

ON THE COVER —
See Page 2 and Page 11



**Congratulating
OHFAMA's New
President**
New OHFAMA President
Richard A. Schilling, DPM,
FACFAS (right) Thanks
Outgoing President
Corey B. Russell, DPM,
FACFAS, FACCWS

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Journal

**OF THE
OHIO FOOT AND ANKLE MEDICAL
ASSOCIATION**

VOLUME 58 | NUMBER 1 | WINTER 2016

A WORD FROM THE PRESIDENT

Beginning OHFAMA's Second Century: A Time To Give Thanks and Reflect

With the start of a new year, it is the season to be reflective and give thanks. I have so much to be thankful for and so many people to thank, but for the



**Richard A. Schilling, DPM,
FACFAS**

purposes of this article, I want to thank you, the members. The Ohio Foot and Ankle Medical Association is the strongest and largest we have been since our inception over 100 years ago. Over the past year, we completed our centennial celebration at the annual meeting in June and are in the midst of planning our centennial scientific conference for this June. Let us all take a minute to be thankful for those who came before us to allow us to make this all happen. We stand on the shoulders of greatness.

I also want to thank Dr. Corey Russell for his guidance and leadership through this last year, he did a great job as President of OHFAMA and will continue to serve the board and be a resource for me over this next year as Immediate Past President. I also want to congratulate Dr. Tom McCabe on being elected 1st Vice President, Dr. Andy Bhatia 2nd Vice President and Dr. Alan Block as Secretary/Treasurer. It will be my

honor to serve with these fine gentlemen.

Although much has been achieved over the past year and years before, we cannot be satisfied with what we have accomplished, much remains to be done. Over the past year, we have had challenges to our scope of practice and to the way we practice, we held a strategic planning session, put together a very successful seminar season, including a wonderful 100th anniversary gala, started a PR campaign, and inducted the inaugural class for the OHFAMA Distinguished Service Award.

At our House of Delegates meeting, we were honored to have such distinguished guests as Former Ohio Supreme Court Justice Evelyn Stratton, KSUCPM Dean Dr. Allen Boike, California Podiatric Medical Association Past President Dr. Michael Cornelison, APMA Executive Director Dr. James Christina and APMA President Dr. Phillip Ward. We were honored and inspired by all who attended.

At this point, in regards to our membership numbers, we are unlikely to continue to grow in mass numbers. We must focus on what we can accomplish with what we have in order to reach our next important goal, parity. The leadership at OHFAMA has listened to the membership and we have put together framework and plans to work towards achieving this goal, but we need help. OHFAMA Delegates should have received a survey request. Please fill this out and return it as soon as possible. Although this is a goal not likely to be achieved during my tenure as President, I would like to be able to move this association in the right direction and continue the work of my predecessors.

I am a proud Podiatrist, and the son of a Podiatrist. While we have moved the

bar further and further with education and training, we still have a long way to go to achieve our goals of utilizing our education and training to bring foot and ankle health to all of our patients without the infringements of our current licensure situation. It is unfortunate that we are still fighting this ignorance amongst legislators, insurance companies, hospitals and even other health care professionals, but look how far we have come. We have achieved great successes from hospital staff privileges, to inclusion onto insurance plans, to hospital and insurance company leadership positions with hard work and education. We do not want to lose our identity as a Podiatrists, we want to use our knowledge and training unencumbered by insurance companies, hospitals and other uninformed parties. Our goal is to allow our members and our profession to practice to their abilities, according to their training.

In the past, phrases and initiatives like Title XIX, Vision 2015, HELLPP Act and others have been used to move the profession in the right direction. Now is the time to finalize these ideas and make it happen. In order to make this happen, we need the strength of our membership. With that in mind, I leave you with a simple request. Pick up the phone and call one of your colleagues, member or not and ask them to attend an academy meeting, make a donation to OPPAC, make a phone call, write or email one of their elected representatives or even use OHFAMA's new e-advocacy program, Voter Voice.

Once again, thank you and happy 2016 to you and your families.

Richard A. Schilling, DPM, FACFAS



Dr. Corey Russell Receives The Dr. Thomas J. Meyer Award

Immediate Past President Corey B. Russell, DPM, FACFAS, FACCWS received the Dr. Thomas J. Meyer Award from the newly installed President Richard A. Schilling, DPM, FACFAS at the 2015 OHFAMA House of Delegates.



INSET: Dr. Larry Osher, Ohio Bureau of Radiation Equipment Committee Chairman addresses the 2015 OHFAMA HOD.

OHFAMA Elects New Officers for 2016

The Ohio Foot and Ankle Medical Association's 2015 House of Delegates elected officers for 2016. Elected officers are President Richard Schilling, DPM, from Columbus; Immediate Past President Corey Russell, DPM, from Toledo; First Vice President Thomas McCabe, DPM, from Toledo; Second Vice President Animesh Bhatia, DPM; and Secretary/Treasurer Alan Block, DPM, MS, from Columbus.



The 2016 OHFAMA Delegation to the APMA HOD: Drs. Bruce Blank, Vice Chair; Atta Asef, Alternate Delegate; Karen Kellogg; Richard Schilling; Mark Gould, Chair; Corey Russell; Second Row: Alan Block; Marc Greenberg; and Thomas McCabe, Alternate Delegate.



