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President's Message

Uh, It's Feet!

by Thomas W. Kunkel, DPM



2010 OPMA
President

A show of hands:
Who enjoys what
they do? (My hand is
raised.)

Every day at the
office poses its own
set of challenges and
problems but I truly
enjoy being there.
Good things happen
at my office and I like

my job. Now, don't misunderstand me,
my office is not home (where my heart is).
It's not the shore, a jazz club, or a forest
trail, where I can run past the trees and
feel healthy and fast (trees are very slow).
The office is where I work.

My office is where I practice my craft:
Podiatry. It's where these people show
up to see me for some reason and typi-
cally leave feeling better because of what
I have done for them than when they
walked (limped) in. It's where I pay some
very caring people to show up every
day to aid me in my endeavors. My staff
typically does what I ask them to do and
sometimes I ask them to do some very
yucky things. With few exceptions, ev-
erybody is very nice and respectful to me
in the office. We usually get paid too, as I
have noticed checks made out to me ar-
riving almost daily. Get this – I even get
to keep some of the money for myself. It's
true. And with great jazz being piped in
to the office as well, what's not to like?

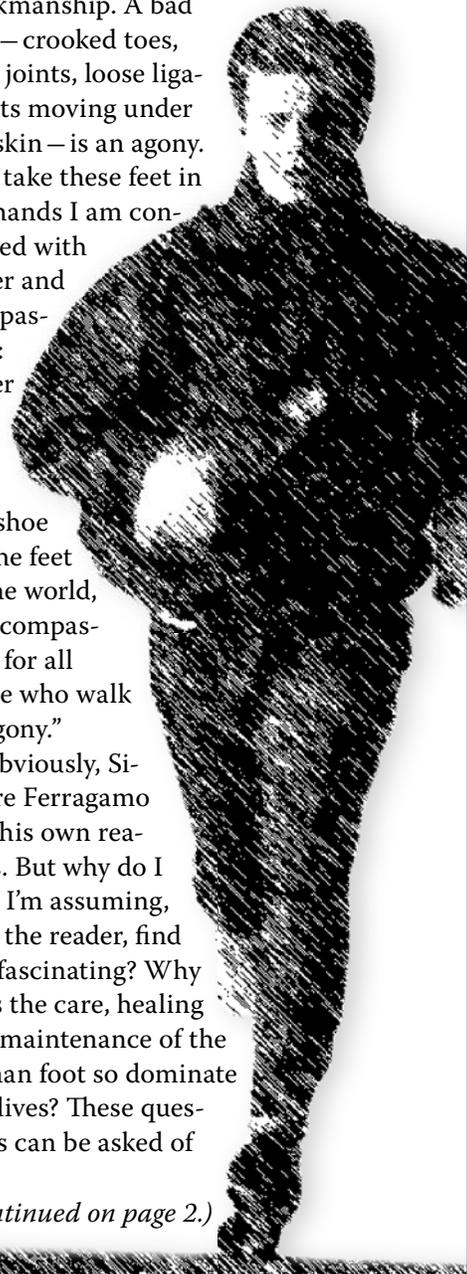
Well, as my law-student son once said,
when asked why *he* was not interested in
podiatric medicine, "Uh – it's feet." Evi-

dently, it's not for everyone.

The Italian shoemaker Salvatore Fer-
ragamo felt otherwise: "I love feet. They
talk to me. As I take them in my hands
I feel their strengths, their weaknesses,
their vitality, or their failings. A good
foot, its muscles firm, its arch strong, is a
delight to touch, a masterpiece of divine
workmanship. A bad
foot – crooked toes,
ugly joints, loose liga-
ments moving under
the skin – is an agony.
As I take these feet in
my hands I am con-
sumed with
anger and
compas-
sion:
anger
that
I
can-
not shoe
all the feet
in the world,
and compas-
sion for all
those who walk
in agony."

Obviously, Si-
gnore Ferragamo
had his own rea-
sons. But why do I
and, I'm assuming,
you, the reader, find
feet fascinating? Why
does the care, healing
and maintenance of the
human foot so dominate
our lives? These ques-
tions can be asked of

(Continued on page 2.)



President's Message

(Continued from page 1.)

any specialty, not just the podiatrist. Yet, our profession *does* stand out. We are DPMs after all, not MDs or DOs. To me, that distinction has always represented a “degree apart.” A “degree above.” A good thing.

Most of us decided as undergrads what our specialty would be...for good reasons. Our education and training continues to stand out in the medical community. Our podiatric medical schools produce doctors uniquely qualified to enter a profession that fills a need (call it a “medical necessity” if you will) that would otherwise be a void. Nobody can do what we do. You know it. I know it. Our patients know it and appreciate it. It drives us as a profession. It’s why I go to work happy and come home happier.

So now, I am obligated to bring up the ongoing thorns in the plantar skin of podiatric medicine. Some institutions and entities hold podiatry in lower esteem than we would care to accept. We’ve all experienced this despite the vital service we render.

I wrote earlier in the year about Ohio’s budget travails (still ongoing) that brought up the spectre of dropping “optional services” (inexplicably, that is what we are considered in Ohio). With support from the Governor’s (Ted!) office and some creative use of the tobacco settlement monies, we received a reprieve for the

fiscal moment. Title XIX, at the Federal level, remains the shelter that will protect us from these intermittent storms.

Another thorny example is the lawsuit that OPMA has brought against the Ohio Department of Insurance as it sided with major insurance companies who knowingly discriminated against and paid a DPM less than it would for an identical service provided by an MD.

Then too, there is the absurd staff hoops we are made to jump through just to provide basic protective shoe gear and orthoses for our at-risk diabetic patients. So why do we have to deal with these challenges to our expertise when, now more than ever, our patients require podiatry’s indispensable services?

I’ll tell you why and you’ve heard it before: Our profession stands out! We are a degree apart and a degree above. Not *always* a good thing evidently. There’s a conundrum for you.

Recently, Associate Director of Legislative Advocacy Ben Wallner and APMA’s Executive Director Glenn Gastwirth thought they could “put things into perspective” on APMA’s web site when it came to Title XIX legislation. (This, of course, is the legislation that would define podiatrists as physicians in all federal health care programs.) They tapped out some statistics basically saying that since podiatrists are a mere .005 % of the

US population (and only a small fraction of podiatrists engage in political action), then it’s no wonder we are slow to get Title XIX passed.

Sure, we need more political action. Still, I would suggest to the APMA that podiatry’s argument for Title XIX must push the impact that those .005% have on the health and welfare of a much, much greater percentage of Americans—our patients.

To that end, I would suggest that all of you read and spread the information contained in the Thompson-Reuters study commissioned by the APMA. It’s on the APMA web site and titled *Podiatrist Care and Outcomes for Patients with Diabetes and Foot Ulcers*.

