

INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE THREE | FALL 2021

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PRESIDENT'S MESSAGE


BRIAN DAMITZ, DPM | IPMA PRESIDENT

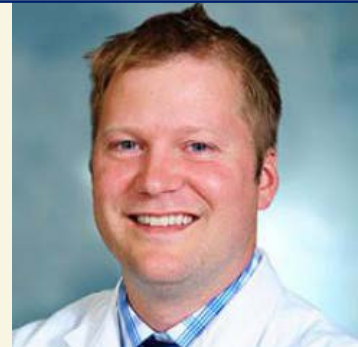
I hope everyone had a great summer. The IPMA Annual Convention is quickly approaching, and I hope to see you at the Marriott Indianapolis North next month. The IPMA offers a strong education program while providing an opportunity to meet with other IPMA members. We were unable to meet in 2020 and I hope that members will attend this year. It will be a great chance to see many missed faces, hear great lectures, and catch-up on association business.

We continue to face numerous challenges on multiple fronts, but together as a profession we can tackle any challenges that arise. Podiatry is an amazing profession that has blessed us all with a lot of benefits. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients, and our practices.

I want to thank everyone who supported the association through their membership and participation throughout the last two years. And I ask for your continued support as we start to return to normal. One is just one, but as all, we are mighty. None of us can achieve this alone but we can as a group by getting involved with the IPMA. Podiatry has a bright future if it is cultivated with optimism and enthusiasm derived from wisdom and imagination. Everyone has something to contribute that can make our association better.

As always, I welcome members to continue to reflect on the association and provide feedback, thoughts and ideas on how we can strengthen the IPMA. The IPMA will only be strong if we work together to confront the many challenges we face.

This will be the last time I write to you as President of the IPMA. While it was not the two years I expected, it has been a privilege to serve with and on behalf of so many great people. If you have any questions or concerns, please do not hesitate to contact me. 




APMA HEALTH-CARE SOLUTIONS

SMALL GROUP ENROLLMENT PORTAL OPENED JULY 1

APMA recently announced that the enrollment portal for its health insurance options for small groups (two or more participants) opened July 1. APMA has partnered with The Ark Group, a national insurance brokerage, to provide plans for our small groups. While Noveta will continue to support our large-group offerings, The Ark Group will provide outstanding service and options for small groups.

APMA deeply appreciates your patience and the patience of its members over the course of the COVID-19 pandemic and


other delays as we worked to launch health insurance solutions for small groups. We understand these delays may have caused frustration and inconvenience. Rest assured that we will follow up directly with those small groups that had already expressed interest in small-group options to ensure they receive the highest level of service and support.

If you have questions, please contact APMA Deputy Executive Director and Chief Business Officer [Denis Russell](#), CPA, CAE or [click here](#). 

APMA COMMENTS ON SURPRISE BILLING RULE

This month, **APMA submitted comments** to the Departments of Health and Human Services, Labor, and Treasury in response their Surprise Billing; Part I interim final rule with comment (IFC). The IFC is the first in a series of rules implementing the No Surprises Act to address surprise billing, passed in late 2020.


This rule primarily focuses on the methodology required for plans/issuers to calculate the median contracted rates (which, under certain circumstances, will be used in calculating patient cost-sharing and as a reference point for arbiters in the federal independent dispute resolution process). This number is called the “Qualifying Payment Amount” or QPA. The rule also begins to address the issue of when state laws related to balance billing will preempt the federal provisions passed under the No Surprises Act.

APMA’s comments primarily addressed provisions as they relate to non-emergency services provided by out-of-network physicians at an in-network facilities. APMA urged the departments to implement policies that avoid unnecessary burdens that can take away from direct patient care and create confusion for patients or inhibit access to care. **Read more about the No Surprises Act and implications for podiatric physicians.** 

59 AND X-MODIFIER UPDATE

Anthem has agreed with **APMA’s recommendation** to fix its At-Risk Foot Care and 59 Modifier Coding Policy. In a recent meeting, Anthem representatives stated the new policy permits paring of calluses (CPT 11055-11057) and debridement of a toenail (CPT 11720/11721) when performed on the same toe if the pared callus was unrelated to and not contiguous with the debrided nail and the callus paring and nail debridement were distinct, unrelated procedures, even when performed on the same toe. This policy became effective on July 25, and the change affects commercial plans, Medicaid, and Medicare Advantage Plans.

APMA thanks Anthem for listening to our members’ concerns and collaborating with APMA on this important and necessary change. APMA also **reached out to Centene and Humana** about this issue, and will continue to advocate for our members.

While commercial plans, Medicaid, and Medicare Advantage plans may set their own coding policy, many follow Medicare’s National Correct Coding Initiative (NCCI). In July, APMA **wrote to CMS** requesting that NCCI update its 59 Modifier policy, and last week APMA met with CMS and NCCI officials. For more information, visit www.apma.org/59toolkit. 



