



1925-2025

INDIANA PODIATRIC MEDICAL ASSOCIATION

Forward

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PRESIDENT'S MESSAGE

NATHAN GRAVES, DPM | IPMA PRESIDENT

Welcome to IPMA's 100th Anniversary! Members may or may not know, but 2025 is actually the 100th anniversary of the IPMA.

Podiatric medicine has made tremendous strides through its 100+ years in Indiana. In the early days, articles were written on how to sterilize instruments. Later, articles discussed the pros and cons of the xray machine, and current articles reflect discussions of intricate surgical procedures. At the same time, the Indiana Podiatric Medical Association has progressed through the years striving for recognition of the profession and parity for podiatric physicians with our MD and DO counterparts. Long range goals sometimes take many years to complete and some of these goals are still to be obtained. However, the theme, which continues throughout the years as the ultimate goal of the association, is that through the unity of podiatrists in Indiana, the best possible podiatric care is provided to each patient and citizen of Indiana.

As we enter the next 100 years of the IPMA, we all must work together to ensure IPMA is meeting the needs of its next generation of members. 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 podiatrists.

Please save the dates for our Annual Conference to be held October 3-5 in Carmel. 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 annual event. A sense of community is important and too often in today's world, we lose that.

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

As lawmakers try to finalize the state's two-year budget in these last few days of session, they learned yesterday that they will have \$2.4 billion less in revenue than originally anticipated.

The State Budget Committee received the updated revenue forecast on Wednesday, which projected less revenue from sales, individual income, and corporate income taxes than was originally anticipated in December. This will mean much of the remaining focus of this session will be getting a balanced budget agreement.

The IPMA continues to engage on the issues impacting podiatric physicians. Top bill priorities with recent activity include:

- **SB 473 *Various Health Care Matters***, was heard in House Public Health Committee. SB 473 is multi-faceted, but it does contain language that would allow anesthesia to be delivered in a physician's office in addition to a dental office.
- **SB 475** drastically limits non-compete agreements for physicians and prohibits new non-competes after July 1, 2025. Many provider groups are navigating this legislation but it is currently restricted to MDs and DOs.
- Another major bill heard in committee this week was **HB 1003**. A low numbered house bill indicates that this bill is a House Republican Caucus priority bill. HB 1003 deals with surprise billing, site of service, 340B, strengthening the Medicaid fraud unit, greater transparency to patients regarding data in the all payers claim database, good faith estimates, credentialing, prior authorization and right to try. HB 1003 was heard in the Senate Health and Provider Services committee on Wednesday. The bill's author, Rep./Dr. Brad Barrett, admits that continued work needs to be done on the bill. The bill will be back in committee on Wednesday of next week.

- **HB 1666** requires hospitals and physician groups to supply ownership information to state government. Since some reporting is already provided to other agencies, the bill was amended so that these agencies will forward the information they collect to the Indiana Department of Health. The bill also requires mergers and acquisitions of health care entities to be approved by the attorney general. HB 1666 passed in the Senate on Tuesday by a vote of 46-1.
- **HB 1587** passed out of the Senate Insurance Committee on Wednesday by an 8-0 vote and has been recommitted to Senate Appropriations. The bill requires reimbursement for emergency medical services provided by to a mobile integrated health care program. It allows the secretary of FSSA to void an agreement regarding a different reimbursement rate or methodology and a provider if found to have an adverse effect on the Medicaid budget.
- **HB 1555**, authored by Rep. Beau Baird, establishes limited medical licenses for individuals who have graduated from certain international medical programs or obtain a health facility sponsor in an underserved area. The bill is scheduled for a hearing on Wednesday in the Senate Health and Provider Services Committee. 🦋



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

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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.



INCORPORATING MIPS INTO YOUR PRACTICE

MICHAEL L. BRODY DPM
CEO REGISTRY CLEARINGHOUSE

The Merit Based Incentive System is now part of the Healthcare landscape. Each year it experiences changes, additions, deletions and tweaks. This article will discuss one of the ‘Tweaks’ that you need to be aware of that happens every year. That tweak is the publishing of updated benchmark files.

