



INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE FOUR | WINTER 2020

IN THIS ISSUE

APMA CONCERNS WITH
HHS' REGULATORY REVIEW
PAGE 2

APMA ADVOCATES IN COVID
VACCINE DISTRIBUTION
PAGE 2

APMA HEALTH PLAN UPDATE
PAGE 2

APMA HAS YOUR 2020
MIPS NEEDS COVERED
PAGE 3

APMAPAC REPORT
PAGE 3

CMS UPDATES
PAGE 4

INDIANA COVID
VACCINATION PLAN
PAGE 8

CPME 320 AND 330
REVISIONS IN PROGRESS
PAGE 10

IPMA JOINS PPP LOAN
FORGIVENESS COALITION
PAGE 10

PRESIDENT'S MESSAGE

BRIAN DAMITZ, DPM | IPMA PRESIDENT

I hope everyone is staying healthy and safe during this holiday season. I am sure we can agree that we are happy to see 2020 end and look forward to a better and brighter 2021. Normally, I would have spent a few sentences here to provide a recap of the IPMA Fall Convention and the great event it was. Unfortunately, for the reasons I relayed previously, we had to cancel the convention. Although, the 2021 Fall Convention is quite away off, hopefully not having this year's convention will allow us all to truly reflect on the great speakers and comradery our annual convention provides.

I am proud of all the work members and their staff have done during this pandemic. We know as critical healthcare providers our role will continue well into 2021. In this newsletter you will see steps taken by APMA and IPMA to demonstrate the value of our profession in the fight against COVID. You will also see important information from IDOH on vaccine distribution. Podiatrists have a long history of working together and defeating any challenge that comes our way. In 2021 that history will surely continue.

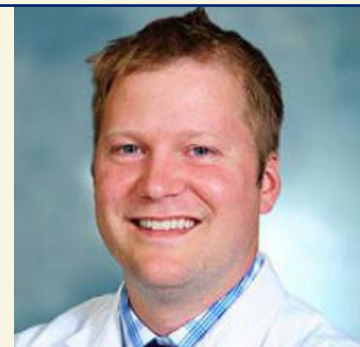
I would like to thank the Board for their service to the association. We have been very fortunate to have such great leadership. If you are interested in getting involved, please do not hesitate to contact me or the IPMA office. We need new leaders to keep IPMA healthy, especially young physicians. I can assure you the experience will be rewarding.

Your support, membership and funding of the IPMA is imperative to our goals as an organization. I will continue to fight for our profession and our membership. The IPMA will continue to support you during these challenging times and I encourage everyone to contact me with questions, problems or ideas.

Please mark your calendars for the following events:

- Midwest Podiatry Conference, Hyatt Regency, Chicago, IL – June 16 – 19, 2021.
- IPMA Annual Convention, Nasser Education Center Indianapolis, October 14 – 17, 2021.

Please stay safe. Love your friends and neighbors. Enjoy life! 🦋



APMA EXPRESSES SIGNIFICANT CONCERNS WITH HHS' PROPOSED REGULATORY REVIEW PLAN

APMA submitted comments to the US Department of Health and Human Services (HHS) on December 4 to express significant concerns with its proposed regulatory review plan. In the proposed rule, HHS proposed that, subject to certain exceptions, all regulations issued by the secretary or his delegates or sub-delegates in Titles 21 (Food and Drugs), 42 (Public Health), and 45 (Public Welfare) of the Code of Federal Regulations (CFR), shall expire at the end of:

1. two calendar years after the year that this proposed rule first becomes effective;
2. 10 calendar years after the year of the regulation's promulgation; or
3. 10 calendar years after the last year in which HHS assessed and, if required, reviewed the regulation, whichever is latest.

APMA agrees with and supports HHS' underlying goals of this proposed rule: to ensure regulations are effectuating the intended impact and not becoming outdated or creating unnecessary inefficiencies or burdens. The rule as drafted, however, raises the following warning flags:

- substantial agency administrative and cost burden
- significant regulatory uncertainty
- absence of transparency

Read these and all comment letters in full at www.apma.org/commentletters. If you have questions, email the APMA Health Policy and Practice department. ✈

APMA ADVOCATES FOR PODIATRISTS IN PLANS FOR COVID-19 VACCINE DISTRIBUTION



In preparation for the distribution of the COVID-19 vaccine, APMA wrote a letter to the National Governors Association recommending that state governments include doctors of podiatric medicine in the first phase of distribution of the vaccine. We also urged that all states authorize podiatric physicians to prescribe and administer the vaccine.