MEET YOUR NEW . . .
2016 OHFAMA Executive Committee:
 Drs. Animesh S. Bhatia-Second Vice President; Alan J. Block,- Secretary/Treasurer; Richard A. Schilling, President; Thomas J. McCabe-First Vice President; and Corey B. Russell, DPM-Immediate Past President.

The 2016 OHFAMA Board of Trustees: Drs. Richard Schilling-President; ThomasMcCabe-Sec-ond Vice President; Michael Bodman-Northeast Academy; CoreyRussell-Immediate Past President; An-imeshBhatia-Second Vice President. Second Row: David Kaplansky-Central Academy; Richard Kunig-Mid-East Academy; Pam Sheridan-Northwest Academy; Anastasia Samouilov-Young Physician Member; Mark Gould-Northeast Academy; Brian Ash-Southern Academy. Third Row: Student doctor Nathan Rossi-OPMSA; AlanBlock-Secretary/Treasurer; Chris Bohach-North Central Academy; and Marc Greenberg-Midwest Acad-emy. Not shown: Drs. Heather Petrolla-Eastern Academy and Sarah Abshier-Central Academy.



EXECUTIVE DIRECTOR'S MESSAGE

Keeping Your Eye on the Goal Preemptively

As we now realize, the earth did not cease to turn on October 1 when ICD-10 launched. As a matter of fact, your OHFAMA Board of Trustees was meeting that day at OHFAMA



Jimelle Rumberg, PhD, CAE

headquarters to take care of state association business. While everyone commented that the distraction was welcomed, we wondered how it would unfold. The phone didn't ring with any major cataclysmic

implosions. We are pleased to report that almost 99.9% of informed OHFAMA members were prepared for the ICD-10 transition after months of announcements and reminders. We were totally stunned when a member's staff person called OHFAMA in distress on October 15. They hadn't even started the ICD-10 transition. They wanted to know what to do and where to begin. Amazing but true! We think it's probable that they are well-underway to receiving reimbursements now with the rest of the podiatrists in Ohio – those of you that kept your eye on the goal preemptively.

Speaking of goals, OHFAMA is thrilled to report that we are now ranked as the fifth largest podiatric medical association in the United States. That major climb didn't happen without a lot of hard work and the dedicated efforts of our Director of Membership, Luci Ridolfo, CAE. Thank you Luci, for a tremendous accomplishment for Ohio.

Here are the rankings as reported by APMA as of November 2, 2015:

1. New York – 1,145 members
2. California – 1,043 members
3. Florida – 971 members
4. Pennsylvania – 791 members
5. OHIO – 669 members
6. Illinois: 652 members
7. Texas – 648 members
8. New Jersey – 633 members
9. Georgia – 298 members
10. Massachusetts – 297 members

The full listing can be reviewed on Page 52 of the APMA News – November/December 2015 issue. We know that you are as proud as we are, but we cannot become complacent. After all, there are 852 licensed podiatrists in Ohio. Keep your eye on the goal; grow and make our association's vision a reality.

Another reality recently accomplished was an outstanding OHFAMA House of Delegates. We had two guest speakers to complement our agenda this year as well as Dr. Phill Ward, APMA's President and Dr. Jim Christina, APMA's Executive Director. Congratulations to the newly elected; just keep your eye on the goal, which in association-speak is the mission of the organization.

As we begin 2016, know that it is no longer "we've always done it that way." OHFAMA is always your best resource for podiatric information in Ohio. Our growth certainly attests to that fact. We offer outstanding conferences, services and information. To move our advocacy efforts strategically, an on-line legislative advocacy portal was recently engaged in a CALL TO ACTION. Look for it on our web site under the Advocacy tab. It's impressive and one of our concentrated Pillars of the OHFAMA Strategic Plan. We recently deployed our first alert with the successful passage out of the Senate on the Prior Authorization legislation – SB 129. Now it's on to the House for a vote, so we'll be mobilizing action alerts again in January. You can count on us to keep you informed and ready. You may be alerted to send an email to a state legislator as we fully deploy our grass roots to move improve items like Prior Authorization processes, Synchronized prescriptions and other exciting legislation. Another exciting event spurred by legislative request will be a joint educational venue that will be undertaken by the Ohio Medical, Osteopathic, Pharmacy, Psychology, Dental, Optometrists, and Podiatric groups. It's in the works for development in January. More details will follow soon.

Happy 2016!

**It will be a celebrated year for podiatry in Ohio.
All we need to do is keep our eye on the goal preemptively.**



2016 Calendar

January 14-16

NWOAPM Scientific Seminar
Kalahari I Sandusky

January 16

2nd Annual Queen City Podiatric Symposium
UC Health West Chester Hospital
West Chester

February 18

Budget/Finance BOT
OHFAMA Headquarters I Columbus

February 20

Foot and Ankle Surgery Symposium
Embassy Suites Airport I Columbus

February 25-27

GMXO Training
OHFAMA Headquarters I Columbus

March 11-13

No Nonsense Seminar
Holiday Inn I Independence

April 9

Sports Injury Clinic
Quest Conference Center I Columbus

April 14

Budget/Finance BOT
OHFAMA Headquarters I Columbus

April 15

Coding and Financial Institute
TBD I Columbus

June 9-11

The Annual Foot and Ankle Scientific Seminar
Hilton at Easton I Columbus

For more calendar information please visit the Events webpage at www.ohfama.org

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 Randall Contento, DPM • Joseph Daniel, DO • Jon Goldsmith, DPM
 Elizabeth Hewitt, DPM • Jonathan Sharpe, DPM**

REGISTRATION FORM

Welcome to the **2016 Current Concepts in Foot and Ankle Surgery Symposium** hosted by the Grant Podiatric Surgical Residency Program and the OHFAMA Central Academy. This seminar has been approved for 7.5 CME Category I Hours.