SUPPORT STUDENTS WITH A DONATION TO APMA SCHOLARSHIP FUND

[CLICK HERE TO MAKE A DONATION](#)

APMAPAC UPDATE

SANDRA RAYNOR, DPM
APMAPAC COORDINATOR

I am proud to say that IPMA members have consistently showed generosity and support to APMAPAC. As of August 31, 2021, 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. Gary Adsit

SILVER LEVEL (\$300-\$499)


Dr. Patricia Moore
Dr. Wendy Winckelbach

BRONZE LEVEL (\$150-\$299)

Dr. Michael Carroll
Dr. Robert Freeston
Dr. Scott Neville
Dr. Tod Reed

PATRIOT LEVEL (LESS THAN \$150)

Dr. Kent Burress
Dr. Miranda Goodale
Dr. Sarah Standish
Dr. Chase Stuart

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

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

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



APMAPAC
Promoting Professional Excellence and Patient Advocacy

★ ENSURING THE ★

SUCCESS
OF PODIATRIC MEDICINE

SINCE 1972

eAdvocacy
Federal & State
Action Center

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

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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.

DON'T LET YOUR MEMBERSHIP DROP!


Do you pay semi-annually or quarterly? Here are some important dates to remember:

QUARTERLY BILLING

- 1st Quarter due June 1, 2021
- 2nd Quarter due September 1, 2021
- 3rd Quarter due December 1, 2021
- 4th Quarter due March 1, 2022

SEMI-ANNUAL BILLING

- First payment due June 1, 2021
- Second payment due December 1, 2021


Invoices for semi-annual and quarterly dues payments go out a month before their due date. Feel free to call our office to make payment over the phone. If you have paid your dues in full, you are all set! We are here to serve you and help you keep your membership current. 

REVIEW Q&A ON ACCESS TO USMLE

The APMA Board of Trustees (BOT) is committed to pursuing the directive of resolution 4-19 to gain access for podiatric medical students and graduates of accredited podiatric medical schools to the United States Medical Licensing Exam (USMLE) administered by the National Board of Medical Examiners. The BOT will continue to work with and through the national Joint Task Force of Orthopaedic and Podiatric Surgeons to achieve this goal.

The BOT is also aware of the questions and concerns that have been brought forth since the release of the AMA Resolution and the supporting White Paper document. We have gathered the questions brought to our attention before, during, and after the recent Leadership Town Hall Forum to discuss this topic. APMA has had conversations with Dr. Smith and Lynn Curry, PhD (facilitator for the Educational Enhancement Project), and after a thorough and thoughtful discussion, the BOT has come up with the following plan.

The questions with answers that have been raised with regards to pursuing this pathway to parity are available on the **APMA website**. The BOT is asking all interested stakeholders to review the questions to make sure that all areas of concern have been identified. Once there is consensus that all areas of concern have been identified, working under the direction of the Pathway to Parity Committee, work groups will be established that include the appropriate stakeholders. APMA will engage a facilitator, as appropriate, to guide the work groups in developing viable solutions that address each area of concern.

The BOT is committed to moving the profession forward to achieve parity with our allopathic and osteopathic colleagues. This process requires the collaborative effort of all concerned stakeholders. Please **review the Q&A document** and **provide your feedback** on any areas of concern in this endeavor that have not been addressed. 

NOMINATING COMMITTEE REPORT

The Nominating Committee of the Indiana Podiatric Medical Association met via e-mail and telephone. The Committee Report will be considered at the IPMA Annual Business Meeting on October 16 at the Marriott Indianapolis North. The following members have been contacted and all have agreed to serve if elected:

Second Vice President	Nathan Graves, DPM
Secretary-Treasurer	Zahid Ladha, DPM
South Trustee (3 year term)	Matt Lining, DPM
North Trustee (1 year term) (Partial Term)	Gage Caudell, DPM
APMA Delegate	Zahid Ladha, DPM
APMA Delegate	Walter Warren, DPM
APMA Delegate	Brian Damitz, DPM
APMA Alternate Delegate	Patricia Moore, DPM
APMA Alternate Delegate	Sandra Raynor, DPM

Board Members with remaining years on their current term for 2021 are as follows:

Central Trustee (2 years remaining)	Michael Carroll, DPM
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The IPMA Bylaws were changed in 2017 to create an automatic ascension of the officer positions on the IPMA Board. These officer positions need no further voting:

President	Sandra Raynor, DPM
President-Elect	Cathy Coker, DPM
First Vice President	Kathleen Toepp-Neuhoff, DPM
Immediate Past President	Brian Damitz, DPM

Respectfully submitted,
Richard Loesch, DPM
Chair, IPMA Nominating Committee 

PROVIDER RELIEF FUND REPORTING


Did you receive Provider Relief Fund (PRF) payments from the CARES Act? If you received one or more payments exceeding \$10,000, in the aggregate, then you are required

to file a report in each applicable Reporting Time Period as outlined in the table below.

	Payment Received Period <i>(Payments Exceeding \$10k in Aggregate Received)</i>	Deadline to Use Funds	Reporting Time Period
Period 1	From April 10, 2020 to June 30, 2020	June 30, 2021	July 1 to September 30, 2021
Period 2	From July 1, 2020 to December 31, 2020	December 31, 2020	From January 1 to March 31, 2022
Period 3	From January 1, 2021 to June 30, 2021	June 30, 2022	From July 1 to September 30, 2022
Period 4	From July 1, 2021 to December 31, 2021	December 31, 2022	From January 1 to March 31, 2023

All recipients of [Provider Relief Fund \(PRF\)](#) payments must comply with the reporting requirements. The PRF Reporting Portal is now open until September 30, 2021 for recipients who received one or more payments exceeding, in the aggregate, \$10,000 during Payment Received Period

1 (April 10, 2020 to June 30, 2020). Registration takes approximately 20 minutes and must be completed in a single session.