CDC guidance on vaccine distribution calls for all health-care personnel to be given the vaccine under phase 1a. It is clear from our reading of CDC's definition of health-care personnel that podiatric physicians and surgeons are unequivocally included in this first phase.

If you have any questions or comments, please contact the APMA Center for Professional Advocacy at advocacy@apma.org. ✈

APMA HEALTH PLAN UPDATE

APMA continues to work diligently to make a small-group (fewer than 15 participants) health plan available to our mutual members. The effect of COVID-19 on the insurance industry has been widespread, and APMA recognizes that the long delay in making this small-group option available has been a challenge for the membership.

Due to the current COVID-19 spike, APMA does not anticipate the plan being available to participants until March 2021 at the earliest. APMA appreciates the member's patience during this trying time. ✈



**Educational
Foundation**

**SUPPORT STUDENTS
WITH DONATION TO APMA
SCHOLARSHIP FUND**

CLICK HERE TO MAKE A DONATION

APMA HAS YOUR 2020 MIPS NEEDS COVERED

MIPS, or the Merit-based Incentive Payment System, is a [program administered by CMS](#) that determines whether eligible clinicians or clinician groups receive a positive, negative, or neutral adjustment to their Medicare Part B payments. These adjustments scale upward each year, with the 2022 adjustments for the 2020 performance year ranging from 9 percent to -9 percent.

The composite MIPS Score is composed of [four performance categories](#): Cost (15 percent), Quality (45 percent), Improvement Activities (15 percent), and Promoting Interoperability (25 percent). After reporting and/or attesting for each performance category, you will be assigned a raw score, which will be used in calculating your final MIPS composite score (out of 100).

If you or your group is eligible for an exception to the Promoting Interoperability and/or Cost categories, those categories will be [re-weighted](#) to 0 percent and your Quality performance score will be [re-weighted](#) accordingly. CMS will issue information on how to apply for an EHR exception later in 2020, most likely late summer or early fall.

The Cost and Quality categories are measured over the full year (January 1 through December 31); Improvement Activities and Promoting Interoperability categories are measured over any continuous 90-day period of your choice. Providers will have the first quarter of 2021 to attest to the performance categories.

For even more APMA MIPS Resources, [click here](#). 



APMAPAC
Promoting Professional Excellence and Patient Advocacy

★ ENSURING THE ★

SUCCESS
OF PODIATRIC MEDICINE

SINCE 1972 

Visit www.apma.org/donate.
Make a difference for podiatry. Join TEAM APMAPAC today!

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

IMPORTANT: 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.

APMAPAC REPORT

BY CHRISTOPHER GRANDFIELD, DPM, APMAPAC COORDINATOR & IPMA PAST PRESIDENT

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 six years. We again achieved this goal in 2019! I know with COVID-19 things are much different but I believe it is still imperative to support our profession when possible. I am hoping we can keep the streak alive. We are only \$2,370 awa from hitting our goal again!

As of December 5, 2020, these IPMA member have pledged their contributions to APMAPAC:

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

Dr. Patrick DeHeer
Dr. Zahid Ladha
Dr. Sandra Raynor

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

Executive Director Matt Solak

GOLD LEVEL (\$500-\$999)

Dr. Francis Bean
Dr. Angie Glynn
Dr. Chris Grandfield
Dr. Walter Warren

SILVER LEVEL (\$300-\$499)

Dr. Tim Barry
Dr. Mark Lazar
Dr. Kathleen Neuhoff
Dr. Chase Stuart

BRONZE LEVEL (\$150-\$299)

Dr. Kent Burress
Dr. Richard Farrell
Dr. Robert Freestone
Dr. Corey Groh
Dr. Miranda Goodale
Dr. Richard Lanham

PATRIOT LEVEL (LESS THAN \$150)

Dr. Pratap Gohil
Dr. Todd Hovermale
Dr. Jane Koch
Dr. Scott Neville
Dr. David Sullivan

The future of podiatry depends upon your support. 

