting in your district hosted by your legislator
- Contact your legislator when IPMA issues a "Legislative Alert"
- Contribute to the Foot Support PAC online

For questions or more information, visit www.indianapodiatric.org/political-action.html or call 888.330.5589.

FOOT SUPPORT PAC UPDATE

BY KENNETH KRUEGER, DPM | FOOT SUPPORT PAC CHAIR AND IPMA PAST PRESIDENT

The Foot Support PAC allows the IPMA to support state level candidates who support the podiatric profession at the Indiana State Capitol.

As of February 15, 2017, these IPMA member have pledged their contributions to the Foot Support PAC:

- Executive Director Matt Solak
- Dr. Brian Elliott, DPM
- Dr. Rick Stanley, DPM
- Dr. Miranda Goodale, DPM
- Dr. Donald McGowen, DPM

The committee strongly encourages IPMA members to help protect and grow the podiatric profession by contributing to the Foot Support PAC.

Make your online Foot Support PAC contribution today.

MedPro Group
a Berkshire Hathaway company

INDIANA PODIATRIC
MEDICAL ASSOCIATION

Step Up Your Coverage

MedPro Group, the endorsed carrier for IPMA, is a great fit for podiatrists.

- **LONGEVITY**
  It all starts with industry-leading risk analysis and techniques that have stood the test of time. MedPro leverages their expertise from serving healthcare providers nationwide for more than 115 years in order to accurately assess risk for podiatrists and write policies that provide just the right coverage at the right price.
- **CONSENT**
  Ultimately, they leave the decision up to you with an iron-clad pure consent provision that comes standard in your policy. Unlike policies from some of MedPro's competitors, this provision gives you the right to refuse to settle your claim.
- **EXPERIENCE**
  What's more? MedPro's risk managers and claims specialists average more than 25 years of experience, which means they know how to handle any claim.
- **SERVICE**
  We're dedicated to providing exceptional, personalized service that meets your every need, too. That's why we think between our agency and MedPro, we make a great pair.

To learn more about how we can serve you and to discover more about MedPro's specialized podiatry coverage, visit medpro.com/podiatrists, then call your local MedPro representative at 888-MEDPRO5.

MEDPRO.COM/PODIATRISTS **888.MEDPRO5**

PROVIDING INTERPRETER SERVICES AND AUXILIARY AIDS IN THE PODIATRY OFFICE

MedPro Group
a Berkshire Hathaway company

A prospective patient's wife called my podiatry practice to make an initial appointment for the patient. During the call, she stated that her husband needs a hearing interpreter. Do we have to make an appointment for this patient? Is the office required to provide an interpreter? Can we charge the patient for the cost of the interpreter?

The decision to provide clinical care, whether for a prospective or current patient, should NOT be made on the basis of a patient's disability or limited English proficiency (LEP). Podiatrists and other healthcare providers who receive federal financial assistance and/or funding are generally responsible for providing auxiliary aids or other service accommodations at no cost to the patient, as specified in Section 1557 of the Affordable Care Act (ACA), "Nondiscrimination in Health Programs and Activities."

Recent changes to Section 1557 of the ACA, which went into effect July 18, 2016, also require covered entities (CEs) to post a notice of nondiscrimination and taglines about the availability of auxiliary aids and language-assistance services, as well as how patients can access those services. The taglines must be posted in the top 15 non-English languages spoken in the CE's state. Notices must be posted within 90 days of the effective date.[1]

When selecting an auxiliary aid or language-assistance service, the complexity of the communication and the patient's accommodation choice are primary considerations. The podiatrist's ultimate goal is to facilitate effective communication. A question to ask the patient — either through an interpreter or through use of an assistive device — is "What is the best way for us to talk about your medical care?"

Risk strategies related to patients who require auxiliary aids or language-assistance services include the following:

- Conduct a four-factor LEP analysis that considers the following:
  - The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee
  - The frequency with which LEP individuals come in contact with the program
  - The nature and importance of the program, activity, or service provided by the program to people's lives
  - The resources available to the grantee/recipient and costs[2]
- Develop a written policy and procedure on auxiliary aids and language-assistance services for patients who have disabilities or LEP. The policy/procedure should outline a process for (a) identifying and assessing need, (b) notifying patients about the availability of services, and (c) providing auxiliary aids and services.[3]
- Periodically educate staff regarding the written policy. Document education in each staff member's employment file.
- Document in the clinical record (a) identification and assessment of need, and (b) each time an interpreter or assistive device was used (including the name and phone number of the interpreter or the type of device).

