

Gearing Up —

New Ohio Foot and Ankle
Medical Association Officers
and You in the News

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**DON'T MISS IT — OHFAMA
Premier One-Day Event:
SPORTS INJURY CLINIC
PAGE 15**

ON THE COVER —

**Glenn Gastwirth, DPM, APMA
Executive Director**

**Karen Kellogg, DPM, OHFAMA
President**

**Matt Garoufalis, DPM, APMA
President**



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Journal

OF THE
OHIO FOOT AND ANKLE MEDICAL
ASSOCIATION

VOLUME 56 | NUMBER 1 | WINTER 2014

PRESIDENT'S MESSAGE

Gearing Up for 2014

by Karen Kellogg, DPM



In November, we held our first House of Delegates as the Ohio Foot and Ankle Medical Association. The 2013 HOD was a busy and productive weekend. We welcomed guests APMA President Dr. Matt Garoufalis, APMA BOT Liaison Jeff DeSantis and APMA Executive Director Dr. Glenn Gastwirth. We were introduced to the new Executive Director of the Ohio State Medical Board, Dr. Aaron Haslem. The 2013 House also heard the first report of our new lobbyist, Dan Leite. The House responded to his legislative efforts with impressive OPPAC contributions—the entire OHFAMA Executive Board and Board of Trustees, OHFAMA staff, APMA leadership, the entire Northwest Academy delegation, and even our own lobbyist made two OPPAC contributions this year. Thank you to all who contributed. We need OPPAC funds to continue our work with the issues we face every day includ-

ing challenges to our scope of practice, Medicaid expansion and inclusion, and the uncertainty of the impact of the Affordable Care Act.

A very recent and exciting development is the adoption of the HELLPP Act as an amendment to the SGR Bill by the U.S. Senate Finance Committee. The HELLPP Act—Helping to Ensure Life and Limb Saving Access to Podiatric Physicians—would add podiatrists to the definition of physician under Medicaid. We will need our strength in numbers in the form of a grass roots efforts to advance this legislation to the next level. Passage of the HELLPP Act would be a giant step in the right direction as we continue to fight for fee parity and Vision 2015.

The New Year is shaping up to be a busy one. In January, OHFAMA will join APMA with a visitation to KSUCPM. There we will have the opportunity to reach out to students and educate them on the importance and benefits of membership. In March we will travel to Washington DC for the APMA HOD and have our first highly-anticipated Sports Medicine Clinic. April will bring the annual coding seminar, followed by The Annual CME scientific seminar in June.

Dr. Rumberg and I will be starting Academy visits in the spring. I am looking forward to getting to know our local members and officers. I would like to say "thank you" to all of our members for understanding the importance of being part of our strong medical association. Without the dedication and support of our members, we could not make the strides we do to advance our profession.

Karen Kellogg, DPM
2014 OHFAMA President



Calendar

2014

January 16-18
14th Annual NWOAPM
Scientific Seminar
Kalahari • Sandusky

March 7-9
No Nonsense Seminar
Holiday Inn • Independence

March 13-14
GXMO Didactic Course
OHFAMA Office • Columbus

March 15
GXMO Clinical Course
OHFAMA Office • Columbus

March 22
Sports Injury Clinic
Bridgewater Conference Center
Columbus

April 11
Financial and Coding Seminar
TBD
Columbus

June 5-7
The Annual Foot & Ankle
Scientific Seminar
Hilton at Easton • Columbus

**Please note that as of
January 1, 2014
all staff email addresses
have changed:**

jrumberg@ohfama.org
iridolfo@ohfama.org
jmclean@ohfama.org



INTRODUCTIONS AND CONGRATULATIONS

The 2014 Ohio Foot and Ankle Medical Association Officers

Please welcome the 2014 Ohio Foot and Ankle Medical Association Officers elected at Ohio House of Delegates

First row (left to right): First Vice President Corey Russell, DPM; President Karen Kellogg, DPM; Second Vice President Richard Schilling, DPM; Secretary/Treasurer Alan Block, DPM. Second row (left to right): North Central Trustee Chris Bohach, DPM; Young Member Trustee Sam Feinberg, DPM; Northeast Trustee Michael Bodman, DPM; Mideast Trustee Richard Kunig, DPM.

Third row (left to right): North West Trustee Thomas McCabe, DPM; Midwest Trustee Kevin Schroeder, DPM; Central Trustee David Kaplansky, DPM; Immediate Past President Marc Greenberg, DPM; Southern Trustee Brian Ash, DPM; Top row (left to right): Eastern Trustee Derrick Jackson, DPM; OPMSA Trustee Amanda Kamery; Northeast Trustee Mark Gould, DPM.