**Embassy Suites Columbus – Airport | 2886 Airport Dr.
 Columbus, Ohio 43219
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Preferred First Name _____

Company/Clinic Name _____

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Fax Telephone _____

E-Mail _____

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- APMA Member Out of State: \$125
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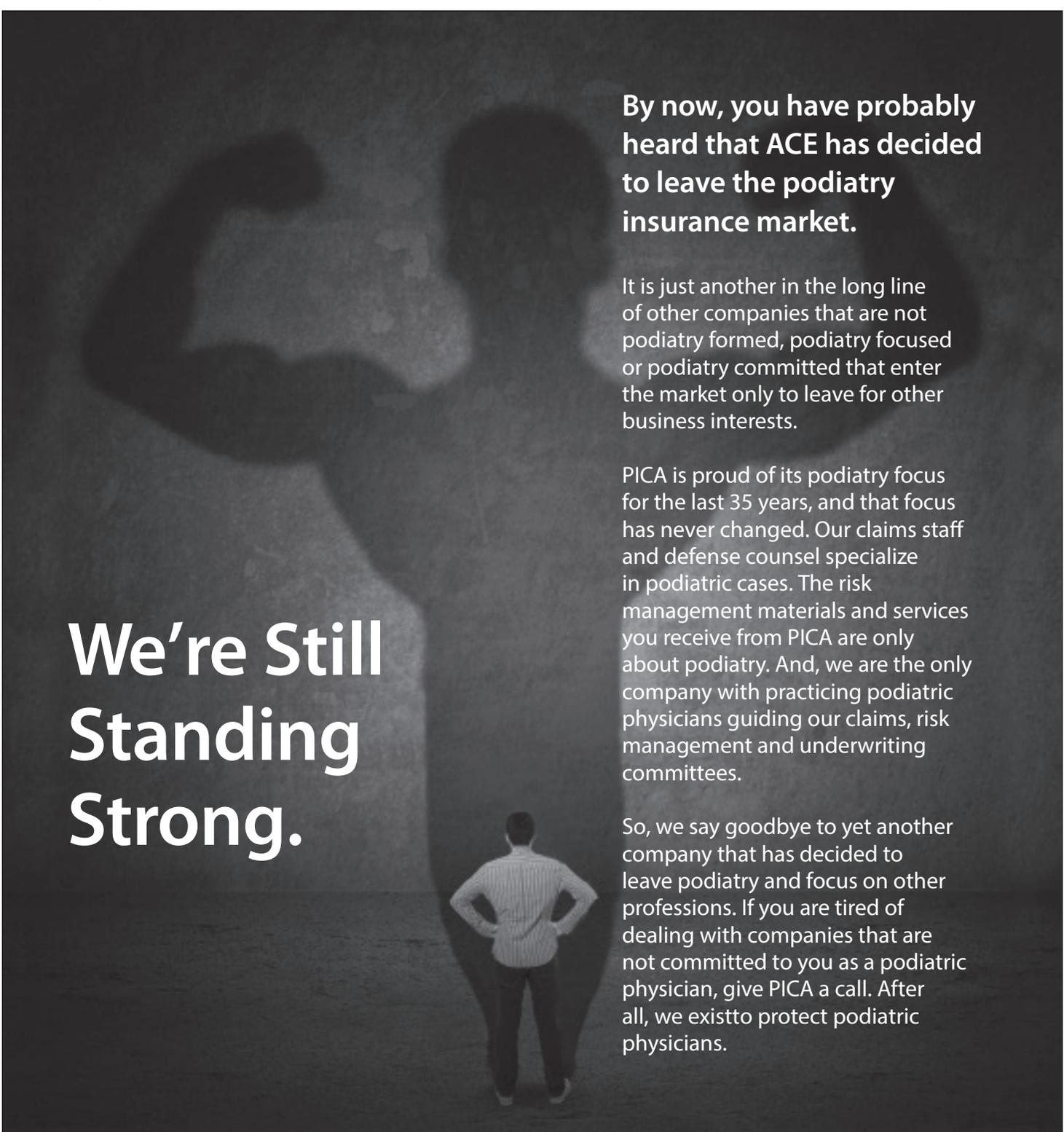
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CARRIER ADVISORY REPRESENTATIVE REPORT

Medicare CAC Report

by Andy Bhatia, DPM

I am happy to serve as the new Carrier Advisory Rep (CAC-Rep) for OHFAMA as elected by the board of trustees in August 2015. Since then, there has been one meeting of the CGS Jurisdiction 15: Ohio Contractor Advisory Committee, on October 20, 2015. Some of the highlights of the meeting that are pertinent to Podiatry are:

Dr. Earl Berman, Medical Director, announced CGS J15 A/B contract renewal with CMS for the next 5 years.

