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Incoming OHFAMA President Adam Thomas, DPM, presents the Thomas J. Meyer Award to outgoing President Sarah Abshier, DPM, at the 2022 OHFAMA Annual Business Meeting in Columbus.

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A WORD FROM THE PRESIDENT

Adam Thomas, DPM



Adam Thomas, DPM

Greetings and Happy New Year to all our members!

First off, I'd like to say thank you to all our members who continue to stay involved and active with this organization. Whether it's at the state level, your local academies, or simply continuing to renew your memberships, without you we would not have such a strong professional society

working on behalf of our profession.

I would also like to extend congratulations to our immediate past president, Dr. Sarah Abshier, for all her work serving as OHFAMA president over the past year. Thank you, Sarah, for your hard work and dedication.

As the gavel is passed to me, I would like to think that my term as president will be composed of a combination of strengths and knowledge that I have accumulated from previous leaders over the years serving my Academy and our Board of Trustees. With their inspiration, I now feel that the time is right for me to serve in this role as your president in 2023.

We have a full schedule planned for the upcoming year. Our executive director, Mike Mathy, and I attended the CEO Symposium in early February. In March, the Ohio APMA delegation will head to Washington, D.C. to attend the annual APMA House of Delegates to represent our state.

We have multiple education and CME events across the state this year as well, including the Surgical Symposium in February and our Annual Seminar. We developed a new model this year to allow for a separate single virtual day of CME in April as well as a traditional two-day in-person event in May. I am also looking forward to visiting your Academies in the upcoming months ahead.

Looking forward, we must be ready to face challenges as medicine and our world continues to evolve and change. OHFAMA continues to work on our behalf to meet these challenges and develop with these changing times. One of the ways we do this is through our strategic plan consisting of four pillars: Education, Legislative Advocacy, Membership Culture and Community Relations.

We cannot do this without you, our members. One of my focuses as president will be to help keep our membership strong in numbers across our state. This is something we can all do to help. If you know any practitioners who used to be a member or have never joined, please reach out to see if they would consider rejoining or becoming a new member. Invite them to come to your local Academy meetings. Together, we can help keep the practice of podiatry strong and vibrant in the state of Ohio.

I look forward to serving you as president over the coming year!

Dr. Adam Thomas, President

Wound Care Seminar & Dinner



Richard Schilling, DPM, lectures at the 2nd Annual Wound Care Seminar in November. Over 50 physicians attended the seminar.



Wound Care Seminar faculty and association leaders gathered for the annual Leadership Dinner in advance of the Wound Care Seminar and Annual Business Meeting in November.

EXECUTIVE DIRECTOR'S REPORT

Mike Mathy, CAE, OHFAMA Executive Director

A Busy Year on the Advocacy Front



Mike Mathy, CAE

One of the chief roles of your association is to preserve, protect, and advance podiatry. We accomplish this goal through a variety of means, including monitoring legislative and regulatory activities that may impact you and your patients.

While it is only February, this year is shaping up to be a busy 2023 on these fronts at both the state and national level.

Earlier this month, Governor Mike DeWine released his Fiscal Year 2024-2025 budget plan. The state is in a strong financial position because of remaining pandemic funds and higher than expected tax revenues. As a result, OHFAMA is joining a coalition of likeminded medical providers to request a long overdue increase in Medicaid rates.

At the federal level, President Joe Biden announced he intends to end the national emergency and public health emergency declarations related to the COVID-19 pandemic on May 11. These emergency declarations, which have been in place since early 2020, gave the federal government flexibility to waive or modify certain requirements in a range of areas, including the Medicare and Medicaid programs.

In 2020, the federal government required Medicaid to keep everyone enrolled until officials ended the public health emergency as a means

to avoid cutting health insurance during a global pandemic. The so-called continuous enrollment meant the Ohio Department of Medicaid didn't have to process renewal paperwork or forms to verify eligibility.