Berkowitz Received AAPPN Chairman's Award

The AAPPN Chairman's Award was presented to Richard J. Berkowitz, DPM by AAPPN Chairman, Hal Ornstein at the Fall Classic Super Saver Seminar. The award recognized Dr. Berkowitz for his many years of dedication to the podiatric profession and for leading the Fall Classic Super Saver Seminar in Cleveland. Dr. Berkowitz has chaired the event for the last twenty-six years.

Pictured (left to right) are Dr. Hal Ornstein and Dr. Richard Berkowitz.

| Source- PM News, Oct 28. |



MAKING THE ROUNDS IN OHIO

AAPMA Elects President and Trustee

The American Academy of Podiatric Practice Management (AAPPM) announced the election of its 2014 Board of Trustees.



AAPMA Trustee Dr. Animesh Bhatia

Dr. D. Charles Greiner of Columbus, Ohio was elected President. Greiner is Director of Hometown Foot Care of Waverly and Portsmouth. Dr. Greiner's great uncle and his two sisters are podiatrists. As a third generation podiatrist, there has been a Greiner practicing podiatry in Columbus since 1939. The family had Greiner's Shoe Store that operated in downtown Columbus for more than 100 years.

Additionally, another notable Columbus podiatric physician, Dr. Animesh Bhatia, was elected Trustee of the AAPPM.

Both podiatric physicians are graduates of the Ohio College of Podiatric Medicine (KSUCPM) and are active in the Central Academy of OHFAMA and the AAPPM.

Congratulations and best wishes for a successful year to both.



**AAPMA Board of Trustees President
Dr. D. Charles Greiner**

Dr. Burton Joins Foot and Ankle Specialists of Central Ohio

Dr. Kristin Burton, OHFAMA Central Academy member, will join Foot and Ankle Specialists of Central Ohio to provide comprehensive foot and ankle care to patients of all ages. As a competitive gymnast who coached girls' gymnastics and cheerleading through college, Burton is a member of the of OhioHealth Grant Medical Center staff. She graduated from The Kent State Univer-



Dr. Kristin Burton

sity College of Podiatric Medicine in 2010, completing a three-year surgical residency at Grant Medical Center. Burton was the OCPMSA student Board of Trustees member to OPMA for two years.

Northwest Academy Member Honored

The Memorial Hospital Board of Trustees honored Dr. John Clarke on December 3, 2013. Dr. Clarke was presented with a proclamation recognizing his many years of service to Memorial Hospital and the Memorial Hospital Board of Trustees.

Clarke joined the Memorial Hospital medical staff in 1980. While on the Memorial Hospital Board of Trustees, he served on nominating, physician recruitment, joint conference, bylaws, ethics, and professional affairs committees. Clarke served as chairman of the board during 2009 and 2010.

Left to right are Chairman of the Board Al Mehlow and Dr. John Clarke.

| Source: The News-Messenger 12.19.13 |





Bryan Caldwell, DPM

Interim Dean Named

Bryan Caldwell, DPM, will serve as interim dean of Kent State's College of Podiatric Medicine. Caldwell has been serving as assistant dean of clinical education and operations at Kent State's College of Podiatric Medicine. He has been with the podiatry school since 1994.

Caldwell received his bachelor's degree from the University of South Florida, master's degree from the University of Notre Dame and podiatric medicine degree from the Ohio College of Podiatric Medicine. He completed his residency at Florida Hospital in Orlando, Florida. Caldwell has been board certified by the American Board of Podiatric Orthopedics and Podiatric Primary Medicine since 1997. He has been named Faculty Member of the Year twice by the Ohio College of Podiatric Medicine. Caldwell also serves as principal investigator or co-investigator on several research grants, including a grant from the National Institutes of Health involving the nonvisual foot examination for people with diabetes and visual impairment.

He is a member of the American Podiatric Medical Association, Ohio Foot and Ankle Medical Association, Northeast Ohio Podiatric Medical Association and American College of Physician Executives. He has authored books, chapters and papers, including several in the *Journal of the American Podiatric Medical Association*. He also serves as a journal reviewer for the *Journal of Foot and Ankle Surgery* and the *Journal of the American Podiatric Medical Association*.

OHFAMA Member Introduces Elementary School Children to Skeletal Anatomy



Dr. Bruce Blank teaches students

Dr. Bruce G. Blank is reaching out to the community to teach school-aged children about the human skeleton as an introduction to the sciences and the healing arts. This is the first presentation of its kind given by Dr. Blank and is titled *Squeaks and Groans and Skeleton Bones*. Blank recently made a presentation at the Bellaire Elementary School that included x-ray examples and skeleton bones so that the students can learn how the human body functions.

Dr. Blank is Past President of the Ohio Foot and Ankle Medical Association, a Board Certified reconstructive foot and ankle surgeon and Fellow of the American Professional Wound Care Association. He is in private practice at Achilles Foot and Ankle Surgery, PC located in Martins Ferry, St. Clairsville, and Elm Grove.

| Source: Martinsville Times Leader 10.15.13 |



Dr. Marc Greenberg presents Dr. Paul Lieberman with the OHFAMA Board's plaque to thank him for his many years of service.