Information on Benchmarks can be found at the QPP site at <https://qpp.cms.gov/benchmarks>.

When you visit this page, you will find benchmark files for the upcoming year 2025 as well as benchmark files from previous years. The benchmark file tells you how many points you will earn on a specific quality measure based upon your performance on the measure.

HOW DO BENCHMARKS WORK?

When we were students, many times our grade in a course was based upon ‘THE CURVE’ we got a grade above class average we got a good grade and if we scored below class average, we got a bad grade. MIPS quality scoring works in a very similar manner.

Here is one an example. Assume that your performance on a measure is 95%. On the surface that would seem like a good grade. But that is now always the case. If you were to have a performance on Measure 126 – Neurologic Evaluation of the diabetic foot what would a performance of 95% mean?

If you download the 2025 benchmark file you will see that you would get approximately 4 points out of a possible 10. This is

because in the past a vast majority of those reported scored a perfect 100%.

Now look at Measure REGCLR3 the Bunion Pain measure at Registry Clearinghouse. If your performance on this measure was 25% you would expect a poor score, but when you look at the benchmark file you will see that a performance of 25% will get you approximately 7 out of 10 possible points.

Very often when selecting measures, we look at what might be the easiest measure to have a high-performance percentage. That is only looking at one if the aspects of the measures we would want to report on. When selecting measures, you need to look at measures that you can incorporate into your practice where you can score well enough to earn a high number of points. These are the points that are utilized by calculating your final MIPS composite score.

Another wrinkle in the measure selection process is to look at the measures that are supported by your EHR system. These are the measures that your software has built in tools to track your performance. Not every EHR has tools for every measure. Does your software have tools that enable you to track your performance on the measures that are best for your practice?

This is where having a MIPS expert to speak with can assist you in selecting the measures that will get you the best possible score with the least amount of burden for your practice. This is just one of the services that Registry Clearinghouse can provide to you. 🏥

To learn more about which measures are best for your practice, email info@registryclearinghouse.com or visit www.registryclearinghouse.com.



IPMA ANNUAL CONVENTION

October 3-4, 2025

Renaissance Indianapolis North | Carmel, Indiana



LOSING MONEY WITH INEFFICIENCIES IN THE OFFICE

TINA DEL BUONO, PMAC
TOP PRACTICES

There are many things that we can do but do not which cause inefficiencies in our practice. Below are two common inefficiencies that physicians, managers, and staff often encounter that in the long run causes loss of revenue.

POOR APPOINTMENT SCHEDULING

More is not always better; more is only better when your schedule moves smoothly throughout the day. Inefficient appointment scheduling can lead to poor staff use of time as well as long patient wait times. Double booking, inadequate time allocation for certain procedures, or failing to optimize the schedule based on peak times can all contribute to lost revenue opportunities.

INCOMPLETE OR INACCURATE DOCUMENTATION


Patients coming in for services or equipment that failed authorization due to lack of documentation and poor

communication systems, is not only poor patient care but also impacts billing and reimbursement. If systems are not in order after a patient visit to check what is required at their follow-up and patient records are not properly documented, it can lead to delayed patient care and services and even denials from insurance companies. Moreover, spending excessive time correcting errors in documentation keeps staff from more productive tasks.

Addressing these inefficiencies requires a proactive approach by everyone in the office. By prioritizing these areas, physicians and their managers can streamline operations, enhance productivity, and ultimately improve the financial health of the practice. 🩺

Tina Del Buono is a Practice Management Performance Coach, Consultant and Mentor for physicians and her fellow office managers/ administrators and their staff. She has been a practice manager for over 25 years. Tina is the author of a National Indie Award Winning Book, "Truth from the Trenches" The Complete Guide to Creating A High-Performing, Inspired Medical Team.





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.](#)

WHO'S TO BLAME WHEN AI MAKES A MEDICAL ERROR?