RESOURCES

- Agency for Healthcare Research and Quality: Health Literacy Universal Precautions Toolkit, 2nd Edition: Address Language Differences (Tool #9) — http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool9.html

PROVIDING INTERPRETER SERVICES AND AUXILIARY AIDS IN THE PODIATRY OFFICE

- Office for Civil Rights, U.S. Department of Health and Human Services:
  Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities — http://www.hhs.gov/ocr/civilrights/clearance/exauxaids.html
- Office for Civil Rights, U.S. Department of Health and Human Services: Frequently Asked Questions to Accompany the Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency under Section 1557 of the Affordable Care Act (ACA) — http://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/top15-languages/index.html
- Office for Civil Rights, U.S. Department of Health and Human Services: Limited English Proficiency — http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html
- Office for Civil Rights, U.S. Department of Health and Human Services: Limited English Proficiency (LEP) Resources for Effective Communication — http://www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/eclep.html

1 81 FR 31375; Garvin, J. (2016, July 1). Updated ACA mandate takes effect July 18. ADA News. Retrieved from www.ada.org/en/publications/ada-news/2016-archive/june/updated-aca-mandate-takes-effect-july-18

2 Office for Civil Rights. (2003). Guidance to Federal financial assistance recipients regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. U.S. Department of Health and Human Services. Retrieved from www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html

3 Office for Civil Rights. (n.d.). Example of a policy and procedure for providing auxiliary aids for persons with disabilities. U.S. Department of Health and Human Services. Retrieved from www.hhs.gov/ocr/civilrights/clearance/exauxaids.html

TOP LEGAL TIPS FOR A SUCCESSFUL PODIATRY PRACTICE

BY TOM HUTCHINSON AND
STEPHANIE ECKERLE
KRIEG DEVAULT

The medical profession is constantly evolving and podiatric physicians face new challenges daily. While the first goal of medical professionals may be to provide quality care to their patients, there are a number of other business and legal aspects that must be considered by podiatric physicians. The relationships between physicians and their business partners, payers and regulators must be scrutinized to ensure that business goals are met, legal regulations are complied with and practices are financially sustainable. Although there are numerous issues that could be covered, podiatric physicians can start with the following five issues when analyzing business and legal matters:

1 COMPENSATION AND BUSINESS STRUCTURES

Compensation and business arrangements are always issues that can cause conflict, but if dealt with proactively and transparently they can be faced with ease. For any podiatric practice, it is critical that the ownership, management, and partnership structures, including profit-sharing and payments related to use of durable medical equipment (DMEs), are clearly defined in the proper corporate documents, which include Bylaws/Operating Agreements and buy-sell agreements. In addition, podiatric practices should also take into account how to compensate new recruits and also determine whether there is a path to partnership for those new physicians. In addition to ensuring financial success and cohesion among partners and employees, financial arrangements must also be analyzed to ensure they comply with the various federal laws.

2 SUCCESSION PLANNING

As podiatric physicians become more experienced and build both their practice and reputation, succession planning should always be on the forefront of their minds. This analysis should include an ultimate exit strategy for the physician, which may include bringing in new partners that gradually build equity in the practice or an outright sale of a podiatric practice to another podiatrist or healthcare entity. It is important to note that, based on the regulatory climate and other factors, payments for practice goodwill have drastically fallen over the years and a retiring physician should not count on a "pot of gold" awaiting them upon the sale of their practice. Furthermore, if a podiatric physician is ever faced with closing their practice, as opposed to selling, it is critical to ensure that patients are notified properly and that their records are transferred or returned legally.