We’ve experienced these outcomes on a daily basis in our offices, and we’re hoping this type of study will catch the attention of, and educate, those legislators who will make the decision whether to include or to exclude podiatry from America’s health care future.

As podiatrists, we will continue to care for, to protect, and to maintain the human foot. The OPMA and the APMA continue to care for, protect, and maintain podiatry. Long may we run.

I’ll go to the office tomorrow and no doubt will have a wonderful day.

I trust you will as well.



Larry A. DiDomenico, DPM

Region IV Scientific Chairs Announced for 2011

Dr. Jeffrey Robbins has been named as Chair Emeritus for the APMA Region IV CME Scientific Seminar. Co-chairing the seminar in 2011 will be Dr. Mark J. Mendeszoon and Dr. Larry A. DiDomenico. Dr. Marc Greenberg and Dr. John Stevenson will co-chair the Scientific Paper Competition. Dr. Paul Lieberman will serve as Exhibits Chair.



Mark J. Mendeszoon, DPM

"As a podiatry student, I was impressed with PICA's support of students and podiatry schools. Now as a policyholder, I realize its support goes beyond scholarship and sponsorship dollars. PICA truly strives to strengthen and promote podiatric physicians and our profession through its insurance and programs."

—Ralph Esposito, DPM
Policyholder since 2004



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For 30 years, PICA has known that supporting podiatric medicine means supporting podiatric students—the future of the profession. One of our first goals was to form a scholarship fund for students. Without podiatric medicine, there is no PICA. That is why we work hard to protect you with quality malpractice insurance coverage and promote your profession by supporting podiatric students and organizations.

From The Desk of the Executive Director Your Vote Matters

by Jimelle Rumberg, PhD,
CAE

This year's November election will determine the



course of our future as physicians, surgeons and citizens regard-

ing government spending in education and health care. Did you realize that not only will we elect a new governor, a new U.S. Senator, but all 18 U.S. Representatives to Congress as well as 99 Ohio Representatives and 17 Ohio Senators?

Issues for the Millenium

Issues abound, including revenue shortfalls, escalating spending and spiraling expenses:

- Will taxes be raised?
- Will a "Provider Tax" be levied on gross receipts as legislatures have done in two other states for pay for Medicaid?
- Will Optional Services be cut for 1.3 million adult Medicaid recipients?

I can assure you that OPMA is proactively addressing Optional Services with legislators having produced a brochure titled "Maintain podiatric services in Medicaid. Podiatric Services are basic, necessary health care services."

We've utilized recent

diabetes statistical data from Ohio's Department of Health and have begun our lobby efforts. Our brochure is very powerful regarding options.

Podiatric Services are not optional

Podiatric Services are not optional...if you are a diabetic with foot ulcers; if you are facing an amputation; if you want to stay on your feet and continue working. If Podiatric Services are optional, then being able to walk is optional; keeping your job is optional; losing your foot to an amputation is optional; dying to a treatable disease like diabetes is optional. It really is NOT an option!

The pressure is on. We face an \$8 billion dollar deficit in the next biennium budget. Constitutionally, the state must balance the budget. Ohio's fate rests with voters on Election Day.

A Common Mission

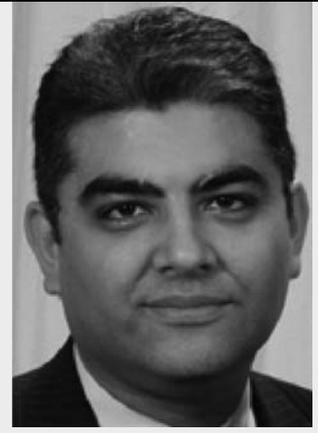
Your mission in the days ahead will be to talk to candidates in your community that represent you and your patients.

I trust that every Academy will send a full complement of Delegates to Dublin Embassy Suites in December for the OPMA HOD. Just as it's your civic duty to vote in November, the OPMA HOD is your professional duty to attend in December.

Know that together OPMA is "Saving limbs and lives by advancing, protecting and promoting Podiatric Medicine and Surgery in Ohio."



Dr. Les Appel



Dr. Animesh Bhatia

Academy News

SOUTHERN ACADEMY Appel Recipient of BC Egerter Award for 2010

Les Appel, DPM, a Life Member of OPMA and Southern Academy member, received the prestigious American Academy of Podiatric Practice Management **BC Egerter Award** for 2010 on August 14th in Pittsburgh. The Board of Trustees of the AAPPM presents this award nationally to the individual who impacts in a positive manner the podiatric profession in the field of practice management.

Dr. Appel's work with Powersteps, as founder, and his support of the practice management curriculum at podiatric medical schools has and will continue to influence the future of podiatry. The AAPPM BC Egerter Award is only given to those deserving recognition in advancing practice management while improving the profession of podiatric medicine. *Congratulations, Dr. Appel!*

CENTRAL ACADEMY Bhatia Named Assistant Medical Director Of Wound Clinic

Dr. Animesh Bhatia, a member of the Central Academy, was named Fairfield Medical Center's Assistant Medical Director of the Wound Clinic in Lancaster. Dr. Bhatia joins Dr. Andrew Murry. The clinic's team of board-certified physicians and wound-certified nurses treat hard-to-heal wounds that may be a result of diabetes, poor circulation, trauma, surgery, or other conditions. Dr. Bhatia has been in private practice over ten years as CEO of Columbus Podiatry and Surgery in Columbus, Ohio. He serves as a wound consultant for three area hospitals and over 25 acute and long-term care facilities in the Central Ohio area. He is a Certified Wound Specialist, and a Fellow of both the American Professional Wound Care Association and the American Academy of Podiatric Practice Management.

WORKING FOR YOU

The 2010 OPMA House of Delegates

OPMA will hold its annual business meeting on December 3 and 4, 2010 at the Embassy Suites Hotel in Dublin.

As a reminder, each academy president will prepare their annual academy report for inclusion in the agenda. The meeting will begin with the Reference Committee Hearing on Friday evening, December 3 at 7:30 PM.

All delegates are asked to participate in the Hearing, where Resolutions will be discussed.

Due to postage increases this year, OPMA will post all materials online for review prior to the meeting.

Notebooks will be distributed at registration when Delegates receive their name tags. At the conclusion, envelopes will be provided so that the contents of each participant's notebook can be removed for one's own personal files and OPMA will recycle the notebooks. This single modification in mailing will realize a savings of \$500 alone just for postage, excluding packing boxes, labels and tape.

Joining us from the APMA this year will be 2010-2011 President **Kathleen Stone, DPM** and Board of Trustees member **David Edwards, DPM**.

