PAGES 7 and 8—

Ohio's Legislative 2016 Year in Review

Journal

OF THE
OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

VOLUME 59 | NUMBER 1 | WINTER 2017

INSIDE THIS ISSUE

A WORD FROM THE PRESIDENT

Good News for the New Year

Greetings and Happy New Year to all our members and your families. My name is Thomas McCabe, a solo practitioner in Toledo, who has been a long-standing member of OHFAMA. I am dedicated to the mission of the Ohio Foot & Ankle Medical Association and look forward to serving as your President for this year. Along with the Board of Trustees and exceptional OHFAMA staff, we will continue to advance the goals of our association and be responsive to the needs of our membership.

Thomas J. McCabe, DPM

We are pleased to announce that our amendment to HB 216, regarding Podiatric Supervision of Hyperbaric Oxygen, passed both chambers of the Ohio Legislature and, at this writing, is awaiting Governor Kasich's signature. As codified by Ohio law, any certified licensed podiatrist, who meets the requirements set forth in this bill, may supervise HBOT of their patients within our scope of practice. This victory is a culmination of several years of work and collaboration by Executive Director, Jimelle Rumberg, Ph.D., CAE, our past leadership and board, as well as our lobbyists, Dan Leite and Courtney Saunders. I also wish to thank Senator Gardner and Representative Pelanda for their work in sponsorship and amending HB 216 as well as Dr. Bruce Saferin, who assisted OHFAMA in language points approved by the State Medical Board of OH. This legislation corrects the disparity that was in place between DPMs and our other medical colleagues. It should be noted that the Ohio State Medical Association, the Ohio Osteopathic Association and the Ohio Orthopedic Society did not voice opposition to this change to our scope of practice. This legislative success follows one of the tenets of the Four Pillars of "Parity" as set forth in the Strategic Plan for OHFAMA by the Board of Trustees. Rest assured, while pleased, we will not be satisfied with our efforts until we achieve the goal of "Parity." Even though the Strategic Plan is the framework for the continued advancement of our association, we have accomplished many aspects of each of the Four Pillars; however, there is more to be achieved.

I look forward to our continued success for the profession though the collaborative work with our staff at headquarters, the Board of Trustees and you, the members. I offer an open-door policy as president, so if there are issues of concern, please contact me.

May the New Year bring good health and continued success to all.

Thomas J. McCabe, DPM
President, OHFAMA

Senator Gardner Named Legislator of the Year for 2016 by OHFAMA

OHFAMA was pleased to name Senator Randy Gardner Legislator of the Year for 2016. Senator Gardner addressed the OHFAMA House of Delegates on November 12, where he received his award.

Senator Gardner sponsored Senate Bill 129, known as the Prior Authorization Reform Act, to require faster turnaround times for patients and medical providers to receive health care coverage decisions from insurance companies. OH is only the third state in the nation to pass such notable insurance legislation that assists patients and medical providers.

Senator Randy Gardner is serving his first consecutive term in the Ohio Senate, having previously served in the Chamber from 2001 through 2008. He also served as a member of the Ohio House of Representatives from 1985 to 2000, and from 2008 through 2012.

A well-respected state government leader, Senator Gardner has previously served in many leadership posts in the General Assembly including Senate Majority Leader, Senate President Pro Temp, House Majority Leader, and House Speaker Pro Temp. Putting his prior experience as an educator to use, Senator Gardner has been chosen to preside as the Chairman of the Finance Higher Ed Subcommittee. He is also a member of the powerful Senate Finance Committee and other important panels dealing with Ohio's workforce development and budget management.

Senator Gardner received his bachelor's and master's degrees from Bowling Green State University. Prior to his career in public service, he worked as a realtor and a high school history and government teacher. Senator Gardner and his wife Sandy reside in Bowling Green. Congratulations, Senator Gardner, on this well-deserved honor.

The 2017 OHFAMA Board of Trustees

Drs. Todd Loftus – Second Vice President; Anastasia Samouilov – Young Physician Member; Animesh Bhatia – First Vice President; Thomas McCabe – President; Corey Russell – Northwest Academy; Richard Schilling – Immediate Past President; Adam Thomas – Central Academy; and Mark Gould – Northeast Academy. Second Row: Drs. Amy Masowick – Southern Academy; Marc Greenberg – Midwest Academy; Sarah Abshier – Central Academy; Chris Bohach – North Central Academy; Heather Petrolla – Eastern Academy; and Michael Bodman – Northeast Academy. Not shown: Drs. Alan Block – Secretary/Treasurer; Richard Kunig – Mid-East Academy; and Student doctor Nathan Rossi – OPMSA.

The 2017 OHFAMA Delegation to the APMA HOD

Drs. Marc Greenberg; Atta Asef, Alternate Delegate; Karen Kellogg; Bruce Blank, Vice Chair; Animesh Bhatia, Alternate Delegate; Thomas McCabe; Corey Russell; and Mark Gould, Chair. Not shown: Dr. Alan Block.

The 2017 Executive Committee

Drs. Todd Loftus – Second Vice President; Animesh Bhatia – First Vice President; Thomas McCabe – President; and Richard Schilling – Immediate Past President. Not shown: Dr. Alan Block – Secretary/Treasurer

Anthem's Optinet Adjusts Policy

It was recently brought to OHFAMA's attention that Anthem has contracted with Aim Specialty Health (ASH) to evaluate the quality of imaging and x-ray services provided by all Anthem contracted providers. This policy has become an increasing trend, whereby these contracted companies evaluate providers' imaging technology, continuing education, and the interpreting physicians' qualifications as well as the qualifications of the staff among other things. If a provider passes, the private payer will continue to full reimburse for imaging services, if they do not pass, the provider faces a possible reduction in or full denial of reimbursement for imaging services provided at his or her practice.

Frequently, these surveys and the scoring algorithm attached to them fail to properly account for podiatric physicians' training, education, and qualifications, as they are written with MDs and DOs in mind. However, In the case of Optinet, the problem was that the program was originally designed to evaluate high tech imaging service facilities, not solo practitioners or small group practices, resulting in a number of physicians, including podiatrists, failing. ASH has stated they have updated their evaluation criteria and scoring system in mid-December to properly assess solo practitioners and small groups. This update should resolve the inappropriate scoring as related to interpreting physician qualifications and qualification of assisting staff, if any, in the practice. If your practice was recently evaluated by Optinet and you believed you failed due to incorrect assessments in those categories, ASH has requested that you resubmit your information under the updated system, and it should be resolved. If you continue to have issues please contact OHFAMA.

TAKING CARE OF BUSINESS

Views from the House of Delegates on November 11 – 12, 2016

(Below left) Thomas McCabe, DPM, newly installed OFHAMA President, addresses the gathering at the podium; (Below center) A long-shot of the gathering at the House of Delegates; (Below right) Passing the gavel – Richard Schilling, DPM, FACS gives incoming President Thomas McCabe, DPM his gavel; (Top right) OHFAMA's 2016 Legislator of the Year Senator Randy Gardner addresses the House of Delegates.