CERT rates were reviewed: Part B

- Evaluation and Management errors increased from 7.65% in August to 22.04%

in September. Top findings included failure to meet the three key components required for the level of service billed and/or the frequency of visits was not supported by the beneficiary's clinical needs.

- Signature errors dropped significantly from a high of 54.07% in July to just 6.37% in September. Providers have done an excellent job in reversing this error trend.
- Laboratory errors increased from 43.13% in August to 53.64% in September. It is important to insure requisitions orders clearly state why the procedure is needed and are signed by the ordering provider.
- CMS issues proposed changes to the Medicare Physician's Fee Schedule (MPFS) for 2016. Plans are moving forward for Merit-Based Incentive Payment System (MIPS) with several quality

reporting initiatives based on the Physician's Quality Reporting System (PQRS). Individual quality findings will be reported on the Physician Compare website located on www.medicare.gov

LCDs:

- L34053: Application of Cellular and/or Tissue Based Products (CTPs) for Wounds of Lower Extremities: Added HCPCS code Q4117 as covered (Hyalomatrix)
- L31886: Outpatient Physical and Occupational Therapy Services. Added new CPT codes 97607 and 97608 (Application of disposable Negative Therapy devices)

If you identify clinically relevant ICD-10 codes that did not cross-walk, are denied, not accurate or not included, please communicate your concerns to OHFAMA, as well as any other concerns in regards to Medicare, and I will be happy to help.

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Meaningful Use Audit

The Meaningful Use audit has been in place for many years. Over the years, there have been a number of different types of audits. The most common Meaningful Use audit is a single year 'desk audit' that has been conducted by Figliozi and Company.

The audits by Figliozi are for proof that you have met each and every measure of Meaningful Use for a single attestation period (Usually 1 year but sometimes 90 days) or a calendar quarter. There have been limited audits conducted directly by CMS that have only looked at proof that you had access to certified EHR technology, and there have been full audits by the OIG (Office of Inspector General) that look at each and every year that a provider has attested.

When an audit is passed you receive a letter informing you that you have passed the audit. The letters from Figliozi contain a disclaimer statement that informs you just because you have passed this audit does not mean that you will not be audited again. In addition, when a practice fails an audit they are automatically audited for any other years that they attested.

Almost 25% of all practices that are audited for Meaningful Use fail the audit. The most common reason for audit failure is failure to have performed a proper Security Risk Analysis. As a result there is a lot of money on the table available for CMS to recoup. With this finding, the rate of audits has increased significantly recently.

To pass an audit you need to have documentation available to support all of the information in your Meaningful Use attestation. Now is a good time to gather all of that information. Among the problems that have been encountered during an audit are:

- Your vendor has gone out of business and you are no longer able to produce a report with the numerators and denominators that you used to attest with.
- Your vendor has gone out of business and you cannot get their letter that proves you had access to certified technology
- Your vendor has updated your software and the report you generate today does not match the numbers you used when you attested for Meaningful Use
- A doctor was a member of your practice, has left and you are being audited for

that doctor and cannot get signed statements from that doctor which are necessary for some of the measures.

Meaningful Use payments are payments from CMS and you can be audited for Meaningful Use for up to 7 years after you receive payment. It is important that you retain all documentation related to each and every Meaningful Use Attestation for at least 7 years so that you are able to respond to an audit.

When you received your audit letter it contained the name of your auditor and their extension. If you have been audited, please feel free to call the auditor and ask about the status of your audit. Even better yet, if you are audited PLEASE call your malpractice insurer. **PICA has Administrative Defense as one of the policy benefits.**

Under this benefit, PICA will put a team together to represent you in the audit. That team often includes me. This team is lead by an attorney and we have handled hundreds of Meaningful Use audits. We are experienced in processing these audits and are on a first name basis with many of the auditors which can help to expedite the audit process. In addition to representing

many PICA policy holders, we have represented individual podiatrists who happen to not be PICA policy holders.

Should an audit fail, there is a one-time appeal process. Unlike other Medicare audits, you do not have the ability to eventually go to an administrative judge. So especially if you fail the audit is imperative that you get help in filing the appeal to optimize your chances during the appeal process. We have filed numerous appeals and have been successful in a number of appeals.

The Administrative Defense portion of the PICA policy covers you for representation for any type of audit, Meaningful Use, Medicare, and many other administrative actions including board actions. I strongly recommend that you investigate what benefits are in your current policy and if you are audited, contact your malpractice carrier immediately so that you have a full team available to represent you should you experience any type of audit.

Michael L. Brody, DPM, Commack, NY

Source: PM News; November 09, 2015 #5,519



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FROM THE STATE OF OHIO

State Medical Board of Ohio

Wallet Cards Discontinued

As of September 29, 2015, the Medical Board no longer issues wallet cards at the time of initial licensure or renewal per changes to Ohio Revised Code Section 4731.071, included in HB64. The Medical Board's website – www.med.ohio.gov – is the sole source of verifying the status of an individual license.