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.

CMS UPDATES

MPFS FINAL RULE CY 2021

On 12-1-20, CMS published the Final Rule on the 2021 Medicare Physician Fee Schedule. APMA has reviewed it and will be submitting comments to CMS. I will highlight the changes affecting podiatry. There are codes that we normally do not use, but have been established that can add value in addition to the codes we normally use for in-person or Telehealth visits. See details below. Also, be aware of the major changes (see below) to 2 of the amputation codes we commonly use.

The conversion factor decrease for 2021 will have an impact on all CPT and HCPCS codes. Even with the negative adjustment described below, most podiatrists should expect to see an **overall increase in Medicare reimbursement** given that with the new E/M policies remove the barriers that made it difficult for podiatrists to reach level 4 and 5 office E/Ms.

CONVERSION FACTOR

- 32.4085 for CY 2021 (was \$36.09 CY 2020 and \$36.04 CY 2019)
- - 10.2% compared to 2020 (-10.2 percent budget neutrality adjustment)
- Estimated PFS impact on podiatrists for 2021: - 1%
- Estimated PFS impact on other specialists:
- Thoracic surgery: -8%
- Orthopedic surgery: -4%
- Colorectal surgery: -5%

AMPUTATION CODE CHANGES

Beginning January 1, 2021, CMS has changed Global Days from 90 days to 0 days for:

- CPT 28820 - Amputation, toe; metatarsophalangeal joint
- RVU goes from 5.82 to 3.51
- CPT 28825 - Amputation, toe; interphalangeal joint
- RVU goes from 5.37 to 3.41

It is imperative that you begin billing post-op visits on these 2 amputations starting on the 1st visit post-op. It has been determined that if you perform post-op visits (99212) on week #s 1, 2, 4, and 6, (4 visits) this should then bring the overall reimbursement of these amputation codes back to the 2020 value. Any visit charged after the 4-visit example, can then increase the value of these amputations which can account for any complications requiring additional visits.

BILLING AND CODING: WOUND CARE A55909

As a reminder, there has been a change in the Policy Article (Coding and Billing Guidelines) for the WPS Wound Care LCD. The following changes are effective 10-29-20:

In Coding Guidelines: In sentence Number 3, removed 11043 and 11046 to read: "CPT codes 11044 and 11047 may only be billed in place of service inpatient hospital, outpatient hospital or ambulatory surgical center (ASC)." In sentence Number 4, added "/or" to read: "CPT codes 11043, 11046 and 11044, 11047 are codes that describe deep debridement of the muscle and/or bone."

REMINDER ON THE NEW ABN FORM EFFECTIVE JANUARY 1, 2021

Just a reminder, the ABN form has been revised and is mandatory for use on January 1, 2021. The revised form and additional information can be found on the WPS website under the forms tab at: <https://tinyurl.com/yxwgjtox>

E/M VISITS

- Allowing E/M visits to be based on MDM or total time
- Adopt of CPT recommendations, including deleting 99201
- CMS refined time estimates for levels 2-5 office/outpatient E/M visit codes
- CMS retained its policy not to extend updated E/M values to global procedure codes
- CMS retained the inherent complexity add on code G2211 (RVU = 0.33):
 - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's **single, serious condition or a complex condition**. (Add on code, list separately in addition to office/outpatient evaluation and management visit, new or established).
- See "Coding" below for details
- Established new code G2212, prolonged service code
- Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (**List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services**). (Do not report G2212 for any time unit less than 15 minutes)

Your association has numerous resources available to help you understand these E/M changes at www.apma.org/em2021. APMA members can attend the exclusive webinar "Documentation: E/M Examples" on Thursday, December 17 to hear specific examples from and ask questions of our coding experts. The recording will be available to members.

The MPFS also includes information about the 2021 MIPS performance year. This information will be covered on a webinar on Tuesday, December 15. The recording will be available to members.

