MOVING INDIANA FORWARD

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INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

ISSUE FOUR | WINTER 2024

IN THIS ISSUE

PRESIDENT'S MESSAGE

NATHAN GRAVES, DPM | IPMA PRESIDENT

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

It was great seeing everyone at the Annual Convention this past September. I enjoyed reconnecting with friends and colleagues while getting great educational content. Thank you to Dr. Gage Caudell for putting together such a great program.

Our lives are so busy with so many things, I really believe it is critical for our association and our profession that we can all get together for this yearly event. A sense of community is important and too often in today's world we lose that.

The Board continues to discuss ways to keep things fresh and new for members. We are beginning a new virtual learning series that will be offered throughout the year so members can obtain more CMEs and I encourage you to all participate in those as they begin over the next few months.

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

LEGISLATIVE REPORT

BY RHONDA COOK
LEGISGROUP PUBLIC AFFAIRS, LLC

INDIANA GOVERNOR'S RACE

Indiana's main statewide race is the gubernatorial contest featuring US Senator Mike Braun (R), former Superintendent of Public Instruction Jennifer McCormick (D), and Donald Rainwater (L). Braun's top priorities are Hoosier jobs and economic growth, improving education, and putting kids first, while McCormick touts protecting reproductive rights and freedoms, defending public education, supporting high-wage jobs and unions, and demanding responsible tax spending as her platform.

LEGISLATIVE RACES

Senate

The Republican Caucus currently holds a 40-10 split in the Indiana State Senate. The Senate has a new member as of September 10th—Senator Daryl Schmitt. Senator Schmitt is from Dubois County and was sworn in to fill the seat of Mark Messmer who won the Republican primary for the 8th Congressional District. There are two senate seats that are competitive in the general election—one currently held Democratic seat in Lake County and one Republican seat in Hendricks County. This means the current 40-10 split will remain roughly the same in the 2025 legislative session.

House

In the House, Republicans currently hold a 70-30 majority over the Democrats. There are general election races in eight seats. Seven of those seats are open due to retiring legislators. All of these seats were previously held by Republicans.

Dr. Rita Fleming (D-Jeffersonville), an OB-GYN who served on the Public Health Committee, announced that she was stepping down one week after winning her primary. Wendy Dant Chesser, an economic development professional, was appointed to fill the vacant seat.

MIKE BRAUN'S HEALTHCARE PLAN

Mike Braun recently released a healthcare plan with policies that will look familiar to those who have been following recent healthcare policy debates in the Indiana legislature. The plan includes six pillars to improve quality, lower costs, enhance transparency, expand access, promote wellness, and increase

competition. Specific policies include prohibiting non-profit hospitals from utilizing non-compete clauses in physician contracts, regulating pharmacy benefit managers, and reforming the prior authorization process. In the plan's introduction, Braun states that the Indiana General Assembly "has set a firm foundation for more ambitious work" towards healthcare affordability, and the 11-page plan provides more insights on how he would achieve this goal.

OTHER ISSUES

Medicaid Oversight Committee

The committee met in August and discussed the Pathways for Aging Program monitoring managed care and waiver programs, transparency concerning Medicaid expenditures, compliance, issues that led to deviations in Medicaid projections from 2023, and transition from attendant care provided by a legally responsible individual to structured family caregiving.

CRNA Bill

The IPMA is closing monitoring legislation that removes the requirement that a CRNA must be in the immediate presence of a physician to administer anesthesia. The bill would allow a CRNA to administer anesthesia under the direction of a podiatrist or dentist.

Support Your Industry!

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

The Foot Support PAC's role is to support candidates seeking office in the Indiana State Senate or Indiana House of Representatives.

Donate to the Foot Support PAC

HIPAA SANCTION POLICIES: THE IMPORTANCE OF ENFORCEMENT

BY STEPHANIE T. ECKERLE AND SHELLEY M. JACKSON

Covered Entities as defined in the Health Insurance Portability and Accountability Act and its implementing regulations ("HIPAA"), including health care providers and health plans, must have HIPAA policies and procedures in place to protect the privacy and security of patients' protected health information while also ensuring compliance with the right of patients to access their health records. In addition to these important goals, a Covered Entity must establish a sanction policy for members of its workforce who violate the HIPAA policies and procedures, and the sanction policy must be enforced in a consistent manner as to all members of the Covered Entity's workforce.

