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OHIO PODIATRIC MEDICAL ASSOCIATION

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President's Message A Cupful of Optimism

by David Hintz, DPM, MPH, CPH



I HOPE EVERYONE'S summer was pleasant and productive. We have several issues facing us this year and leading into next year. We have several positives during this election year; OPMA member Brad Wenstrup, DPM, is run-

2012 OPMA PRESIDENT

ning as the Congressional Representative for his district. As a Republican contender, he is the favored candidate. Based on my discussions with Brad, he is in tune with the issues facing his district. He will be a strong asset as representative for the citizens of his district. We wish him well.

Another positive is that the last year's state of Ohio budget gap of \$8 billion dollars seems to have turned into a several hundred million dollar surplus for the next biennium budget. This was made possible by an austere state budget and improved employment numbers in the private sector, meaning less economic pressure on arguments for cutting state funded programs such as optional services.

We must, however, still prove our worth and cost effectiveness; and we are prepared to do both. State budget talks begin soon.

A neutral area will be the election. The reason it is neutral relates to the fact that,

this being a presidential election year, many of the seats are difficult for us to call.

We are monitoring each race that is important to us, but I think we have opportunity no matter the November 6 results. We will prepare beginning November 7, 2012 to react appropriately on behalf of our members.

One of the more important contests to us is the Ohio Supreme Court race. Please look at each candidate carefully and vote based on a candidate's record and qualifications.

Remember to vote and remind your patients to vote, too.

On the not-so-positive side, the Institutes of Medicine (IOM) has delineated ten essential services that should be included in any Affordable Care Act Plan. We are not specifically listed in these services. As ACA will most likely cause an expansion of Medicaid recipients through government-mandated health care, these ten essential service components will have an impact on us, both as employers and as podiatrists providing services.

This illustrates the constant doubleedged sword that health care issues have for us. The most likely implementation of this policy will take several years, but we will have to monitor this as it develops. The uncertainty of Decision November 2012 simply adds to the burden of this issue.

I know the executive director and her staff are aware of the importance of this. I believe we can make a positive opportunity out this no matter who wins.

President's Message continued on page 2.

President's Message

continued from page 1.

A more positive side is the merger of the College of Podiatric Medicine (CPM) with Kent State University (now KSUCPM), which I wanted to speak to separately. This merger is now complete and things are looking very bright for our profession in terms of basic research and clinical research opportunity. We must bring our best efforts to this merger to give the best outcome. We will want to move slowly and methodically on these opportunities. However, there is much to enhance the future of our profession.

With regard to this merger, I think that a continued close relationship with the school and the state association is important. I encourage this relationship to continue with a view that students' educational outcomes are improved when they see the possibilities the profession offers in the field created by those participating as members of the state association. This is enhanced by the strong academic background of our students. KSUCPM just spent the past three years redeveloping its curriculum along with the CPMs of the nation in view of the 2015 initiative.

Our future looks bright for the 21st century. While we continue to move forward, let's not rest on our accomplishments alone! We are positioned for the future if we continue to evolve and improve!



OPPAC: Here to Inform You

As the 2012 general election approaches, which state candidates on the ballot will yield the greatest influence to your podiatric practice? Which candidates will permit your patients access to quality service, professional oversight and give you the right to fair reimbursement? Your have important choices to make in Ohio's election.

In Ohio, all state representatives (99) will be on the ballot. In approximately one-fourth of those seats, new candidates will be elected as a result of Ohio's term-limit law. Do you know state representative's name and his/her opponent? Does your district have an open seat? This is important information for your home address as well as your practice address.

In Ohio's 33 state senate districts, approximately one-half (16) will be elected during this election. My point is this, getting to know your state representatives and senators should be one of your high priorities. Legislators have *direct* governance over your podiatric practice. They regulate business practices of insurers, banks and more...so why leave your future to chance? Take time to know your legislators and ask them over to your office. Get a feel for their philosophy concerning foot care and podiatrists as physicians. Public misinformation and negative opinions regarding podiatry still exist, so do your part to set the record straight as a physician and provider of vital health care foot and ankle services. Your voice and vote in the election process is important; your impact is critical.