3 EMPLOYMENT ISSUES AND EMPLOYEE AGREEMENTS

Healthcare providers must ensure that they are complying all federal, state and local employment laws. How you hire, discipline, fire and treat employees is often subject to scrutiny and potential litigation. For example, if you terminate an employee, are they being terminated properly and legally, do you have the ability to terminate them without cause, do you have to pay them for unused vacation time, have you paid them all outstanding wages, will they be entitled to unemployment – all of these issues can be pitfalls that can lead to employment claims. Furthermore, with employees who obtain key information about your practice or that you invest in by assisting them to build goodwill, a reputation and a patient base, are you ensuring that the practice has protected itself through the use of enforceable confidentiality, non-competes and non-solicitation agreements? Although many employment issues are preventable, it takes organization, careful deliberation and consideration of issues from both a business and legal perspective. Another critical component of protecting healthcare providers from claims is ensuring that company policies, including in employee handbooks, are in place and up to date. These policies, when written well, often provide the strongest defenses to complaints by current and former employees. Other important focus areas for healthcare employers should be

employee/independent contractor classification, wage and hour practices, and understanding employee rights to medical leave. Conducting comprehensive human resources audits on a regular basis is a great tool for employers to identify problem areas and prevent issues before they arise.

4 REGULATORY COMPLIANCE AND RISK MANAGEMENT ISSUES

It is critical that all podiatric practices have an integrated and effective quality, compliance and risk-management program. This type of program will ensure first that the practice and its physicians have the proper licensure, certification, accreditation and other standards. For example, do all medical professionals have the proper license, qualifications and continuing education requirements? Are they practicing within their scope and providing the proper supervision and collaboration with other medical professionals? In addition to these issues, it is critical that podiatric practice ensure compliance with the morass of healthcare laws, including those that involving billing and reimbursement.

5 PATIENT RECORDS/HIPAA

All podiatric practices should ensure that they properly and securely maintain patient records, including both paper and electronic records. With the Office of Civil Rights increasing its HIPAA audits of covered entities, podiatric practices need to ensure that they are fully in compliance with HIPAA. The starting point for this is often a HIPAA Security Risk Assessment, ensuring that the practice has thorough HIPAA Privacy and Security Policies and ensuring that the practice has all necessary HIPAA forms in place, such as the Notification of Privacy Practice and Business Associate Agreements. In addition, with the evolving use of email, texting and social media, it is also important that practices have an Email, Texting and Mobile Device Policy.

It is possible for podiatrist to keep the focus on quality patient care, despite the vast array of legal and business issues that podiatrist face. This can be done by proactively planning your business and financial arrangements, engaging in compliance and risk management activities and collaborating with a team, such as the IPMA, other healthcare providers, accountants and attorneys. Krieg DeVault is excited to partner with the IPMA to be a resource on the issues listed above as well as many other matters that podiatrist face in the evolving healthcare environment.

IMPORTANT INFORMATION FOR IPMA MEMBERS

DUES

Dues Invoices will be mailed in the beginning of June. If you have any questions regarding your dues invoice or membership in general please email erin@kdafirm.com.

WEBSITE

Have you checked out the website recently? Last year IPMA overhauled its website. IPMA members can now:

- Contribute to IPMA Foot Support PAC
- Register for IPMA Fall Convention
- Access your CME Certificates
- Learn about other happenings of the IPMA

Visit www.indianapodiatric.org today to begin using these features.

KRIEG DEVAULT®

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MINNESOTA
FLORIDA

IPMA Partnership with Law Firm Krieg DeVault

The IPMA is pleased to announce a new partnership with Krieg DeVault. Krieg DeVault is a leading law firm in Indiana and throughout the Midwest. Krieg DeVault services their clients in a multitude of areas including an unparalleled health care division that focuses on serving a full range of health care providers, including practice groups, hospitals, ambulatory surgical centers and individual podiatrist.

Krieg DeVault will be supporting the IPMA by providing up to date information regarding regulatory and legal changes facing podiatric physicians and health care in Indiana.