MEET DR. EDWARDS

DR. EDWARDS was elected to the APMA Board of Trustees in 2008. He has served on APMA committees, including State Advocacy, Marketing and Career Development, Membership and Student Liaison, and Vision 2015. He served twice as president of the Utah Podiatric Medicine—1996 and later from 2004-2006. He received his DPM from the California College of Podiatric Medicine in 1986. After completing residency at the VA Medical Center/University of New Mexico, he began private practice at the Foot and Ankle Clinic in Logan, Utah. In 2004 he joined the Alpine Orthopaedic Specialists. He is board certified by the American Board of Podiatric Surgery and is on the medical staff of Logan Regional Hospital, Cache Valley Specialty Hospital, and Bear Lake Memorial Hospital.



American Podiatric Medical Association Board of Trustees member David Edwards, DPM

MEET DR. STONE

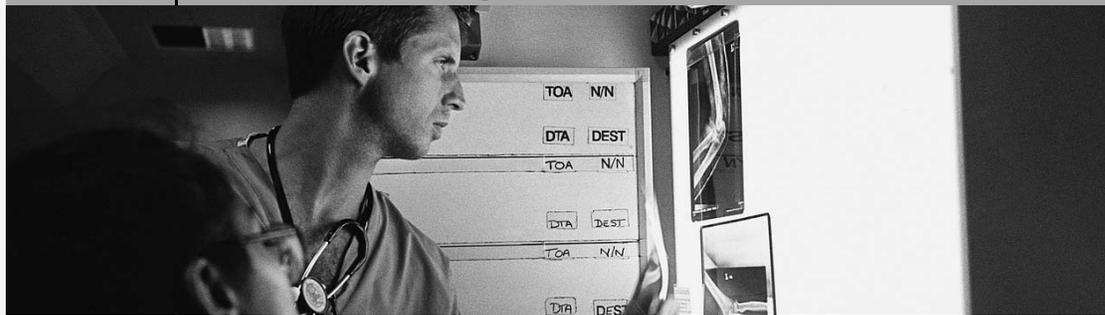
DR. STONE has served during her decade on the APMA Board of Trustees as chair of the Development, Finance and Membership Committees, and liaisons to the American Association of Colleges of Podiatric Medicine, the International Federation of Podiatrists, and V2015 committee. She has served on the Board of Trustees of Podiatry Insurance Co. of America, is a trustee of the Board of Rosalind Franklin University of Science and Medicine and is chair of University Health Systems. She began her career at Marquette University in Milwaukee and earned her DPM from the Dr. William M. Scholl College of Podiatric Medicine in Chicago in 1985. In 2009 she received the Scholl Alumni of the Year. Dr. Stone is in private practice at Thunderbird Foot-care in Phoenix, Arizona.



2010-2011 American Podiatric Medical Association President Kathleen Stone, DPM

Upcoming GXMO Classes

Initial Course, Continuing Ed and Clinical Course



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- CE only June 9 & 10, 2011
- August 26, 27 & 28, 2011

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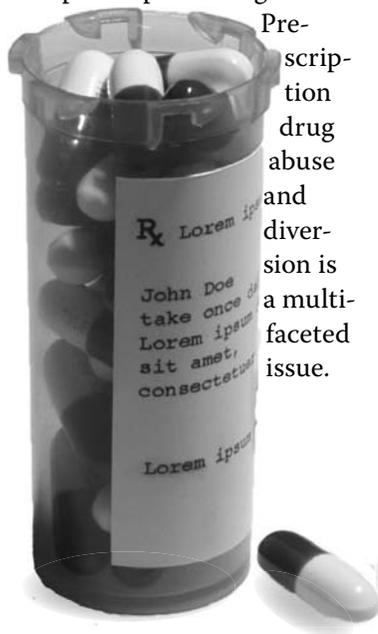
PRESCRIPTION DRUG ABUSE AND DIVERSION

A Fact Sheet for Ohio Podiatric Physicians and Surgeons

According to the Ohio Department of Health, prescription drug abuse is a state epidemic. Surpassing motor vehicle crashes, unintentional drug poisoning is now the leading cause of injury death in Ohio.

Governor Ted Strickland established the Ohio Prescription Drug Abuse Task Force, charged with coordinating a multi-disciplinary, multi-jurisdictional problem approach. The Ohio Podiatric Medical Association along with the Ohio Provider Coalition is working with the Task Force and policy-makers to promote practices that limit the potential for prescription drug abuse.

Prescription drug abuse and diversion is a multi-faceted issue.



Ohio Automated Rx Reporting System (OARRS)

Operated by the Ohio State Board of Pharmacy, OARRS is Ohio's prescription drug reporting system. It is a free tool for podiatric physicians and other prescribers.

Outpatient pharmacies dispensing controlled substances to residents are required to report to the database at regular intervals.

Any prescriber in Ohio can access OARRS for detailed prescription drug history for current patients, including the quantity of drug, days supply of drug and date of dispensing; plus, the prescription's date and number of refills; prescriber's DEA registration number; and the pharmacy's name and contact information.

To establish an account with OARRS, go to www.ohiopmp.gov, complete the online registration, print the application and have your signature notarized. Mail the application, a copy of your driver's license, DPM license and DEA registration to the Ohio State Board of Pharmacy.

For more information

- **Ohio Automated Rx Reporting System (OARRS)**, (614) 466-4143, www.ohiopmp.gov
- **Ohio Department of Alcohol and Drug Addiction Services**, (800) 788-7254, www.odadas.ohio.gov/public
- **Ohio Department of Health**, www.odh.ohio.gov/drugoverdose
- **Ohio State Board of Pharmacy**, (614) 466-4143, www.pharmacy.ohio.gov
- **US Drug Enforcement Administration**, (800) 230-6844, www.deadiversion.usdoj.gov

References

Ebasedprevention.org, Ohio Department of Health, Ohio State Board of Pharmacy, US Drug Enforcement Administration

Common drug-seeking behaviors

While less than one percent of the Ohio State Board of Pharmacy investigations resulting in arrests have involved podiatrists, it is important to understand practices drug seekers use, and learn how to safeguard against them.

Doctor shopping. The drug seeker visits several physicians in a short time period and denies seeing other doctors or receiving other prescriptions.

False phone-ins. The drug seeker calls in a prescription to a pharmacy posing as a representative of the podiatric office.

Forgery or alteration. Prescription forms are forged to change doses, refills or strengths of medications.

Theft. Prescription pads and medications stored on-site may be

susceptible to break-ins or theft by staff or patients.

A drug seeker may show unusual knowledge of controlled substances, request a specific one and be reluctant to try an alternative. Additionally, the drug seeker may demand to be seen immediately, call or present to the office after hours, claim he/she is visiting from out of town, claim non-narcotic alternatives aren't effective or cause allergic reactions, contend his/her own podiatrist is unavailable, or a prescription has been lost and needs replaced.

What to do if you suspect doctor shopping

If doctor shopping is suspected, check the patient's prescription drug history through the state's drug database, OARRS (<http://www.ohiopmp.gov>). Request picture ID, photocopy it and retain it in the patient's re-

cord; plus call the patient's previous practitioners to confirm information. Write prescriptions for limited quantities and prescribe non-narcotic alternatives.