Optional services in health care will be on the budget table – namely Medicaid. **It is** *vital* **that podiatry remain in the Medicaid**. Won't you help us accomplish this for you and your patients in Ohio?

We won't rehash healthcare reform, the ACA increasing the roles in Medicaid or health exchanges, but we will tell you that we need your financial support to reach legislators on optional services *prior to January* when the budget is released. OPPAC is *ready* with proactive legislative testimony and legislator briefings, but we need to print materials for circulation and do what needs to be done to reach current and new legislators early...and that means *now*. May we count on you?

Please send your *personal* donation to OPPAC today. We cannot accept corporate, office checks, money orders, or cash, but *personal* checks or credit cards are acceptable. If you can send the typically suggested donation amount of \$300, that would be terrific. Even \$100 will help us in our work at the Capitol. *Thank you* for your professional vigilance. We look forward to your donation by mail or phone.

Please Welcome

DANIEL C. HURLEY is behind the scenes working for Capitol Consulting, and for you, as our newest member on the lobbying team for OPMA.

Dan worked as a Legislative Aide for State Senator Chris Widener and served as an Archivist and Aide in the Office of United States Senator George Voinovich in Washington. Dan also worked as a Legislative Page at the Ohio House of Representatives. He holds a BA in Political Science from The Ohio State University. He resides in Dublin.

Welcome aboard, Dan!

FROM CAPITOL SQUARE Legislative Briefings

Medicaid Expansion

The general consensus is that Ohio will expand Medicaid eligibility under ACA. The administration is also considering changes including bringing prisoners into Medicaid and moving some enrollees into an insurance exchange. The goal is to maximize the amount of federal funds Ohio can pull down while limiting Medicaid enrollment growth.

Details are still scarce, but the Governor has indicated that **optional services** will come under scrutiny in his next budget proposal. While underspending in Medicaid could offset the cost of expansion, the Governor has expressed a desire to include an income tax cut in his next budget, meaning cuts to optional services and provider rates are possible.

Insurance Exchange

Unlike Medicaid expansion, the Kasich administration has been adamant about not setting up a state-based exchange. Despite these public comments, Director Mc-Carthy from Medicaid has been looking at some 'outside the box' ideas to create an exchange including opening it up to Medicaid eligible persons; this could potentially save the state money while pulling down federal funds for subsidies and premium assistance. State Senator Kevin Bacon, Chairman of the Senate



Insurance Committee, has also been collecting data on insurance exchanges and could hold informational hearings during lame duck session. Ohio has until November 16 to decide on the type of insurance exchange it will establish, and open enrollment would begin next October.

Essential Health Benefits

Another key provision of the Affordable Care Act is the definition of essential health benefits, or EHB. Beginning in 2014, all insurance plans would be required to cover a minimum of 10 areas of care. Currently, most plans meet this coverage mandate to some degree; however, coinsurance and copays vary greatly. Given the variance in coverage among the states, HHS passed a rule last year to require states to create their own definitions. To define EHB, a state must select a benchmark health insurance plan among 10 possible plans that have high enrollment. Ohio has until the end of September to select a benchmark plan. Once a benchmark is selected the Ohio Department of Insurance can add

or modify coverage options to fully comply with ACA; ODI has indicated there will be opportunities for stakeholder input, but no details have been released.

Lame Duck Session

Following the November election, legislators will reconvene for a lame duck session to wrap up the year. While these post-election sessions can feature more than one surprise, here is a summary of tracked bills that will likely see action during lame duck:

House BILL 62 – HEALTH-CARE / JUDICIAL WORKER Assault: Prior to summer recess, the Senate Judiciary Committee favorably reported this legislation, increasing penalties and fines for persons who assault health care workers and hospital employees. The Senate extended the bill's provisions to include judges, magistrates and court officials.

SENATE BILL 291 – SURGI-CAL TECHNOLOGY: This bill would limit who can practice 'surgical technology' in a hospital or ambulatory surgical center to physicians, physician's assistants, RNs and LPNs. HOUSE BILL 259 – ALTER-NATIVE HEALTH CARE: OPMA and many other licensed provider groups are opposed to this legislation, allowing 'alternative or complimentary health care practitioners' to operate in Ohio without a license. Despite organized opposition and a bleak outlook, this legislation may receive a Senate hearing; it passed the House prior to summer recess by a vote of 66-29.