The end of the public health emergency will trigger on March 31 a process called unwinding, which will likely result in the end of Medicaid benefits for nearly 200,000 Ohioans over the next year. The eligibility redetermination process will likely result in questions from patients faced with the potential loss of Medicaid coverage. OHFAMA will continue to arm you with information you can provide to those impacted to help you minimize disruptions in patient care.

On the reimbursement front, CGS recently announced an upcoming Targeted Probe and Educate (TPE) program related to nail debridement. This consultative program is designed to educate providers while reducing claim and payment errors related to Routine Foot Care and Debridement of Nails (L34246).

We encourage you to visit the OHFAMA website to view the presentation from Jessica Bennett, Senior Provider Education Consultant with CGS, delivered at the Annual Business Meeting in November for more information about this forthcoming program.

As always, please contact me should you have any questions or concerns with legislative or regulatory issues that may impact you and your practice. We stand ready to support and assist you.

2023 CALENDAR

March 3-5
No-Nonsense Seminar
Virtual

April 12
Stewart Surloff Memorial Seminar
Hilton Akron/Fairlawn

April 13
Budget and Finance Meeting
OHFAMA Executive Office - 9:00 AM

April 13
Board of Trustees Meeting
OHFAMA Executive Office - 10:00 AM

Saturday, April 22
The Annual Foot and Ankle Seminar
Virtual - 8 Hours

May 18-19
The Annual Foot and Ankle Scientific Seminar
Columbus Hilton at Easton - 17 Hours

August 3
Budget and Finance Meeting
OHFAMA Executive Office - 9:00 AM

August 3
Board of Trustees Meeting
OHFAMA Executive Office - 10:00 AM

August 10-11
GXMO - Didactic Course
Virtual

Saturday, August 12
GXMO - Clinical Course
Virtual

September 29
Holy Toledo Seminar & Autumn Golf Outing
Brandywine Country Club, Maumee

September 30
Quickie Seminar
Hilton Garden Inn Dayton South - Austin Landing

2023 OHFAMA Service Award Winners Announced

The OHFAMA Service Award will be bestowed to a deserving recipient(s) who have demonstrated commitment to fulfilling the mission of OHFAMA by devotion to the association through dedicated leadership and volunteerism at the academy and state level.

This is an award based on service to organized podiatry in Ohio and may include the organization's political action committee, OPPAC. Although community and professionalism are quality attributes, this award is based exclusively on service to OHFAMA as a valued leader and/or volunteer.



OHFAMA is pleased to announce that two longtime leaders have earned the 2023 OHFAMA Service Award:



Rich Kunig, DPM

Dr. Rich Kunig Mideast Academy

Dr. Rich Kunig has been selected as one of two recipients for the 2023 OHFAMA Service Award.

Dr. Kunig served as OHFAMA Trustee from the Mideast Academy from 2013-2017 before being elected to the OHFAMA Executive Committee in 2018. Dr. Kunig served as OHFAMA president in 2020, guiding the association through the pandemic and spearheading efforts to hire a new executive director. He also served as president of the Ohio Foot and Ankle Medical Foundation and has been part of the Ohio APMA Delegation since 2019.

Dr. Kunig's is passionate about furthering our profession by teaching and working with the residents of the Western Reserve and Alliance Podiatric Residency programs. Dr. Kunig rarely misses a journal club and is always willing to offer his expertise and guiding hand to the young of our profession.

Dr. Kunig is a 2000 graduate of Ohio College of Podiatric Medicine and completed his residency at Our Lady of Lourdes Hospital in Binghamton, New York in 2005. He is board certified by the American Board of Foot and Ankle Surgery and American Board of Podiatric Medicine.

Dr. Chris Bohach Northcentral Academy

Dr. Chris Bohach is the second recipient of the 2022 OHFAMA Service Award.