TELEHEALTH AND VIRTUAL CARE

- No changes to geographic or site of service telehealth restrictions (as was present prior to the COVID pandemic)
- Codes **added** to the Medicare telehealth services list on a **permanent** basis:
 - Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334 99335)
 - Home Visits, Established Patient (CPT codes 99347 99348)
 - Prolonged Services (HCPCS code G2212)
 - Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management service (HCPCS code G2211)
- Codes **added** to the Medicare telehealth services list on a **temporary** basis
 - For telehealth coverage through the end of the year in which the PHE ends.
 - Nursing Facility frequency limitations: one telehealth visit every 14 days
 - Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99336 99337)
 - Home Visits, Established Patient (CPT codes 99349 99350)
 - Emergency Department Visits, Levels 1-5 (CPT codes 99281 99285)
 - Initial Hospital Care and Hospital Discharge Day Management (CPT codes 99221 99223, 99238 99239)
- Audio only services
 - CMS will no longer pay for **telephone only** E/M CPT codes following the PHE
 - CMS is instead establishing an **interim** HCPCS code G2252 (RVU = 0.50)
 - Brief communication technology based service, e.g. virtual check in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. This code is used to determine if a face-to-face future visit is required or a future Telehealth visit is required.

REMOTE PHYSIOLOGIC MONITORING (RPM)

Below is for final policies that apply following the PHE:

- Only physicians and NPPs who are eligible to furnish E/M services can bill for RPM services
- RPM services can only be furnished when there is an established patient physician relationship
- RPM devices must meet the FDA definition of a medical device and be reliable and valid
- Consent may be obtained at the time RPM services are furnished
- Remote monitoring **set up and device supply services** (99453 and 99454) can be furnished by auxiliary personnel and must include at least 16 days of electronic/automatic data collection and reporting (cannot be self-reported)
- RPM treatment management services (99457 and 99458) requires 20 minutes of time that can include both required interactive communication and care management services

OPPS FINAL RULE 2021

ELIMINATION OF THE INPATIENT ONLY LIST

In this rule, CMS finalized the proposal to eliminate the Inpatient Only (IPO) list over a three-year transitional period, beginning with the removal of approximately 300 primarily musculoskeletal-related services in 2021, with the list completely phased out by CY 2024. This will make these procedures eligible to be paid by Medicare in the hospital outpatient setting when outpatient care is appropriate, as well as maintain our ability to pay for these services in the hospital inpatient setting when inpatient care is appropriate, as determined by the physician. For Podiatry this list includes:

- 27702 - Arthroplasty, ankle; with implant (total ankle)
- 27703 - Arthroplasty, ankle; revision, total ankle
- 27888 - Amputation of foot at ankle
- 28800 - Amputation, foot; midtarsal (for example, chopart type procedure)

COVID ACCELERATED/ADVANCE PAYMENT REVISED REPAYMENT TERMS

The recently enacted Continuing Appropriations Act, 2021 and Other Extensions Act amended the repayment terms for the COVID accelerated/advance payments. The changes to the repayment terms are listed below.

- The repayment period has been extended, and the automatic recoupment will begin one year after the date the accelerated or advance payment was issued.
- During the first 11 months after repayment begins, the recoupment rate will be 25% and repayment will occur through an automatic recoupment of the provider/supplier Medicare payments.
- At the end of the 11-month period, the recoupment rate will increase from 25% to 50%. The automatic recovery at the 50% recoupment rate will continue for 6 months.

- If the total amount of the accelerated/advance payment is not recovered within 29 months from the date the payment was made, a demand letter for the outstanding balance will be issued. The demanded amount will be subject to a 4% interest rate.

MODIFIER WORKGROUPS FOR -25 AND -59

APMA workgroups are addressing payer denials or reimbursement reductions when the -25 modifier or the -59 modifier is used in a claim.

The -59 Modifier workgroup developed a Routine Foot Care and -59 and X[ESPU] Modifier Claims Tool Kit to help members when Medicare Advantage plans, Medicaid Managed Care Organizations, or other commercial plans deny covered nail care (CPT® 11720/11721) when callus care (CPT 11055-11057) is provided on the same date. To help members resolve these issues, the workgroup has created template appeal letters, articles, documentation guidance, and education webinars. The tool kit is available at www.apma.org/59toolkit.