AAPPM NEWS ROUND UP

First CMOM-POD Graduating Class and Egerter-Greiner Award Presented

In the photo (at left) Dr. Ben Weaver presents the Egerter-Greiner Award to Dr. Charlie Greiner (at right), renamed to honor his achievements and contributions to podiatry.

The AAPPM President Ben Weaver, DPM, proudly said, "This first graduating class of the CMOM-POD certification is the culmination of work that started over seven years ago. It is incredible to see this dream come true."

The conference was also notable as Charlie Greiner, DPM received the cherished Egerter Award for his leadership and promotion of the profession. In fact, the AAPPM renamed the award as the Egerter-Greiner Award in recognition of the extraordinary contributions Dr. Greiner has made on behalf of the AAPPM and the profession.

AAPPM Visits San Antonio for Historic Fall Conference

The American Academy of Podiatric Practice Management (AAPPM) completed its 2016 schedule of events with a historic Fall Conference held in San Antonio, Texas. This marked the first AAPPM visit to the historic city that features icons like the Riverwalk and The Alamo. And the 2016 AAPPM Fall Conference featured history for the profession as well. The AAPPM crowd of over 200 physicians, assistants, executive managers, and exhibitors featured the first graduating class of the Certified Medical Office Manager – Podiatry (CMOM-POD), a new certification aimed at the executive managers in podiatric practices.

2017 OHFAMA MEMBERSHIP CONGRATULATIONS

25 YEAR MEMBERS

Kenneth H. Nixon, DPM

Jeffrey O. Schwein, DPM

Kristin K. Titko, DPM

50 YEAR MEMBERS

W. Ray Bennett, DPM

Ronald J. Shonkwiler, DPM

EXECUTIVE DIRECTOR'S MESSAGE

Exhilaration for Podiatry

What did 2016 bring to OHFAMA? Many blessings and challenges for our association that were too numerous to count. A few dates are certainly noteworthy to mention:

Jimelle Rumberg, PhD, CAE

November 12, during our House of Delegates, we honored Senator Randy Gardner as Legislator of the Year for 2016. The chief elected officer changed from Dr. Richard Schilling to Dr. Tom McCabe. Dr. Schilling received the Thomas J. Meyer Award as Immediate Past President. Congratulations to all!

December 15 was a banner day as HB 216, which contained the HBO Amendment, was passed by the General Assembly and sent to the Governor. This had been an on-going chronicle since 2007 due to many issues with our scope of practice and acceptable language. It's gratifying to check this long-standing priority off OHFAMA's list, not only for practice parity, but saving limbs and lives. Think OHFAMA's work and OPPAC doesn't affect your wallet and advance your scope of practice? Think again!

Our podiatric family along, with the OCPM Foundation, joined with Kent State University College of Podiatric Medicine to celebrate the KSUCPM centennial in October. What a grand event for alumni both near and far. Congratulations to KSUCPM on this monumental milestone in podiatric education.

This year, we also reveled with several Young Physician members who began or expanded their families and with those established members who became grandparents. What a joy to hear the good news and to share their excitement.

We welcomed many new members and residents into professional affiliation with OHFAMA and APMA. Watching our members grow their professional acumen with quality educational programming and skills workshops really puts a smile on our faces at OHFAMA. After being your executive director for ten years, I've seen many residents establish practices and begin solid professional medical and surgical careers. Some have become experts in wound care or surgery. The next generation of podiatric academicians must surely come from our OHFAMA ranks to train those that follow and instill a passion for podiatry.

We realize that 2017 will most surely have challenges with CMS, Medicaid, new Rules and regulatory matters. I often say what doesn't kill us makes us stronger – with tongue in cheek, and by now, I should be mute; however, together we will collectively face the challenges that are dealt with professionalism and tenacity as The OHFAMA Collective. As leaders in podiatry, we have a strong organization that is well-regarded by state leaders and APMA. As we continue our precepts of transparency and hard work through quality strategic governance, know that your academy, your Board of Trustees and your entire state association will be there for you today, tomorrow and always.

2017 Calendar

January 19-21
NWOAPM Scientific Seminar
Kalahari I Sandusky

February 4
Foot and Ankle Surgery Symposium
Embassy Suites Airport I Columbus

February 11
Queen City Symposium
West Chester Hospital I West Chester

February 25
Sports Injury Clinic
Quest Conference Center I Columbus

March 10-12
No Nonsense Seminar
Holiday Inn I Independence

June 8-10
Annual Scientific Seminar
Hilton at Easton I Columbus

August 24-26
GXMO Training
OHFAMA Headquarters I Columbus

September 30
Quickie Seminar
Hilton Garden Inn I Dayton

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

2016 OHIO LEGISLATIVE SUMMARY

The Year In Review

by Dan Leite, Capitol Advocates

Very early in the morning of December 9, both the Ohio House and Ohio Senate concluded their legislative business. Officially, we saw the conclusion of the 131st General Assembly after a very intense three weeks of "lame duck" session with the passage of many pieces of legislation and many moving parts and amendments that were contained in those approved bills.

The 132nd Ohio General Assembly will commence in early January of 2017 and feature Republicans holding a 24-9 advantage in the Senate (with a new Senate President in Larry Obhof) and a 66-33 advantage in the House under returning Speaker Cliff Rosenberger. Republican John Kasich will be entering his final two years in office and will attempt to construct his last biennial budget facing declining sales and income tax collection figures which triggered the Governor to announce this week that Ohio is "quite possibly facing a recession." In addition, with President-elect Donald Trump preparing to take office in January, Ohio, like all other states, faces an uncertain climate regarding Medicaid, Medicaid expansion and the future of the ACA.

The following is a brief summary of legislation OHFAMA was either directly involved with or monitoring during the lame duck session and the outcomes of those issues that were impacted by amendments or language changes to specific bills:

House Bill 216—Physician/ Nursing Ratios

The agreement between the physician and nursing communities on changes made in the collaboration of care arrangements currently in Ohio statute remained the central component of House Bill 216, legislation sponsored by Representative Dorothy Pelanda. However, two important amendments were added in the Senate Health Committee which OHFAMA was strongly in support of with the cooperation of Senate Health Committee chairwoman Senator Shannon Jones and Representative Pelanda.

First, Senator Randy Gardner, the OHFAMA Legislator of the year for 2016, sponsored our amendment to insert language into the bill that will now allow podiatric physicians to provide HBOT. You may recall this has been a long, cooperative effort between OHFAMA and the State Medical Board and your association working with other physician groups and legislators to finalize this statutory language. With Senator Gardner's leadership, this language was approved without opposition by the committee and placed into HB 216.

Second, with assistance from OHFAMA, Senator Cliff Hite was successful in amending his Senate Bill 287 language into HB 216. This legislation that would require certain state agencies to perform the assessment of all types of diabetes in Ohio, establish goals and targets to reduce that prevalence and submit biennial reports on this important subject. SB 287 had previously passed the Ohio Senate unanimously but with a short legislative calendar during the fall, was unable to be heard by the House in a timely manner so OHFAMA worked with Senator Hite and the Senate Health committee members to include this language into the final version of HB 216.

OHFAMA would like to extend its sincere appreciation to Senator Randy Gardner for sponsoring our HBOT amendment and to Senator Shannon Jones and all the committee members for their support of these two issues.