HOUSE BILL 417 – TERMI-NATION OF PHYSICIAN: HB 417 passed the House prior to summer recess 97-1; the bill sets standards for notifying patients when a physician is terminated from a health care entity. This legislation should pass the Senate during lame duck with little opposition.

Senate Bill 301 – Controlled Substances:

This cleanup of House Bill 93, the Pill Mill Bill, makes several technical changes affecting certain prescription drugs and disciplinary actions by state regulators. It passed the Senate unanimously and was reported out of the House Health and Aging Committee prior to summer recess.

HOUSE BILL 479 – ASSET MANAGEMENT MODERN-IZATION: OPMA drafted a letter of support for this legislation, which passed the House unanimously and received hearings in the Senate prior to recess. If enacted, 'The Ohio Legacy Trust Act' would modify property rights and make changes to laws covering trusts.

From The Desk of the Executive Director **A View** From This Side of The Desk

by Jimelle Rumberg, PhD, CAE

My guess is that most of you wonder



what my job entails. Although I prepare and develop the *News Journal*,

agendas/materials for all governance meetings of the OPMA (Executive Committee and Board of Trustees meetings), I also develop the House of Delegates meeting.

THE ANNUAL BUSINESS MEETING

To be in compliance as a corporation, OPMA must hold one annual business meeting a year and that obligation is fulfilled by our House of Delegates. This year we will begin the House on November 30 with the Reference Committee and the House will conclude on December 1.

During the meeting session, we hear reports from our attorney on legal aspects of Medicare, Medicaid and notable legal practice matters, the State Medical Board initiatives and other important reporting. Your academies represent the general membership via your elected delegates. Plan to attend and if you've never served as a delegate. Please volunteer your services. I guarantee you will learn one or more things you didn't know and it's a great way to affiliate with your fellow professionals in podiatry.

We look forward to seeing you at the Embassy Suites Columbus Airport Hotel on Friday, November 30 at 7:00 pm for registration.

EMERGING ON OPMA'S SCREEN

Although this list is far from complete, some of the noteworthy items on my radar screen include:

- A new Medicare payment formula for physicians – Will this actually end a decade of volatility as a result of the sustainable growth rate (SGR)?
- Ensuring Medicaid beneficiaries have equal and full access to foot and ankle care provided by podiatric physicians;
- Repeal of the Independent Payment Advisory Board (IPAB) or at least reforms that provide Congress greater involvement and oversight of the IPAB;
- Eliminating the requirement that physicians provide written authorization for over-the-counter medications reimbursed through a flexible spending account;
- Killing HB 259 Alternative Medicine legislation which would allow non-licensed people from practicing medicine (this passed the House and is

in the Senate for consideration and vote);

- Lobbying for retention of podiatric services in the Medicaid budget (this includes meeting with key cabinet officials who are directly involved in the budget process).
- Meaningful and comprehensive medical liability reforms.
- Meeting with other optional service provider groups regarding budgetary inclusion for the next biennium.

THE DAYS WE WILL REMEMBER

Some days, it's analogous to being Linda Blair in *The Exorcist* – head spinning 360 degrees with eyes glaring at my computer screen. My job is never the same job two days in a row. There is always a regulatory item, policy or legislative matter, in-house issue or APMA item that demands attention.

So at the end of your day, if you are simply worn out with insurance, Medicaid, DME documentation from a PCP's signature, and hearing about snags in your EHR software, you're welcome to come spend a day with me at OPMA. It will certainly be an eye opener for you to see what all our day encompasses.

Just like you, some days are overwhelming, but at the end of our day, we have the satisfaction of service to you and making a difference for your patients. What better job on earth could there be than ours?