Federal regulations require that all US Drug Enforcement Agency registrants provide effective controls and procedures to guard against theft and diversion of controlled substances.

Safeguarding your prescriptions

Keep prescription pads in a safe place. Never sign prescriptions in advance or use it to write notes. Personally assist the pharmacist if he/she calls to verify information on a prescription. Alternatives include tamper-resistant prescription pads, submitting prescriptions electronically, or personally handling all prescription as phone-ins.

FOCUS ON MEMBERS

OPMA Member Highlights

by Luci Ridolfo

At OPMA we are very proud of two of our long-time supporting members who not only contribute to the podiatric profession but also to a favorite American past time – football!

Introducing Dr. Dennis Morris

Dr. Dennis Morris graduated from OCPM in 1985 and has been an OPMA member since 1986. A native of Lima, Dr. Morris has practiced his entire career there. In the community where

including six years in the MAC. He is currently in his ninth season in the Big Ten. In 2009, he officiated his first OSU/Michigan game. Highlights of his officiating career include Notre Dame at Nebraska and Florida State and seven bowl games. Other memorable games include the 2004 Cotton Bowl (*pictured below*) when Eli Manning was a senior (Ole Miss/OK State), and the 2000 Kick Off Classic between Penn State and USC.

Once during the Miami Ohio/Marshall game in 2002 when Ben Roethlisberger was quarterback, Dr. Morris had a very difficult defensive pass interference call that went against Mi-

have DPMs involved in staff leadership positions. He feels that great progress has been achieved by improving the quality of education and residencies.

Introducing Dr. Edward Fiffick

Long-time supporting member Dr. Edward Fiffick graduated from OCPM in 1959 and has been an OPMA member since 1960. Dr. Fiffick received his 50-year APMA membership certificate in May 2010. He practiced in Youngstown for 40 years and served as a board member and executive committee member for OCPM for 38 years.

While in college Dr. Fiffick

instant replays, Dr. Fiffick now enjoys spending time with family and friends.

Over the years memorable moments include stories about what a prankster Walter Peyton was, and one particular game that upset many fans. His call against a Tampa Bay player for unnecessary roughness at the end of a Tampa Bay/Green Bay game, in which Green Bay kicked a winning field goal, resulted in a local radio station giving out his Youngstown office phone number for fans to call him and complain!

Dr. Fiffick is proud of the medical and surgical improvements he has



he grew up, Dr. Morris has earned the trust of his patients and neighbors, which, for him, has always been a rewarding and enjoyable part of being a physician.

He began officiating football in high school; and, in 1988, he began officiating college games. In the role of Back Judge, Dr. Morris has refereed Division I games,

ami late in the game; Marshall won in the final seconds. Two sleepless nights later game officials decided the call was correct.

Dr. Morris has also officiated in Canada, Europe and Australia.

Dr. Morris is proud of the growth of the podiatric profession in the general medical community. He noted that many hospitals now

fick found that officiating football helped finance his education. He worked high school football games and then college for Ohio Conference and Mid-American games. By the mid-1970s, Dr. Fiffick applied for a position in the NFL. He became the *only* podiatric physician to referee in the NFL. After 20 years of NFL field experience and one year working

experienced during his career. He is proud to have been a part of supporting and advancing the podiatric profession, and he encourages all physicians to do the same.

Photos (left to right) Dr. Morris, Dr. Fiffick, Dr. Fiffick's football, Dr. Morris.

THE 2010 ELECTION
PRIMER

Ohio Politics: Key Races of Interest

Background

It's time to start advocating for optional services, specifically podiatric services for Medicaid. Advocacy is an educational process. OPMA has an excellent legislative brochure regarding *Podiatric Services are basic, necessary health care services.* Another way you can advocate is to ask your patients and neighbors what they believe and how they can help to support our issues.

Most people will be receptive when you ask them directly to help you. Let them know what you believe and be sure to tell your local legislators. Now is the time to get active—with candidates running for the Ohio Senate, House and Governor's Office. We know these next few years are going to be tough, but it seems that details are missing on how politicians will deal with the upcoming \$8 billion budget hole that's facing Ohio in the 2012-2013 biennial budget.

How elected officials are going to address this \$8 billion budget gap while ensuring that Ohioans still have access to podiatric services is very important.

THE 2010 ELECTION PRIMER

Looking at Ohio's political landscape, all eyes are on the contentious battle for the Governor's office as former Congressman John Kasich (Republican) challenges incumbent Governor Ted Strickland (Democrat).

Both parties will be focused on the Auditor's office and Secretary of State's office, critical positions that play roles in redrawing district lines that determine legislative districts for the next ten years. Additionally, a number of races for seats in the Ohio House will also be closely watched as Republicans look to shift

political also be victories
two

the 53-46 Democrat majority makeup of this important chamber.

A review of the key races of interest in Ohio follows.