House Bill 505

House Bill 505, the so-called "biological products substitution bill," had passed the Ohio House unanimously before the summer legislative recess and was awaiting action by the Senate Health Committee during the lame duck session. The ground team representing the coalition who supported this legislation spent much time meeting with and educating members of the Senate on this Bill. The Senate Health Committee made four amendments to the Bill, including an emergency clause at the request of the State Medical Board on an unrelated issue contained in the Bill, and sent it to the Senate floor for approval. On Wednesday, December 7, the Senate voted to approve the amended version of the Bill and sent it back to the Ohio House for a concurrence vote of changes made by the Senate. Very late on December 8, the House voted 90-1 to approved the Senate changes to the Bill and sent it to Governor John Kasich for his signature.

Of the amendments included in the Senate to the Bill, language was added regarding the treatment of substitution of these biologic products regarding prior authorization (which was language that was worked on during debate on SB 129, the PA reform Bill that passed earlier this year). Also included in a separate amendment to the Bill was language that made a specific change to the "PA clock" timeline. The language was contained in SB 129 regarding the response time required of a health plan to a PA request that is formally submitted to the plan (the 48 hour response time in SB 129 for urgent care requests was NOT changed). Governor John Kasich signed HB 505 on December 19, 2016.

Senate Bill 319

Senate Bill 319, the Kasich Administration's "Mid-Budget Year" Review Bill that sought to add additional state statute regarding the prescribing and availability of opioid drugs in Ohio, was amended and approved by the House this week and the changes made by the House to this Bill were quickly accepted by the Senate.

Among the changes made by the House Finance & Appropriations Committee to SB 319 was language in ORC Section 3719.062. The changes would empower each state licensing board of prescribers with statutory authority to prescribe an opioid analgesic the opportunity to adopt administrative rules limiting the amount of an opioid analgesic that may be prescribed pursuant to a single prescription (each board "may" adopt rules in this area). There had been much talk during debate on this Bill about establishing a set timeframe in statute to establish this prescribing limit but ultimately it will be left up to the prescriber's licensing board to establish this amount.

In ORC Section 1751.691, language was inserted into the Bill that requires health plans who offer drug coverage to contain PA or other utilization review measures as condition of the coverage and prescribing of an opioid analgesic for the treatment of chronic pain (these definitions are detailed in Division (A) of this Section) except when the drug is prescribed under three circumstances (hospice care, patient in terminal condition that is not part of hospice care program, patient who has cancer or cancer-

(Continued on next page.)

(Legislative Summary: The Year in Review continued from page 7.)

associated condition). This language does not specify the PA or UR measures to be taken in this area and we will analyze this language in comparison to the PA requirements of SB 129 and discuss if language adjustments might need to be made in a Bill next session to provide continuity in this important area.

Finally, as part of a large omnibus amendment offered right before the House Committee vote on the Bill, language was contained that would establish further requirements on PBM's and the publishing of cost allocation and pricing data to pharmacies that was a follow-up to language already passed in this area by the Ohio General Assembly. This language was added to ORC Section 3959.111. This language was not overly onerous in its current form but as a follow-up to this new language, the Ohio Pharmacists Association said it will be working on a great PBM reform Bill for next legislative session.

House Bill 285

This legislation, sponsored by Representative Robert Sprague, was approved in the final days of session. HB 285 will allow pharmacists, in cases of certain drugs that are not controlled substances, to dispense a quantity or amount of that drug that varies if certain conditions are met. This is allowed for drugs that are dispensed by refilling a prescription one or more times under conditions under ORC Section 4729.40. This Bill was sent to Governor Kasich for his signature.

Senate Bill 199

SB 199 may be of interest to OHFAMA members as employers. During the final days of this session, the legislature approved language that was part of a broad "conceal-carry" Bill on guns that will now permit employees to have a gun in their vehicle (glove compartment) on an employer's property, thereby effectively negating the ability of that employer to place a restriction on that possession on its property. This language drew the ire of the business community and others as the legislature removed the ability for employers to set their own policy regarding this issue. This very well could be an issue that gets revisited and adjusted during the new session of the General Assembly.

Hyperbaric Legislation: Sub-Bill HB216

Sec. 4731.51. The practice of podiatric medicine and surgery consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. The A podiatrist may treat the local manifestations of systemic diseases as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself.

General anesthetics may be used under this section only in colleges of podiatric medicine and surgery approved by the state medical board pursuant to section 4731.53 of the Revised Code and in hospitals approved by the joint commission on the accreditation of hospitals, or the American osteopathic association. The
Hyperbaric oxygen therapy may be ordered by a podiatrist to treat ailments within the scope of practice of podiatry as set forth in this section and, in accordance with section 4731.511 of the Revised Code, the podiatrist may supervise hyperbaric oxygen therapy for the treatment of such ailments. The use of x-ray or radium for therapeutic purposes is not permitted.

Sec. 4731.511. (A) As used in this section:

(1) "Hyperbaric oxygen therapy" means the administration of pure oxygen in a pressurized room or chamber.

(2) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery.

(B) A podiatrist may supervise hyperbaric oxygen therapy if all of the following conditions are met:

(1) The podiatrist has consulted with a physician who has been authorized to perform hyperbaric oxygen therapy by the facility in which the hyperbaric oxygen room or chamber is located.

(2) The podiatrist orders hyperbaric oxygen therapy only for treatment within the scope of practice of podiatry as described in section 4731.51 of the Revised Code.

(3) The podiatrist is certified in advanced cardiovascular life support by a certifying organization recognized by the state medical board.

(4) The podiatrist has completed, at a minimum, a forty-hour introductory course in hyperbaric medicine recognized by the American board of foot and ankle surgery or by the undersea and hyperbaric medical society.

(5) The podiatrist is board-certified or board-qualified by the American board of foot and ankle surgery or the American board of podiatric medicine.

On the request of the state medical board, the podiatrist shall submit to the board evidence demonstrating that the podiatrist is certified in advanced cardiovascular life support and has completed a course in hyperbaric medicine as described in this section.

(C) When hyperbaric oxygen therapy is supervised under this section, both of the following apply:

(1) The podiatrist must be immediately available throughout the performance of the therapy.

(2) A physician who has been authorized to perform hyperbaric oxygen therapy by the facility in which the hyperbaric room or chamber is located must be readily available for consultation throughout the performance of the therapy to furnish assistance and direction in the event a complication occurs that is outside the scope of practice of podiatry as described in section 4731.51 of the Revised Code.

LEGALLY SPEAKING...

Section 1557 Nondiscrimination Provisions: Action Steps for Compliance

by Daniel S. Zinsmaster, Esq.

On May 18, 2016, the U.S. Department of Health and Human Services (HHS) published a final rule implementing Section 1557 of the Affordable Care Act. Section 1557 and the new rule, entitled "Nondiscrimination in Health Programs and Activities," prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities receiving federal financial assistance (excluding Medicare Part B). "Covered Entities" under this rule has the same meaning as defined by HIPAA: healthcare providers, payers, and clearinghouses.