Dr. Bohach has been a longstanding leader in the Northcentral Academy since he joined the association in 1994. He served as president for a total of 12 years and vice president for 15 years. He also played an instrumental role in organizing the No-Nonsense Seminar and awarding student scholarships through his role as North Central Academy Scholarship Chairman. Dr. Bohach also represented Northcentral Academy on the OHFAMA Board of Trustees from 2012-2017.

Dr. Bohach is a Brecksville native who earned a Bachelor of Science in Chemistry and Biology in 1988 before graduating from the Ohio College of Podiatric Medicine in 1992. He completed his residency in 1994 at Riverside Hospital in Toledo and is Board Certified in Foot Surgery by the American Board of Foot and Ankle Surgery. Dr. Bohach established a private practice in Willard in 1995 and joined NOMS Healthcare in 2015.

In addition to his service to Northcentral Academy and OHFAMA, Dr. Bohach served on the Medical Executive Committee as Mercy Hospital in various roles, including Secretary/Treasurer (2004, 2012-2013) Chief of Staff Elect (2005-2006, 2013-2014), and Chief of Staff (2009-2010, 2017-2018). He earned the Mercy Willard Star of Excellence Award for his service to the hospital.



Chris Bohach, DPM

OHFAMA NEWS BRIEFS

OHFAMA Members Elect 2022-23 Leadership Team

Ohio Foot and Ankle Medical Association members elected a new leadership team at the association's Annual Business Meeting on November 19.



Adam Thomas, DPM, FACFAS, President

Dr. Thomas will serve as President in 2022-23. Dr. Thomas is a graduate of the Ohio College of Podiatric Medicine and has operated his own practice with his wife, Dr. Jennifer Trinidad, in Hilliard since 2016. He served the Central Academy as Secretary (2010-12), Vice President (2012-2014) and President (2014-2016) before joining the OHFAMA Board of Trustees in 2016 and Budget and Finance Committee in 2021.



Thom Arnold, Jr., DPM, FACFAS, 1st Vice President

Dr. Arnold, a lifelong Ohio resident, was elected to serve as 1st Vice President and will lead efforts to generate support for the Ohio Podiatric Political Action Committee. Dr. Arnold is a graduate of the Ohio College of Podiatric Medicine, a partner in Stark County Foot and Ankle Clinic, LLC, and Section Head of Podiatry at Canton Mercy Medical Center. Dr. Arnold served his profession as a Past Secretary and Past President of the Mideast Academy and served numerous times as Reference Committee Chairman for the OHFAMA House of Delegates.



Martin Lesnak, DPM, 2nd Vice President

Dr. Lesnak was elected to serve as 2nd Vice President. Dr. Lesnak is a graduate of the Ohio College of Podiatric Medicine, completed his residency at Medical Center of Independence, and is Board Certified by the American Board of Foot and Ankle Surgery. He owns and operates Huron Podiatry, serves as Associate Clinical Professor for Ohio University, and has served as North Central Academy Trustee on the OHFAMA Board of Trustees since 2018.



Tom McCabe, DPM

Dr. McCabe was re-elected as Secretary-Treasurer and chair of the Budget and Finance Committee. Dr. McCabe is a past president of OHFAMA, has served on the OHFAMA Board of Trustees since 2015, and is a past president of the Northwest Academy. He is a graduate of the Ohio College of Podiatric Medicine and owns Trilby Foot Center in Toledo.

A special thank you to Sarah Abshier, DPM, who completed her term as president of OHFAMA at the Annual Business Meeting. Dr. Adam Thomas, who was sworn in as the new OHFAMA president, presented Dr. Abshier with the Thomas J. Meyer Award to recognize her dedicated service and outstanding leadership of the association. Dr. Sarah Abshier will continue to serve on the Executive Committee as immediate past president.

OHFAMA Launches New Website

We're excited to announce the launch of our newly designed OHFAMA website! After months of completely revamping the site, it's live with many new features and improvements.