Additionally, Krieg DeVault is ready to assist IPMA members in a wide range of areas. Krieg DeVault has attorneys that can help in the following areas:

Services

- Physician employment issues and agreements
- Physician non-compete/non-solicitation issues
- Physician practice formation
- Stark Act and Anti-Kick Statute compliance
- False claims and billing matters
- Provider network formation, accountable care organizations
- Physician-hospital affiliation strategies
- Mergers, sales and acquisitions of podiatric practices
- Joint ventures and ancillary businesses
- Peer review hearings, staff privileges, and state licensure issues
- Management of health care records (HIPAA)
- Clinical integration among providers
- EMR issues, health IT management and liability
- Telemedicine and technology issues among providers
- Payer relations, audits, and appeals
- Billing, coding, and coverage issues
- Real estate matters
- Intellectual Property protection, copyright, and patent prosecution
- Federal and state government relations
- Litigation, mediation and arbitration

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2016 CAC/PIAC REPORT

BY WENDY WINCKELBACH, DPM AND RICHARD A. STANLEY, DPM

This year's CAC/PIAC meeting was held the weekend before the 2016 Presidential election. There will quite possibly be significant changes in the information presented in the near future so it is advisable to pay close attention to the APMA/IPMA newsletters and websites.

I. MACRA (THE MATERIAL PRESENTED AT THE IPMA FALL MEETING WAS MUCH MORE DETAILED THAN WHAT WAS PROVIDED BY CMS. IT IS ADVISED THAT ALL MEMBERS REVIEW THAT MATERIAL. THIS INFORMATION IS FROM CMS:

A. CATEGORIZES PROVIDERS INTO 3 PAYMENT CATEGORIES

Category 1: Fee for service. Most current providers.
Category 2: Fee for service linked to quality.
Category 3: Alternative payment model. ACOs
Category 4: Population-based payment. DRGs

Goal 1: 30% of payments will be to Categories 3 and 4 by the end of 2016, 50% by 2018
Goal 2: 85% by Categories 2-4 by the end of 2016, 90% by 2018

B. QUALITY PAYMENT MODELS: MIPS AND APMS

1. Most Providers will be MIPS
   a. Applies to providers who bill more than $30,000 per year to
   b. Medicare or see more than 100 Medicare patients per year
   c. Excludes newly enrolled providers or those in APMs
   d. If you submit a minimum amount of 2017 data you can avoid a penalty. You must submit 90 days of 2017 data prior to March 31, 2018.
   e. If you submit 2017 data in full you may earn positive payment
   f. adjustment. Positive adjustments are based on the performance
   g. data and not the amount of information or length of time submitted.
   h. Replaces PQRS
   i. Accounts for 60% of final score
   j. Must select 6 measures out of about 300. 1 must be an Outcome Measure or High-priority measure

C. ADVANCING CARE INFORMATION PROGRAM

1. Replaces EHR Incentive Program
2. Measures
   a. Advancing Care Information Objectives and measures
   b. 2017 Advancing Care Information Transition Objectives and Measures

D. MIPS PERFORMANCE CATEGORY: IMPROVEMENT ACTIVITIES

1. Clinicians choose from 90+ activities under 9 categories.
   a. Expanded practice access.
   b. Population management
   c. Care coordination.
   d. Beneficiary engagement
   e. Patient Safety and engagement.
   f. Participation in and APM
   g. Achieving Health equity
   h. Integrating Behavioral and Mental Health
   i. Emergency Preparedness and Response

E. FOR FULL DETAILS MEMBERS CAN GO TO QPP.CMS.GOV

II. MEDICARE POLICY ISSUE FOR DPMS

A. FEE SCHEDULE.

1. Has **NOT** DISAPPEARED OR BEEN REPLACED.
2. We will see a 0.5% increase outside of MACRA bonuses or penalties.

B. THE 0 DAY GLOBAL PERIOD ON SURGERIES HAS BEEN CANCELLED.

1. Potential misvalued codes that are billed with an EM code and 25 modifier: 11755, 29540, 29550, 11730

C. BILLING FOR TRADITIONAL X-RAYS. **THIS APPLIES ONLY TO MEDICARE PATIENTS.**

1. Use an **-FX Modifier** on all plain film x-rays
2. The 20% deduction only applies to the **technical component** of an x-ray, not the entire x-ray fee.