The rule incorporates the nondiscrimination provisions found in Title IX of the Education Amendments of 1972 (sex), Title VI of the Civil Rights Act of 1964 (race, color, and national origin), the Age Discrimination Act (age), and Section 504 of the Rehabilitation Act (disability). Additionally, Covered Entities who participate in government healthcare programs are required to take the following actions in order to comply with the rule:

1. **Covered Entities should review and revise current policies in accordance with the rule**

   In particular, Covered Entities should be aware that the rule expands the definition of sex discrimination to include discrimination based on gender identity and sex stereotyping. As such, categorical exclusions or limitations for all health care services related to gender transition will be considered discriminatory. Further, the rule requires Covered Entities to treat individuals consistent with their gender identity.
2. **Covered Entities must provide language services, free of charge and in a timely manner, to individuals with limited English proficiency**

   HHS recommends that Covered Entities create and abide by a Language Access Plan that contains policies establishing how an individual needing language assistance services will be identified, notified of, and provided with the necessary services. The rule also outlines specific requirements regarding the use of interpreters, translators and video remote interpreting services.
3. **Covered Entities must make electronically provided services or systems accessible to persons with disabilities and provide auxiliary aids and services**

   The rule requires Covered Entities to take appropriate steps to ensure effective communication with individuals with disabilities, unless doing so would create an undue burden or fundamentally alter the nature of the health program or activity. Entities can comply with this provision by providing sign language interpreters, materials in alternative formats, assistive listening devices, or other similar services and actions.
4. **By October 16, 2016, Covered Entities must post notices stating nondiscrimination policy and notifying individuals with limited English proficiency of the availability of language assistance services**

   Nondiscrimination notices must be posted in significant publications and communications, in a conspicuous physical location where the entity interacts with the public, and in a conspicuous location on the entity's website. Alongside the notice, "taglines" alerting individuals to the availability of language assistance services must be posted in at least the top 15 non-English languages spoken in the entity's state (contact OHFAMA for a copy).
5. **Covered Entities with 15 or more employees must adopt a grievance procedure and designate a Section 1557 compliance coordinator to facilitate prompt and equitable resolution of grievances**

   Current grievance procedures must be expanded to address discrimination based on race, color, national origin, age and sex. The Section 1557 compliance coordinator will be tasked with facilitating prompt and equitable resolution of grievances arising under Section 1557.

In sum, this new nondiscrimination rule presents many potential pitfalls for Covered Entities. As such, the proactive development of nondiscrimination compliance policies and procedures is strongly encouraged.

BWC's New Opioid Prescribing Rule

Stephen T Woods, M.D.
BWC Chief Medical Officer

BWC's new opioid prescribing rule has been implemented. Effective October 1, 2016, the rule applies to all BWC-certified prescribers and is designed to help prevent opioid dependence for Ohio's injured workers through three primary goals.

Encourage prescribers to incorporate best clinical practices when prescribing opioids for treating Ohio's injured workers;

Establish provisions and criteria for treating opioid dependence/addiction that arises secondary to treatment with opioid medications covered by BWC;

Provide and strengthen BWC's peer review process that addresses noncompliance with opioid prescribing and other quality of care issues in our system.

Best Clinical Practices

BWC will not reimburse for opioid prescriptions written for prescribers who fail to comply with Ohio's best practices as outlined by the Ohio State Medical Board and reinforced by the Ohio Administrative Code (OAC). The rule reinforces important foundational elements of appropriate opioid utilization and customizes it for our population. Because injured workers have a vulnerability that differs from the general population, an additional level of opioid prescribing oversight is required by prescribers. The rule outlines the details needed for this necessary oversight.

Highlights of the rule include:

- Tighter controls on duration and daily dose of opioids;
- Reimbursement for opioid dependence/addition treatment programs;
- Peer review as a new component of utilization review

For more information about this rule, visit our website (http://tinyurl.com/bwcrule). If you have questions related to the rule, email pharmacy.benefits@bwc.stateoh.us. Thank you for your continued partnership with us in ensuring world-class care for Ohio's injured workers.

CMS: The Scoop on MIPS and APMs

CMS has released the final rule for implementing the Quality Payment Program (QPP) as a part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). QPP includes two different tracks that you will be a part of in 2017, unless you annually see fewer than 100 Medicare patients or bill less than $30,000 to Medicare.

The 2 tracks are:

1. **Merit-Based Incentive Payment System (MIPS) and**
2. **Advanced Alternative Payment Models (APMs)**

Merit-Based Incentive Payment System (MIPS): MIPS folds in the separate Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value Modifier (VM) programs, and expands their scope.

Advanced Alternative Payment Models (APMs): Advanced APMs are an alternative to Fee-for-Service meant to incentivize quality and value. APMs require participants to use certified EHR technology and bases payments on quality measures comparable to those in MIPS. APMs require participants to bear more financial risk for monetary losses tied to patient outcomes. Participating in Advanced APMs for 25% of your Medicare patient population may qualify you for a payment bonus. It is expected most providers will not participate in an APM in 2017, and will be included in MIPS.

CMS website for the QPP is located at https://qpp.cms.gov/. This site is very helpful in understanding the programs and helping you identify the measures and reporting requirements of each aspect most meaningful to your Practice/Specialty, to guide you towards successful reporting.

MIPS

The 2017 reporting year will be a transition year into the QPP. With this transition, the 2017 reporting year (for payment year 2019), will net you a maximum -4 % penalty up to a 4% positive payment adjustment, depending on your performance. You can entirely avoid the penalty for 2017 reporting year only, by reporting any aspect successfully (example- one quality measure or improvement activity). Physicians who wish to qualify for a positive payment adjustment must satisfy as many requirements of the program as possible.

MIPS is a composite program that will ultimately assign you a score of 0-100, based on performance in four weighted categories:

1. Quality (formerly PQRS) - 60% in 2017
2. Cost (formerly VM) - 0% in 2017, counted beginning 2018
3. Clinical Practice Improvement Activities (New) - 15% in 2017
4. Advancing Care Information (formerly MU) - 25% in 2017

Depending on the average score for all providers, CMS will establish a Performance Threshold (PT).

For 2017, CMS has announced the Performance Threshold (PT) will be set to 3.

1. If you are beneath the PT, you will receive a negative payment adjustment (max of -4% in 2019 payment year, increasing yearly to -9% in 2022).
2. If you meet the PT, you will receive no positive or negative adjustment.
3. If you exceed the PT, you will receive a positive payment adjustment (up to 4% in 2019 payment year, increasing yearly to 9% in 2022) based on your performance.

Your MIPS score will be available to patients on the Physician Compare website: www.medicare.gov/physiciancompare

Quality – 60%

Measures available at https://qpp.cms.gov/measures/quality

Report quality measures via claims, registry, or EHR. CMS documents show they are providing "preferential scoring" for physicians who report quality measures through an EHR or registry.

In recent years, providers have been required to report nine PQRS measures. In 2017, this is reduced to six measures. One of the six measures must be an outcome measure.

1. In 2017, you will need to successfully report on 50% of eligible Part B patients.
2. In 2018, you will need to successfully report on 60% of eligible Part B patients.

Cost – 0%

No data submission required. The calculation for Cost is based on 40+ cost measures to account for differences among specialties, and will use your adjudicated claims data.