APMA has also increasingly heard from members that payers are denying claims that are properly billed with the 25 Modifier, or that private payers are significantly reducing reimbursement for an E/M service when a 25 modifier is used. As a reminder, the 25 modifier is used when a significant, separately identifiable evaluation and management service with no work inherent in the procedure itself by the same physician occurs on the same day of the procedure or other service. It is also important to note this guidance applies to both new and established patient encounters. To help members, the -25 modifier workgroup has created and updated resources including webinars, articles, and proper use guidelines. These resources are available at www.apma.org/25modifier.

DME

THERAPEUTIC (DIABETIC) SHOES

On November 5, 2020, the joint DME MACs published an update to the Therapeutic Shoes for Persons with Diabetes LCD. The delegation of certifying physician (MD or DO) comprehensive management of diabetes responsibilities to nurse practitioners (NP) and physician assistants (PA) certifying therapeutic shoes and inserts for persons with diabetes. This clarification is specific to NPs and PAs **who are practicing under the supervision of an MD or DO** (i.e., “incident to”) and **does not extend to NPs who practice independently** (i.e., bill under their own NPI).

NPs or PAs providing ancillary services as auxiliary personnel could meet the “incident to” requirements in their provision of therapeutic shoes to beneficiaries with diabetes if all of the following criteria are met:

1. The supervising physician has documented in the medical record that the patient is diabetic and has been, and continues to provide, the patient follow-up under a comprehensive management program of that condition; and,
2. The NP or PA certifies that the provision of the therapeutic shoes is part of the comprehensive treatment plan being provided to the patient; and,
3. The supervising physician must review and verify (sign and date) all of the NP or PA notes in the medical record pertaining to the provision of the therapeutic shoes and inserts, acknowledging their agreement with the actions of the NP or PA.

APMA’s DME Workgroup Chair Paul Kesselman, DPM, also provided an update on both private and public payer coverage and reimbursement for DME. As Dr. Kesselman reported, more plans are auditing L3000 and he recommends using the APMA Joint L3000 White Paper available at www.apma.org/L3000.

Dr. Kesselman also reported the latest advocacy efforts to change the DMEMAC’s Same or Similar policy. Members are encouraged to access APMA’s Same or Similar guidance at www.apma.org/sameorsimilar.

MIPS

- MIPS COVID 19 Exception Application –extended through February 1, 2021, still need to proactively apply
- PI MIPS Hardship Exception –still due December 31, 2020, still need to proactively apply

CLARIFYING PRN ORDERS FOR DMEPOS

Effective for dates of service on or after January 1, 2020, CMS amended its order requirements for items of DMEPOS via recent regulation CMS-1713-F. The rule provides a standard written order with set elements required to be included for payment purposes. Since frequency is no longer a required element, CMS is updating section 5.11 in Chapter 5 of Pub. 100-08 to **remove** the language stating that “PRN” or “as-needed” are not acceptable frequencies to be included on a Standard Written Order.

SURGICAL DRESSINGS POLICY ARTICLE UPDATE

CMS’ Durable Medical Equipment Medicare Administrative Contractors (DMEMACs) recently updated the Surgical Dressings Policy Article, A54563. CMS will now allow “Alginate and/or other Fiber Gelling Dressings” to be covered (and paid for) as both primary and secondary dressings for Medicare patients.

This announcement was made in an October 15, 2020 Policy Article (A54563) update. Previously, although these products were developed as both primary and secondary dressings, they could only be billed under Medicare as primary dressings – limiting healthcare providers’ discretion and choices in treating wound patients.

ARIZONA AFO - CMS CORRECT CODING

On October 22 nd , the joint DME MACs published a REVISED Correct Coding article on the Arizona (or similar) AFOs.

- For the Arizona Short, Arizona Tall, or similar custom fabricated braces, only the following codes should be used:
 - **L1940** Ankle foot orthosis, plastic or other material, custom fabricated
 - **L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
 - **L2820** Addition to lower extremity orthosis, soft interface for molded plastic below knee section
- For the Arizona Extended, and the Arizona Unweighting or similar custom fabricated braces, only the following codes should be used:
 - **L1960** Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated
 - **L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
 - **L2820** Addition to lower extremity orthosis, soft interface for molded plastic below knee section
- For the Arizona Partial Foot model or similar custom fabricated braces, only the following codes should be used:
 - **L1940** Ankle foot orthosis, plastic or other material, custom-fabricated
 - **L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
 - **L2820** Addition to lower extremity orthosis, soft interface for molded plastic below knee section
 - **L5000** Partial foot, shoe insert with longitudinal arch, toe filler.