D. CODING FOR NON-FACE-TO-FACE PROLONGED E/M SERVICES

1. CPT 99358 for 1st hour
2. CPT 99359 for each additional 30 minutes.

E. MIPS PEARLS

1. If no 2017 data is submitted a 4% reduction will occur in 2019
2. Estimates that 26% of podiatrist will be excluded from MIPS
3. The Cost Performance Category for MIPS scoring will not apply until 2020

F. MEDICARE REVALIDATION

a. You should receive notice 2-3 months in advance.
b. Will be sent by mail and the last provided email.

G. CPT 11043. NOT TO BE BILLED IN AN OFFICE SETTING UNLESS A PATHOLOGY REPORT IS PROVIDED.

H. CPT 97957 IS BEING REVIEWED AS THIS IS A PT CODE

I. APMA IS JOINING OTHER MEDICAL SOCIETIES TO OPPOSE THE POLICY OF NOT ALLOWING BILLING OF DUAL MEDICARE/MEDICAID PATIENTS THEIR 20% AND DEDUCTIBLE AS IT FORCES THE PROVIDER TO PROVIDE FREE CARE UNTIL THE DEDUCTIBLE IS MET.

J. THERE IS STILL NO VIABLE CPT CODE FOR BILLING PERIPHERAL NERVE INJECTIONS. DO NOT USE CPT 64450.

K. 60 DAY RULE: YOU ARE REQUIRED TO REPAY ALL OVERPAYMENTS MADE BY CNS WITHIN 60 DAYS OF RECEIPT.

L. DO NOT BILL CONSULTATION CODES. THESE CAN ONLY BE USED WITH PRIVATE CARRIERS.

III. 2015 MEDICARE DATA

A. PODIATRY ACCOUNTED FOR ONLY 1.6% OF ALL MEDICARE BILLING.
B. PODIATRY ALLOWED CHARGES DECREASED $20 MILLION. THAT IS $50 MILLION IN THE LAST 2 YEARS.
C. 99203 IS THE MOST FREQUENT NP CODE.
   a. 99213 is the most frequently billed established code
D. 82.4% OF ALL CLAIMS SUBMITTED ARE PAID. 31 STATES ARE 90% OR BETTER, INCLUDING INDIANA.
E. AMPUTATION RATES ARE DECREASING.
F. CODE 0019T FOR ECSWT IS BEING ELIMINATED.
G. PODIATRY HAS SEEN A 36% DECREASE IN ALLOWED CHARGES FOR DIABETIC SHOES IN THE LAST 6 YEARS.
H. MEDICARE ADVANTAGE PLANS CURRENTLY COST MEDICARE 5% MORE THAN TRADITIONAL.