1. In 2017, Cost will count for 0% of your composite score. CMS will still track the data from 2017 and provide you informational data on how your Practice did on Cost.
2. In 2018, Cost will count for 10% of your composite score.
3. In 2019 and beyond, Cost will count for 30% of your composite score.

Clinical Practice Improvement Activities – 15%

Measures available at https://qpp.cms.gov/measures/ia

- Most participants: Attest that you completed up to 4 improvement activities for a minimum of 90 days.
- Groups with fewer than 15 participants: Attest that you completed up to two activities for a minimum of 90 days.

Advancing Care Information – 25%

Measures available at https://qpp.cms.gov/measures/aci

Fulfill the required measures for a minimum of 90 days:

1. Security Risk Analysis
2. e-Prescribing
3. Provide Patient Access
4. Send Summary of Care
5. Request/Accept Summary of Care

Select up to nine measures to qualify for additional credit.

All MIPS reporting information for the 2017 reporting year must be reported to CMS by ***March 31, 2018.***

Please note, the 2017 year is a transition year for the QPP. You only need to submit a minimum amount of data to avoid the negative payment adjustment, but this does not mean you should only submit the minimum data. The years following 2017 will see increasing penalties for those providers that are not successfully reporting under the QPP. You should absolutely take 2017 as an opportunity to test your ability to meet all the program requirements. Not only will successful reporting in 2017 earn the positive adjustment, but it will also be a trial-run for the following years in which successful reporting will be very important to the bottom line of your Practice.

QPP Executive Summary: goo.gl/0WX2Lk

QPP website: https://qpp.cms.gov/

INTO THE NEW YEAR

Baby Steps

Guidance on HIPAA Compliance and Cloud Computing

In October, the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) released new guidance for covered entities and business associates that utilize cloud computing for data storage, software, or online access to shared resources and contract with cloud service providers (CSPs) for the service. https://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing/index.html The guidance provides information about best practices to achieve compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as highlights some HIPAA compliance risks associated with the use of cloud computing services. Since most of our members utilize vendors that host your medical record information for your office regarding confidential patient information, you need to read and understanding this new guidance as it relates to your practice.

OCR stated that CSPs that process or store electronic protected health information (ePHI) on behalf of a covered entity are receiving, maintaining, or transmitting ePHI as it is defined by HIPAA and are considered business associates under HIPAA regardless of whether the CSP processes or stores encrypted or unencrypted ePHI. A CSP does not qualify for the mere conduit exception under HIPAA even if the ePHI is encrypted, the CSP does not have the encryption key, and the ePHI is processed on a "no-view" basis. The mere conduit exception applies only to those entities such as the U.S. Postal Service which have transient access to PHI. To perform all of its functions, a CSP has persistent access to ePHI even if the CSP does not actually view the information.

Because the CSP, or any entity that the CSP might subcontract with to provide cloud services, would be considered a business associate it is essential that any covered entity that uses cloud computing to store ePHI enter into an appropriate business associate agreement (BAA) with its CSP. Furthermore, the covered entity and the CSP must each understand its privacy and security obligations under HIPAA. While some HIPAA Security and Privacy Rule requirements will likely be satisfied by the covered entity's actions by, for example, providing only encrypted ePHI to the CSP, the CSP will still need to separately comply with other responsibilities such as data availability, physical security, or risk analysis and risk management. A CSP will also be responsible for complying with any breach notification requirements that may arise in the event of a breach of unsecured ePHI.

OCR suggests that covered entities and CSPs consider entering into a service level agreement (SLA) that defines exactly which party will be accountable for which elements of compliance with the HIPAA Privacy and Security rules. The SLA may address provisions such as data retention, system availability, back-up and data recovery, use and disclosure limitations, and security responsibilities. Regardless of whether the individual compliance responsibilities of the covered entity and the CSP are outlined in a SLA, the underlying service agreement, or in the BAA, OCR notes that a written designation of how compliance activities have been delineated between the two will be "important and relevant" in the event of a compliance investigation. Word to the wise, check with your vendor today regarding your practice's compliance and their cloud computing for data storage, software, or online access to shared resources and their contract with cloud service providers (CSPs).

Universal precautions reminder (OH Rule 4731-17-02)

Licensees who perform or participate in invasive procedures shall, in the performance of or participation in any such procedures or functions, be familiar with, observe and rigorously adhere to the acceptable and prevailing standards for universal blood and body fluid precautions to minimize the risk of being exposed to or exposing others to the hepatitis B virus (HBV), The hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). The acceptable and prevailing universal blood and body fluid precautions which the licensee follows shall include at least the following:

A. Appropriate use of hand washing;

B. Effective disinfection and sterilization of equipment;

C. Safe handling and disposal of needles and other sharp instruments; and

D. Appropriate barrier techniques including wearing and disposal of gloves and other protective garments and devices.

Just So You Know

Pennsylvania recently became the 18th state to join the Interstate Medical Licensure Compact, which offers a streamlined licensing process for physicians interested in practicing in multiple states. The compact expands access to health care, particularly in rural and underserved areas, and facilitates new modes of health care delivery such as telemedicine. Our neighbors in WV were among one of the earliest states to adopt the concept.

PHARMACY BOARD NEWS…

New Requirements for Change in Description of Terminal or Wholesale Distributor

Rule 4729-9-08 states that any change in the ownership, business or trade name, category, or address of a terminal or wholesale distributor of dangerous drugs requires a new application, required fee, and license. The new application and required fee shall be submitted within 30 days of any change in the ownership, business or trade name, category, or address. The Board encourages compliance with this rule, as failure to do so could result in disciplinary action.

Reporting Theft or Loss of Dangerous Drugs and Prescription Drug Documents

Did you know that you are required to report any theft or significant loss? To assist in the implementation of rule 4729-9-15, the State of Ohio Board of Pharmacy has developed a guidance document to guide you through the reporting process. To access the document, please visit: www.pharmacy.ohio.gov/theft. Please be advised that a DEA 106 form must also be submitted to the Board within 30 days following the discovery of a controlled substance theft or significant loss. The form may be emailed (DEA106Reporting@pharmacy.ohio.gov) or faxed (614.752.4836)

Thank you to our 2016 OPPAC Contributors

Central Academy
Sarah Abshier, DPM
Martha Anderson, DPM
Scot Bertolo, DPM
Animesh Bhatia, DPM
Alan Block, DPM
Timothy Brown, DPM
Jerauld Ferritto, DPM
Roderick Fuller, DPM
Jane Graebner, DPM
Scott Littrell, DPM
William Munsey, DPM
Lee Pearlman, DPM
John Phillips, DPM
James Ritchlin, DPM
Richard Schilling, DPM
Adam Thomas, DPM

Eastern Academy
Bruce Blank, DPM
Edward Cosentino, DPM
Mitch Dalvin, DPM
Thomas Kunkel, DPM
Heather Petrolla, DPM