October 25-28, 2012 Super Saver Seminar Airport Marriott Hotel I Cleveland

November 8-9, 2012 GXMO Didactic Course OPMA Office I Columbus

November 10, 2012 GXMO Clinical Course OPMA Office I Columbus

Nov 30 – Dec 1, 2012 OPMA House of Delegates Airport Embassy Suites I Columbus

March 7-8, 2013 GXMO Didactic Course OPMA Office I Columbus

March 9, 2013 GXMO Didactic Course OPMA Office I Columbus

March 8-10, 2013 No Nonsense Seminar Holiday Inn I Independence

June 6-8, 2013 APMA Region IV Seminar Hilton at Easton I Columbus

July 18-19, 2013 GXMO Didactic Course OPMA Office I Columbus

July 20, 2013 GXMO Clinical Course OPMA Office I Columbus

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BWC SAYS Use Your Head to Protect Your Hands

Did you realize that hand injuries are one of the most common types of

injuries. Planning ahead, paying more attention to your hands, keeping them out of harm's way and using appropriate personal protective equipment can help prevent most of these injuries.

What are the major sources of hand injuries?

• Trauma resulting from hazards, such as cuts, abrasions, punctures, broken bones and amputations

- Inadequate personal hygiene
- Using inappropriate solvents and cleaning agents
- Not following proper ergonomic practices
- Using the wrong tools or instruments
- Using tools or instruments incorrectly

What are ways to prevent hand injuries?

- · Remove hand jewelry
- Use lockout procedures to prevent unexpected startup of equipment
- Keep tools and instruments in good condition
- Keep your work area clean and free from debris in lab/work areas
- Obtain training on proper tool and equipment usage
- Don't use your hand as a temperature gauge
- Use barrier creams to prevent skin contact with irritants
- Properly use the correct tools, instruments and equipment

Source: BWC Division of Safety & Hygiene

Ohio Podiatric Medical Association Workers' **Compensation Programs**

Generate Over \$29,000 in **Premium** Savings

As we turned the page on the calendar to July, the Ohio Bureau of Workers' Compensation (BWC) ushered in the 2012 policy year, that runs through June 30, 2013. New workers' compensation rates took effect on July 1 and will apply to premiums due in February and August of 2013.

For many members of OPMA, the new policy year means new rates through our endorsed group discount programs administered by Care-Works Consultants. The OPMA program includes various sizes of members. In total, 62 members are in the program saving over \$29,000 on their premiums.

As many employers are nearing the time of year when they begin to formulate budgets for 2013, now is the time to begin thinking about your workers' compensation rating options for next year. Put our team to work for you and find out how the Ohio Podiatric Medical Association can make a difference for your company. For a no-cost, no-obligation program analysis, simply call the OPMA Program Manager Jason Bainum at (800) 837-3200, ext. 7114 or email him at jason.bainum@ccitpa. com. You may also submit an online application at www. careworksconsultants.com/ groupratingapplication/podiatricmedical.

 Electricity and heat sources resulting in burns and possible nerve damage

· Chemicals and other irritants leading to chemical burns, abrasions, simple dermatitis

Why are hand iniuries incurred?

- Inadequate training for the task being performed
- Not wearing appropriate hand protection

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and THINK!

skin irritation and

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Ohio Podiatrist Receives Golden Apple Award

At recent ceremonies for the graduating residents

from Akron General Medical Center's postgraduate training programs, orthopaedic surgery chief residents Ryan Gasser, MD and Matthew Stonestreet, MD presented **Jordan P. Grossman, DPM, FACFAS** with the Golden Apple award, which signifies the "Teacher of the Year" for the Orthopaedic surgery residency program. Dr. Grossman is the Presidentelect for the American College of Foot and Ankle Surgeons, an OPMA member and is a past Scientific Chair for the APMA Region IV.

Source: PM News August 8, 2012

(Left to right) Ryan Gasser, MD; Kathy Walsh, Residency Coordinator; Matthew Stonestreet, MD; Greg Vrabec, MD, Orthopaedic Surgery Residency Program Director; Golden Apple Award Winner Jordan Grossman, DPM; and Paul Lecat, MD, Chairman, Medical Education & Research.