IV. PRIVATE INSURANCE AND ADVOCACY UPDATE

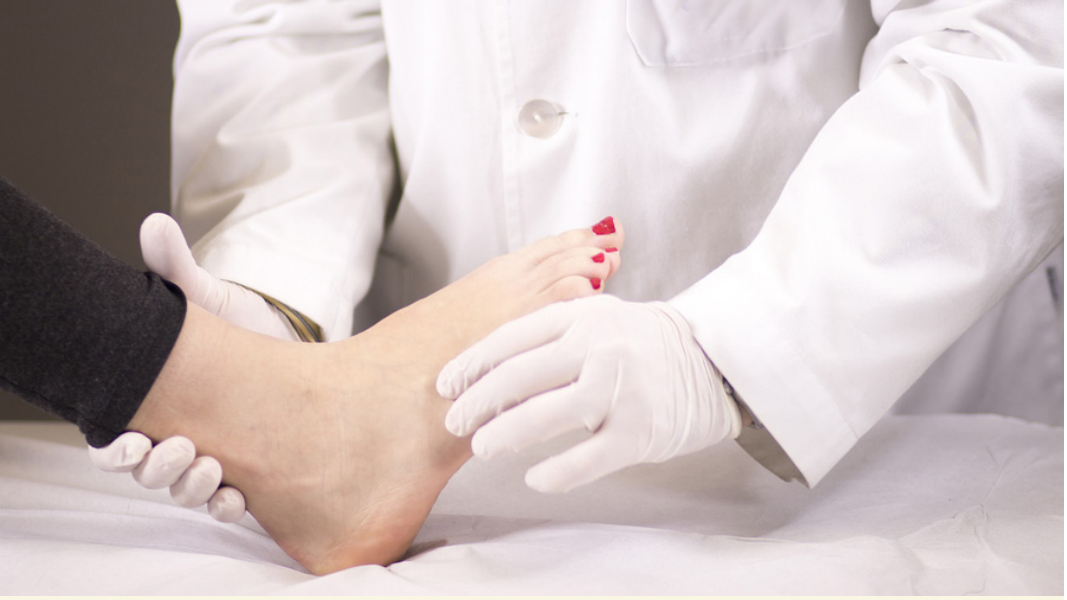
A. THIS IS THE BEST TIME OF YEAR TO NEGOTIATE CONTRACTS AS MCAS HAVE TO FINALIZE THEIR PANEL REQUIREMENTS.
B. ERISA/ACA
   a. Have your patients make you there Authorized Representative.
   b. This allows you stand in the shoes of the beneficiary in order to use the member appeal process. APMA has a model form for this.
C. PHYSICIAN PAYMENT BY PRIVATE HEALTH PLANS
   a. Continue to adopt value-based payment mechanisms.
   b. Will likely see increased economic credentialing
D. NON-DISCRIMINATION. THERE ARE 4 FEDERAL LAWSUITS THAT WILL BEAR WATCHING
E. THE AFFORDABLE CARE ACT
   a. It is slowly dying by federal regulations
   b. Currently no viable options to stop the "death spiral".
F. L3000 ISSUES
   a. Federal BCBS is denying if submitted with a GY modifier.
   b. You currently must re-cast if the devices are older than 1 year for a new Rx.
G. PRIVATE CARRIER FEE SCHEDULES ARE CHANGING FREQUENTLY WITH LITTLE NOTICE.
H. HUMANA IS WANTING X-RAY CERTIFICATION FOR IN-OFFICE FILMS.
I. PRIVATE CARRIERS ARE AUDITING 99203-99213 AND FINDING 70% DO NOT MEET CRITERIA. SEE BELOW FOR A GUIDELINE TO HELP AVOID REFUNDS.

"Dependent Upon Clinical Judgement & Nature of Presenting Problem"						
	HISTORY			EXAM BULLETS	DECISION MAKING	Time (>50%)
New Office	HPI	PMH/FH/SH	ROS			Exception
99201	1	0	0	1	Straight Forward (SF)	10
99202	1	0	1	6	Straight Forward (SF)	20
99203	4	1	2	12	Low Complex (LC)	30
99204	4	3	10	1 OS (Musculoskeletal)	Mod Complex (MC)	45
99205	4	3	10	1 OS (Musculoskeletal)	High Complex (HC)	60
Est Office (2/3)	HPI	PMH/FH/SH	ROS	Exam Bullets	Decision Making	Time (>50%)
99212	1	0	0	1	Straight Forward (SF)	10
99213	1	0	1	6	Low Complex (LC)	15
99214	4	1	2	12	Mod Complex (MC)	25
99215	4	2	10	1 OS (Musculoskeletal)	High Complex (HC)	40
Initial Hospital	HPI	PMH/FH/SH	ROS	Exam Bullets	Decision Making	Time (>50%)
99221	4	1	2	12	Straight Forward (SF)	30
99222	4	3	10	1 OS (Musculoskeletal)	Mod Complex (MC)	50
99223	4	3	10	1 OS (Musculoskeletal)	High Complex (HC)	70
Est Hospital (2/3)	HPI	PMH/FH/SH	ROS	Exam Bullets	Decision Making	Time (>50%)
99231	1	0	0	1	Low Complex (LC)	15
99232	1	0	1	6	Mod Complex (MC)	25
99233	4	1	2	12	High Complex (HC)	35
Inpt Initial Consult	HPI	PMH/FH/SH	ROS	Exam Bullets	Decision Making	Time (>50%)
99251	1	0	0	1	Straight Forward (SF)	20
99252	1	0	1	6	Straight Forward (SF)	40
99253	4	1	2	12	Low Complex (LC)	55
99254	4	3	10	1 OS (Musculoskeletal)	Mod Complex (MC)	80
Initial NH	HPI	PMH/FH/SH	ROS	Exam Bullets	Decision Making	Time (>50%)
99304	4	1	2	12	Straight Forward (SF)	25
99305	4	3	10	1 OS (Musculoskeletal)	Mod Complex (MC)	35
Est NH (2/3)	HPI	PMH/FH/SH	ROS	Exam Bullets	Decision Making	Time (>50%)
99307	1	0	0	1	Straight Forward (SF)	10
99308	1	0	1	6	Low Complex (LC)	15
99309	4	1	2	12	Mod Complex (MC)	25