The Office for Civil Rights ("OCR") recently emphasized the importance of HIPAA policies and procedures, including sanction policies, in its newsletter entitled "How Sanction Policies Can Support HIPAA Compliance" (the "Newsletter"). The Newsletter reminds Covered Entities that failing to implement sanctions when warranted may subject the covered entity to OCR enforcement action.

The Newsletter identified the following important elements to consider in developing and maintaining an effective HIPAA sanction policy:

1. Documenting or implementing sanction policies pursuant to a formal process.
2. Requiring workforce members to affirmatively acknowledge that a violation of the organization's HIPAA policies or procedures may result in sanctions.
3. Documenting the sanction process, including the personnel involved, the procedural steps, the time-period, the reason for the sanction(s), and the final outcome of an investigation.
4. Creating sanctions that are "appropriate to the nature of the violation."
5. Creating sanctions that "vary depending on factors such as the severity of the violation, whether the violation was intentional or unintentional, and whether the violation indicated a pattern or practice of improper use or disclosure of protected health information."
6. Creating sanctions that "range from a warning to termination."
7. Providing examples "of potential violations of policy and procedures."

A Covered Entity's sanction policy must be included in its mandatory annual HIPAA audit. OCR's audit protocol includes specific audit requirements related to a Covered Entity's sanction policy to ensure compliance with 45 CFR 164.308 (a)(1)(ii)(B). In addition, OCR states in the Newsletter that "[t]he Privacy Rule's sanction requirement applies only to Covered Entities, not to business associates". Nonetheless, it is wise that business associates, as that term is defined in HIPAA, adopt sanction policies as part of their policies and procedures, as this is a frequent element of compliance set forth in business associate agreements.

Covered Entities should also take steps to ensure its HIPAA policies, including sanction policies, are aligned with its broader Human Resources policies and practices. For example, Covered Entities should review each category of worker to identify the authority by which the sanction policy can be enforced. Some workforce members, such as owners or independent contractors, may require additional scrutiny to ensure applicability and potency of the sanction policy. In addition, Covered Entities should ensure that adequate training and oversight is provided to ensure workers are aware of and agree to comply with applicable HIPAA policies, including sanction policies. Finally, Covered Entities should take steps to ensure an effective and smooth transition, when possible, in the event a HIPAA violation results in termination or other significant sanction and should evaluate the sanction policy in light of applicable local, state, and federal law.

If you have any questions about HIPAA policies and procedures, and specifically how those should be applied to the workforce, contact Stephanie T. Eckerle, Shelley M. Jackson, or your regular Krieg DeVault attorney.

JOIN US AT THE 75TH ANNUAL MIDWEST PODIATRY CONFERENCE

Don't miss this opportunity to connect with industry leaders, exchange insights, and stay ahead in the field of podiatric medicine. Advanced early bird rates are only available until December 31, 2024. Register today!

When: March 6-9, 2025
Where: Hyatt Regency Chicago
151 E Wacker Drive, Chicago, IL 60601

Our scientific program committee, composed of representatives from various Midwest state, is hard at work planning a diverse agenda that will cover the most important cases, innovations, and concerns currently facing the industry. We encourage you to share this information to those in your network who would benefit from attending.

REGISTER NOW

IPMA 2024 ANNUAL CONVENTION WRAP-UP

Thank you to all the members who attended the IPMA 99th Annual Convention and Membership Meeting at the Renaissance in Carmel. Highlights of this year's convention include:

- Educational seminars and leading podiatric presenters that provided over 13 CME hours for doctor attendees.
- Annual Meeting presentations and reports on current IPMA activity and vision for the future. IPMA members can receive electronic copies of the 99th Annual Report by emailing the IPMA office at inpma@indianapodiatric.org or calling 888-330-5589.

Election of IPMA Board of Trustees and Officers. Board and Officers elected for 2024 are:

- President - Nathan Graves, DPM
- President-Elect - Michael Carroll, DPM
- First Vice President – Gage Caudell, DPM
- Second Vice President – Sarah Standish, DPM
- Secretary/Treasurer - Zahid Lahda, DPM
- Immediate Past President - Kathleen Neuhoff-Toepp, DPM
- North Trustee – Eric Rindlisbacher, DPM
- Central Trustee – Matt Lining, DPM
- South Trustee – Matthew Parmenter, DPM


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OVER 80% OF PRIOR AUTH APPEALS SUCCEED. WHY AREN'T THERE MORE?