Dr. Lawrence A. DiDomenico

Ohio Podiatrists Publish Chapters in New Surgical Text

The next generation of orthopedic and podiatric surgeons around the world may be studying from a textbook written in part by a pair of Youngstown-area podiatric physicians, Drs. Lawrence A. DiDomenico and Thomas Groner. Both are podiatric surgeons at Ankle & Foot Care Centers here. DiDomenico wrote three chapters in the recently published International Advances in Foot and Ankle Surgery textbook being used in medical and podiatry schools globally. Groner co-authored two of the three chapters. DiDomenico, who has authored portions of textbooks numerous times in his career, also is completing three chapters for another textbook to be published this fall.

| Source: PM News 7/18/2012 |



Dr. Thomas Groner

DREAMS COME TRUE An Epic Summer

by Mark Mendeszoon, DPM

Summer 2012 was an epic golden one for me. The summer started as co-chair for the APMA Region IV meeting in Columbus, a fulfilling experience. I met new friends and connected with old colleagues. The summer then went into full swing because track and field was entering its championship season on all levels. The week after the APMA meeting, I was able to return to Columbus at Ohio State University and attend the high school state track and field championship. I have been fortunate to watch several athletes that I coached, treated medically or worked with at my running store – Achilles Running Shop. In my thirty-five year career as athlete, coach and physician in track and field, the Ohio State Meet is one of the best in the land. We are fortunate to have a great track state and many of our kids do go on to college and compete. Over the last dozen years, coaching at Chardon High School and my Maple Leaf Track Club, I have sent several hundred kids to college to compete as a true student-athlete. It's my best guess that I have obtained several million dollars of scholarships and financial aid for these tremendous, young adults. Nothing is more rewarding then helping these kids find their way to become successful adults.

Immediately following the state meet, the Maple Leaf Track Club held its four-week summer clinic for kids ages 4-13. We took a hiatus from our Wednesday night track meets and defer that to the Spire Institute in Geneva, Ohio. As a medical consultant and track and field advisor, I have been fortunate to be part of this world class academic and athletic facility. I am excited about the future. This upcoming year we will host the Big East, Big Ten, NCAA, NAIA championship meets to name a few. We are also working closely with the United States Olympic Committee and USA Track & Field. Bar none, Spire is the best facility in the country, if not the world. I can say that honestly, as I have travelled the world and competed and spectated all events.

In late June, our family took our summer vacation to the West Coast to go to the USA Track & Field Olympic Trials. Our immediate group had a dozen in the party but Northeast Ohio was well represented with at least 60 people. Additionally, I had a personal interest, as 5 athletes I have treated or coached gualified for this prestigious meet. I had one athlete compete at the Canadian Trials. After two weeks in Eugene, Oregon and traveling the coast to Seattle, we were fortunate to see eight days of tremendous track and field where only three people per event (if they make Olympic qualifying marks) make the team and represent USA. When all was said and done, four athletes punched their ticket to London.

As a last minute decision and urging of friends and family, I went to London to take in the Olympic Experience. It was awesome. The athletes did well. One unfortunately fell in semifinals of his event. The other three all made it to the finals in their respective events. One brought home a gold medal, probably the biggest upset; and she and her husband/coach deserve it! I was able to help diagnose, treat and maintain her health along with a close colleague to allow her to compete at London. The atmosphere was electric at all the events I attended and I enjoyed every minute of it

People always ask if an athlete is an Olympian; then they always ask if a medal was won. For the majority of athletes that compete in any sport, however, the odds of making the Olympics is probably less than winning the lottery. To win a gold medal is nearly impossible. Everything has to be just right: health, training, conditions, luck, preparation and the list goes on. Anyone that is an Olympian is a tremendous athlete.

Track & Field is common denominator of my life and through the good fortune of my sport I have been able to receive an education, have a great vocation, meet many different people throughout the world, still participate in the sport, and help people as coach, doctor and as owner of a running specialty shop. Rio De Janiero 2016...I can't wait!

> Dr. Mark Mendeszoon with nine-year-old twins Myles and Marijke Mendezoon and (at left) Jennifer Suhr, the Olympic Gold Medalist from the United States.