Mideast Academy
Thomas Arnold, DPM
Edward Benedict, DPM
Windy Cole, DPM
Jeanna Fascione, DPM
Gary Greger, DPM
Richard Hofacker, DPM
Karen Kellogg, DPM
Richard Kunig, DPM
Renne Mackey, DPM
Les Niehaus, DPM
Ken Nixon, DPM
Eric Paul, DPM
Tina Shahin, DPM
Binh Ta, DPM
Midwest Academy
Michelle Achor, DPM
Darrell Ballinger, DPM
Bridget Brondon, DPM
Philip Cain, DPM
Deanna Chapman, DPM
Marc Greenberg, DPM
Brian Kuvshinikov, DPM
Donald LeMelle, DPM
Lisa Nicely, DPM
Gerald Perelman, DPM
Eric Polansky, DPM

Mideast Academy *(continued)*
Anastasia Samouilov, DPM
Sarah Sample-Eppinger, DPM
John Stevenson, DPM
Kevin Sunshein, DPM
David Trimble, DPM
Susan Yu, DPM

North Central Academy
Christopher Bohach, DPM
Daniel Duffy, DPM
Eugene Kubitz, DPM
William Latham, DPM
Brian Zimmerman, DPM

Northeast Academy
Atta Asef, DPM
Robert Bair, DPM
Michael Bodman, DPM
Craig Frey, DPM
Mark Gould, DPM
Vincent Hetherington, DPM
Jerry Lamendola, DPM
Neal Marks, DPM
Megan Oltmann, DPM
Debra Thornton, DPM
Kelly Whaley, DPM

Northwest Academy
John Clarke, DPM
Henry Green, DPM
Thomas McCabe, DPM
Corey Russell, DPM
Kathryn Schramm, DPM
Pamela Sheridan, DPM
Thomas Vail, DPM

Southern Academy
Brian Ash, DPM
Renee Ash, DPM
Ruth Ann Cooper, DPM
Kelly Heppert DPM
Todd Loftus, DPM
Amy Masowick, DPM
John Rootring, DPM
Brad Wenstrup, DPM

Additional Contributors
Daniel Leite, Lobbyist
Donnalyn Moeller, DPM
Luci Ridolfo, CAE
Jimelle Rumberg, PhD, CAE

A D D Y O U R N A M E T O D A Y

What does the Social Security Number Removal Initiative (SSNRI) mean for providers?

Look at your practice management systems and business processes and determine what changes you need to make to use the new randomly generated Medicare Beneficiary Identifier (MBI). You'll need to make those changes and test them by April 2018, before we send out new Medicare cards.

If you use vendors to bill Medicare, you should contact your vendor to find out about their MBI practice management system changes as well as their planned timetable for implementation.

How will providers get MBIs? No earlier than April 2018, CMS will start mailing new Medicare cards with MBIs to people with Medicare. You can ask your Medicare patients at the time of service if they have a new card with an MBI, or during the transition period, CMS return the MBI on the remittance advice when you submit a claim using your patient's HICN. CMS will tell you in the message field on the eligibility transaction responses when we've mailed a new Medicare card to each person with Medicare. Your eligibility service provider can give you this information.

Once patients get their new Medicare cards & MBIs: CMS encourages you to start using the MBIs as soon as possible, but they will continue to accept the HICN through the transition period. CMS will accept either the MBI or the HICN interchangeably during this transition period. Once CMS starts mailing out new Medicare cards, people new to Medicare will only be assigned an MBI. Your systems must be ready to accept the MBI by April 2018.

Confidentiality: The MBI is Personally Identifiable Information. You must protect the MBI and only share it for Medicare-related business, just as you currently do with the HICN.

Eligibility: During the transition period, use the MBI or the HICN to check Medicare eligibility. Once the transition period ends you must use the MBI to check eligibility.

Appeals: Use the beneficiary identifier (MBI or HICN) you used to submit the claim that's under appeal, even after the transition period.

Giving the HICN or MBI on outgoing transactions: During the transition period, CMS will return the same beneficiary identifier to you that you submitted on the incoming transaction. Also during the transition period, we'll return the MBI on the remittance advice when you submit a claim using your patient's HICN.

Using the HICN & MBI for the same patient on the same batch of claims. During the transition period, we'll process all claims with either the HICN or MBI, even when both are in the same batch. CMS will return the MBI on the remittance advice for all claims you submit.

Electronic or paper transactions: During the transition period, you can use either the HICN or the MBI in the same field where you've always put the HICN. You can't submit both numbers on the same transaction. Once the transition period ends, you must use the MBI in the same field where you previously submitted the HICN.

16th Annual Joint National Podiatric CAC-PIAC Representatives' Meeting

Dr. Andy Bhatia, Dr. Bruce Blank and Dr. Jimelle Rumberg attended the 16th Annual Joint National Podiatric Carrier Advisory Committee (CAC)-Private Insurance Advisory Committee (PIAC) Represaentatives' Meeting, in Baltimore, MD, November 4-5, 2016, on behalf of the Ohio Foot and Ankle Medical Association. This annual meeting was an opportunity for CAC and PIAC representatives, as well as state components and APMA leadership and staff, to hear from experts on Medicare, private insurance, and durable medical equipment (DME).

The meeting spent significant time discussing implementation of the Center for Medicare and Medicaid Services' (CMS) new Quality Payment Program (QPP), established by the Medicare Access and CHIP Reauthorization Act (MACRA). The QPP includes the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs). It is expected that the majority of physicians, including podiatrists, will participate in MIPS rather than Advanced APMs. We heard from CMS Clinical Standards and Quality Director Kate Goodrich, MD and her team, who are responsible for implementing QPP. MIPS reporting begins in 2017. For the first year, eligible clinicians can pick their pace to implement MIPS to best fit their practice and avoid any negative payment adjustment in 2019 payment year. We also heard from Jeff Lehrman, DPM, a Pennsylvania podiatrist, on how MIPS performance categories impact podiatrists. APMA staff, along with the APMA MACRA's Task Force, is working on an education plan to help members understand the complexities of MIPS. More information is available at www.apma.org/MACRA.

APMA's new Clinical Affairs Director Dyane Tower, DPM, updated us on APMA's efforts to create a qualified clinical data registry. The registry will be free to APMA Members, will allow podiatrists to report MIPS performance categories measures to CMS directly, and will collect data to help demonstrate our value. APMA is working with EHR vendors commonly used by podiatrists to make sure these systems are integrated.

We looked at the future of Medicare Payment Policy with Medicare Payment Advisory Commission (MedPAC) Commissioner Brian DeBusk, PhD, MBA. MedPAC is a nonpartisan legislative agency that advises Congress on Medicare. Dr. DeBusk discussed the need for healthcare delivery and payment reform, especially as it applies to the dual eligible population.

We reviewed the 2017 Medicare Physician Fee Schedule Rule and the impact on podiatrists. The RVUs for podiatry remain mostly unchanged for 2017. Paul Kim, Esq., a health law attorney at the law firm of Cole Schotz addressed the meeting attendees on Medicare compliance issues and other commonly asked questions, including appropriate use of Medicare's incident to billing guidelines.

The meeting also focused on various private insurance issues. Maryland Insurance Administrator Al Redmer, Jr. spoke as a former state legislator, drawing from first-hand experience on the importance of advocacy. Kelli Back, Esq., from the law offices of Mark Joffe once again spoke at the CAC-PIAC meeting. Ms. Back touched on many issues, but her advice for all members was clear: providers must appeal claims that are improperly denied. By not appealing, members miss an opportunity to get the issue resolved in a timely manner; demonstrates to the payer that their practice is acceptable, and deprives APMA the ability to demonstrate systematic practices.