BY TANYA ALBERT HENRY, AMERICAN MEDICAL ASSOCIATION

When an insurance company denies a request for prior authorization, it's highly likely that physicians and patients won't appeal the denial. Just one in 10 prior authorization requests that were denied in 2022 were appealed, according to a recently released KFF analysis of data that Medicare Advantage insurers submitted to the Centers for Medicare & Medicaid Services (CMS) between 2019 and 2022.

The statistic is particularly alarming when one considers that the overwhelming majority of appeals—83.2%—resulted in the insurance company either partially or fully overturning the initial prior authorization denial in 2022. That figure is similar to what the overturn rate was between 2019 and 2021.

Denials and delays in care that result when physicians and patients must go through an appeals process to ultimately get care result in real patient harm. According to data from the most recent AMA prior authorization survey of 1,000 practicing physicians (PDF), among the doctors surveyed:

- 94% said that the prior authorization process always, often or sometimes delays patients' accessing necessary care.
- 19% said prior auth resulted in a serious adverse event leading to a patient being hospitalized.
- 13% said prior auth resulted in a serious adverse event leading to a life-threatening event or requiring intervention to prevent permanent impairment or damage.
- 7% said prior auth resulted in a serious adverse event leading to a patient's disability, permanent bodily damage, congenital anomaly, birth defect or death.

The AMA is fixing prior authorization by challenging insurance companies to eliminate care delays, patient harms and practice hassles. As part of that effort, the AMA provided a statement (PDF) to a Labor Department advisory committee last month further detailing the implications of the KFF analysis of prior authorization in Medicare Advantage.

WHY AREN'T THERE MORE APPEALS?

The AMA prior authorization survey found that fewer than one in five physicians that they surveyed—18% —reported that they always appeal a prior authorization denial. Among the reasons that physicians said they did not appeal adverse decisions:

- 62% said they do not believe the appeal will be successful based on past experience.
- 48% said that patient care cannot wait for the health plan to approve the prior authorization.
- 48% said that they have insufficient practice staff time or resources.

Mississippi internist and addiction-medicine specialist Daniel P. Edney, MD, explained that he has patients who drive two hours to see him and that prior authorization may take two or three days, forcing the patient to go home and come back. In these situations, denials can lead to patients abandoning care. "For working class families, it's very typical that they can't come back," Dr. Edney said in a moving video that is part of a collection of AMA member physicians sharing their awful experiences with prior authorization in practice.

Testimonials and data from the AMA prior authorization survey help explain why so many physicians said they have insufficient practice staff resources and time to file appeals. The AMA survey found that physicians and their staff on average spend 12 hours each week completing prior authorization requests, with 35% of physicians surveyed saying they have staff who exclusively work on prior authorization—something that not every practice can afford.

The KFF analysis noted that few patients may appeal their denials because Medicare Advantage enrollees may not know that they can appeal or that they may find the appeal process intimidating. This is based on an earlier KFF survey of adults with health insurance that found that "claims denials appear to be connected to the complexity of insurance for consumers." Half of all insured adults surveyed said they find some aspect of insurance difficult to understand, but that number jumped to eight in 10 among those who experienced a claim denial.

THE AMA PRIOR AUTHORIZATION SURVEY FOUND THAT FEWER THAN ONE IN FIVE PHYSICIANS THAT THEY SURVEYED—18% —REPORTED THAT THEY ALWAYS APPEAL A PRIOR AUTHORIZATION DENIAL.

PRIOR AUTHORIZATION MUST CHANGE

The AMA is advocating for critical changes to prior authorization, including insurers reducing the volume of prior authorization and becoming more transparent about what information is required for prior authorization and when.

The AMA says critical national and state-level reforms must be made to improve prior authorization, including gold-carding programs, making prior authorization valid for the length of treatment for those with chronic conditions, and requiring that new health plans honor a previous payer's prior authorization for a minimum of 90 days.

Find out more with the AMA about why fixing prior authorization means giving doctors a true peer to talk with—stat.

Among the measures the AMA supports is the Improving Seniors' Timely Access to Care Act of 2024 (H.R. 8702; S. 4532), which is bipartisan and bicameral federal legislation that would reform prior authorization procedures in Medicare Advantage.