FEDERAL OFFICES

U.S. Senate

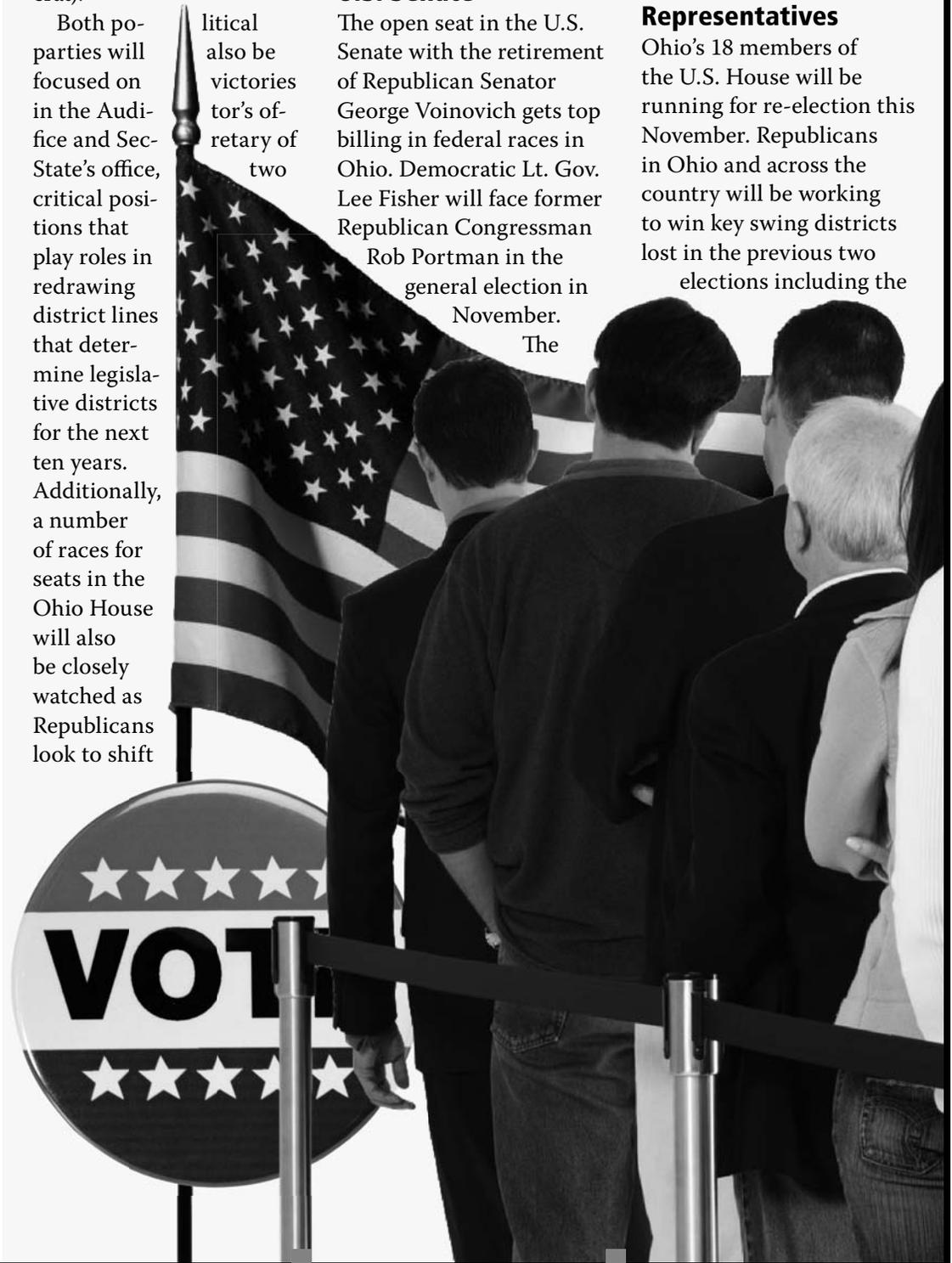
The open seat in the U.S. Senate with the retirement of Republican Senator George Voinovich gets top billing in federal races in Ohio. Democratic Lt. Gov. Lee Fisher will face former Republican Congressman Rob Portman in the general election in November.

The

Senate is composed of 57 Democrats, 41 Republicans, and two independents who caucus with the Democrats. Of the 36 seats currently up for election in 2010, 18 are held by Democrats (six of whom are retiring) and 18 are held by Republicans (seven of whom are retiring).

U.S. House of Representatives

Ohio's 18 members of the U.S. House will be running for re-election this November. Republicans in Ohio and across the country will be working to win key swing districts lost in the previous two elections including the



following: District 1 held by Democrat Steve Driehaus, District 15 held by Democrat Congresswoman Mary Jo Kilroy, District 17 held by Democrat John Bocchieri and District 18 held by Democrat Zack Space. The U.S. House currently as 257 Democrat members and 178 Republican members.

OHIO'S STATEWIDE OFFICES

Ohio Governor

The gloves came off early in the race to serve as Ohio's governor. Negative messaging in commercials and web videos have come from both Kasich and Strickland campaigns since April.

Recent polls – Quinnipiac, Rasmussen Reports, University of Cincinnati and Public Policy Polling – have bounced the lead between the two candidates in recent months. Some of the polls have shown a neck-and-neck race while others have one over the other by as much as 11 percentage points. Many political experts will say that it is too early to offer a prediction on a victor in the race. A look at the state's economy closer to the fall may tell us more. If Ohioans feel more positive about the economy and the safety of their jobs, Governor Strickland may hold onto leadership of the state. If the economy continues to look and feel weak, undecided voters may decide Kasich could bring needed change.

Ohio Attorney General

Former Republican U.S. senator and former lieutenant governor Mike DeW-

ine will challenge current Democrat Attorney General Richard Cordray to serve as Ohio's lead attorney.

Ohio Auditor

With incumbent Mary Taylor joining gubernatorial candidate John Kasich on the ticket as the candidate for lieutenant governor, a couple of relative "unknowns" will be on the ballot for state auditor. Republican Delaware County Prosecutor Dave Yost and Democrat David Pepper will vie for the seat in the fall election.

Ohio Secretary of State

Sen. Jon Husted (R-Kettering) faces Democrat Maryellen O'Shaughnessy for Ohio's secretary of state.

Ohio Treasurer

Incumbent Democrat Kevin Boyce will face a strong challenge by State Repre-

sentative Josh Mandel (R-Lyndhurst). Many around Capitol Square predict that this race is "in the bag" for Representative Mandel, an attorney, Iraq war veteran and prolific fundraiser.

Ohio Senate

Sixteen of the 33 Senate seats are up for election this year (7 Republican and 9 Democrat). As Republicans hold a 21-12 majority in this chamber, a change in leadership is not expected. Dramatic upsets are also unlikely.

Ohio House

With all eyes on the majority, both parties in the Ohio House will be targeting swing districts. For those who have followed Ohio politics, many of the key races for 2010 have been the key races in years past. Races to watch include:

(Continued on page 10.)

ADVOCACY CANDIDATE ACCOUNTABILITY

- Ask for an answer before you write the check.
- Ask candidates what their plans are for fixing the budget and ensuring podiatric services. ***And it's time podiatric physicians insist on an answer.***
- Don't allow the candidate to talk around the issue. Ask a direct question and ask them for a direct answer.
- Make sure that they understand that you expect an answer to your question in writing if you're writing a letter or orally if speaking with them one on one. When you close the conversation, let them know that you expect them to fight on behalf of optional services for Ohioans; specifically podiatric services, and that you will hold them accountable.
- It may be hard ball, but these times are hard. Be diplomatic, be professional but more importantly, let legislators know that they will not get your support without their on-the-record commitment of support for Optional Services for podiatric care in Medicaid.

(Continued from page 9.)

HD 17 – With current Rep. Josh Mandel running for Ohio Treasurer, Republican *Marlene Aneilski*, mayor of Walton Hills, will be facing off against Democrat *Kelli Perk*, an assistant prosecuting attorney from Broadview Heights.



HD 19 – Republican *Ann Gonzales*, mayor of Westerville, a Columbus suburb, is waging an active campaign against *Rep. Marian Harris* (D-Columbus).

HD 20 – Incumbent Democrat *Rep. Nancy Garland* faces a challenge by Republican *Matt Carle*, an attorney and campaign staff veteran.

HD 50 – *Rep. Todd Snitchler* (R-Uniontown) worked hard to win this seat two years ago. He will have to work just as hard with a challenge from Democrat *Todd Bosley*, a Stark County Commissioner.

HD 42 – Republican challenger *Kristina Roeger*, an engineer with an MBA serving on Hudson City Council, will face off against *Rep. Mike Moran* (D-Hudson).