BY UNIVERSITY OF TEXAS AT AUSTIN
ORIGINALLY PUBLISHED BY MEDICAL XPRESS

Assistive artificial intelligence technologies hold significant promise for transforming health care by aiding physicians in diagnosing, managing, and treating patients. However, the current trend of assistive AI implementation could actually worsen challenges related to error prevention and physician burnout, according to a new brief [published](#) in *JAMA Health Forum*.

The brief, written by researchers from the Johns Hopkins Carey Business School, Johns Hopkins Medicine, and the University of Texas at Austin McCombs School of Business, explains that there is an increasing expectation of physicians to rely on AI to minimize medical errors. However, proper laws and regulations are not yet in place to support physicians as they make AI-guided decisions, despite the fierce adoption of these technologies among health care organizations.

The researchers predict that [medical liability](#) will depend on whom society considers at fault when the [technology](#) fails or makes a mistake, subjecting physicians to an unrealistic expectation of knowing when to override or trust AI. The authors warn that such an expectation could increase the risk of burnout and even errors among physicians.

“AI was meant to ease the burden, but instead, it’s shifting

liability onto physicians—forcing them to flawlessly interpret technology even its creators can’t fully explain,” said Shefali Patil, visiting associate professor at the Carey Business School and associate professor at the University of Texas McCombs School of Business. “This unrealistic expectation creates hesitation and poses a direct threat to [patient care](#).”

The new brief suggests strategies for health care organizations to support physicians by shifting the focus from individual performance to organizational support and learning, which may alleviate pressure on physicians and foster a more collaborative approach to AI integration.

“Expecting physicians to perfectly understand and apply AI alone when making clinical decisions is like expecting pilots to also design their own aircraft—while they’re flying it,” said Christopher Myers, associate professor and faculty director of the Center for Innovative Leadership at the Carey Business School.

“To ensure AI empowers rather than exhausts physicians, [health care organizations](#) must develop [support systems](#) that help physicians calibrate when and how to use AI so they don’t need to second-guess the tools they’re using to make key decisions.” 🩺

More information: *Shefali V. Patil et al, Calibrating AI Reliance—A Physician’s Superhuman Dilemma, JAMA Health Forum (2025). DOI: 10.1001/jamahealthforum.2025.0106*



OIG SIGNALS POTENTIAL APPROVAL OF PRESCRIPTION DRUG ASSISTANCE PROGRAMS

BY STEPHANIE T. ECKERLE, BRANDON W. SHIRLEY,
AND MADISON HARTMAN HARADA

Non-profit healthcare entities may soon have greater flexibility when it comes to patient assistance programs that subsidize the cost of prescription drugs for their patients residing in rural areas. Generally, such programs risk violating the patient remuneration prohibition under the federal Anti-Kickback Statute (“AKS”). However, a recent Office of Inspector General (“OIG”) Advisory Opinion—[OIG Advisory Opinion 24-07](#)—signaled a potential change in the way that the OIG sanctions these programs.


OIG Advisory Opinion 24-07, released in August 2024, advised a non-profit grant-making organization on its patient assistance program (“PAP”) that paid for 100% of patient cost-sharing obligations for all diabetes prescription drugs for low-income Medicare enrollees who did not qualify for Medicaid and resided in rural areas.

While the OIG did conclude that the PAP created a prohibited remuneration under the AKS, it stated that it would forgo administrative sanctions, finding the arrangement’s potential for fraud and abuse to be sufficiently low. The OIG based this conclusion on the following factors:

- The non-profit organization was not funded by a

pharmaceutical entity, so there was no risk that the PAP could function as a conduit for payments by a pharmaceutical manufacturer (or other pharmaceutical entity) to patients.

- The design of the PAP did not steer Medicare enrollees to a particular product based upon the availability of a subsidy.
- Eligibility for the PAP was based on a good-faith determination of need.
- There was no impact on swaying patient choice of pharmacy.
- There was no clinical impact.
- The PAP was unlikely to increase healthcare costs overall.