DOCTORS CUT BACK ON SEEING MEDICARE PATIENTS AS ANOTHER PAY CUT LOOMS

THOSE STILL SEEING MEDICARE PATIENTS STRUGGLE TO STAY IN PRIVATE PRACTICE

BY JOYCE FRIEDEN, WASHINGTON EDITOR, MEDPAGE TODAY

Will his independent practice be able to survive another Medicare payment cut? That's what Terre Haute, Indiana internist Pardeep Kumar, MD, wonders each day as the next round of cuts looms.

"We have to see," Kumar said in a phone interview. "We have around 40% of the population of patients that are on Medicare ... Our overall ability to sustain as a private practitioner is significantly under distress because of these cuts."

CAN WE STAY IN BUSINESS?

Kumar and his wife, who is also an internist, are in private practice together opens in a new tab or window, and each has taken on outside work at various points in order to keep the practice viable, he said. "I used to be the director of a hospice company outside the practice, and I also [work at] another hospital for geriatric psychiatric patients. I go and see them so that we have additional revenue to sustain our practice."

CMS is proposing a 2.8% cut opens in a new tab or window in the Medicare fee schedule for the 2025 fiscal year, which would, if approved by Congress, come on top of a 1.69% cut in 2024. Often, Congress reverses the cuts, although this year they did so only partially. The cut is currently in limbo -- along with the rest of the federal budget -- now that Congress has passed a short-term budget deal opens in a new tab or window keeping the government funded at current levels through mid-December, after the election.

Doctors' groups such as the American Medical Association, to which Kumar belongs, argue that instead of cutting doctor pay, CMS should adopt an inflation-adjusted reimbursement model. "When the cost of living goes up, there should be some [similar] adjustment in the physician reimbursement model," Kumar

said. "That will provide sustainability, especially for the private practice."

Helping private practices stay in business, rather than forcing doctors to close their private practices and work for hospital systems, "will actually eventually lower the cost of care ... because reimbursement in private practice is relatively lower than hospital-based [reimbursement] so there's a cost saving for health insurers," including Medicare, said Kumar.

Although there is some movement in Congress toward site-neutral payment, in which hospitals would get the same pay as private practices for providing the same outpatient services, "hospitals are fighting that, because they are saying that they are employing more and more physicians now ... They're getting site benefit from that, and they're able to pay the physicians to keep them employed," he said. "I also sit on the hospital board here, and they are saying their margins are very shrunken and they will not be able to sustain or at least employ as many physicians if they [institute site-neutral payment]."

PRIMARY CARE SHORTAGE PERSISTS

Donaldo Hernandez, MD, a hospitalist in Santa Cruz, California, has seen first-hand how continued Medicare payment cuts are keeping patients from getting care. "Central and northern California can be somewhat expensive places to conduct healthcare business for a number of reasons," Hernandez said during a telephone interview at which a press person was present. "Even prior to the pandemic ... it was really the commercial marketplace that allowed medical practices that have enough money to invest in staff and all the other things that they do to maintain themselves."

"As we emerged from the pandemic, with the inflationary pressures exerted by the pandemic and the ongoing issues with hiring staff and sundry other things that occurred -- such as increases in the cost of electricity, for example, from Pacific Gas & Electric -- those pressures really were exerted on medical practices to a much greater extent," said Hernandez, who is immediate past president of the California Medical Association. Doctors "really want to see this Medicare population, and yet the economics really forces physicians into sort of a Sophie's Choice between, 'Do I see these patients because I want to, and I know they have a need, or do I save my practice from financial uncertainty and the challenges that exist in me being able to hire MAs [medical assistants], back office people and [deal with] all the administrative burdens that are inserted on all medical practices?'" he said.

Hernandez recalled a recent patient he had seen at his hospital for a severe hypoglycemic episode; the patient -- who had recently moved to California from Oklahoma to care for her ailing father-in-law -- had been in 2 weeks before for a myocardial infarction. "That was treated, managed, and she was placed on some new medications in order to manage that particular medical problem, and was told to follow up with her doctor," he said. "Well, it turns out she really didn't have a community doctor that was managing her problems. There was nobody managing those [medication] alterations in an effective way in the outpatient setting ... As a consequence, she took her diabetes medications erroneously, and ended up having low blood sugar."