[Click here](#) to learn more about the PRF reporting. 



Annual Fall Convention
October 14-17, 2021
New Location! **Marriott Indianapolis North**

Checkout our convention special coverage on pages 11-17.
 Or visit www.indianapodiatic.org for more information.



MANAGERS NEED TRAINING TOO

TINA DEL BUONO, PMAC

Many times, staff members become disillusioned with their managers because they do not seem to connect with them. At times, when issues or problems come up, managers will say things just to pacify staff members so they do not have to deal with certain situations.

Managers need to realize their words hold a lot of weight with their staff members. Staff members depend on their manager to be their go-to person and to be the one to have their best interest in mind.

Why does this happen? One of the top reasons is that the manager has not been trained to manage a team and handle problems and issue appropriately, so they defer, which is never a good thing.

Below are four things that will cause good employees to leave or be unfairly terminated from a company because of a poor manager:

- Being promised an expected raise and then never hearing anything about it.
- When they go to the manager with an issue to discuss, and they seem less than interested and do not connect with them or give a vague answer, which amounts to nothing.
- The manager feels employees, including new ones, should be able to figure out how to do their job given very little instruction or training and if they can't catch on, they terminate them.
- There is no encouragement from the manager, only criticism, with a demanding attitude. They show no real caring or concern about how the employees feel.

History tells us that, “People leave their job because of poor managers, not bad companies” and this is exactly what happens over 50% of the time. A Gallup poll, taken a few years back, of more than 1 million U.S. workers showed that the number one reason people left their job was because of a bad manager or supervisor. That is a sad statement, but not surprising since most management staff rarely have been trained or receive ongoing training for their position. They are just the next person in line to be promoted, which is common in medical practices.

It is hard to believe that organizations do not care enough to make sure their managers are trained and doing their job with the highest ethical standards.

The major responsibilities of a manager's position are to ensure the employees are happy, have a great work environment, are listened to, and trained well so they can be successful in their position. Employee retention is vital to any organization. The cost to fire, hire and train is extremely expensive not to mention that you may be losing a lot of great employees by having a poor manager.

Your practice manager is vitally important to the success of your practice. Most managers just need help, support, information, and a coach. If you invest in helping your manager become the best they can be you will find the return to you, both in time and treasure will be significant. 🦋

Tina Del Buono, PMAC is the Director/Coach of Top Practices Virtual Management Institute and Founder and CEO of Practical Practice Management. Tina has been a practice manager for 20 years. If you have any questions regarding this topic, please do not hesitate to contact Tina Del Buono, PMAC.

HURRY UP AND WAIT

FEDS DELAY ENFORCEMENT OF MEDICAL BILLING TRANSPARENCY REQUIREMENTS

BY BRANDON W. SHIRLEY AND GRANT M. ACHENBACH


The Federal Departments of Labor, Health and Human Services (HHS), and the Treasury recently **announced** a delay to certain portions of their Interim Final Rules implementing the surprise billing provisions of the No Surprises Act, set to become effective on January 1, 2022. While most of the delays affect the insurance industry's compliance with the No Surprises Act, the announcement also delays a health care provider's compliance with the No Surprises Act's good faith estimate requirements. We have previously written articles on [Indiana's good faith estimate law](#) and the [No Surprises Act](#).

The No Surprises Act requires health care providers and facilities to provide detailed price information for health care services to patients beginning January 1, 2022. When a provider schedules items or services for a patient, the provider or the facility must collect the patient's health insurance information. If the patient has health insurance coverage, the provider or facility sends a "good faith estimate" of the expected charges and relevant billing and diagnostic codes to the patient's health plan. If the patient does not have health insurance coverage, the provider or facility must provide this information directly to the patient.

Recognizing the "complexities of developing the technical infrastructure for transmission of the necessary data from providers and facilities to plans and issuers," the Federal

Departments decided to delay enforcement of this good faith estimate requirement as it relates to insured patients. The Departments intend to exercise this delay until rulemaking to fully implement the good faith estimate requirements is "adopted and applicable." Therefore, even though compliance is required by January 1, 2022, health care providers and entities will not be held accountable by the Federal government for failing to follow those requirements. Providers and facilities must still provide good faith estimates to uninsured patients according to regulations expected to be finalized prior to January 1, 2022.

Indiana's good faith estimate laws require providers to give patients a good faith estimate when requested, and they must obtain a patient's consent to charge out-of-network rates to patients at in-network facilities. The Federal delays do not affect these laws. However, Indiana's good faith estimate laws require providers to follow the No Surprises Act's good faith estimate requirements beginning January 1, 2022. Accordingly, the Federal Departments' delayed enforcement of that provision raises compliance challenges for Indiana providers.

The overlapping federal and state medical billing transparency laws can be difficult to understand and implement. If you have questions about your facility's compliance with these laws, please contact [Brandon W. Shirley](#) or [Grant M. Achenbach](#). 

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AAPPM's mission at our conferences is to share experience, knowledge and in-the-trenches information that you need to be a successful podiatrist. Join your fellow podiatrists and their team members as we pay it forward and help our profession by helping you and your staff!