During the meeting we met to discuss member issues with Medicare and private insurance carriers. Members continue having issues with Humana denying routine foot care claims when paired with the -59 modifier, and APMA updated their efforts to resolve them. Another common issue was increased audit and denials of DME especially by Noridian. We shared advice on how to effectively resolve these issues.

Finally, APMA leadership and staff provided updates on APMA initiatives and federal legislative advocacy efforts, specifically the VA Provider Equity Act, legislation to recognize DPMs as physicians under the Veterans Health Administration, and Helping Ensure Life- and Limb-Saving Access to Podiatric Physicians (HELLPP) Act, legislation to recognize DPMs as physicians under the Medicaid program.

Meeting materials are available to all OHFAMA and APMA members and videos of the presentations have been posted at www.apma.org/CACPIAC.

CAC Medicare

by Andy Bhatia DPM

On November 15, The CGS Jurisdiction 15: Ohio Carrier Advisory Committee Meeting began with Dr. Berman introducing a new educational process CGS is piloting based on the "LEAN Thinking" business model, utilizing a process called *Value Stream Improvement* (VSI). The program is designed to allow ALL employees to add value to the various processes of the business.

Pertinent Matters for Podiatry Summarized

- J15 top CERT errors: Continued problems occur in Part B with Signatures, Orders for testing and E/M scoring.
- Provider Outreach and Education (POE) discussed information found in newslettet *Medicare In The News. (1)* 2017 Physician Quality Reporting System (PQRS) letters are being distributed by CMS indicating providers' payment adjustment for Eligible Professionals (Eps); (2) 2015 Quality and Resource Use Reports (QRURs) were released to show practitioners' 2015 performance. Details for accessing your Value Modifier are available in the news letter; (3) Dr. Berman ***strongly*** suggests providers access this website and participate in the program. Future payments are dependent on provider self-reporting quality measurements and has the potential to affect future reimbursement.

Local Coverage Determinations (LCDs)

Retired Policies: L34053: Application of Cellular and/or Tissue Based Products (CTPs) for Wounds of Lower Extremities

- Effective 10/09/2016: replaced with L36690

New Policies: Effective October 10, 2016

- L36690: Wound Application of Cellular and/or Tissue Based Products (CTPs) Lower Extremities

One-Day CME Event | ONLY $100 with lunch included

Ohio Foot and Ankle Medical Association

SPORTS INJURY CLINIC

Saturday, February 25, 2017 • 8 Category 1 CME Hours
Quest Conference Center • 8405 Pulsar Place, Columbus, Ohio

Register today: www.ohfama.org

ESTEEMED FACULTY:

Mark Mendeszoon, DPM – Chairman • Meghann Featherstun, MS, RD, CSSD, LD
Elizabeth Hewitt, DPM • Jeanna Fascione, DPM • Peter Highlander, DPM
Jonathan Sharpe, DPM • John Sheehan, MD • Kenneth Sparks, PhD
Alec Tackett, DDS • Jeffrey Wunning, DPM

REGISTRATION FORM

Welcome to the 2017 SPORTS INJURY CLINIC hosted by the Ohio Foot and Ankle Medical Association. This seminar has been approved for **8 CME Category I Hours.**

Quest Conference Center | 8405 Pulsar Place
Columbus, Ohio 43240
February 25, 2017 | 8:00 am – 5:00 pm

Full Name _____

Preferred First Name _____

Company/Clinic Name _____

Address _____

City _____ State _____ Zip _____

Business Telephone _____

Fax Telephone _____

E-Mail _____

Please mark one (add $25 late fee after February 20, 2017)

☐ OHFAMA/WVPMA Member: $100
☐ Non Member: $150
☐ APMA Member Out of State: $125
☐ Student/Resident/Life Member: $25

Payment Method: (please mark one)

☐ Check payable to Ohio Foot and Ankle Medical Association*

**PREFERRED PAYMENT METHOD*

☐ American Express ☐ Discover Card
☐ MasterCard ☐ VISA

Amount Authorized $ _____

Account Number _____

Expiration Date _____ Security Code _____

Name (as printed on Credit Card) _____

Billing Address (of Credit Card) _____

_____

Signature _____

Date _____

Please mail or fax form with payment to:

OHFAMA, 1960 Bethel Rd., Ste. 140, Columbus, OH 43220
Phone: (614) 457-6269; Fax: (614) 457-3375; or,
email: lridolfo@ohfama.org

OHIO
FOOT AND ANKLE
MEDICAL ASSOCIATION

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.

PRESIDENT: Thomas McCabe, DPM

PUBLISHED BY:
Jimelle Rumberg, Ph.D., CAE, Executive Director

ADVERTISING:
Luci Ridolfo, CAE, Assistant Executive Director

CONTACT INFORMATION:
1960 Bethel Rd., Ste. 140 | Columbus, Ohio 43220
Phone: 614.457.6269 | Fax: 614.457.3375
Web page: http://www.ohfama.org
Email jrumberg@ohfama.org;
lridolfo@ohfama.org; swenger@ohfama.org

EDITORIAL DISCLAIMER

The OHFAMA Journal is provided to Association members and Industry Affiliates of the profession as a part of our communications to inform/ update our members on podiatric issues and events. The contents of OHFAMA Journal are intended for general information purposes only and should not be read as specific legal, financial, or business advice regarding specific issues or factual events. We urge you to consult your legal, financial, and professional advisors with any specific questions you may have.

Disclaimer Statement

The information published herein has been prepared for educational and informational purposes only. This information is not intended as legal, podiatry or practice management advice or an opinion on same. Circumstances change from day-to-day and one situation may differ from the next; the authors and publisher cannot assume responsibility for any actions taken based on the information contained herein. This information is not a substitute for expert advice specific to your situation. More specifically, legal or regulatory advice must be tailored to the specific circumstances of each case, and laws are constantly changing. Nothing provided herein should be used as a substitute for the advice of competent counsel. Federal law requires that the authors and publisher let you know that nothing published herein is intended or written to be used, and cannot be used for the purpose of avoiding any penalties under the law. The publication of the information herein is not intended to create, and receipt does not constitute a professional or contractual relationship between the author and the publisher and you. While the publisher tries to provide accurate and helpful information, they do not make any claims, promises or guarantees about the accuracy, completeness, helpfulness or adequacy of the information contained herein. No warranties are made for the information published to be accurate and no other warranties express or implied are made. The information here is presented "as is."