"The challenge for me was that day and the following day was to try to find her someplace that she could get follow-up," said Hernandez. "I had two social workers working on it for 48 hours to try to find her a medical home, including within our safety net system, who at this time isn't taking you Medicare patients because they're at capacity." He finally called in a favor with a doctor he knew personally, and was able to get the patient into that practice.

"That's what we're seeing throughout the state, is physician practices are just not able to take these new patients on," he added. "With every subsequent cut or pullback ... It continues to be, in my opinion, an ongoing risk factor for these patients moving forward."

A PERSONAL EFFECT OF THE SHORTAGE

For Rene Bravo, MD, a 65-year-old pediatrician in San Luis Obispo, CA, the cumulative effect of the previous Medicare cuts hit him very personally. He had had private health insurance for himself and had gotten care without a problem, "and I finally went on Medicare and tried to find a physician," Bravo said in a phone interview. "I couldn't find one -- they were all either full up or not available ... I finally found an internist who took Medicare, but I had to pull some strings."

"If I have trouble finding a physician, what's going on for other folks in the population?" he said. "The fact that these reimbursement cuts are coming -- everybody is aware of these things, and it just creates a profound amount of insecurity in the system."

"This has got to be fixed once and for all," Bravo said. "The Medicare payment system needs to be significantly revamped because this is creating a lot of stress on healthcare provision for seniors. There's nothing about this that is right."

Joyce Frieden oversees MedPage Today's Washington coverage, including stories about Congress, the White House, the Supreme Court, healthcare trade associations, and federal agencies. She has 35 years of experience covering health policy.

Originally Published: Doctors Cut Back on Seeing Medicare Patients as Another Pay Cut Looms | MedPage Today

TRAINING YOUR STAFF TO OPTIMIZE PATIENT CARE & OFFICE EFFICIENCY

BY PICA RISK MANAGEMENT SPECIALIST

You may have staffed your practice with well-qualified people, but now they need proper training to understand your practice and its culture, their role within your practice, your policies and procedures, patient population, state and federal requirements such as HIPAA and OSHA, and other office practices. (*If you need help with hiring, read our blog article, "Hiring the Best Staff for Your Practice"!*)

OFFICE POLICY & PROCEDURE TRAINING

It is also important to develop and maintain an office policy and procedure manual to ensure that everyone is on the same page and there is consistency in operations. Your office policies and procedures should align with legal and regulatory requirements and provide guidance on how to conduct various tasks within your practice consistently and efficiently.

It is a good idea to include your staff in developing office policies and procedures since they are a valuable resource regarding tasks that are performed daily and identifying areas that may need improvement. Your policy and procedure manual may include clinical procedures, administrative procedures, office opening and closing procedures, patient scheduling, missed patient appointments, informed consent, disclosure of patient information, billing practices, emergency preparedness, and employee matters such as sick leave, vacation, termination of employment.

Ensure your policies and procedures are integrated into your EHR system. You can set up prompts, or alerts within your system to guide staff in following your policies and procedures. Regularly review and update your office policies and procedures to reflect changes in your practice, updates in regulations, feedback from patients, staff, or external audits.

ROLE-SPECIFIC & INDIVIDUALIZED TRAINING

During the hiring process, it is important to create a job description detailing the duties, requirements, physical abilities required, qualifications, qualities, necessary skills, and language requirements needed for each position. That way, you can base training on what is needed for the specific role.

A formal initial individual staff member training should be developed to include education on office policies and procedures and an evaluation of required skills based upon the applicable job description. It is helpful to develop a checklist of required training and skills proficiency for each job description.

CUSTOMER SERVICE & DOCUMENTATION TRAINING

The utmost importance should be placed on customer service and patient satisfaction. This includes telephone etiquette and interpersonal skills. Better interpersonal skills improve patient satisfaction, which creates a more positive environment for both staff and patients and keeps patients returning to your practice.

The importance of documentation should also be emphasized in staff training. All staff should be trained in proper documentation practices. Good documentation is a valuable risk management tool as it serves as evidence of compliance and can be valuable in the event of a malpractice suit or audit.

ONGOING PERFORMANCE SUPPORT TRAINING

Staff training is not a one-time event. Training regarding updated policies and procedures, regulations, laws, and other pertinent information should be ongoing through regular staff meetings and federal and state required annual training. All staff training should be documented and placed in the staff member's employment file.

Assign designated staff members to regularly monitor and enforce compliance with your policies and procedures. Any non-compliance should be addressed promptly, and appropriate corrective actions, as defined in your policy and procedures, should be taken as necessary.