It is important to note that OIG’s conclusion above is limited in scope to the non-profit organization that was advised. However, this Advisory Opinion does signal a potential future move by the OIG to withhold AKS enforcement for PAPs that fall in line with the above factors. 


If you have questions regarding Advisory Opinion 24-07 or other Anti-Kickback Statute-related issues, please contact [Stephanie T. Eckerle](#), [Brandon W. Shirley](#), or [Madison Hartman Harada](#).

Disclaimer. The contents of this article should not be construed as legal advice or a legal opinion on any specific facts or circumstances. The contents are intended for general informational purposes only, and you are urged to consult with counsel concerning your situation and specific legal questions you may have.

IPMA MEMBERS HIT CAPITOL HILL

Upon completion of the APMA House of Delegates, the APMA held its Legislative Conference to advocate for podiatric physicians and the patients we serve. Over 100 podiatric physicians attended the two-day event which culminated in APMA members “Hitting the Hill” to discuss important legislative issues with members of Congress.

APMA’s annual Legislative Conference is an outstanding opportunity to make in-person inroads with legislators and their staff. This year members focused on the need for legislative action **to** address Medicare payment cuts.

IPMA members were able to meet with members or staff from all of Indiana’s congressional delegation during the event to talk about the importance of podiatry for every day Hoosiers. 



2025 APMA HOUSE OF DELEGATES WRAP-UP

Last month, the 2025 APMA House of Delegates convened in Washington, DC. The house is the governing and legislative body of the organization with representatives from each of APMA's 53 component associations.

The session began with a special message from Karen Santi, the wife of APMA President Larry Santi, DPM. Dr. Santi was unable to attend the house due to a recent stroke. The entire APMA community sends its well wishes to Dr. Santi and his family during his continued recovery.

Over the last year, Dr. Santi worked tirelessly to engage with AMA and establish a foundation for future collaboration. These efforts were evident as the house welcomed AMA President Bruce A. Scott, MD. Dr. Scott called for unity within the medical community and highlighted the similar issues facing all physicians. "As physicians, we all carry a burden," he said. "Now we are dealing with attacks on science and questions about whether we can be trusted. We cannot let anything harm the sacred relationship we have with our patients." He shared key legislative issues AMA and APMA have in common, including Medicare physician payment and prior authorization reform.

Rob Frimmel, DPM, a long-time APMA and Florida Podiatric Medical Association member, was honored with the Award of Excellence on Saturday. Among his other contributions, Dr. Frimmel has served in the APMA House of Delegates for 25 years, chaired the Annual Scientific Meeting Committee seven times, and is also the cofounder of the Team APMA annual Fun Run. Since its inception, more than 1,900 runners and walkers have participated in the run, raising more than \$200,000 for the APMA Educational Foundation and student scholarships. In nominating Dr. Frimmel for this award, Dennis Frisch, DPM, wrote that Dr. Frimmel's "cheerful, quiet demeanor belies a profound commitment to his work and a genuine passion for serving others."

Other presentations during Saturday's session focused on the Council on Podiatric Medical Education, a profession-wide branding initiative that would also include student recruitment efforts, and young physician involvement in leadership. APMSA and the Educational Foundation delivered reports, and collectively the delegates and components pledged thousands of dollars to the future of podiatry. The house also voted on several propositions.





BROOKE BISBEE, DPM, INSTALLED AS APMA PRESIDENT

Brooke Bisbee, DPM, was installed as the 99th APMA president by Past President Lloyd Smith, DPM, during the opening day of the 2025 APMA House of Delegates.

In her inaugural address, Dr. Bisbee shared her deep pride in her home state of Arkansas, known as the Natural State, and likened podiatry today to the process through which gems are formed. “We must now seize the opportunity to thrive, to adapt, and to forge ahead with clarity and purpose,” she said. “We are in a crucible in which we will reshape our mission, refocus our advocacy goals, and renew our sense of shared purpose. It is in these moments of pressure that true innovation and growth are often born.”