Learn more at www.aappm.org.



AAPPAM FALL CONFERENCE
November 11-13, 2021
The Woodlands Resort | Texas



NOMINATIONS FOR 2021 IPMA AWARDS ARE NOW BEING ACCEPTED

Is there a podiatrist or staff member deserving of recognition to the profession and the association? If so nominate them for consideration of the following awards to be recognized at the annual convention this fall.

DR. T.H. CLARKE ACHIEVEMENT AWARD

(Formerly Podiatrist of the Year)

The Dr. T.H. Clarke Achievement Award is IPMA's highest award, and is bestowed upon the member who has demonstrated not only contributions to his/her profession but also service in behalf of the podiatric welfare of the public and service to the community at large. Judging criteria:

- **Public Service** – Service to the country, state, or other political sub-division in any capacity; service to education; service to the community; service to religious or service institutions; service to charitable causes; philanthropy.
- **Service to the Podiatric Welfare of the Public** – Service with groups; activity with governmental committees; participation in governmental health care programs; participation in public service programs; other similar activities.
- **Service to Podiatric Medicine** – Contributions of personal effort and time in behalf of the profession's advancement; educational and research activities; contributions to the profession's literature; similar acts of service.
- **Service to the American Podiatric Medical Association, Indiana Podiatric Medical Association, or its affiliates** – Service as an officer, department or committee chairman, committee member, etc.; promotion

of the association's goals and programs; activity in support of association's organizational projects; cooperation with public relations activities; similar acts of service.

MERITORIOUS SERVICE AWARD


The Meritorious Service Award(s) shall be presented only to IPMA members for long-time service rendered to the profession of podiatric medicine performed within the state Association OR for an outstanding current record in a specific category or categories which merits recognition, but does not meet the IPMA Podiatrist of the Year standards.

OUTSTANDING PUBLIC SERVICE AWARD

The Outstanding Public Service award is bestowed upon an individual **outside** the profession, usually in governmental or political areas, or other professions, or the news media.

GINNY JEWELL STAFF MEMBER OF THE YEAR AWARD

The Ginny Jewel Podiatric Medical Assistant of the Year Award is presented to Indiana Podiatric Assistants member who has demonstrated contributions to the Association and the profession of podiatric medicine.

Nominations are due to the IPMA office by **Friday, October 1** at 5:00 p.m. Award winners will be presented at the IPMA Annual Fall Convention. 

If you have any questions, please contact Matt Solak at the IPMA Offices at 888.330.5589 or matt@kdafirm.com.





2021 IPMA AWARDS NOMINATION FORM

Please complete a separate form for each nomination.

I would like to nominate

- | | |
|--|--|
| <input type="checkbox"/> Dr. T.H. Clarke Achievement Award | <input type="checkbox"/> Meritorious Service Award |
| <input type="checkbox"/> Outstanding Public Service Award | <input type="checkbox"/> Ginny Jewell Staff Member of the Year Award |

Qualifications *(Please attach additional information as needed)*

Signature

Printed Name

Phone

Email

Date

NOMINATION FORMS ARE DUE TO THE IPMA OFFICE BY
FRIDAY, OCTOBER 1, 2021 AT 5:00 P.M.
Return forms to matt@kdafirm.com or via fax at 517.485.9408.

PRICE VS. VALUE

BY JOHN V. GUILIANA, DPM, MS

Is There Such a Thing as an Irrelevant Cost? Can the Cost of Something Actually be LESS than Zero? Yes! And it's related to the Price versus Value distinction. One of Warren Buffett's favorite quotes is, "Price is what you pay; value is what you get." It's a philosophy that guides his investment decisions, and one that has allowed him to achieve enormous wealth.

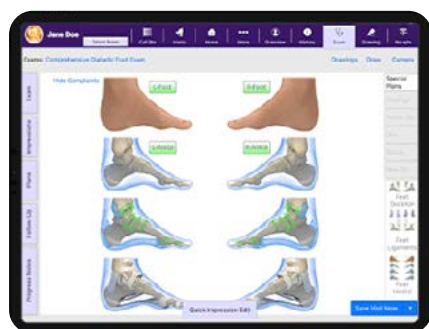
You see, price is an amount carefully determined by the seller of a good or service while value, on the other hand, is the fundamental importance, worth, or usefulness (utility) derived by the purchaser. Price and value are indeed completely different.¹

Let's look at a practical example. The price of gasoline at my corner gas station is currently \$2.99 per gallon. But the value of that gasoline far exceeds \$2.99 per gallon for those who purchase it. For example, that gasoline gets them to and from work each day. That same gasoline enables their children to get to soccer practice, or allows them to visit their loved ones. The value of gasoline far exceeds the \$2.99 price.

Now let's look at how this same concept might apply to business decisions, and how the marginal utility or value (additional value achieved) must be considered over and above the price of something being considered as an alternative. As consumers, we frequently get "hung up" on the price of something. Instead, by focusing on the marginal value that the decision might bring, the actual cost of an item could potentially be muted... and in fact, could even approach a cost of less than zero!