Medical Board Adopts Rules

The Medical Board recently adopted rules addressing the following issues:

- Requirements for an MD or DO to assess and grant clearance for a youth athlete to resume practice or competition after a head injury
- Ethics requirements for massage therapists and cosmetic therapists
- Priority licensing for service members, veterans, or spouses of service members and veterans
- Updated requirements for research using controlled substances

- Military experience related to the qualifications for a certificate to practice as a physician assistant
- Impact of military service on licensure for anesthesiologist assistants, radiologist assistants, and genetic counselors
- The official record of a Medical Board meeting, and the recording, filming and photographing of Medical Board meetings

Pharmacy Board FAQs – Terminal Distributor Licensure for Compounded Drugs and On-Site Drug Compounding

Ohio law requires specific business entities to hold a license issued by the Pharmacy Board as a terminal distributor of dangerous drugs in order to possess, have custody or control of, or distribute dangerous drugs that are compounded or used for the purpose of compounding.

Effective September 29, 2015:

A prescriber who practices as a sole proprietor is NOT exempt from licensure as a terminal distributor of dangerous drugs if they possess, have custody or control of, or distribute dangerous drugs that are compounded or used for the purpose of compounding. The law change does not apply to those who already have a terminal distributor of dangerous drug license. Read the Pharmacy Board FAQs for more information about this requirement.

An Important Reminder for Prescribers to Medicaid Patients

All prescribers to Medicaid patients are required to be registered with the Ohio Department of Medicaid. Claims for prescriptions written by any prescriber not actively enrolled with Ohio Medicaid will be denied. Prescribers who fail to enroll with the Ohio Department of Medicaid may negatively impact their patients' ability to receive timely care and services. Please contact the Ohio Medicaid Provider Call Center at 1-800-686-1516 if you have questions about the enrollment requirement.

Start Talking! Resources on Talking to Patients and Caregivers about Drug Abuse

Research shows children are up to 50% less likely to start using drugs when their parent or trusted adult talks to them about drug abuse. Ohio's "Start Talking!" program was created to help you start that conversation. The program includes Know!, which provides twice-monthly Parent Tips by email and steps that parents can take to help children resist peer pressure. The sign-up for Know! parent tips can be found at: <http://starttalking.ohio.gov/parents/parenttipsignup.aspx>

Need more information on Licensing or rules that affect your license? Contact www.med.ohio.gov or call the main office phone: 614-466-3934

OHFAMA MEMBERS CALL FOR NOMINATIONS

Young Physician Nominees for the 2016 OHFAMA Board of Trustees

We are currently seeking Young Physician nominees for the 2016 OHFAMA Board of Trustees.

Requirements:

- Actively paying dues in APMA/OHFAMA.
- Willing to serve and participate.
- Term length depends on your Young Physician status (10 years or less from podiatric college graduation).

Additionally, OHFAMA meets quarterly in Columbus on a Thursday. Please check OHFAMA's Calendar of Events for the exact dates. Typically, the Young Physician meetings run from 10:00 – 2:00 with lunch provided. We pay mileage (one way @ \$0.54 IRS rate if residing outside

of Columbus). You would be obligated to attend the House of Delegates and two short meetings as well (Pre and post HOD). We will elect a Trustee and Alternate.

You would officially begin your duties for 2016 at the Feb BOT meeting. Young Physician BOT member enjoys full voting privileges. The job description is listed on the OHFAMA web site under About Us and Board of Trustees. In the event that the Young Physician Trustee cannot attend the meeting, the Alternate will attend.

Nomination Process:

1 Nominations: Young Physician wishing to nominate other Young Physicians must first secure the permission of the nominee. You may self-nominate.

2 Position Statement: Nominees are asked to remit to OHFAMA a Position Statement for the OHFAMA Board position. This statement should include your podiatric medical college; year graduated; years in practice; **basic platform on why you want to serve on**

the OHFAMA Board of Trustees as the Young Physician representative.

3 Remit: Remit name, address, and phone along with item #2 above to Luci Ridolfo, Director of Education and Membership at OHFAMA. Lridolfo@OHFAMA.org. Deadline will be Friday, Jan 22, 2016.

4 Ballot Results: Balloting will be done electronically via Survey Monkey by Young Physician's ONLY. Information will only be transmitted to all Young Physician with the deadline contained within the message. The results will be posted by Feb 16, 2016 on the OHFAMA web site.

The BOT will meet February 18 so that would allow the newly elected member time for orientation and assimilation in their new role. Won't you consider serving by placing your name in nomination for this distinctive honor?

Please call Dr. Rumberg or Luci Ridolfo at 614.457.6269 if you have questions.



The OHFAMA Journal is published 4 times per year. The advertising deadline is mid-month preceding publication. Portions may be used with permission of the publisher.

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Classifieds

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Whitehall whirlpool and a whirlpool chair in like-new condition; 3 x-ray view boxes; 3 surgical/exam lights (2 wall mounted and 1 floor model); 3 wall mounted cabinets; Waiting room chairs; A lead apron; Magazine racks and miscellaneous other items. Please call for pricing, all priced very cheap to sell ASAP. Please contact Dr. Elliott at 330-688-8624 or 330-289-8200 for more details or with questions.