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ABPOPPM is Now ABPM

The American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) is now doing business as The American Board of Podiatric Medicine (ABPM). On August 17, 2012, the certifying board confirmed it's new name as a DBA after tabulating the membership's vote. The Certification process of the Board with the new residency training model (Podiatric Medicine and Surgery Residency-PMSR) is defined in the Council on Podiatric Medical **Education Document** 320 (CPME 320). The ABPM headquarters is located at 3812 Sepulveda Blvd., Suite 530, Torrance, CA 90505 or visit www.ABPMed.org.

The American Board of Podiatric Medicine (ABPM) offers a comprehensive board qualification and certification process in podiatric medicine and orthopedics. Podiatric Medicine and Orthopedics is the medical specialty concerned with the comprehensive and continuous foot health care of patients. It integrates the biological, biomechanical, rehabilitative, clinical and behavioral sciences and encompasses first contact care, continuous care. long term care and general medicine.

The Certificate of the American Board of Podiatric Medicine is a unique achievement – a step well beyond the mandatory education of the podiatrist or state requirements for licensure. The web site is designed to fulfill the needs of the general public, credentials verification organizations and Doctors of Podiatric Medicine who wish to become ABPM Board Qualified or Board Certified.



The OPMA *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 David Hintz, DPM, MPH, CPH

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

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Editorial Disclaimer

The *OPMA 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 *OPMA 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.

YOUR PRESENCE IS REQUESTED Academies Should Begin Scheduling "President's Night" for 2013

The Mideast Academy is the first confirmed OPMA

academy to confirm their President's Night visit for 2013 – March 27.

Please contact Dr. Rumberg by email with two or three dates so that she and Dr. Marc Greenberg can schedule your visit ASAP. Call OPMA if you have questions. *Thanks!*

Telephone: 614.457.6269 E-mail: jrumberg@opma.org



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...and more!



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Plans Underway to Make Ohio Medicaid a Stand-Alone Cabinet Agency

Greg Moody, director of the Governor's Office of Health Transformation, announced plans to transform the Office of Ohio Health Plans (Ohio Medicaid) from a division of the Ohio Department of Job and Family Services (ODJFS) into a state agency effective July 1, 2014. The change of Medicaid to department status is the next step in a series of Kasich Administration reforms to improve the performance of Ohio's \$18.8 billion Medicaid program.

Medicaid is the largest health payer in Ohio, serving 2.2 million Ohioans through a network of 75,000 health-care providers at a total cost of \$18.8 billion in 2012. Ohio Medicaid/ ODJFS is the single state agency responsible to the federal government for the administration of the state's Medicaid program, though five other state agencies – Ohio Departments of Developmental Disabilities, Mental Health, Aging, Health, and Alcohol and Drug Addiction Services – also administer Medicaid-funded programs, with cross-agency coordination provided by the Office of Health Transformation.

"A multi-agency team will begin immediately in collaboration with the legislature and affected stakeholders to lay the groundwork for creating a stand-alone Medicaid department," Moody said. "A package of proposed legislative changes to finalize this change will be included in Ohio's FY 2014-2015 budget, to be unveiled early next year. We are not expecting any layoffs and we will work hard to make the process as seamless and transparent as possible for staff and stakeholders."

Ohio's Medicaid program was established in 1968 as part of the Ohio Department of Public Welfare (now ODJFS). Ohio Medicaid has 388 employees. ODJFS has 3,280 non-Medicaid employees and a non-Medicaid budget of \$3.6 billion. ODJFS will continue to oversee the state's public assistance, child protection, child support, workforce development and unemployment compensation programs.

STEPPING UP Baby Steps

CMS Contractor Begins Meaningful-Use Audits

CMS has begun the promised audits of Medicare providers and dual-eligible Medicare and Medicaid hospitals that have received federal electronic health-record system incentive payments. CMS hired Figliozzi & Company of Garden City, New York to perform the audits of providers that have attested to having achieved meaningful use of an EHR under the programs created by the American Recovery and Reinvestment Act of 2009.