One of the most important decisions that physicians face involves selecting the best electronic health record for their practice. As a consultant for many years, I have seen providers make decisions solely based on price and not value. As a result, the price and cost frequently approximate each other, since marginal value or utility are often ignored. In my experience, this is a common cause of software frustrations. When we ignore value, the cost of the software provides no additional benefits over another competing choice. The software perceptually

becomes a fungible commodity, with one choice being equal to another. But in today's world of advanced technology, that's simply not the case! You MUST evaluate marginal value.



No two electronic health record systems are the same. Instead of focusing solely on price, it's essential that you ask yourself some questions when evaluating a potential change:

- 1. Will the change allow for less, very costly resource exhaustion?** This added value will allow you to redeploy staff towards more revenue generating opportunities, or perhaps even streamline your payroll.
- 2. Will the change allow for more efficiency in the charting process?** This added value will allow you to spend more focused time with the patient, or will allow you an improved quality of life.
- 3. Will the change allow for the incorporation of other important processes for which you are currently missing or paying separately for?** This added value has a direct financial impact on your practice since it eliminates some of your current costs.

As consumers, we frequently get "hung up" on the price of something. Instead, by focusing on the marginal value that the decision might bring, the actual cost of an item could potentially be muted... and in fact, could even approach a cost of less than zero!

So much like the purchase of a gallon of gasoline, I urge you to think through the perceived price of a good or service and focus on its value. You might indeed find that the marginal price that you pay for a decision, economically, can lead to a cost that is neutral, or perhaps even less than zero! 🏥

Dr. Guiliana is a nationally recognized speaker and author on topics pertaining to medical practice management. He is a Fellow of the American Academy of Podiatric Practice Management and holds a master's degree in Healthcare Management. He can be reached at John.guiliana@modernizingmedicine.com.



Convention Information 🍂

Register online at www.indianapodiatric.org

🍂 **Annual Fall Convention**
October 14-17, 2021

New Location! **Marriott Indianapolis North**



CONVENTION INFORMATION

Location & Hotel Accommodations

Marriott Indianapolis North
3645 River Crossing Parkway
Indianapolis, IN 46240



The Marriott Indianapolis North is offering a special rate of \$129 for the IPMA Convention. Reservations must be made by September 30 to receive this rate. To make reservations, call 800-445-1551 and mention code IPMIPMA. **To make reservations online, [click here](#).**

Parking

Complimentary self-parking is available at the Marriott Indianapolis North.

Registration

The convention registration fee includes all educational programming, as well as breaks and lunch on Thursday, Friday and Saturday. You must pre-register for the lunches. Complete information about the registration fees can be found on the registration form in this brochure. Online registration is available at indianapodiatic.org.

Virtual Attendance Option

The IPMA will be held in person at the Marriott Indianapolis North. IPMA is also offering the option for doctors to attend virtually. (You may only select one option – in person or virtual.) The medical assistant program will be offered in person only.

If you are electing to attend virtually, a few days prior to the convention, you will receive the information to log into the virtual platform. Your login is unique to you and will be used to determine the number of continuing education credits to be awarded, along with your participation in the CME sign-in opportunities. In addition, you will receive instructions on how to achieve continuing education credits and the convention program.

CONTINUING EDUCATION CREDIT

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between the American Academy of Podiatric Practice Management and the Indiana Podiatric Medical Association. The American Academy of Podiatric Practice Management is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. The American Academy of Podiatric Practice Management has approved this activity for a maximum of 22 continuing education contact hours.

The Office Staff/Medical Assistant program will offer a maximum of 9.5 continuing education contact hours from the Commission on Accreditation of Podiatric Medical Assisting Certification.

 [CLICK HERE TO REGISTER ONLINE](#)



Annual Fall Convention

October 14-17, 2021

New Location! Marriott Indianapolis North

Attire

The suggested attire for all events is business or business casual.

Lectures

The topics and speakers may have changed since this brochure was produced. Please visit indianapodiatric.org for the most up-to-date schedule and for lecture descriptions and learning objectives.

COVID-19

The Indiana Podiatric Medical Association is making arrangements that are consistent with physical distancing and sanitation protocols that utilize the best meeting practices for COVID-19 guidelines and restrictions. The IPMA and the Marriott Indianapolis North will follow the recommended CDC guidelines for COVID-19. We will continue to monitor the COVID-19 situation and notify you immediately of any changes in plans for this event.

Intended Audience

This convention will be of interest to podiatric physicians and surgeons. Other health care professionals with special interest in the diagnosis and treatment of lower extremity disorders will also benefit from this convention.

Convention Purpose and Objectives

This convention will provide information on the most up-to-date diagnostic and treatment methods for lower extremity disorders. Objectives include:

1. To provide the podiatric physician with a broad range of programs offered in an intensive three-day convention.
2. To establish an understanding of developing concepts in the diagnosis, evaluation and treatment of lower extremity disorders and foot conditions.

About IPMA

The Indiana Podiatric Medical Association represents podiatrists throughout the state with the goal of furthering the specialty of podiatry on the local and national level. IPMA actively educates, supports and advocates for podiatrists and their patients on a wide variety of administrative, licensing, legislative, and patient-care issues.

IPMA's mission is to ensure the highest quality of lower extremity health care for patients by advancing the art and science of podiatric medicine through advanced continuing education, legislative advocacy, public education and promotion of the profession.