A well-trained staff is crucial in helping providers achieve good patient outcomes, comply with state and federal regulations, reduce malpractice risks, and maintain efficient operations. As an additional benefit – employee retention is also positively impacted. When a practice is running smoothly, patients are happy, and the staff understands what is expected of them, job satisfaction improves. When staff members feel valued and satisfied, they are much less likely to leave your practice which will help you retain institutional knowledge and achieve a great patient experience.

THE INCREASED RISK OF RANSOMWARE

A 2021 survey by Claroty (https://web-assets.claroty.com/resource-downloads/claroty_the_state_of_industrial_cybersecurity_2021.pdf) of 1,100 information technology and security professionals explores their experience with Cybersecurity Attacks and the impact is has had on their operations. Key findings include:

- Over 80% of reported they have experienced a ransomware attack in the past year
- Over 85% reported that the ransomware attack had an impact on their business functions
- Over 60% of the organizations paid the ransom to get their data back
- Of those who paid the ransom, the amount was $100,000 or more over 80% of the time

The rising tide of ransomware attacks targeting industrial organizations has reached new heights and no organization is immune. This report dates back to 2021 and the incidence of Ransomware has significantly increased in the past 3 years.

RANSOMWARE PAYMENTS ARE PROBLEMATIC

"U.S. persons are generally prohibited from engaging in transactions, directly or indirectly, with individuals or entities ("persons") on OFAC's Specially Designated Nationals and Blocked Persons List (SDN List), other blocked persons, and those covered by comprehensive country or region embargoes" *Source: https://ofac.treasury.gov/media/912981/download?inline*

Paying ransomware is something you want to avoid. There are two methods or avoiding ransomware payments

1. Not getting ransomware
2. Being prepared to restore your systems should they become encrypted by ransomware.

Both methods should be utilized to protect your organization from this significant threat.

TLD Systems will be sponsoring a FREE online CME Event on Wednesday January 15 at 7 PM Eastern Time to help educate you about methods to prevent ransomware as well as steps you can take to recover from Ransomware. To register, click here.

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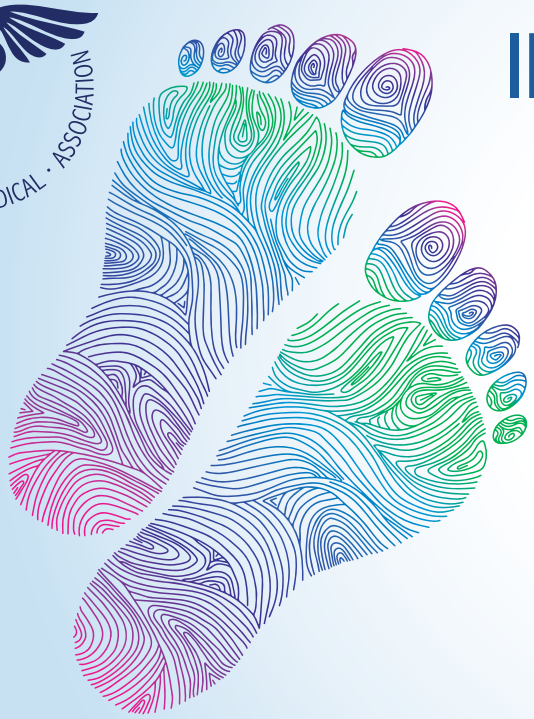

IPMA Virtual Learning Series

2024: November 13

2025: January 22 | February 13

The Indiana Podiatric Medical Association is pleased to announce its Virtual Learning Series. These live webinars will include case debates and timely topics, providing two continuing education contact hours each. **Webinars will be offered complimentary to IPMA members and 2024 Annual Convention attendees.**

CLICK HERE

APMA CORNER

APMA SUBMITS RESPONSE TO REQUEST FOR INFORMATION (RFI) FROM CMS ON MAC CONSOLIDATION AND CONTRACTING CHANGE

Last week, APMA submitted a response to a Request for Information (RFI) concerning consolidation of A/B Medicare Administrative Contractors (MACs) for Jurisdiction 5 (J5) (WPS) and A/B MAC Jurisdiction 6 (J6) (NGS) and 10-Year MAC Contract Award Period of Performance issued by CMS. As previously reported in APMA Weekly Focus, APMA participates in and coordinates the activities of a group of approximately 20 societies that have concerns about the ability for Contractor Advisor Committee (CAC) representatives to fully engage with the MACs through the Contractor Medical Directors (CMDs) and provide meaningful input to the development of local coverage policies. As part of this effort, we have identified and documented our Principles for Sound Local Coverage Policies.