OHFAMA Board of Trustees Honors Service of Dr. Paul Lieberman

OHFAMA president Dr. Marc Greenberg presents Northeast Trustee Dr. Paul Lieberman with a plaque thanking him for 21 years of service on the Board of Trustees. Lieberman has served as OPMA's only two-term president, chaired the APMA HOD Delegation, served the OPPAC Board, has chaired the Exhibit Hall for the Regional Scientific Symposium as well as served as the MC for Exhibit Hall Door Prizes. He has been a continual member of the Medicare CAC for Ohio podiatry, APMA Coding Committee and has been a presenter throughout the state on Coding and ICD-9. A past recipient of the Distinguished Service Award, Dr. Lieberman is a past president of the Northeast Academy and assists annually with the Fall Classic Seminar in Cleveland.



Central Academy Member Receives First Place Award at National Wound Care Conference

Gene Graham, DPM, OHFAMA Central Academy member, received first place for “Outstanding Case Series Poster,” at the Clinical Symposium on Advances in Skin and Wound Care in Orlando, Florida. With the prevalence of MRSA infected wounds documented in Columbus, Ohio, Dr. Graham spent several years developing a protocol for wound care when MRSA is present or suspected. The poster presented Dr. Graham’s research utilizing his protocol and combining the de-escalation theory with a topical agent.

| Source: PM News, November 12, 2013 |

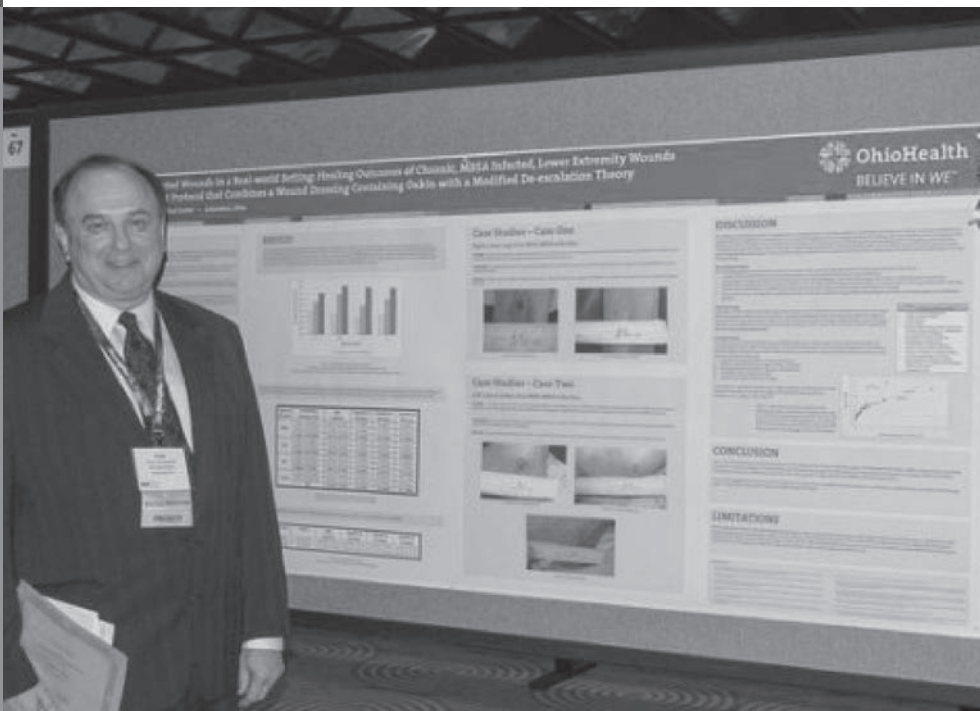
Thomas V. Melillo, DPM

IN MEMORIAM

Thomas V. Melillo, DPM

Thomas V. Melillo, DPM, who served as chief executive officer of Kent State University’s College of Podiatric Medicine, died Oct. 22 after a battle with cancer. He was 68 years old. Melillo led one of the largest and most respected podiatric medical education institutions in the country and the only accredited podiatry school in Ohio since August 1984. The college was known as the Ohio College of Podiatric Medicine before becoming a part of Kent State in July 2012.

Under Melillo’s leadership, the podiatry school prospered, expanded, enhanced its reputation and became recognized as one of the national leaders in podiatric medicine education. He was responsible for developing three new and different clinic sites for the Cleveland Foot and Ankle Clinic, relocating the college to Independence, building a modern, high-tech facility to provide the best training for its students and supervising the friendly acquisition of the Ohio College of Podiatric Medicine by Kent State. Melillo had been the longest-serving president of a podiatry college in the United States.