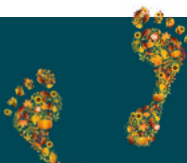
Privacy and Confidentiality Policy

The Indiana Podiatric Medical Association's (IPMA) Policy on Privacy and Confidentiality dictates the Association's handling of a learner's personal information. This policy is enforced in all areas of the Association's business, including online communications, offline communications, direct marketing, and event registration.

IPMA maintains a comprehensive database of information on its learners in accordance with the general needs and expectations of the organization and its learners. This information is intended exclusively for purposes related to official Association business and to facilitate interaction between the Association and its learners. Directory information in the database may include home or work addresses, telephone numbers, fax numbers, e-mail addresses, and activity registrations/online purchases.

Consent to Use Photographic Images

Registration and attendance or participation in the IPMA Fall Convention constitutes an agreement providing permission for the use of the registrant's image or voice in photographs or recordings at the event without compensation. IPMA can use the images for promotions in any and all media. IPMA or its successors are exempt from any liability for the use of photographic images. You may revoke this authorization at any time by notifying IPMA at inpma@indianapodiatric.org.





DOCTOR SCHEDULE

For more information about lectures and speakers, visit indianapodiatic.org.

THURSDAY, OCTOBER 14

8:30 a.m.-10:45 a.m.

Board of Trustees Meeting

10:30 a.m.-5:00 p.m.

Convention Registration

10:30 a.m.-5:30 p.m.

CME Sign-in & Sign-out

11:00 a.m.-1:00 p.m.

Risk Management Lunch Lecture | 2.0 CECH

PICA insured podiatrists attending this lecture are eligible to receive a one-year, 15% risk premium credit.

1:00 p.m.-5:30 p.m.

Vendor Area Open

1:30 p.m.-2:00 p.m.

Ankle Arthrodesis | 0.5 CECH

Alan MacGill, DPM

2:00 p.m.-2:30 p.m.

Hallux Rigidus: Alternatives to Fusion | 0.5 CECH

Alan MacGill, DPM

2:30 p.m.-2:45 p.m.

Break in Vendor Area

2:45 p.m.-3:15 p.m.

Ankle Fractures are NOT All the Same | 0.5 CECH

Alan MacGill, DPM

3:15 p.m.-3:45 p.m.

High-Risk Ankle Fractures: Avoiding Hassles & Headaches | 0.5 CECH

Alan MacGill, DPM

3:45 p.m.-4:00 p.m.

Break in Exhibit Area

4:00 p.m.-4:30 p.m.

Social Determinants of Health & the Impact on Diabetic Limb Salvage | 0.5 CECH

William Wolfe, DPM

4:30 p.m.-5:00 p.m.

Improving Surgical Outcomes of Transmetatarsal Amputations | 0.5 CECH

William Wolfe, DPM

FRIDAY, OCTOBER 15

7:30 a.m.-5:00 p.m.

Convention Registration

7:30 a.m. -5:30 p.m.

CME Sign-in & Sign-out

7:30 a.m.-3:00 p.m.

Vendor Area Open

8:00 a.m.-8:30 a.m.

Understanding the Surgical Claim Review & Pre-Authorization Process Part 1 | 0.5 CECH

David Wander, DPM

8:30 a.m.-9:00 a.m.

The Peer to Peer Process for Surgical Procedures of the Foot & Ankle | 0.5 CECH

David Wander, DPM

9:00 a.m.-9:30 a.m.

Understanding the Surgical Claim Review & Pre-Authorization Process Part 2 | 0.5 CECH

David Wander, DPM

9:30 a.m.-10:00 a.m.

Surgical Coding Recommendations for the Foot & Ankle | 0.5 CECH

David Wander, DPM

10:00 a.m.-10:30 a.m.

Break in Vendor Area

10:30 a.m.-11:00 a.m.

The Use of Microwave Therapy to Treat HPV & Plantar Verruca | 0.5 CECH

Alan Bass, DPM

11:00 a.m.-11:30 a.m.

The Use of Intelligent, Non-Contact Thermal Imaging for Total Limb Surveillance | 0.5 CECH

Alan Bass, DPM

11:30 a.m.-12:00 p.m.

Tools to Build a Successful Practice & Increase Your Bottom Line | 0.5 CECH

Alan Bass, DPM

12:00 p.m.-1:15 p.m.

Lunch – Visit Vendors

1:15 p.m.-2:00 p.m.

AOFAS Consensus Statements on Progressive Collapsing Foot Deformity (PCFD) | 0.75 CECH

Patrick DeHeer, DPM

2:00 p.m.-2:45 p.m.

Metatarsalgia: A Modern Approach | 0.75 CECH

Patrick DeHeer, DPM

2:45 p.m.-3:00 p.m.

Break in Vendor Area

Last chance to visit vendors!

3:00 p.m.-3:30 p.m.

Standards of Care in Biomechanics | 0.5 CECH

Mark Mendeszoon, DPM

3:30 p.m.-4:00 p.m.

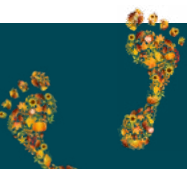
Pediatric Foot & Ankle Surgery | 0.5 CECH

Mark Mendeszoon, DPM

4:00 p.m.-4:30 p.m.

Management of Talar Dome Injuries | 0.5 CECH

Mark Mendeszoon, DPM



[CLICK HERE TO REGISTER ONLINE](#)

Annual Fall Convention October 14-17, 2021 Marriott Indianapolis North

New
Location!