Dr. Bisbee acknowledged several issues facing the association, including a declining membership, and challenged the members present to be part of the solution. “I ask that every member join me and be part of the solution,” she said. “Begin the conversation with a former classmate, a colleague in your town, or at your local hospital—share with your non-member friends and colleagues the good work that APMA and your state society are doing every day—for all of podiatry.”

Dr. Bisbee, who has been serving as acting president of the association since late December, closed with an encouraging message to all APMA members. “Let’s mold something truly remarkable and transform our association, and in doing so, ensure that we emerge from this period not just intact, but stronger, more unified, and more vibrant and brilliant than ever before!”



APMA CEO AND EXECUTIVE DIRECTOR MEGHAN MCCLELLAND, MBA, DELIVERS STATE OF ASSOCIATION ADDRESS

In her first state of the association address to the House of Delegates, APMA CEO and Executive Director Meghan McClelland, MBA, outlined her vision for the association and moving podiatry into the future.

McClelland, who assumed her position in August, discussed the work already done to evaluate the current state of APMA to determine what changes need to be made to meet the goals of

the profession. “Under Dr. Santi and the board’s leadership, over the past months, we have engaged in deep assessments of our systems, resources, and personnel, ensuring we are positioned to meet the needs of our members and the profession,” she said. “We have strengthened our advocacy efforts, expanded our outreach, and begun vital conversations about the future of podiatric medicine.”

McClelland noted the passion she has observed as she has traveled and met with members during her first six months and focused on the need for the profession to come together. “A unified profession is a powerful profession. As such, podiatry must come first, before any individual organization.”

She implored the leaders of the profession to come to the table and be difference makers. “Podiatric medicine has never been more essential, and our collective strength will determine our future. As we reflect on Dr. Santi’s leadership and his legacy as president, we must remember his mantra: ‘Together we can.’ Together, we can shape a brighter future. Together, we will advance, elevate, and secure the future of our profession.” 🦶




SKIN SUBSTITUTE POLICY UPDATE

As previously [shared](#) by APMA, all seven Part B Medicare Contractors have finalized local coverage determinations (LCDs) that will govern the provision of skin substitute grafts/cellular and tissue-based products to Medicare Part B beneficiaries when used for the treatment of diabetic foot ulcers and venous leg ulcers.

As of March 4, these policies are still scheduled to take effect April 13, 2025. These policies reflect many of the requests made by APMA during the initial comment period, including the requirement for a vascular assessment rather than the rigid

requirement of an ankle-brachial index for all patients. The finalized policies also allow a maximum of eight skin substitute graft/CTP applications within an episode of skin replacement therapy when there is documentation of progression of wound closure under the current treatment plan with documented medical necessity for additional applications.

APMA continues to closely monitor the news surrounding these policies. If anything changes, APMA will alert members. Contact the [APMA Health Policy and Practice Department](#) with any questions or concerns. 

APMA PROVIDES FEEDBACK TO PQM PRMR COMMITTEE ON 2024-25 MUC LIST RECOMMENDATIONS

On Thursday, February 13, APMA provided feedback to the Partnership for Quality Measurement (PQM) Pre-Rulemaking Measure Review Committee (PRMR) regarding its posted 2024–25 Measures Under Consideration (MUC) List Recommendations. As APMA has continued and significant concerns with the Non-Pressure Ulcers Cost Measure, we urged CMS to not finalize this measure. APMA also expressed our ongoing concerns regarding Acumen’s cost measure expert workgroup process, namely the lack of clear, timely feedback and transparency.

Members can read this letter in full and all other past letters at www.apma.org/CommentLetters. Contact the APMA Health Policy and Practice Department with any questions or concerns. 


DME HCPCS CHANGES EFFECTIVE APRIL 1

The code descriptors for some commonly used DME-related HCPCS codes will change effective April 1. These positive changes eliminate the need to use HCPCS L2999 (Lower extremity orthoses, not otherwise specified) when these items are dispensed “off-the-shelf.”