Mid-East Academy Podiatrists Staff Akron Marathon

The Mid-East Academy staffed the medic tent during the Akron Marathon. Just two of the friendly podiatric faces greeting the runners for expert foot injury and care.



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FROM THE EXECUTIVE DIRECTOR

On Staying Strong

by Jimelle Rumberg, PhD, CAE

NIETZSCHE IS CREDITED with saying, "What doesn't kill us makes us stronger." At this point in our lives, we're sure that you feel that you could bench press a Greyhound Bus without batting an eye. Nietzsche's philosophy is basically a half-hearted message; strength comes with each passing crisis. Are you able to survive future challenges? Does stronger mean "more capable" to handle the situation better the

next time? We could possibly ask him to clarify his intent, but ironically Nietzsche ran out of things that didn't kill him and he succumbed to pneumonia in combination with a stroke in 1900.



Making The Most of Our Strong Suits

Being stronger is obviously a good thing, but still rather cautiously optimistic. We want our failures to make us stronger, smarter, more tolerant, energized and knowledgeable to handle anything that comes our way. Face it, if we had a crystal ball, we would all be wealthy from the stock market, know the outcomes of the Super Bowl and comprehend in advance how all our expectations would be realized. Would that kill us or make us stronger?

Staying Strong and Flexible

Knowing how the ACA will shake out has definitely made us stronger. We've all had to face the reality that it's no longer business as usual. Medicare is changing, health plans must be ACA compliant, ICD-10 are on the horizon on October 1, and Medicaid is expanding that will benefit 366,000 of Ohio's in-need patients. Technology has literally transported us in communication, banking and medicine, but how have we adapted to the change? Face it, for most

physicians, flexibility isn't a strong suit, but knowing how to react and adapt to the vast changes can be more manageable with preparation and pacing ourselves incrementally.

Exercising Our Strengths

If you'll remember Governor's Kasich's famous quote about being on the bus or being under the bus, the situation basically rests with YOU.

Are you willing to send an email to Congress so that podiatry's HELPP Act becomes a reality? "Helping Ensure Life and Limb Access to Podiatric Physicians (HELLPP) Act (H.R. 1761/S.1318)." The bill:

1. **recognizes us as physicians under Medicaid;**
2. **corrects inefficiencies in Medicare's therapeutic shoe program for patients with diabetes; and**
3. **provides a mechanism to fund the legislation, which will more than offset the projected cost of our participation under Medicaid.**

An Opportunity Taken

This is your opportunity to be stronger and proactively change the future. Are you willing to take five minutes and use eAdvocacy on APMA Web site to make this happen for everyone in the profession?

If you are, THANK YOU for being professionally dedicated. As we gaze into the crystal ball the haze will clear and 2014 will become a year that we will achieve, prosper and serve our patients with quality care.

Happy 2014!

**The Future:
It's Up to You!**

eAdvocacy

APMA

apma.org



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Consultants Inc.

As an Ohio Foot and Ankle Medical Association member you can save significantly on your workers' compensation premium by joining the OHFAMA workers' compensation program administered by CareWorks Consultants, Inc. (CCI).

CareWorks Consultants is an Ohio based company located in Dublin, Ohio and is the largest third party administrator (TPA) in the state. CCI truly embraces a results-oriented approach that fully integrates safety prevention and risk control with aggressive claims management to deliver a significant return on investment for you as a member.

As you work on your budgets for 2014, we ask that you keep the OHFAMA workers' compensation program in mind as a cost savings tool. In fact, here are some items to consider when evaluating the program:

- The 66 OHFAMA members in the 2013 group rating program saved a combined \$31,829 in premium.
- Save up to 53% on your workers' compensation premium.
- Your participation in this program helps the OHFAMA which is your business advocate.

To receive a quote, please contact Kristen Troesch with CCI at 1-800-837-3200, ext. 7247 or Kristen.Troesch@ccitpa.com. The deadline to receive a quote and file is fast approaching. We appreciate your consideration of this program as your involvement helps the Ohio Foot and Ankle Medical Association, our mission and ultimately our entire industry.

Challenges For OPPAC in 2014

Happy New Year, Merry Christmas, Happy Hanukkah and warm wishes to you all this holiday season!

I hope everyone is happy and healthy as 2014 begins. In my new role as chairman of OPPAC, I will continue to pursue the excellence demonstrated by my predecessor and our current president, Dr. Karen Kellogg. As part of those efforts, I will be transparent about where your invaluable OPPAC donations are utilized and our on-going struggles and successes.

As OPPAC chairman and 1st Vice-President, I work for you, the 600 plus members of OHFAMA and the entire profession in the state of Ohio. I am here for you and I welcome any questions or concerns.