HD 46 – This is the race to watch in Northwest Ohio as *Rep. Barbara Sears* (R-Maumee) faces a challenge from *Harry Barlos*, an administrator for the Village of Holland and former Lucas County Commissioner.

HD 63 – *Rep. Mark Scheider* (D-Mentor) will face former state representative *Ron Young*, from Leroy Township, in the November election.

HD 85 – In a district that almost always has a heated race, *Rep. Ray Pryor* (D-Chillicothe) faces Republican *Bob Peterson*, a farmer from Fayette County.

HD 89 – As Rep. Todd Book leaves this seat due to term limits, Democrat *Ron Hadsell*, a Portsmouth construction executive, will be running against Dr. *Terry Johnson*, a Republican physician and colonel in the Ohio National Guard.

HD 91 – Republican *Bill Hayes*, an attorney from Caldwell, will challenge *Rep. Dan Dodd* (D-Hebron).



2010 OPPAC Contributors

Darrell Ballinger, DPM.....	Dayton
David Bettenhausen, DPM	Fostoria
Animesh Bhatia, DPM.....	New Albany
Bruce Blank, DPM.....	Stewartsville
Chris Bohach, DPM	Willard
John Clarke, DPM.....	Fremont
Ruth Ann Cooper, DPM.....	Cincinnati
Mitchell Dalvin, DPM	Austintown
Daniel Duffy, DPM.....	Lorain
J D Ferritto, Jr, DPM.....	Upper Arlington
Jane Graebner, DPM	Ostrander
Charles Greiner, DPM	New Albany
Richard Hofacker, DPM	Fairlawn
Molly Judge, DPM	Oak Harbor
Thomas Kunkel, DPM.....	McDonald
Paul Lieberman, DPM	Cleveland Heights
James McLean	Dublin
Arnold Milner, DPM.....	Oberlin
Erik Monson, DPM	Dublin
William Munsey, DPM.....	Lewis Center
Lisa Nicely, DPM	Dayton
Angelo Petrolla, DPM.....	Poland
Luci Ridolfo	Columbus
Jim Ritchlin, DPM	Lancaster
Carly Robbins, DPM	
James Robinette, DPM.....	Harrison
Jimelle Rumberg, PhD	Columbus
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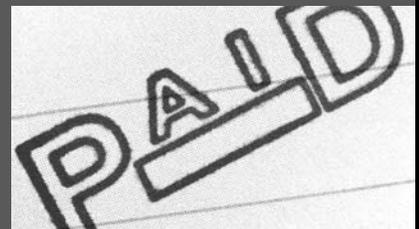


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URGENT: Be sure to reference the OPMA website (www.opma.org) for important information in regards to a recent change in Ohio law governing electronic payment by third party payers of health care claims. The full letter from the Ohio Department of Insurance may be found on the home page of the OPMA website under State News.



SECRETS OF SUCCESS

Classification of Employees

by Lynn Homisak

Do you know how employee wage classification under the FLSA (Fair Labor Standards Act) rules affect you as an employer? This month's column provides a glimpse at an issue that employers should take seriously – FLSA Compliance.

In 2008, the Department of Labor (DOL) recovered \$220 million in back wages, and employees are filing record numbers of lawsuits under state and federal wage and hour laws!

The Rule – FLSA requires employers to compensate employees at 1½ times their regular wages in excess of 40 hours/week (i.e., seven consecutive 24-hour periods).

The Exception – Employer is not required to pay any overtime to an exempt employee.

The Solution – Proper classification of employees.

First things first: you should no longer refer to your employees as **salaried** or **hourly** because in doing so you might make certain inaccurate assumptions. Instead, the proper way to classify employees should be **exempt** or **non-exempt**. (See above.)

The federal law states that unless an employee is classified as (and meets the description of) “exempt,” their employer has to pay them time and a half their hourly rate for each hour worked

Exempt vs. Non-Exempt: What's the difference?

A **non-exempt** position must be paid at least minimum wage on a salary, hourly, piece rate or commission basis and is subject to the overtime rule.

Non-exempt is the proper classification for the overwhelming majority of podiatric staff.

An **exempt** employee must meet a salary and duties test:

Salary: they are paid a minimum \$455/week that cannot be reduced due to variations in the quality or quantity of work performed – regardless of the hours.

Duties: they have assigned job duties and responsibilities that meet the requirements within their particular category (Executive, Administrative or Professional) as set forth in the

FLSA regulations.

For clarity: An exempt employee must be salaried; however, a salaried employee may be non-exempt. Such is the confusion of classification.



over the 40 hour threshold. Therefore, just because a staff person is assigned the title *office manager* or is *salaried*, that does not necessarily qualify them for exemption. **Classification does not revolve around an employee's title, but rather around their job duties** and many “office managers” are not given the level of responsibility necessary to fit this job description.

Some employers assume that because their business is small, they are not covered by the rules of FLSA. Unlike most state and federal employment laws, the FLSA rules do not depend directly upon the number of employees.

Regardless of any arrangement a non-exempt employee agrees to, it only covers straight-time pay for 40 hours worked; so again for any hours worked over 40/week (and in some states eight/day), an employer must pay overtime pay.

Additionally, an employer

is required to pay overtime (time and one-half the regular rate), *even if* the employee requests to work over their *regular* time (or takes work home, works during lunch time, comes in on their own without your permission, stays late or *volunteers* or *donates* their time).

It is important that you set policy in your practice that addresses overtime and that you implement a system to monitor schedules and hours.

You are responsible. The FLSA does not differentiate between approved and unapproved overtime. If employees put in overtime hours *despite* your written policy against it, you cannot refuse to pay them their overtime rate. So while proper exempt/non-exempt classification may seem vague, repercussions and penalties for non-compliance are *real*.

As a reminder, state law supersedes federal. That

means in cases of overtime and comp time, for example, employers should refer to state jurisdiction.

Questions? Email me at info@soshms.com. Also, you can download a free slide presentation created by the US Department of Labor that helps explain more about FLSA federal law at: <http://www.dol.gov/whd/regs/compliance/fair-pay/presentation.ppt>

Ms. Homisak is president of SOS Healthcare Management Solutions. She has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. Ms. Homisak is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was recently inducted into the PM Hall of Fame. She is a nationally recognized speaker, writer and human resource management expert.

>>>ONLINE AT [WWW.SOSHMS.COM](http://www.soshms.com)

Clarifying CME Requirements for Licensure Renewal

Every two years, physicians are required to complete 100 hours of continuing medical education (CME) activities to qualify for renewal of their Ohio medical license. A minimum of 40 hours of Category 1 credits and a maximum of 60 Category 2 credits are required.

All credits may be earned in Category 1 activities. *Additional credits earned in Category 2 activities cannot be substituted for Category 1 credits.* Although each physician is responsible for keeping complete and accurate documentation of continuing medical education activities, no documentation need be submitted with renewal registration.