Surgical One-Day CME Event | ONLY $100 with lunch included

Foot and Ankle Surgery Symposium

Hosted by the Grant Podiatric Surgical Residency Program and the OHFAMA Central Academy

Saturday, February 4, 2017 • 7.5 Category 1 CME Hours

Embassy Suites Columbus – Airport • 2886 Airport Dr., Columbus, Ohio

Register today: www.ohfama.org

ESTEEMED FACULTY:

Christopher Hyer, DPM – Chairman • Patrick Bull, DO • Bradly Bussewitz, DPM
Nick Cheney, DO • William DeCarbo, DPM • Mark Hardy, DPM • Elizabeth Hewitt, DPM
Sarah Rincken, DPM • Randall Thomas, DPM

REGISTRATION FORM

Welcome to the **2017 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
February 4, 2017 | 7:30 am – 5:00 pm

Full Name _____

Preferred First Name _____

Company/Clinic Name _____

Address _____

City _____ State _____ Zip _____

Business Telephone _____

Fax Telephone _____

E-Mail _____

Please mark one (add $25 late fee after January 30, 2017)

☐ OHFAMA/WVPMA Member: $100
☐ Non Member: $150
☐ APMA Member Out of State: $125
☐ Student/Resident/Life Member: $25

Payment Method: (please mark one)

☐ Check payable to Ohio Foot and Ankle Medical Association*

**PREFERRED PAYMENT METHOD*

☐ American Express ☐ Discover Card
☐ MasterCard ☐ VISA

Amount Authorized $ _____

Account Number _____

Expiration Date _____ Security Code _____

Name (as printed on Credit Card) _____

Billing Address (of Credit Card) _____

_____

Signature _____

Date _____

Please mail or fax form with payment to:

OHFAMA, 1960 Bethel Rd., Ste. 140, Columbus, OH 43220
Phone: (614) 457-6269; Fax: (614) 457-3375; or,
email: lridolfo@ohfama.org

2017 CURRENT CONCEPTS IN FOOT AND ANKLE SURGERY SYMPOSIUM

New Populations Moving to Managed Care

Beginning January 2017, to improve health outcomes and to better manage care, more Ohioans will be able to access their benefits through one of Ohio's five statewide Managed Care Plans. Once individuals are enrolled in a Managed Care Plan, providers should begin billing the plan, not the State.

Providers who do not have contracts with Managed Care Plans may be able to provide services to current patients/clients for a "transition period". For more information about contracting with the Managed Care Plans or how to submit claims, contact the plans' provider services with questions:

Behavioral Health Providers: Certain behavioral health services will remain billable to the Medicaid Fee-for-Service program.

Managed care enrollment will be mandatory for the following population beginning January 1, 2017:

MANAGED CARE PLAN	PROVIDER TOLL-FREE NUMBER	WEBSITE ADDRESS
BUCKEYE	1-866-296-8731	buckeyehealthplan.com
CARESOURCE	1-800-488-0134	caresource.com
MOLINA	1-855-322-4079	molinahealthcare.com
PARAMOUNT	1-888-891-2564	paramounthealthcare.com
UNITED HEALTH CARE	1-800-600-9007	uhccommunityplan.com

- Medicaid eligible individuals enrolled in the Bureau of Children with Medical Handicaps (BCMH) program
- Children in Custody (Foster Care) and Adopted Children
- Breast & Cervical Cancer Project (BCCP) Individuals

Managed care enrollment will be voluntary for Individuals enrolled in any of the home and community based waivers administered by the Department of Development Disabilities.

ODM began sending informational and enrollment notices to members who are not currently enrolled with a Managed Care Plan in August 2016. If members have questions about choosing a Managed Care Plan or about enrollment options, refer them to the Ohio Medicaid Consumer Hotline at (800) 324-8680.

For more information about managed care and the new population being enrolled please visit the Ohio Department of Medicaid's website at http://medicaid.ohio.gov/PROVIDERS/ManagedCare.aspx.

FROM THE WVPMA PRESIDENT

Welcome to the New President

Hello, my name is R. Andy Dale, DPM. I am the newly elected president of the WVPMA. We elected officers at our October, 2016 WVPMA meeting at United Hospital Center in Clarksburg, WV. We awarded three hours of CME to attendees and had a successful educational event that attracted several new members. We also advanced two nominees to the Governor to fill the position of R. Curtis Arnold, DPM, whose term is expiring on the West Virginia Board of Medicine. There are currently two seats for DPMs on the WV Board of Medicine, which is significant among medical boards nationally.

R. Andy Dale, DPM

For those of you that may not know, WVPMA has a face-to-face meeting at the annual June OHFAMA seminar in Columbus. We also hold a WVPMA meeting with CME in the fall, which rotates between southern or northern West Virginia, plus a virtual on-line video-conference meeting once a quarter.

I'd like to thank outgoing WVPMA president Jerry Hadrych, DPM, who lead us for the past two years. He helped us to transition from APMA Region 8 into Region 4 to join with Ohio, and who, along with OHFAMA's Jimelle Rumberg, has helped us grow our membership significantly. In 2016, we successfully changed the DPM scope definition with the West Virginia Board of Medicine to have podiatrists defined as podiatric physicians and surgeons.

The State of West Virginia has significant health care needs, especially in the areas of elder care and diabetes. Sixteen percent of West Virginians are diabetic, and our capital city of Charleston has a seventeen percent diabetes rate. West Virginia is tied with Alabama for the #1 rate of diabetes. West Virginia is also considered to be one of the states with the most overweight and oldest populations. This data is significant for health care delivery, especially for podiatry. I would like to make it one of WVPMA's goals during my two-year term as president to educate the public, legislators, family physicians and other medical specialists on the benefits of podiatry in preventing amputations and wounds. To raise awareness of the high rate of diabetes in West Virginia, Governor Earl Ray Tomblin declared November, 2016, Diabetes Awareness Month. As West Virginia podiatric physicians, let's work together to help control the side effects of diabetes in our state's population by saving limbs and saving lives.

Another significant issue in West Virginia is overuse of prescription narcotic pain medications. The annual Appalachian Addiction & Prescription Drug Abuse Conference at Embassy Suites in Charleston discussed addiction and treatment issues on October 20-22, 2016. This year's focus, "Pain & Addiction, Best Practices & Proper Prescribing," featured topics such as Integration and Collaboration in Addressing the Epidemic; Safe Prescribing for Pain Patients with Substance Abuse Disorder and Comorbidities; Interventional Pain Treatment Options; Current West Virginia Overdose Statistics, Laws, Rules and Regulations; The West Virginia Board of Pharmacy's Prescription Drug Monitoring Program (PDMP); and the Medical Use of Cannabis (a topic that is sure to come up during the 2017 Legislative Session as the Legislature searches for new revenue streams to fill gaping budget holes.) Every physician in West Virginia is required to have a three-hour CME course in narcotic dispensing every biennium to help lessen the issues of addiction.

I look forward to the continued partnership with the OHFAMA in the coming year and to the WVPMA membership meeting held at OHFAMA's Annual Foot and Ankle Scientific Seminar at the Columbus Hilton at Easton. This annual seminar is a wonderful way to network. We appreciated the OHFAMA officers who sat in our 2016 WVPMA meeting to provide assistance and learn from us as well.

I hope the coming year of 2017 is a healthy, happy and successful one for all OHFAMA and WVPMA members.

R. Andy Dale, DPM
President

OHIO
FOOT AND ANKLE
MEDICAL ASSOCIATION

Ohio Foot and Ankle Medical Association
1960 Bethel Road, Suite 140
Columbus, OH 43220-1815

PRSRT STD
U.S. Postage
PAID
Columbus OH
Permit #2609

CHANGE SERVICE REQUESTED