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MEMBERS IN THE NEWS

Ohio Podiatrist Raises Money for Diabetes Groups

Ankle & Foot Care Centers announced that its September golf benefit raised \$14,500 for two organizations that provide diabetes education and resources. Dr. Michelle Anania, partner at Ankle & Foot Cares Austintown and organizer of the event, recently presented

a check for \$12,000 to the Diabetes Partnership of the Mahoning Valley. Another \$2,500 was donated to the American Diabetes Association Northeast Ohio Office.



Dr. Michelle Anania

“These funds help us make a meaningful impact in the lives of local people with diabetes,” Dr. Anania said. “We appreciate all of those who contributed to the golf benefit, including the staff who volunteered their time to make it a success.”

Source: Ed Hassay, The Vindicator [11/6/15]

LaPolla Appointed to Valeant Advisory Board

An OHFAMA member, James LaPolla Jr., DPM, owner of North-east Ohio Foot, Ankle & Wound Center Inc., with offices in Howland and Brookfield, has been appointed to the National



James LaPolla, Jr., DPM

Podiatry Advisory Board of Valeant Pharmaceuticals International, Inc. As an accredited physician with Valeant and a member

of its speaker’s bureau, Dr. LaPolla provides lectures and professional consultation for the medication Jublia, which treats toenail fungus, and the medicine Luzu, which treats athlete’s foot.

Source: Youngstown Vindicator [11/3/15]

Meet Your New President Richard Schilling, DPM, FACFAS of Columbus

Richard A. Schilling, DPM, FACFAS, of Columbus was elected President of the Ohio Foot and Ankle Medical Association (OHFAMA) during the 2015 House of Delegates meeting in Columbus. Schilling is a 2002 graduate of the Ohio College of Podiatric Medicine and completed his



Richard A. Schilling, DPM, FACFAS

under-graduate education at the University of Texas at Austin. Following his residency at DePaul Hospital in St. Louis, Missouri, Dr. Schilling

did a fellowship in Reconstructive Foot and Ankle Surgery at the Weil Foot and Ankle Institute in Chicago, Illinois.

He currently is in private practice where he is a partner at ABC Podiatry in Columbus. Dr Schilling is also on staff at Mount Carmel East Hospital and Grant Hospital, where he is a faculty member of the Podiatric Surgery Residency program.

Dr. Schilling is a volunteer for the Columbus Marathon and is a community program speaker for groups. He has spoken for the Clintonville Women’s Club and for the Diabetic Educator Series at Mt. Carmel East Hospital.

Congratulations, Dr. Schilling!

THANK YOU, OHFAMA MEMBERS Celebrating 50 Years of OHFAMA Membership

• James D. Robinette, DPM

Congratulations to OHFAMA’s 25 Year Members

- Jay T. Feist, DPM
- Sandra Fox, DPM
- John W. Lane, DPM
- Thomas L. Retzios, DPM
- Scott Rossio, DPM
- Kevin Sneider, DPM

MEMBERS OUT AND ABOUT

The Columbus Marathon

Drs. Sarah Abshier, Scott Littrell, Rebecca Sundling and Elizabeth Wakefield volunteering at the Columbus marathon in October 2015.



ABFAS Maintenance of Certification Program

The Board of Directors of the American Board of Foot and Ankle Surgery (ABFAS) recently changed the requirements and timeline for its Maintenance of Certification Program (MOC). MOC will be replacing the current ABFAS recertification process, effective in 2017. Converting to the MOC program is also intended to meet the CMS requirements for our members to receive a 0.5% incentive from Medicare if they meet the MOC requirements and participate in PQRS. Other certification boards, including all of the boards of the American Board of Medical Specialties, have adopted individual MOC processes. CMS approved the ABFAS MOC program in the spring of 2012.

All Diplomates issued time-limited certificates will be required to participate in the ABFAS MOC process to maintain certification as of 2017. Diplomates issued lifetime certificates will be encouraged to participate in the MOC process, and are still required to complete their self-assessment requirement, but they will not lose certification if they do not fully participate in the MOC process.

It is important to note that under the CMS guidelines to qualify for the incentive, Diplomates must complete the requirements "more frequently" than the Board's requirements. For this reason, there are two separate sets of requirements.

ABFAS MOC Requirements and Timeline:

The 'old' recertification process will continue to apply to those Diplomates who will be sitting for recertification in 2016. Diplomates that are applying for recertification in 2017 and thereafter will be required to participate in the MOC program as follows:

- Maintain a valid, unrestricted podiatric license in the United States or Canada.
- Maintain active surgical privileges at either an accredited hospital or surgical center.
- Participate in educational and self-assessment programs that require an assessment of what was learned. Requires 200 CME credits per ten-year cycle, with

20 of the credits to include a self-assessment component. CME credits will be pro-rated starting in 2017. For example, in 2017 the requirement will be 20 credits and 2 hours of self-assessment hours for the prior year. In 2018, the requirement will be 40 credits and 4 hours of self-assessment over the prior two years.

- Take a secure examination consisting of the fundamental diagnostic skills, medical knowledge and clinical judgment to provide quality care every ten-year cycle.
- Starting in 2020, the ABFAS MOC program will also require a practice assessment consisting of patient surveys, chart review for approved quality measures, peer review surveys and a practice improvement plan every ten-year cycle.