The Medical Board randomly audits 2% of the physician licensees who renewed their medical license to verify compliance with the CME requirements. Those who are audited are required to provide the Board documentation of their Category 1 CME activities and list the Category 2 activities completed during the designated time frame.

Acceptable documentation of completion of Category 1 activities includes:

- Hospital or institutional computer listings from grand rounds, etc., that indicate the programs have been designated Category 1 credit

- Individual activity reports from the AOA for osteopathic physicians
- Signed application for American Medical Association Physician Recognition Award (AMA-PRA) but dates must coincide with the Medical Board's audit period
- Computer printout from the American Academy of Family Practice (AAFP) or the American College of Obstetricians and Gynecologists (ACOG)
- Activity certificate or letters that include the name of the activity, CME provider, doctor's name, date of activity, number of credits and indication of accreditation
- Letters from residency or fellowship programs that include the dates of participation and the name of doctor
- Program certificates or letters that include the name of the program, sponsor, name of attendee, dates, number of accredited CME credits.

Please be reminded that unless the program is CPME approved programming, that OPMA is the certifying entity for CME for podiatrists. CME approval begins with OPMA defining its CME program

requirements and submitting them for Medical Board Approval. Any CME course meeting the OPMA defined requirements is accepted toward a podiatrists' Ohio CME requirements. Any program submitted is carefully reviewed by the OPMA Second Vice President before approval is given. For more information, please call Luci Ridolfo, Director of Education and Membership at OPMA (614.457.6269). CME forms for OPMA approval are on the Web site at www.opma.org.

Copies of seminar or meeting brochures, the AMA-PRA certificate alone, payment receipts, and letters or notes not written on appropriate letterhead are *not* sufficient to document Category 1 activity participation if audited.

What's the Difference between Category 1 and Category 2 credit?

CME booklets for each renewal group and profession are posted on the Medical Board's website – med.ohio.gov. Examples of acceptable CME activities, the pro-rated number of CME credits required of newly licensed physicians and the criteria for a waiver of portion of the CME requirements are also included in the booklets.

>>> ONLINE AT
www.opma.org OR
www.med.ohio.gov



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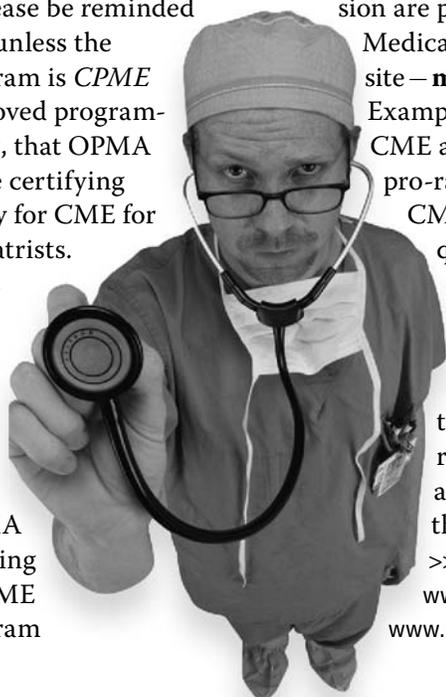
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EHR and HITECH Updates

CMS and ONC jointly announce their final rules for both electronic health record standards for certification and the Medicare and Medicaid EHR incentive programs, including the definition of meaningful use. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, eligible health care professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to achieve specified objectives. One of the two regulations defines the "meaningful use" objectives that providers must meet to qualify for the bonus payments. The other regulation identifies the technical capabilities required for certified EHR technology.

This information regarding regulations marks the completion of multiple steps laying the groundwork for the incentive payments program. With "meaningful use" definitions in place, EHR system vendors can ensure that their systems deliver the required capabilities, providers can be assured that the system they acquire will support achievement of "mean-

ingful use" objectives, and a concentrated five-year national initiative to adopt and use electronic records in health care can begin.

Press Releases

To read the Press Release issued 7/13 reference: www.cms.gov/apps/media/press_releases.asp or www.hhs.gov/news/press/2010pres/2010.html. Also CMS Issued Fact Sheets (7/13) with additional details at: www.cms.gov/apps/media/fact_sheets.asp

Learn More

To learn more about the Medicare and Medicaid EHR incentive programs, visit the CMS-dedicated website to this program, www.cms.gov/EHRIncentive-Programs/. Here you'll find information about eligibility, requirements, and more. To learn more about electronic health records and certification standards, visit the HHS/ONC-website at healthit.hhs.gov/portal/server.pt. This website is the premier place to learn about the benefits of using EHR technology in a meaningful way, including local resources to assist in EHR adoption..

Links to Rules via Federal Register

www.ofr.gov/OFRUpload/OFRData/2010-17207_PI/pdf
www.ofr.gov/OFRUpload/OFRData/2010-17210_PI.pdf

MAKING A DIFFERENCE **Baby Steps**

CMS: Electronic Prescribing (eRx) Incentive Program

CMS is issuing this Special Edition article to alert providers that it is not too late to start participating in the eRx Incentive Program to potentially qualify to receive a full-year incentive payment. Eligible professionals may begin reporting eRx at any time throughout the 2010 program year of January 1, 2010, through December 31, 2010, to be incentive eligible. For 2010, eligible professionals who successfully report the eRx measure will become eligible to receive an eRx incentive equal to 2.0 percent of their total Medicare Part B Physician Fee Schedule (PFS) allowed charges for services performed during the reporting period. Beginning in 2012, eligible professionals who are not successful electronic prescribers will be subject to a PFS payment adjustment or penalty. <http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/87HJ2M3433?opendocument>

| Source: Palmetto GBA |

Promote Podiatry in Style with New Today's Podiatrist Poster Series

The public launch of the *Today's Podiatrist* campaign is quickly approaching. One easy way to get involved in the campaign is to display the new campaign poster series in your practice. The posters each focus on a dif-

ferent aspect of the Today's Podiatrist campaign — physician, surgeon, and specialist. There are three posters in the series. Please visit www.apma.org/campaign-posters. To order posters for your practice, email mskullick@apma.org. The posters are free to APMA members. |Source: APMA eNews, #3126 |

Governor Strickland Appoints New Members to Medical Board

Brian Morris, of Bexley, was appointed to serve a term ending July 31, 2013. He replaces Mr. William Ogg who resigned. Mr. Morris, a communications consultant, is one of three consumer representatives on the Medical Board.

Kris Ramprasad, MD, of Cincinnati, was appointed to serve a term ending March 18, 2015. He replaces Nandlal Varyani, MD, whose term expired. Since 1991, Dr. Ramprasad has been affiliated with Greater Cincinnati Gastroenterology Associates. Dr. Ramprasad is also an instructor in gastroenterology at the VA Hospital in Cincinnati.