Review of Systems ("Admits to or Denies")		Musculoskeletal OS Exam Bullets
Constitutional	N/F/V/C/Weakness/Fatigue	Vasc: •Observation (eg, swelling, varicosities) and palpation (eg, pulses, CFT, temperature, edema, calf pain)
Eyes	Diplopia/Glaucoma/Cataracts/Spots	
ENT	Tinnitus/Vertigo/Sinusitis/Dentition	Neuro/Psy: •DTR, •orientation to PPT, •mood/affect, •protect/vibratory sensations •Coordination (eg, finger/nose, heel/ knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children)
CV	SOB/CP/Murmurs/Fainting	
Respiratory	Wheezing/Hemoptysis/Cough/Pleurisy	
GI	Reflux/Diarrhea/Constipation/Hemorrhoids	
GU	Hematuria/Nocturia/Polyuria/Dysuria	Derm: •inspect/palpate skin(ex. Scars/lesions/rashes/ulcers/discoloration) on each UE, •inspect/palpate skin(ex. Scars/lesions/rashes/ulcers/discoloration) on each LE
Musculoskeletal	Pain/Edema/Erythema/Stiffness	
Integumentary	Lesions/Rashes/Lumps/Bumps	
Neuro	Weakness/Paralysis/Numbness/Tingling	Ortho: •alignment/symmetry/crepitus/defects/masses/tenderness each extremity, •ROM +/- pain each extremity, •dislocation/subluxation/laxity each extremity, • muscle strength and tone each extremity, • gait and station
Psych	Hallucinations/Voices/Suicidal thoughts	
Endocrine	Hypo/Hyperthyroid/Temp Imbalance	
Hematologic	Anemia/Bruising/Bleeding	Constitutional: •any 3 vitals, •general appearance
Allergic/Immunologi	Wheezing/Hives/Itching/Runny Nose	Lymph: •lymph nodes (neck/axilla/groin)

Decision Making (DM)			
Level of DM	# Dx/Tx Options	Amt &/ Complexity of Data	Risk of Problems/Death
SF (2/3)	Minimal	Minimal/None	Minimal
LC (2/3)	Limited	Limited	Low
MC (2/3)	Mulitple	Moderate	Moderate
HC (2/3)	Extensive	Extensive	High

Twitter: @DrLehrman



NEW IPMA REWARDS PROGRAM

Beginning in 2017, the IPMA Board of Directors is introducing a new Rewards program to help further reduce the cost to attend the IPMA Annual Fall Convention. Three years ago the Board reduced the cost of the IPMA Annual Fall Convention with the ultimate goal being a free or minimal convention registration fee.

The plan will allow members to reduce the cost of their Fall Convention registration fee to as low as $100 while supporting other critical programs of the IPMA. Members will be eligible for the following discounts on their convention registration:

- $25 for attending the Awards Lunch and the Business Meeting at the Fall Convention
- $50 for attending the Midwest Podiatry Conference in Chicago
- $50 for contributing $50 to the IPMA Administrative Advocacy Account. You will find this check box on your 2017-2018 Dues Invoice
- $50 for attending the Fall Convention in Consecutive Years.
- $100 reduction for serving on the Board of Trustees

If a member achieves all of these tasks, their Fall Convention registration rate will go from $275 to $100. For easier accounting, all credits received in the calendar year will apply to the following year's annual convention. For example, if a member obtains $175 in credits in 2017 they will be eligible for a $100 convention rate in 2018.

We know we ask a lot from IPMA members and we hope this program will help mitigate some of the costs associated with being an IPMA member.

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