ABFAS MOC "More Frequent" Requirements for CMS Incentive:

To qualify for the CMS incentive, Diplomates must participate in the MOC program in the year of the incentive more frequently than required by ABFAS. The requirements for the CMS incentive are as follows:

- Maintain a valid, unrestricted podiatric license in the United States or Canada.
- Maintain active surgical privileges at either an accredited hospital or surgical center.
- Participate in 25 CME hours every year including 2.5 hours that contain a self-assessment component.
- Take a secure examination consisting of the fundamental diagnostic skills, medical knowledge and clinical judgment every ten-year cycle.
- Successfully complete a Practice Assessment consisting of patient surveys, chart review for approved quality measures, peer review surveys and a practice improvement plan every year that the CMS incentive is applied for.
- Satisfactorily submit data, without regard to method, on quality measures under the Physician Quality Reporting System (PQRS) for a 12-month reporting period either as an individual physician or as a member of a selected group practice.

You will find more information, on the ABFAS website's **Become Credentialed** tab.



Please visit us at
www.Synchrocare.com

ALL IN GOOD STRIDE**Baby Steps****Meaningful Use Clarification—Public Health and Registry Reporting**

CMS has offered clarification on Objective 10 of the Modified Stage 2 reporting for meeting meaningful use of electronic health records in 2015, in its Frequently Asked Questions.

Essentially, podiatrists can claim exclusions for all three measures in 2015:

- Currently, podiatrists are excluded from Measure 1 reporting to an immunization registry as they meet the exclusion within the measure—"Does not administer any immunizations to any of the populations for which data is collected..."
- Podiatrists are also excluded from Measure 2 syndromic surveillance reporting as they meet the exclusion within the measure—"Is not in a category of providers from which ambulatory syndromic surveillance data is collected..."
- Using the information on CMS.gov, a podiatrist can claim an alternate exclusion for Measure 3 specialized registry reporting.

For more information, visit CMS.gov and listen to a recording of APMA's webinar on meaningful use from 2015.

CMS, DME MACs Change Course

CMS and DME MACs have decided not to finalize a problematic draft LCD that could limit Medicare beneficiaries' timely access to care. The LCD would not allow ordering physicians to refer to a podiatrist to perform "in-person functional assessments" for patients needing lower limb prostheses, such as toe fillers. Instead, CMS will convene a multidisciplinary Lower Limb Prostheses Interagency Workgroup in 2016 to develop a consensus statement that defines best practices in the care of beneficiaries who require lower limb prostheses.

The decision to not publish the draft LCD is a victory for APMA. APMA staff provided written comments to the DME MACs regard-

ing the draft LCD, and DME Workgroup Coordinator Paul Kesselman, DPM, gave oral comments at a joint DME MAC meeting in Baltimore in August. APMA will provide more information about the proposed workgroup when it is available. If you have any questions, contact the Health Policy and Practice department at healthpolicy.hpp@apma.org.

Trends of Nonmedical Prescription Opioid Use and Use Disorders

The Journal of the American Medical Association (JAMA) has published an article which indicates that while the percentage of nonmedical use of prescription opioids has decreased, the prevalence of prescription opioid use disorders, high-frequency use, and related mortality increased among adults aged 18-64 in the United States. The article, entitled Nonmedical Prescription Opioid Use and Use Disorders among adults aged 18 through 64 Years in the United States, is based on nationally representative data from 472,200 persons aged 18 to 64 years who participated in SAMHSA's 2003 to 2013 National Surveys on Drug Use and Health (NSDUH). It is also based on US mortality data from the 2003-2013 National Vital Statistics System's Multiple Cause of Death Files.

Source: JAMA, Oct.13, 2015, Vol 314, No. 14

OARRS Integration

Governor John Kasich announced the state's investment of up to \$1.5 million a year to integrate the Ohio Automated Rx Reporting System (OARRS) directly into electronic medical records and pharmacy dispensing systems across the state. This will provide instant access to the system for prescribers and pharmacists. The State Pharmacy Board of Ohio is currently working with the OARRS vendor to enable the data connection. A number of EHR and pharmacy dispensing system providers have already been in contact with the Pharmacy Board and we expect that adoption of the system integration will come rapidly as more EHR providers finalize the data connection. For more information see OARRS integration: www.pharmacy.ohio.gov/integration

PA Practice Guidance Documents – S.B. 110 Implementation

Recent legislation significantly changed the laws addressing Physician Assistant licensure and practice. The Medical Board has adopted the following guidance documents to help PAs and supervising physicians understand these changes:

- Permissible Physician Assistant Services - Outlines services a Physician Assistant may perform pursuant to a supervision agreement between the supervising physician and the Physician Assistant
- Applying for Prescriptive Authority - Outlines the changes to the process by which a Physician Assistant obtains prescriptive authority
- Physician Assistant Prescriptive Authority - Describes the scope of PA prescriptive authority
- Supervision of a Physician Assistant - Outlines the parameters of a supervision agreement and the responsibilities of the supervising physician

To read the full information under each bullet point, please see www.oh.med.gov

Joint Regulatory Statement Regarding Naloxone

The State Medical Board of Ohio, the Ohio Board of Nursing, and the State of Ohio Board of Pharmacy recently updated the Joint Regulatory Statement addressing "Prescription of Naloxone to High-Risk Individuals and Third Parties who are in a Position to Assist an Individual who is Experiencing Opioid-related Overdose." The joint regulatory statement addresses prescribing considerations; personally furnishing Naloxone pursuant to a physician protocol; dispensing of Naloxone by pharmacists and pharmacy interns without a prescription; and risk factors, patient education and Naloxone distribution programs.