The year 2013 was a jubilant success for OHFAMA and OPPAC. We have had a lot of success stories during the past year. Our successes are attributed to OPPAC donations made by our membership and by the continued efforts of our lobbyists with Capitol Advocates, Dan Leite and Courtney Saunders. A huge "thank you" goes to our Executive Director, Dr. Jimelle Rumberg, and the OHFAMA Executive Committee and Board of Directors. Job well done!

As everyone is aware, the changing landscape of medicine associated with the Affordable Care Act has been wide-ranging. Changes continue, and it will take efforts by all of us to make certain that Podiatric Medicine is a firm part of the new landscape.

One of our biggest challenges during 2013 was working to ensure that Podiatry was included in the Medicaid expansion in the state of Ohio. As many of you know, Medicaid expansion has been a hot-button issue in Ohio. Governor John Kasich was a strong advocate despite the concerns from members of his own party. Thanks to the ongoing efforts of our lobbyists in Columbus, and Dr. Rumberg and the OHFAMA leadership, we are well positioned to be included in that expansion. Medicaid

expansions will mean that approximately 366,000 new Medicaid recipients will have access to Podiatric care.

In future editions of *OHFAMA Journal*, I will continue to inform you, our OHFAMA members, about pending Ohio House and Senate bills. Included will be those bills that we are working diligently to pass, bills that positively benefit our profession and bill that we are working to defeat.

I look forward to meeting all of you this year, whether in Columbus for the Annual seminar or at various meetings around the

state. OPPAC continues to be the political backbone of our profession in Ohio and your donations are more important now than at any other time in our history.

Changes are afoot, and we need to have our feet firmly planted in the process to implement the coming changes in medicine (no puns intended).

Thank you all for your continued support of OPPAC!

Sincerely,
Corey B. Russell, DPM FACFAS FACCWS

Medicaid Benefits: Podiatrist Services

Location	Is the Benefit Covered?	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology	Populations Covered
Ohio	Yes	Specified services	24 visits/year that count toward physician visit limit	Fee for service	CN

Several states establish limits on the number of podiatrist office visits covered for adult Medicaid beneficiaries during a year. In some instances these limits are in combination with other types of practitioners, such as physicians. It is also common for states to have different visit limits for beneficiaries residing in nursing facilities rather than in their own homes. Some states limit coverage to adult beneficiaries suffering from systemic conditions such as diabetes.

It is important to also review the prior approval requirements and coverage limitations appearing on the Inpatient and Outpatient Hospital and Physician Services tables.

The predominant reimbursement methodology used by states for podiatry services is "fee for service." This means the state has established a maximum payment amount for a particular service, or uses the maximum or a percentage of the maximum applicable to the Medicare program for the service, and pays the lesser of the provider's charge or this amount. Some states use the Resource Based Relative Value Scale (RBRVS) to set reimbursement rates for podiatrist services in the same way they use RBRVS to set reimbursement rates for physician services.

| KCMU Medicaid Benefits Database. Prepared by Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured (KCMU) |

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PRESIDENT: Karen Kellogg, DPM

PUBLISHED BY:

Jimelle Rumberg, Ph.D., CAE, Executive Director

ADVERTISING:

Luci Ridolfo, Director of Education and Membership

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; jmclean@ohfama.org;

lrldolfo@ohfama.org

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IN STEP

Diabetic Shoes Documentation Checklist

DOCUMENTATION AND TIMELINE

1. Treating physician diabetes management: 6 months prior to dispensing
2. Prescribing physician exam (DPM): six months prior to dispensing
3. Treating physician foot exam or agreement with DPM exam: prior to or at same time as #4
4. Statement of certifying physician: three months prior to dispensing after #1 and #2

REQUIRED DOCUMENTATION

1. Prescribing physician detailed exam of qualification criteria
2. Written order – detailed description of items to be provided
3. Copy of treating physician diabetes management exam
4. Treating physician's foot exam or agreement with DPM exam
5. Statement of Certifying Physician (form)
6. Selection visit - documenting selection of shoes, measurements, impressions (for custom shoes and/or inserts)
7. Dispensing visit – documenting an assessment of the fit of the shoes and inserts with the patient wearing them

FORMS

1. Proof of delivery – Detailed description of the item being delivered including all separately billed options and accessories
2. CMS 30 Supplier Standards
3. Return policy
4. Warranty
5. Complaint resolution form
6. ABN (if applicable)

| Source: 13th Annual Joint National Podiatric CAC-PIAC Representatives Meeting, Nov. 8-9, 2013; Sample provided by Ed Prikaszczikow, DPM |

STATE MEDICAL BOARD OF OHIO

FAQs: Terminating the Physician-Patient Relationship and Notifying Patients When a Physician Leaves a Practice

Q Does the Medical Board have rules regarding terminating the physician-patient relationship or notifying patients when a physician leaves a practice?