The HCPCS L1932 code descriptor will change to: “Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.” HCPCS L1933 will be added as a new code: “Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf”

With these changes, if this item is dispensed “off-the-shelf,” L1933 should be submitted. If this item is dispensed “custom fitted,” L1932 should be submitted. The HCPCS L1951 code descriptor will change to: “Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.”

HCPCS L1952 will be added as a new code: “Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf” With these changes, if this item is dispensed “off-the-shelf,” L1952 should be submitted. If this item is dispensed “custom fitted,” L1951 should be submitted.


Reference: <https://www.cms.gov/files/document/2024-hcpcs-application-summary-biannual-2-2024-non-drug-and-non-biological-items-and-services-pdf>. 

APMA RESPONDS TO CMS ADVANCE NOTICE ON MEDICARE ADVANTAGE PLANS AND PART D

On Monday, APMA submitted comments to CMS on the Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. APMA again advocated for the importance of care for diabetic beneficiaries and pushed CMS to consider enhancing measures that support this care.

APMA is pleased to hear that CMS is considering potential new measure concepts and methodological changes including the Diabetes Foot Exam and Follow-Up (Part C). As APMA is aware, NCQA is developing a new measure that assesses comprehensive foot examinations (neurological, vascular, visual) and appropriate follow-up for abnormal findings among adults with diabetes, which will be implemented as an ECDS-reported measure that leverages multiple data sources (i.e., claims, electronic health records, health information exchanges, registries). APMA has been involved in these efforts. APMA also reiterated our support for a Star Rating or other measure that incorporates elements of APMA's Comprehensive Diabetic Lower Extremity Exam (CDLEE). To read the letter in its entirety as well as other APMA comments, visit www.apma.org/comments.


As previously reported in APMA Weekly Focus, in January APMA submitted a response to CMS's proposed rule, "Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly." In APMA's response, our comments focused on the sections related to Improving Access—Enhancing Rules on Internal Coverage Criteria and Enhancing Health Equity Analyses: Annual Health Equity Analysis of Utilization Management Policies and Procedures. APMA reiterated transparency concerns related to Medicare Advantage Organization (MAO) plans' coverage and payment policies, particularly that MAO plans are reducing and/or denying payments for services otherwise covered under Medicare fee-for-service.

If you have questions or concerns, contact APMA's Health Policy and Practice department at healthpolicy.hpp@apma.org. 

APMA DEMANDS CONGRESS FIX MATE ACT

As a direct result of APMA and its coalition partners' advocacy efforts, House Energy & Commerce Chair Rep. Brett Guthrie (R-KY) and Rep. Brittany Pettersen (D-CO) introduced the bipartisan HR 2483, SUPPORT for Patients and Communities Reauthorization Act of 2025, which includes a technical fix to the MATE Act. APMA continues to keep the pressure on Congress and [urged the Committee](#) to maintain this critical provision during today's hearing to markup of this bill.

HR 2483 reauthorizes a crucial program aimed at improving treatment and recovery services for substance use disorders. Section 402 of the bill includes a technical fix to address gaps that were unintentionally created by the passage of the MATE Act in 2023. The MATE Act was designed to establish training requirements for providers who prescribe narcotics, particularly opioids, and when the legislation was originally drafted, certain organizations and certifying bodies, like APMA and CPME, were inadvertently excluded. It also addresses the exclusion of recent podiatric physician graduates from being similarly exempted like their osteopathic and allopathic colleagues.

To read this letter and all other comment letters, visit www.apma.org/CommentLetters. Email the APMA Advocacy team with any questions or comments at Advocacy@apma.org. Members can find DEA MATE compliance resources at www.apma.org/DEAMATE. 

ADVERTISE WITH IPMA



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

CLOSING DATES

ISSUE

Spring/Summer
Fall/Winter

EMAIL MONTH

April
October

AD DEADLINE

March 15
September 15

INDUSTRY EVENTS

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

IPMA Annual Convention
October 3-4, 2025
Renaissance Indianapolis North
Carmel, Indiana

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