In the letter, APMA responded to a number of the questions posed, largely drawing from these principles. In particular, APMA indicated that CMS should hold MACs accountable for items that contribute to effective communication and relations between CAC representatives and MACs, including by incorporating specific performance standards in their contracted scopes of work and that CMS should publicly report performance metrics that hold contractors accountable for adhering to these standards. In addition, APMA suggested that CMS should consider contractor responsiveness to CAC representative and professional society (e.g., clinical societies, medical specialty societies, other stakeholders) questions and concerns and that MACs should also implement a clear and open process for determining subject matter experts for evidentiary review panels and meetings. APMA also offered to work with CMS to develop a plan for addressing these recommendations in a deliberate manner.

To read the letter in its entirety, as well as other APMA comments, visit www.apma.org/comments.

EMERGING LEADERS PROGRAM LEADERSHIP SUMMIT

APMA recently launched the second cohort of its Emerging Leaders Program (ELP) with an in-person Leadership Summit held on October 4–5 in Chicago. This event set the foundation for a comprehensive leadership program aimed at nurturing the next generation of podiatric leaders.

The Leadership Summit began with a keynote address by Dr. Ken Slaw, executive director of the Society for Vascular Surgery, who shared his insights into personality types and corresponding communication styles in leadership. His presentation was followed by interactive sessions led by organizational strategist Julia Perkins, who facilitated discussions on key topics such as possibility thinking, developing leadership philosophies, and building effective professional networks. Participants engaged in thought-provoking conversations designed to enhance their leadership capabilities and expand their influence within the profession.

APMA's ELP is designed to offer the leadership skills and knowledge future leaders need to contribute effectively to their state and local associations, as well as to APMA. APMA views young physician leadership as essential to the future of podiatry. APMA is committed to supporting young physicians and investing in their professional development, ensuring that the next generation of podiatric leaders is well-prepared to shape the future of the profession. For more information and to view the list of current ELP participants, visit www.apma.org/elp.

24TH ANNUAL CAC-PIAC MEETING
RESPOND TO MEMBER SURVEY

The 24th Annual Joint Meeting of the National Contractor Advisory Committee and Private Insurance Advisory Committee Representatives (CAC-PIAC) is scheduled for November 15 in Alexandria, VA. This meeting will help to provide representatives with valuable information and an opportunity to combine efforts in solving Medicare and private insurance reimbursement issues members face.

To ensure an effective meeting for our CAC and PIAC representatives, we kindly request our APMA members to complete this survey by November 1. The purpose of this survey is to gather valuable feedback from our members for discussion and consideration during the meeting.

In conjunction with discussing topics related to public and private insurance, your CAC and PIAC representatives will hear from experts who will lend their expertise to these topics as well as a deeper look into the final CY 2025 Medicare Physician Fee Schedule Final Rule due out later this year. Anitra Graves, MD, Contractor Medical Director (CMD) for First Coast Service Options, Inc. will conduct a presentation about the best practices for engaging with a CMD and the appropriate way to contribute to local coverage determination (LCD) and other policy development.

Learn how to contact the CAC and PIAC representative in your state and access details about the upcoming CAC-PIAC meeting at www.apma.org/CACPIAC. Questions? Contact the Health Policy and Practice department at healthpolicy.hpp@apma.org.

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.

ADVERTISE WITH IPMA IN 2025

Forward is the official publication emailed semi-annually to all member DPMs in the state of Indiana. The publication reaches the desks of nearly 200 podiatry professionals and their staff throughout the state of Indiana. It also boasts an open rate of 56%, on average. Plus, all ads are hyperlinked to the advertiser's website.

AD RATES **RESERVE SPACE**

2025 CLOSING DATES

ISSUE	EMAIL MONTH	AD DEADLINE
Spring/Summer	April	March 15
Fall/Winter	October	September 15

INDUSTRY EVENTS

Midwest Podiatry Conference
March 6-9, 2025
Hyatt Regency Chicago
Chicago, Illinois

APMA The National
July 24-27, 2025
Dallas/Fort Worth

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