A Yes. The Medical Board adopted the following rules, effective December 31, 2013: Rule 4731-27-01 (Definitions), 4731-27-02 (Dismissing a patient from the medical practice), and 4731-27-03 (Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine.). The rules are located in the Ohio Administrative Code [OAC].

Q Have the Rules changed? Why?

A Previously, Rule 4731-27-01 required a physician to take specific steps to notify the patient when dismissing the patient from the medical practice and also set actions all physicians must take to notify patients when the physician was leaving a practice for any reason. However, the Ohio General Assembly enacted Section 4731.228 of the Ohio Revised Code, effective March 22, 2013, which requires the employer of a physician to notify patients when an employed physician's employment ends for any reason. That legislation also required the Medical Board to amend Rule 4731-27-01 to specify the means by which the patient notification must be given by the employer.

Upon review, it was determined that requirements would likely be clearer if the requirements for terminating a single patient from the medical practice were in a separate rule from the requirements for notifying a group of patients that the physician will no longer be practicing at the same medical practice. The Medical Board, with input from medical associations, medical societ-

ies, individual physicians, and the Ohio Hospital Association, then adopted new Rules 4731-27-01, 4731-27-02 and 4731-27-03.

Q What is Rule 4731-27-01 all about?

A New Rule 4731-27-01 gives definitions for various words and phrases found in Rules 4731-27-02 and 4731-27-03.

Q What is Rule 4731-27-02 generally about?

A Rule 4731-27-02 spells out the requirements for a physician terminating a patient from the medical practice.

Q What are the requirements for dismissing a patient from the medical practice?

A Generally, the physician must send the patient notice that the patient is terminated from the practice. The notice of termination must also include certain information.

Q What are the methods for sending the notice of termination?

A The options for sending the notice are the following:

- Sending a letter sent to the patient's last known address by certified mail, return receipt requested. A copy of the letter, the certified mail receipt, and the mail delivery receipt must be maintained in the patient's record.
- Sending an electronic message sent via a HIPAA compliant electronic health record system or HIPAA compliant electronic medical record system.
- If the notice sent via the HIPAA compliant electronic health record system or medical record system is not viewed by the patient within ten days, the physician must send a letter to the patient's last known address by certified mail, return receipt requested.

Q What information is required in the notice of patient termination?

A The notice must include the following three statements:

- The physician-patient relationship has been terminated.
- The physician will provide emergency treatment and access to services for up to 30 days.
- The physician will transfer the patient's records after receiving an appropri-

ately signed consent.

- The rule does not obligate the physician to find another physician for the patient.

Q What does "emergency treatment and access to services for up to thirty days" mean?

A First, "emergency treatment and access to services" does not mean that the physician has to see the patient for routine medical services.

- "Emergency treatment" does, however, require the physician to provide care for an emergency situation that comes up prior to a patient getting a new physician, or up to 30 days, whichever comes first.
- The phrase "access to services" generally contemplates that the physician will provide the patient a short-term prescription for maintenance medication.
- The phrase "for up to thirty days" anticipates that there may be situations where a patient's action or threats may compromise the safety of the physician and/or office staff. Under these circumstances, the physician can terminate the physician-patient relationship immediately and has no obligation to provide further emergency treatment and access to services.

Q Are there situations in which a formal termination of the physician-patient relationship is not required?

A Yes. Formal termination is NOT necessary if the physician gave medical services to the patient on an episodic basis or in an emergency setting where the patient should not expect that related medical services will be provided in the future. In addition, no formal termination is required if the patient's care has been transferred to another health care provider in another group. No formal termination is required when the patient terminated the physician-patient relationship.

Q What is Rule 4731-27-03 generally about?

A Rule 4731-27-03 has the legal requirements for providing notice to patients when a physician leaves a practice, sells a practice, or retires from practice.

Q What does Rule 4731-27-03 require when an employed physician leaves employment for any reason?

A Section 4731.228, Ohio Revised Code, requires the employing health care entity to send the notice to patients, and sets out the information required in the notice and the timeframe for sending the notice. Paragraph (A) of Rule 4731-27-03 establishes the methods by which the notice is to be sent to patients. In addition, the employer may meet the requirement of Section 4731.228, Ohio Revised Code, by providing patient contact information to the departing physician and requiring the physician to send the notice to patients.

Q What if the employer DOES NOT provide patient contact information to the departing physician?

A If the employer does not provide patient contact information to the departing physician, the physician has no responsibility to notify patients that he/she is leaving the health care entity.

Q What if the employer DOES provide a list of patients and patient contact information to the departing physician? What are the departing physician's responsibilities?