According to the CMS' website, those being audited will receive a letter from Figliozzi & Company with the CMS logo on the letterhead. CMS, in audit guidelines posted online, advises providers to "save the supporting electronic or paper documentation that support your attestation," including documentation that will back up their payment calculations.

| Source: Modern Healthcare [7/24/12] |

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Medicaid: The coming changes

ELIGIBILITY: Medicaid and CHIP provide health coverage to nearly 60 million Americans. In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. States can apply to CMS for a waiver of federal law to expand health coverage beyond these groups.

Many states have expanded coverage, particularly for children, above the federal minimums. For many eligibility groups, income is calculated in relation to a percentage of the Federal Poverty Level (FPL). For example, 100% of the FPL for a family of four is \$22,350 in 2011. The Federal Poverty Level is updated annually. For other groups, income standards are based on income or other non-financial criteria standards for other programs.

THE AFFORDABLE CARE ACT OF 2010: Signed by President Obama on March 23, 2010, this act creates a national Medicaid minimum eligibility level of 133% of the federal poverty level (\$29,700 for a family of four in 2011) for nearly all Americans under age 65. This Medicaid eligibility expansion goes into effect on January 1, 2014 but states can choose to expand coverage with Federal support anytime before this date-see related Federal Policy Guidance and states that have expanded Medicaid prior to 2014. See eligibility provisions in the Affordable Care Act.

BABY STEPS

Continued from page 13.

CMS Issues Final Rule on Stage 2 of EHR Incentive Program

The final requirements that hospitals and other providers must meet to receive funding under the second phase of the federal electronic health record incentive program were issued in late August.

The Stage 2 meaningful-use requirements that providers must satisfy to receive payments under the program (that provides incentive payments to Medicare and Medicaid providers who adopt qualifying EHRs) will go into effect in early 2014. The final rule adds new "core objectives" to the Stage 2 reporting requirements for physicians and hospitals. The first requirement for physicians is to use secure electronic messaging to communicate relevant health information with patients. The rule also lowered the requirement that providers submit summaries of care from 65% of "transitions of care and referrals" to just 50%. | Source: Modern Healthcare -8/23/12

New CMS Rules Cut 'Red Tape' to Save \$4.5 Billion

The CMS issued new financial transaction rules for hospitals and other HIPAA-covered providers that federal officials expect will cost up to \$2.7 billion over 10 years but save as much as \$4.5 billion. The interim final rule, with which providers must comply by Jan. 1, 2014, will establish new operating standards both for electronic fund transfers (EFT) in healthcare and for describing adjustments to claim payments. The rule requires insurers to offer a standardized, online enrollment for EFT and electronic remittance advice (ERA) to encourage more providers to enroll and receive electronic payments from multiple health plans. The rule also requires health plans to send the EFT within a certain number of days of the ERA, to help providers reconcile their accounts more quickly.

| Source: Modern Physician 8.7.12 |

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CGS is pleased to offer *myCGS*, our free Internetbased, provider self-service portal. The *myCGS* application allows you access to information securely over the Web. The following services are available through *myCGS*:

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- And much, much more! You can participate in *myCGS* if you have a signed electronic data interchange (EDI) Enrollment Agreement on file with CGS.

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Once completed, the EDI Enrollment Agreement can be sent via mail or fax as indicated at the bottom of the form. For additional information including the *my-CGS* User Manual, tips and Frequently Asked Questions (FAQs), please visit our new *myCGS* web page at http:// www.cgsmedicare.com/ohb/ myCGS/index.html.

Percent of total musculoskeletal disorders by selected occupations and selected body part—2010

Occupations	Total	Shoulder	Back	Abdomen	Arm	Wrist	Leg	Multiple
All occupations	100	14.6	45.5	5.2	4.5	6.4	7.2	5.9
Nursing aides, orderlies and attendants.	100	14.4	55.7	1.5	2.9	3.8	4.1	8.3
Laborers and freight, stock and material movers	100	14.0	49.4	7.0	5.4	4.7	5.5	3.6
Janitors and cleaners, except maids	100	15.1	45.9	5.4	4.9	4.1	7.7	5.7
Truck drivers, heavy and tractor-trailer	100	21.4	37.4	6.3	5.6	3.2	8.1	5.7
Registered nurses	100	13.2	55.1	1.3	1.7	3.4	4.8	9.7

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