L2330 is used whether the closure is a lacer closure or a hook and loop closure.

L2820 is used only if a soft interface, either leather or other material, is provided.

NORIDIAN NOTIFICATION OF SERVICE SPECIFIC POST-PAYMENT REVIEWS

To protect the Medicare Trust Fund against inappropriate payments, Medicare Administrative Contractors (MACs) are resuming fee-for-service medical review activities. Beginning August 17, the MACs are resuming with postpayment reviews of items/services provided before **March 1, 2020**. The Targeted Probe and Educate program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate.

Service specific reviews are initiated to prevent improper payments for services which present possible sustained or high-level payment errors. These reviews are being initiated based on data analysis identifying probable vulnerabilities.

- **Ankle-Foot Orthosis AFOs**
 - **L1940:** Ankle Foot Orthosis, plastic or other material, custom fabricated
 - **L1970:** Ankle Foot Orthosis, plastic with ankle joint, custom fabricated
 - **L4361:** Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
- **Surgical Dressings**
 - **A6010:** Collagen based wound filler, dry form, sterile, per gram of collagen
 - **A6196:** Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing
 - **A6197:** Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing 🩹

INDIANA COVID-19 VACCINATION PLAN

In October, the Indiana Department of Health (IDOH) created a draft plan providing guidance on how to plan and operationalize a vaccination response to COVID-19 within Indiana. The goal is to provide a safe and effective COVID-19 vaccine to all Hoosiers. Indiana has established vaccine information and planning website. The website can be accessed here. The specific vaccination draft plan can be found by clicking here.

Additionally, IDOH has contacted the IPMA regarding the formulation of their communication plan for phase 1-A of the COVID-19 vaccine allocation. Information and updates will flow through the IPMA and the licensing/regulating state agency (IDOH, PLA, DHS, etc), as well as through hospitals that will be

communicating directly to their facility staff.

Phase 1-A: This group includes all paid and unpaid persons serving in healthcare settings who have the potential or direct or indirect exposure to patients or infectious material. Healthcare settings include, but are not limited to: hospitals, long-term care facilities, outpatient facilities, home health care settings, pharmacies, dialysis centers, emergency medical services, frontline public health interventions, and COVID-19 diagnostic and immunization teams.

Please find the list of COVID-19 vaccinating hospitals and the latest communication from IDOH. 🦋

VACCINE UPDATE FROM INDIANA DEPARTMENT OF HEALTH

The first round of doses of COVID-19 vaccine have successfully arrived in Indiana and healthcare workers on the frontlines around the state are getting vaccinated.

We appreciate everyone's support, understanding and patience as our team and hospital partners roll out this unprecedented statewide vaccination effort, the largest and most complex public health operation we will carry out during this pandemic.

Due to the very limited number of doses in our initial shipment and anticipated doses in future shipments, only healthcare personnel in hospitals, long-term care facilities and emergency medical services agencies are currently eligible to receive the vaccine.

If you are included in this initial priority group, you should receive a message from the Indiana Department of Health (IDOH) through your employer with a link to register for your appointment to receive the COVID-19 vaccine. PLEASE DO NOT FORWARD THIS EMAIL TO OTHERS.

Due to limitation of our vaccine supply and the need to coordinate administration at the designated vaccine administration sites, these emails are targeted directly to long-term care facility employees, hospital providers and employees, and emergency medical services personnel who are most at risk for contact with COVID-positive patients at the designated sites.

The vaccine will be made available to the rest of the healthcare workforce as Indiana receives additional shipments of vaccine and vaccine administration sites have the capacity to expand beyond this initial group.

When that occurs, you will receive a message from the Indiana Department of Health, Professional Licensing Agency, and/or various healthcare associations if you are a member. To ensure you receive this email, make sure your contact information is up to date with the [Professional Licensing Agency](#).