A This situation is covered by Rule 4731-27-03(B). The departing physician must send a notice that contains all of the following:

- A statement that says the departing physician will no longer be practicing medicine as an employee of the health care entity;
- Information the patient may use to contact the physician after leaving employment with the health care entity;
- The date when the departing physician has stopped or will stop practice as an employee;
- Contact information for alternative physician(s) employed by the employer or a group practice that can provide the care to the patient;
- Contact information so that patients can obtain information on their medical records.
- The notice may be given by a letter sent regular mail to the last known address of the patient with the date of mailing documented in the patient

file, OR by electronic message sent via a HIPAA compliant electronic medical record system or a HIPAA compliant electronic health record system meeting specified requirements.

Q What about a situation where an independent contractor physician or a physician who has an ownership interest in the practice leaves, sells off his/her interest or retires from a practice?

A Rule 4731-27-03(C) covers this situation.

Q What is required by Rule 4731-27-13(C)?

A The physician must send a notice to all patients seen by the physician within two years of the last date on which the physician will see patients.

Q When must the notification be sent to patients by a physician who is an independent contractor or who has an ownership interest in the practice?

A The notice must be sent no later than 30 days before the last date the physician will see patients or upon actual knowledge that the physician will be leaving, selling the interest in the practice or retiring, whichever comes first.

Q What if the physician suffers from an acute illness or if there is an unforeseen emergency that prevents the physician from timely sending the notice?

A The notice must be sent no later than 30 days after it is determined that the physician will not return to the practice.

Q How does the notification get sent to patients?

A The options for sending the notice are:

- By a letter sent regular mail to the last known address of the patient, with the date of mailing documented in the patient file;
- By electronic message sent via a HIPAA compliant electronic medical record system or by a HIPAA compliant electronic health record system.

Q What must be included in the notice?

A The notice must include all of the following:

- A statement that says the departing physician will no longer be practicing medicine at the practice.

- The date when the departing physician has stopped or will stop practice at the practice.
- Contact information for the departing physician if that physician will practice medicine at a different location.
- Contact information for alternative physician(s) employed by the practice or a group practice that can provide the care.
- Contact information so that patients can obtain information on their patient records.

Q Are there any exceptions to the notification requirement about a departing physician, regardless of the reason for the departure?

A Yes. The notification requirements for a departing physician do not apply in any of the following five circumstances:

- The physician gave medical services to the patient on an episodic basis or in an emergency setting where the patient should not expect that related medical services will be provided in the future.
- The physician is a medical director or other physician who provides services similar to those found through a hospice care program.
- The physician is a medical resident, intern, or fellow who is working in the capacity of a medical resident, intern or fellow.
- The physician provides services to patients through a community mental health agency certified under section 5119.611, Ohio Revised Code or through an alcohol and drug addiction program certified by section 3793.06, Ohio Revised Code.
- The physician provides services through a federally qualified health center or federally qualified health center look-alike.

Q What if a physician does not follow these notification requirements? What can happen?

A The Medical Board could potentially discipline your license for not following minimal standards of care under section 4731.22(B)(6), Ohio Revised Code.

| Approved by Medical Board – Dec. 12, 2013 |

Baby Steps

GXMO Report

Beginning on September 1, 2013 the Ohio Department of Health contracted with RadEd LLC to facilitate the state's GXMO program.

The state's GXMO test will now be offered at various online testing facilities throughout the state with multiple monthly date options available. Test takers find out pass/fail notifications within 48 hours and may retake the test multiple times within the 12 months of the Didactic Course completion. The association is notified in writing each time an Ohio Foot and Ankle Medical Association (OHFAMA) course attendee takes the test and is also provided the breakdown of six areas of how the test taker scored.

The OHFAMA has been assigned a private online Administrator window and has the ability to update all course attendees on an as needed basis.

CGS | Medicare | Ohio | Contacting Customer Service

Did you know there are three levels of Customer Service?

If you find you need additional assistance or research, you can ask to be escalated to the next tier of Customer Service.

Contact Customer Service for:

- Unresolved claim issues
- Explanation of offsets
- Clarification of Medicare coverage guidelines
- Other info not available through the IVR
- Tip: check our website first!
- 1.866.276.9558

8:00 a.m. to 5:00 p.m. ET

CGS home page: <http://www.cgsmedicare.com/medicare.html>; CGS

ListServ: https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp

CGS Education in Ohio: <http://www.cgsmedicare.com/ohb/education/education.html>

- Calendar of Events
- Workshops/Seminars
- Ask-the-Contractor Teleconferences (ACTs)
- Webinars

Medicare Responding to Additional Documentation Request (ADR) Letters

When additional information is needed to process a claim, CGS sends a letter to the correspondence address on file for that provider.

- Respond within 30 days.
- Provide the documents/information requested and any related details to the case.
- Use the Signature Attestation Statement if the physician's signature is illegible or missing.
- Include a copy of the ADR letter with your documentation.
- Do not resubmit the claim until you receive a determination. This will result in a duplicate denial.
- Keep a copy when you respond to requests for additional documentation (ADS letter) from CGS.