4:30 p.m.-5:00 p.m.
Rumspringa | 0.5 CECH
Mark Mendeszoon, DPM

5:30 p.m.-7:00 p.m.
Past President's Reception

SATURDAY, OCTOBER 16

8:00 a.m.-5:00 p.m.
Convention Registration

8:00 a.m. -5:30 p.m.
CME Sign-in & Sign-out

8:00 a.m.-10:00 a.m.
Breakfast & Annual Meeting
IPMA members are encouraged to attend.

10:15 a.m.-10:45 a.m.
Surgical Misadventures | 0.5 CECH
Glenn Weinraub, DPM

10:45 a.m.-11:15 a.m.
Medial Double Arthrodesis | 0.5 CECH
Glenn Weinraub, DPM

11:15 a.m.-11:45 a.m.
Arthroscopic Assisted Trauma | 0.5 CECH
Glenn Weinraub, DPM

11:45 a.m.-12:15 p.m.
PTTD Algorithm & Reconstruction | 0.5 CECH
Glenn Weinraub, DPM

12:15 p.m.-1:15 p.m.
Lunch

1:15 p.m.-2:45 p.m.
Do No Harm | 1.5 CECH
Patrick DeHeer, DPM, Moderator

2:45 p.m.-3:00 p.m.
Break

3:00 p.m.-3:30 p.m.
Letrogenic Forefoot Deformities | 0.5 CECH
Thomas Chang, DPM

3:30 p.m.-4:00 p.m.
Complications of 1st Ray Surgery | 0.5 CECH
Thomas Chang, DPM

4:00 p.m.-4:30 p.m.
Custom Imprint Technology for Difficult Cases | 0.5 CECH
Thomas Chang, DPM

4:30 p.m.-5:00 p.m.
Current Concepts with Chronic Achilles Tendon Injuries | 0.5 CECH
Thomas Chang, DPM

SUNDAY, OCTOBER 17

7:30 a.m.-11:00 a.m.
Convention Registration

7:30 a.m.-1:15 p.m.
CME Sign-in & Sign-out

8:00 a.m.-10:30 a.m.
Abstract Presentations | 2.5 CECH
William Wolfe, DPM, Moderator

10:30 a.m.-10:45 a.m.
Break

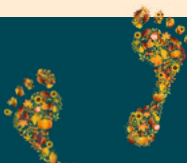
10:45 a.m.-12:45 a.m.
Abstract Presentations | 2.0 CECH
William Wolfe, DPM, Moderator

DO NO HARM FILM SCREENING AT THE IPMA FALL CONVENTION

Jumping off hospital rooftops, hanging themselves in janitorial closets, overdosing on drugs—they're A students and their suicides are often like well-planned school projects. Doctors are our healers, yet they have the highest rate of suicide among any profession. Medical students and families of physicians touched by suicide come out of the shadows to expose this silent epidemic and the truth about a sick healthcare system that not only drives our brilliant young doctors to take their own lives but puts patients' lives at risk too.

Join us on Saturday, October 16, from 1:15 p.m.-2:45 p.m. for a screening of "Do No Harm: Exposing the Hippocratic Hoax." The film will be followed with a discussion led by Dr. Patrick DeHeer, DPM. This presentation is being offered for 1.5 continuing education contact hours.

Filmmaker Robyn Symon is a two-time Emmy Award-winner, and an accomplished writer, producer/director, and editor. She began as a television news reporter in Texas, then joined PBS in Miami where she hosted and produced documentaries, public affairs programs and the TV series *Florida!* (6 seasons; Travel Channel). She wrote and produced the docu-series "Voices of Vision," which focused on the work of non-profit organizations worldwide. She has produced hundreds of hours of TV series for major cable networks including Discovery, CNBC, HGTV and currently produces a series on the Reelz Channel. Prior film credits include: "Transformation: The Life & Legacy of Werner Erhard," acquired for international distribution by Screen Media Films and "Behind the Blue Veil," about the ancient Tuareg in North Africa, which was distributed by Journeyman Pictures. Her most recent documentary—"Uncle Gloria: One Helluva Ride!"—is currently on the film festival circuit.





MEDICAL ASSISTANT/STAFF SCHEDULE

FRIDAY, OCTOBER 15

7:30 a.m.-5:00 p.m.

Convention Registration

8:30 a.m.-8:45 a.m.

Welcome

8:45 a.m.-10:30 a.m.

Coffee Talk Roundtable | 1.5 CECH

*Michele Bradice, PMAC, PRAC and
April Foutz, PMAC, PRAC*

This session will be an interactive discussion about everything related to podiatry offices—administrative and clinical.

10:30 a.m.-11:00 a.m.

Break in Vendor Area

11:00 a.m.-12:00 p.m.

1st Ray Pathologies: Conservative and Surgical Treatments | 1.0 CECH

Dr. David Smith, DPM

12:00 p.m.-1:15 p.m.

Lunch

1:15 p.m.-2:45 p.m.

HIPAA Compliance Training | 1.5 CECH

Michele Bradice, PMAC, PRAC

2:45 p.m. - 3:00 p.m.

Break in Vendor Area

3:00 p.m.-3:30 p.m.