Again, to promote the most effective and efficient use of Indiana's first available COVID-19 vaccine and to ensure vaccine administration appointments are reserved for targeted individuals, DO NOT FORWARD vaccine registration emails unless specifically directed to do so in the communication you receive.

Please continue to visit coronavirus.in.gov/vaccine for updated information about the COVID-19 vaccine in Indiana. The state Department of Health will continue to provide updates on vaccine allocation on this website and through other communications as more information becomes available.

Thank you for all you do each and every day to protect and care for the health of Hoosiers.

Yours in health,
Lindsay Weaver, MD, FACEP, Chief Medical Officer 🦋

List of COVID-19 Vaccinating Hospitals (A-Z)



County	District	Site Name
Adams	3	Adams Memorial Hospital
Allen	3	Dupont Hospital
Allen	3	Lutheran Hospital
Allen	3	Parkview Regional Medical Center
Bartholomew	8	Columbus Regional Hospital
Boone	5	Witham Health Services
Cass	4	Logansport Memorial Hospital
Clark	9	Clark Memorial Hospital
Decatur	9	Decatur County Memorial Hospital
Delaware	6	IU Health Ball Memorial Hospital
Dubois	10	Memorial Hospital and Health Care Center- Jasper
Elkhart	2	Beacon (Elkhart General)
Elkhart	2	Goshen Hospital
Floyd	9	Baptist Health Floyd
Grant	6	Marion General Hospital
Hamilton	5	Ascension St. Vincent Carmel
Hamilton	5	IU Health North Hospital
Hamilton	5	Riverview Health
Hancock	5	Hancock Regional
Hendricks	5	Hendricks Regional Health
Howard	6	Ascension St. Vincent Kokomo
Johnson	5	Johnson Memorial Hospital
Knox	10	Good Samaritan Hospital
Kosciusko	2	Kosciusko Community Hospital
Lake	1	Community Hospital Munster
Lake	1	Franciscan Health Crown Point
Lake	1	Franciscan Health Hammond
Lake	1	The Methodist Hospitals- Northlake Campus
Lake	1	The Methodist Hospitals- Southlake Campus
LaPorte	1	Franciscan Health Michigan City
Madison	6	Community Hospital Anderson
Marion	5	Ascension St. Vincent Indianapolis
Marion	5	Community Hospital North (includes Community Anderson)
Marion	5	Eskenazi Health
Marion	5	Franciscan Health Indianapolis
Marion	5	IU Health Methodist (includes IU Health-University allocation)

Marion	5	IU Health Riley Hospital
Marion	5	IU Health University
Marshall	2	St. Joseph Regional Medical Center-Plymouth Campus
Monroe	8	IU Health Bloomington Hospital
Orange	8	IU Health Paoli Hospital
Ripley	9	Margaret Mary Health
Rush	6	Rush Memorial Hospital
St. Joseph	2	St. Joseph Regional Medical Center-Mishawaka Campus
Steuben	3	Cameron Memorial Community Hospital
Tippecanoe	4	IU Health Arnett Hospital
Vanderburgh	10	Ascension St. Vincent Evansville
Vanderburgh	10	Deaconess Downtown Clinic
Vanderburgh	10	Deaconess Gateway Hospital
Vanderburgh	10	Deaconess Midtown Hospital
Vigo	7	Terre Haute Regional Hospital
Vigo	7	Union Hospital
Wayne	6	Reid Health

CPME 320 AND 330 REVISIONS IN PROGRESS

On a regularly scheduled basis, CPME reviews and revises its standards, requirements, and procedures. CPME's current schedule includes review of publications related to residency education (CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies and CPME 330, Procedures for Approval of Podiatric Medicine and Surgery Residencies).


Some IPMA members have raised concerns regarding the proposed changes. IPMA is reviewing the material and determining appropriate comments but wanted to share the documents with the members.