Provider Enrollment Revalidation

The Medicare provider enrollment revalidation initiative will continue through March 2015. When you receive a request from CGS to revalidate your enrollment initiative, it is critically important that you respond to the request within 60 days of the postmark date and that you provide all the required information.

Phase 3 of the Revalidation process is starting very shortly and will include 70% of the Part B Provider Community. Before you update your enrollment information through Internet PECOS or mail the information to CGS, verify that your application is complete.

- Refer to the CGS 855I and 855R Revalidation Checklist. http://www.cgsmedicare.com/kyb/enrollment/855I-855R_Revalidation_Checklist.pdf
 - Include a copy of the authorized official's driver's license or passport (we are required to verify the identity of the person who signs the application).
 - Provide a copy of the IRS-575 form.
 - Refer to the CGS article "Top Revalidation Development Reasons" for more tips to ensure your submitted application is complete. http://www.cgsmedicare.com/kyb/enrollment/Top_Reval_Reasons.html
- If your revalidation application is not complete, we will request the missing information from you, including calling the

contact person listed in the application to follow up if necessary. Revalidation is serious business! If you don't respond to our requests for the required information, your billing privileges will be deactivated.

STEADI: Stopping Elderly Accidents, Deaths & Injuries

OHFAMA is partnering with the Ohio Department of Health to bring you the CDC's STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit. STEADI (Stopping Elderly Accidents, Deaths & Injuries) is a provider resource based on a simple algorithm adapted from the American and British Geriatric Societies' Clinical Practice Guideline. It includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests. Additionally, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

FREE copies of the complete STEADI Tool Kit are available from the Ohio Department of Health and can be re-requested by visiting: <http://www.healthy.ohio.gov/vipp/falls/STEADI.aspx>.

When Are You Required to Check OARRS?

Medical Board rule 4731-11-11 Standards and Procedures for Accessing OARRS defines the current requirements for accessing OARRS before prescribing or personally furnishing a controlled substance or tramadol to a patient.

OARRS reports must be accessed:

1. If a patient is exhibiting signs of drug abuse or diversion;
2. When you have a reason to believe the treatment of a patient with controlled substances or tramadol will continue for twelve weeks or more; and
3. At least once a year thereafter for patients receiving treatment with controlled substances or tramadol for twelve weeks or more.

If signs of abuse, addiction, diversion or other patterns of risk appear, prescribers should address these issues with the patient to determine the basis for the suggestive behavior. Link to resources posted on Medical Board website: Frequently Asked Questions regarding 4731-11-11

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Ohio Foot and Ankle Medical Association

SPORTS INJURY CLINIC

Saturday, March 22, 2014 • 7.5 Category 1 CME Hours

Bridgewater Conference Center • 10561 Sawmill Parkway, Powell, Ohio

Register today: www.opma.org

ESTEEMED FACULTY:

Mark Mendeszoon, DPM, Clinic Chair • Michael Canales, DPM • Patrick DeHeer, DPM

Meghann Featherstun, MS, RD, LD • Leo Kormanik, II, DC, MS, CCSP

Pat Nunan, DPM • Alicia Teasant, DPM

REGISTRATION FORM

Welcome to the inaugural SPORTS INJURY CLINIC hosted by the Ohio Foot and Ankle Medical Association. This seminar has been approved for **7.5 CME Category I Hours**.

**Bridgewater Conference Center | 10561 Sawmill Parkway
Powell, Ohio 43065 (Columbus suburb)
Saturday, March 22, 2014 | 8:00 am – 4:30 pm**

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Preferred First Name _____

Company/Clinic Name _____

Address _____

City _____ State _____ Zip _____

Business Telephone _____

Fax Telephone _____

E-Mail _____

Please mark one (add \$25 late fee after March 17, 2014)

- ☐ OHFAMA Member: \$99
☐ Non Member: \$250
☐ APMA Member Out of State: \$125
☐ Student/Resident: \$25 (What a deal!)

Payment Method: (please mark one)

☐ Check payable to Ohio Foot and Ankle Medical Association*

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Account Number _____

Expiration Date _____ Security Code _____

Name (as printed on Credit Card) _____

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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: Iridolfo@ohfama.org

OHFAMA | SPRING 2014 | SPORTS INJURY CLINIC



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Reference: 1. Obrosova IG, et al. Metanx Alleviates Multiple Manifestations of Peripheral Neuropathy and Increases Intraepidermal Nerve Fiber Density in Zucker Diabetic Fatty Rats. *Diabetes* 2012;61:2126-2133.
2. Fonseca V, et al. Metanx in Type 2 Diabetes with Peripheral Neuropathy: A Randomized Trial. *The Am Journ of Med* 2013;126(2):141-149.