Please view www.oh.med.gov to read the updated language.

Baby Steps continued on next page.

Baby Steps continued.

Fentanyl Significantly Contributing to Rise in Ohio Overdose Deaths

Preliminary Ohio Department of Health data show that there were 502 fentanyl-related drug overdose deaths in Ohio in 2014, and at least 98 fentanyl-related deaths in 2015. By comparison, just 84 drug overdose deaths involved fentanyl in 2013. Fentanyl, a schedule II synthetic painkiller that is 30 to 50 times more potent than heroin, is often mixed with heroin to produce stronger high, according to the Centers for Disease Control and Prevention. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the effects of overdose occur quickly, and critical minutes may be lost in the emergency room because fentanyl is not detected in routine toxicology screenings.

The Ohio Department of Health Recommends:

- Fentanyl-related overdoses can result in sudden death through respiratory arrest, cardiac arrest, severe respiratory depression, cardiovascular collapse, or severe anaphylactic reaction.
- Routine toxicology screens for opiates will not detect fentanyl. Some labs can test for fentanyl when specifically requested.
- Because these drugs in combination can be lethal if action is not taken promptly, suspected overdoses should be treated rapidly with a naloxone (commonly known as Narcan or Evzio) injection.

“RED FLAG” Signs of Prescription Drug Abuse

The State Medical Board of Ohio has developed a list of “Red Flag” signs of prescription drug abuse.

You can often identify signs of potential drug-seeking behavior if you LOOK, LISTEN, and CHECK.

LOOK

There are visible signs of drug-seeking behavior. LOOK for the following red flags from patients:

- Appearing impaired or overly sedated during an office visit or exam
- Traveling with a group of other patients to

the physician’s office where all or most of the patients request controlled substance prescriptions

- Traveling an abnormally long distance to the physician’s office

LISTEN

When you are talking to patients, LISTEN for the following red flags of drug-seeking behavior:

- Comments that indicate they may be taking medication that was not prescribed to them
- Comments about sharing their prescription medications with friends or family members
- References to drugs by street name, color, or identifying marks
- Reports of lost prescriptions for controlled medications, or excessive / routine requests for early refills
- Refusing to participate in a drug screen
- Comments that indicate that the patients may have been arrested or convicted for crimes involving prescription drugs, such as forging prescriptions or selling prescription drugs

CHECK

As part of your review of patient charts, medical history and OARRS report, CHECK for the following red flags of drug-seeking behavior:

- Drug screen results that are inconsistent with drugs on the treatment plan
- Receiving abused drugs from multiple prescribers, without clinical basis
- Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities, or walk-in clinics to obtain reported drugs
- A known history of chemical abuse or dependency, or illegal drug use
- Frequently requesting early refills of reported drugs
- Frequently losing prescriptions for reported drugs

For the full list of prescription drug abuse red flags, and for more information on the State of Ohio’s efforts to curb drug abuse, please visit the State Medical Board of Ohio’s website at: www.med.ohio.gov

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WVPMA PRESIDENT'S MESSAGE



Jerry Hadrych, DPM
WVPMA President

Welcoming More Successes in the New Year

Another quarter of time has passed and the October 1 deadline for the ICD-10 transition has come and gone. For the most part, it appears to have been a smooth transition. Having the benefits of the APMA Coding Resource Center has greatly assisted in this transition.

In an era of working harder for less, some physicians have taken an early retirement and many have become hospital employees. Most of us have met the new challenges and have been able to continue to provide our patients with quality foot and ankle care.

Our next WVPMA meeting will take place on Saturday, January 16, 2016 at the Holiday Inn Express Civic Center Hotel located at 100 Civic Center Drive in Charleston, WV. Registration begins at 10:30 a.m. with

a business meeting at 11:00 a.m. Lunch will be served at Noon. There is CME from 12:45 to 3:45 p.m. Presentations will include the topics of Podiatric Medicine Trends in 2016 and Wound Care Management. The registration fee is \$30.00 which covers lunch. Vendors will be present with table top displays. You may register on line at www.westvirginiapma.weebly.com or by calling 614-457-6269. FAX forms may be sent to 614-457-3375.

I would like to wish everyone a wonderful New Year. May 2016 be a year of less stress, more prosperity and a time of peaceful calm.

With warm regards,

Jerry Hadrych, DPM
WVPMA President



2016

January 16, 2016

Winter Meeting | Charleston, WV
Holiday Inn Express Civic Center

April 21, 2016

Video Conference at 7:00 PM

June 9-11, 2016

The Annual Foot and Ankle Scientific Seminar | Columbus, Ohio

June 9, 2016

PICA Lecture | (with Premium Renewal Discount of up to 15% for attendance)

June 11, 2016

WV Annual Meeting
Hilton at Easton | Columbus, Ohio

October 6, 2016

Video Conference at 7:00 PM
and Election of Officers

Reference the WVPMA Web site <http://westvirginiapma.weebly.com> for updates. Our email address is westvirginiapma@gmail.com



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