DRAFT I DOCUMENTS

CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*

- [CPME 320 Draft I Document](#)
- [Substantive Changes to CPME 320 Draft I](#)
- [CPME 320 Substantive Changes Presentation - With Narration](#)
- [CPME 320 Substantive Changes Presentation - Slides Only](#)


CPME 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies*

- [CPME 330 Draft I](#)
- [Substantive Changes to CPME 330 Draft I](#)
- [CPME 330 Substantive Changes Presentation - Slides Only](#) 

IPMA JOINS PPP LOAN FORGIVENESS COALITION

IPMA signed onto coalition letter calling on Congress to pass legislation ensuring that expenses associated with PPP loan forgiveness are tax deductible. There were 683 groups on the letter (244 national and 439 state/regional/local affiliates).

Recently, a summary of the bipartisan COVID relief package was released, which said that “business expenses paid for with the proceeds of PPP loans are tax deductible, consistent with Congressional intent in the CARES Act.”

Unfortunately, as of now, Treasury Secretary Mnuchin's offer to Democratic leadership did not include this provision. It is clear that there is abundant support on Capitol Hill and the business community for addressing this important issue, but one significant obstacle remains. 



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.](#)

IPMA MEMBERSHIP RENEWAL

As a reminder, membership dues invoices for the 2020-2021 membership year were mailed in the fall. Due to the economic impact of COVID-19, the APMA and IPMA have decided to offer a dues reduction to help offset the economic hardship you have all faced. APMA members renewing for 2020-2021 receive a 25% dues reduction of full dues rate. This is the equivalent of complimentary dues for the first quarter of the fiscal year. Additionally, your IPMA Board of Directors understands and appreciates the difficulties many practices are experiencing as board members are experiencing the same challenges. The IPMA Board is making a 25% dues reduction available to members should they need it as a result of COVID-19. The Board is respectfully requesting members pay the full dues if financially feasible.

Please also note that the first payment due date was adjusted from June 1 to September 1 for this current membership year.

If you have any questions or to request an additional copy of your IPMA/APMA membership dues invoice, please contact the [IPMA office](#). Thank you for continued support of IPMA and the podiatric profession in Indiana.

2020 INDIANA PODIATRIC MEDICAL ASSOCIATION BOARD OF TRUSTEES

Brian Damitz, DPM
President
219.921.1444

Sandra Raynor, DPM
President Elect
866.344.3338

Christopher Grandfield, DPM
First Vice President
219.324.9922

Cathy Coker, DPM
Second Vice President
866.344.3338

Nathan Graves, DPM
Secretary/Treasurer
844.830.3338

Richard Loesch, DPM
Immediate Past President
812.386.6750

Michael Carroll, DPM
Central Trustee
317.882.9303

Kathleen Toepp-Neuhoff, DPM
North Trustee
574.287.5859

Zahid Ladha, DPM
South Trustee
812.945.9221

IPMA STAFF

Matt Solak
Executive Director

Lauren Concannon
Continuing Education Manager

Erin Dalling
Financial Administrator

Quintanilla Dowdell
Membership Services Coordinator

Trina Miller
Administrative Assistant

Geri Root
Director of Events

Melissa Travis
Creative & Communications Director

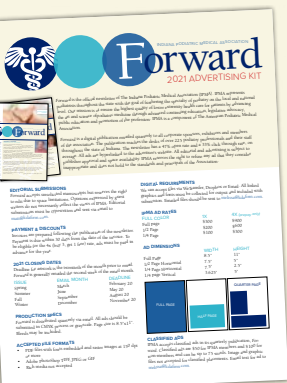
IPMA LOBBYISTS

LegisGroup Public Affairs, LLC
Glenna Shelby
Ron Breymer
Matt Brase

CONTACT US

Phone: 888.330.5589
Email: inpma@indianapodiatric.org

ADVERTISING WITH THE IPMA



Forward is the official publication emailed quarterly to all corporate sponsors, exhibitors and members of IPMA. The publication reaches the desks of over 225 podiatry professionals and their staff throughout the state of Indiana. It also boasts an open rate of 43%, on average. Plus, all ads are hyperlinked to the advertiser's website.

Contact Melissa Travis for an ad kit today!

2021 CLOSING DATES

ISSUE	EMAIL MONTH	AD DEADLINE
Spring	March	February 20
Summer	June	May 20
Fall	September	August 20
Winter	December	November 20

Diamond Sponsor



Gold Sponsor



Bronze Sponsor