Why Patients Need to Invest in Their Foot Health | .5 CECH

Alan Bass, DPM

3:30 p.m.-4:30 p.m.

Foot & Ankle Surgery | 1.0 CECH

Nathan Graves, DPM

SATURDAY, OCTOBER 16

8:00 a.m.-5:00 p.m.

Convention Registration

8:30 a.m.-10:30 a.m.

Hands-on Workshop: Shoe Fitting and Custom Orthotic Crush-Box Molding

Demon Thompson, C.Ped.

10:30 a.m.-10:45 a.m.

Break

10:45 a.m.-12:15 p.m.

Hands-on Workshop

12:15 p.m.-1:15 p.m.

Lunch

The convention ends with lunch for the Medical Assistant/Office Staff program.



This program is offered by IPMA, in conjunction with the American Society of Podiatric Medical Assistants.

 [CLICK HERE TO REGISTER ONLINE](#)

Convention Registration

Click here to register online.

Please complete one registration form per attendee.
For assistance, call 888.330.5589.

 Annual Fall Convention
October 14-17, 2021
Marriott Indianapolis North

New Location!

Name/Credentials (as it should appear on badge)

Practice/DPM Name

Address

City

State

Zip

Email

Phone

Special Needs/Dietary Restrictions

REGISTRATION FEES An additional fee of \$35 will be added to all registrations received after October 6, 2021. After October 6, complimentary registrations (life members, residents, students) will increase to \$35.

- IPMA Member \$275 APMA Member \$475 Non-Member \$775
 IPMA/APMA Life Member \$0 Resident/Student \$0 Medical Assistant/Staff \$150

ATTENDANCE OPTIONS Doctors only.

The doctor program will be offered in person at the Marriott Indianapolis North and virtually. Indicate how you will attend:

- In Person Virtual

MEALS AND EVENTS Please register for the meals and events that you will attend.

- Doctors:** Thurs Lunch Lecture Fri Lunch Sat Breakfast/Annual Meeting Sat Lunch Sun Abstracts
Medical Assistants/Staff: Fri Lectures Fri Lunch Sat Lectures Sat Lunch

PAYMENT METHOD

- Please make check payable to IPMA Visa MasterCard AMEX

TOTAL \$

Credit Card #

Exp. Date

CVV

Billing Address

Name on Card

Signature

CANCELLATION POLICY A refund less a \$25 processing charge will be provided for cancellations received in writing by October 6, 2021. Send cancellation to inpma@indianapodiatic.org. In lieu of a refund, your paid registration fee can also be used to send a substitute attendee.

Indiana Podiatric Medical Association
629 W. Hillsdale St. • Lansing, MI 48933 • inpma@indianapodiatic.org
To ensure registration is received prior to the convention, please do not mail registration form after September 30.

YES VIRGINIA, THE GOVERNMENT DOES INVESTIGATE TELEMEDICINE



BY MICHAEL L. BRODY, DPM


This month, the Department of Justice released a [press release](#) announcing an indictment for a Telemedicine Fraud Scheme. A federal grand jury in Newark, New Jersey, returned a superseding indictment charging a Florida owner of multiple telemedicine companies with orchestrating a health care fraud and illegal kickback scheme that involved the submission of over \$784 million in false and fraudulent claims to Medicare. This is one of the largest Medicare fraud schemes ever charged by the Justice Department. The superseding indictment also charges the defendant with concealing and disguising the proceeds of the scheme in order to avoid paying income taxes.

According to the indictment, Creaghan Harry of Florida and his co-conspirators solicited illegal kickbacks and bribes from durable medical equipment (DME) suppliers and marketers in exchange for orders for DME braces and medications. Harry's telemedicine companies then allegedly paid physicians to write

medically unnecessary orders for these braces and medications. Harry's telemedicine companies provided orders to DME suppliers that fraudulently billed Medicare over \$784 million. Medicare ended up paying over \$247 million.

There is really nothing new in this indictment. Improper prescriptions were written, doctors were paid to write the improper prescriptions and the suppliers provide kickbacks where the 'mastermind' was paid and then in turn paid the doctors. What is new, is the use of telemedicine to manage this scheme. The statement in the first paragraph ***This is one of the largest Medicare fraud schemes ever charged by the Justice Department*** is important. The government is aware that the depth and breadth of telemedicine that allows doctors to reach large numbers of patients quickly, easily, and efficiently, also allows telemedicine to be leveraged to commit fraud at a level much greater than can be achieved in the conventional provision of medicine.

If you are currently engaged in telemedicine, or considering adding telemedicine to your practice, it is vital that:

- You document the medical necessity of all items you order, both medicine and DME
- If you are ordering items via Telemedicine, either you or your patient should select the vendor, do not allow the telemedicine provider to select the vendor
- Be very careful about accepting anything of monetary value from any vendor that you refer patients to for DME or other medical products paid for by any payor including the government.
- Be aware that the government may now watch telemedicine claims more carefully to investigate Fraud, Waste and Abuse and audits for Telemedicine may be more prevalent in the not too distant future. 

Dr Brody is the CEO of TLD Systems. TLD Systems assists practices in compliance with HIPAA, OSHA and the Federal Fraud, Waste and Abuse statutes. For more information visit tldsystems.com, email info@tldsystems.com, or call (631) 403 6687.



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 offers a 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.](#)

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