J. Craig Strafford, MD, MPH, FACOG, of Gallipolis, was appointed to serve a term ending March 18, 2014. He replaces Dr. Carol Egnor whose term expired. Dr. Strafford has practiced OB/GYN for more than 30 years. He is the Director of Clinical Research for the Holzer Clinic and practices gynecology in Gallipolis and Athens. Dr. Strafford is the current Vice President of the American College of

Obstetricians and Gynecologists.

| Source: Grand Rounds, September, 2010 |

Dramatic Results Study Released on Care by a Podiatrist

Care by a podiatrist reduces hospitalization and amputation in adults with diabetes, according to a first-of-its-kind study conducted by Thomson Reuters. Vickie R. Driver, MS, DPM, from Boston University School of Medicine, is a co-author of the study and presented the results during the APMA Annual Scientific Meeting Saturday.

The study, which was sponsored by APMA, examined records for more than 32,000 patients with diabetes, ages 18-64, and 43,000 patients with diabetes 65 and older, and compared health and risk factors for those who had podiatry visits to those who did not. Researchers found that care by a podiatric physician (defined as at least one preventative, pre-ulcer visit) was associated with a nearly 29 percent lower risk of amputation and 24 percent lower risk of hospitalization in patients 18-64. "This was a great use of your dues," Dr. Driver said. "It could really change your practice." The data demonstrated that a \$1 investment in care by a podiatrist results in a \$27-\$51 savings for patients 18-64. "Do you save money? Do you save legs? You know you do," Dr. Driver concluded. "These data cement the value of our profession to the medical community,"

said Matthew Garoufalis, DPM, who moderated the session. "The results of this study undeniably support visits to a podiatrist being critical to a diabetes patient's health and wellbeing," she said. "No longer can care by a podiatrist be considered optional for those with diabetes. The earlier a podiatrist is included in the diabetes management team, the better quality of life for the patient and greater health-care cost savings." See the APMA Web site for more information.

| Source: APMA eNews No. 3,105 |

Medicaid Rule Changes

Rule 5101:3-10-20, entitled "Covered orthotic and prosthetic services and associated limitations," sets forth information regarding the orthotic and prosthetic equipment and supplies covered by the Medicaid program. Changes to the rule include the deletion of obsolete codes in accordance with changes made by the AMA to the 2010 HCPCS coding system. This rule is also being amended to comply with provisions of five-year rule review.

DME Question Line and Mailbox

Ohio Health Plans has established a dedicated DME Question Line/ Voice Mailbox to improve response to provider questions regarding program coverage and limitations. The number for this service is 614-466-1503. The DME Question Line and Voice Mailbox is not able to answer questions regarding individual

consumer eligibility, prior authorization requests to include the initiation or status of a prior authorization or information regarding previous claims submissions for durable medical equipment.

Web Page

The Ohio Department of Job and Family Services maintains an “electronic manuals” Web page for the department’s rules, manuals, letters, forms and handbooks. The URL is <http://emanuals.odjfs.state.oh.us/emanuals/>. To receive electronic notification when new Medicaid transmittal letters are published, subscribe at <http://www.odjfs.state.oh.us/subscribe/>. Questions pertaining to this MHTL should be addressed to: Office of Ohio Health Plans, Provider Services Section, P.O. Box 1461, Columbus OH 43216-1461 or call 1-800-686-1516.

MITS

MITS arrives on December 7 for electronic submissions.

Nursing Home Sterilization: Are You Informed?

In 2008, the CDC formulated *Guidelines for Disinfection and Sterilization in Healthcare Facilities*. It is imperative that each practicing physician be familiar with this document and have a copy readily available for reference.

These guidelines present evidence-based recommendations on the preferred methods for cleaning, disinfection and sterilization of

patient-care medical devices and for cleaning and disinfecting the healthcare environment. This document supersedes the relevant sections contained in the 1985 CDC *Guidelines for Handwashing and Environmental Control*. Because maximum effectiveness from disinfection and sterilization results from first cleaning and removing organic and inorganic materials, this document also reviews cleaning methods. The chemical disinfectants discussed for patient-care equipment include alcohols, glutaraldehyde, formaldehyde, hydrogen peroxide, iodophors, ortho-phthalaldehyde, peracetic acid, phenolics, quaternary ammonium compounds, and chlorine. The choice of disinfectant, concentration, and exposure time is based on the risk for infection associated with use of the equipment and other factors discussed in this guideline. The sterilization methods discussed include steam sterilization, ethylene oxide (ETO), hydrogen peroxide gas plasma, and liquid peracetic acid. When properly used, these cleaning, disinfection, and sterilization processes can reduce the risk for infection associated with use of invasive and noninvasive medical and surgical devices. For these processes to be effective, healthcare workers should adhere strictly to the cleaning, disinfection, and sterilization recommendation in the document and to instructions on product labels. Additionally, updated recommendations, new top-

ics addressed in the guidebook include: 1) inactivation of antibiotic-resistant bacteria, bioterrorist agents, emerging pathogens, and blood borne pathogens; 2) toxicologic, environmental, and occupational concerns associated with disinfection and sterilization practices; 3) disinfection of patient-care equipment used in ambulatory settings and home care; 4) new sterilization processes, such as hydrogen peroxide gas plasma and liquid peracetic acid; and 5) disinfection of complex medical instruments. To download this document, reference www.cdc.gov/ncidod/dhqp/pdf/guidelines/disinfection_Nov_2008.pdf. [Source: CDC]

Since You Asked: Be Smart and Keep it Safe

Ohio Revised Code section 3901.381 currently, and for the future, states that when a patient or provider submits a claim to a third party payor on the standard claim form, the third party payor must pay it within 30 days, unless the claim is deficient for one of a number of listed reasons. Physicians will always have the option of submitting claims by mail and receiving payment by check. **As of 10/16/10, section 3901.381 will add a new section (F) that says in full:**

“A third party payor shall transmit electronically any payment with respect to claims that the third party payer receives electronically and pays to a contracted provider under this section and under sections 3901.383, 3901.384,

and 3901.396 of the Revised Code. A provider shall not refuse to accept a payment made under this section or sections 3901.383, 3901.384, and 3901.396 of the Revised Code on the basis that the payment was transmitted electronically.”

Obviously, this new section is not the model of clarity. But, as our attorney reads it, the new section obligates a third party payer to make electronic payment only when a claim has been submitted electronically by a participating provider (*in network*).

Most medical practices use a bank “lock box” to receive all their payments, paper and electronic. *They do not use the medical practice checking account for this purpose.* OPMA’s attorney advises our members **not to fill out** the Authorization for ACH Debits and Credits form using the information about his/her medical practice bank account. If he/she wants to accept electronic payment, he/she should talk with their bank about a *separate account* into which third party payers can make deposits but *not* withdraw any funds. It would work like a wire transfer or a Moneylink account. The physician can give that information to third party payers.

If a physician does not want to get paid electronically, he/she can decline participation and still get paper checks. OPMA advises using an interest paying bank lock box for receipt of all practice payments.



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