The revamped design offers an enhanced user experience that lets you browse information more easily whether you're on a desktop or mobile device. Visit www.ohfama.org to enjoy better access to exclusive member resources, the latest legislative and regulatory news, ways to get involved with OHFAMA, and much more.

Members Approve Changes to OHFAMA Bylaws

OHFAMA members approved two changes to the bylaws at the Annual Business Meeting that change the composition of the Board of Trustees and establish procedures for the appointment of Alternate Delegates to the APMA House of Delegates.

Proposition B-22 modifies the association's bylaws to provide each Academy with one trustee on the Board of Trustees and create two-at large trustee positions to be voted on by members at the Annual Business Meeting.

Currently, each Academy is represented by one trustee per 99 members. At present, two Academies – Central and Northeast – are represented by two Trustees while all other Academies have one trustee.

The change will enable OHFAMA to seek out leaders who can bring unique skills and expertise to the Board of Trustees to advance the mission of the organization.

Members also approved Proposition A-22 to enable the president, with the consent of the Board of Trustees, to appoint an Alternate APMA Delegate in situations where a Delegate is temporarily unable to fulfill his or her duties.

In Memoriam

OHFAMA is saddened to report the passing of three longtime members who served their communities and their association.

Edward Benedict, DPM December 26, 2022 – Eastern Academy

Dr. Edward Benedict, 92, was reunited with his beloved wife on December 26, 2022. Dr. Benedict was born in Akron, Ohio, to Rev. Joseph and Margaret Benedict. He graduated from Miami University of Ohio, then completed his doctorate degree from the Ohio College of Podiatric Medicine in Cleveland in 1953. He practiced podiatry in Kent, Ohio, for over 40 years. He was married to the love of his life, Ethel, for over 70 years and lived the last 20 years together in Florida. He had recently moved to Hilton Head, SC, after her passing.

Roderick Fuller, DPM January 15, 2023 – Central Academy

Dr. Roderick Fuller was born February 28, 1936 in Dumfries, Virginia and died January 15, 2023 in Columbus. A loving husband, father, brother, and grandfather, Dr. Fuller received his Doctorate in Podiatric Medicine in 1961 from the Ohio College of Podiatric Medicine in Cleveland, Ohio and was in private practice in the Hilltop area of Columbus for 36 years before his retirement. He served on the clinical faculty at The Ohio State University in the Departments of Medicine and Surgery for 30 years. He was a Diplomate of the American Board of Foot and Ankle Surgery and a Fellow of the American College of Foot and Ankle Surgeons. He served as president of the Ohio Podiatric Medical Association in 1977.

Thomas Zoldowski, DPM February 6, 2023 – Northwest Academy

Dr. Thomas Zoldowski died peacefully at home Monday, February 6, 2023, surrounded by his wife of 56 years, Susan; his children and his grandchildren. Dr. Zoldowski graduated from the University of Toledo in Pharmacy. In 1967, received his Doctorate of Podiatric Medicine from Ohio College of Podiatric Medicine in Cleveland, where he was valedictorian. While in Cleveland, he met and then married his wife, Susan. Upon moving back to Toledo and starting a family, Tom began building his podiatry practice and became a mentor and leader in the podiatric community. His achievements include being elected as President of the Northwest Ohio Academy of Podiatric Medicine, being selected as Delegation Chairman for APMA House of Delegates, serving as president of the Ohio Podiatric Medical Association in 1985, and being appointed Secretary/Treasurer of the Silver Gavel Club. Dr. Zoldowski earned the Ohio Foot and Ankle Medical Association Service Award in 2015.

MEMBERSHIP NEWS AND NOTES

Member Spotlight | OHFAMA President Adam Thomas, DPM

Why did you choose a career in podiatry? What led you to this career path?

I knew that I wanted to go into the healthcare field at a very young age. My mother was a nurse, and I was the kid who would pretend to be a doctor, patching up the neighbor kids when we would play outside.

Years later, during pre-medicine in college, I still wasn't sure what field I wanted to pursue. I had a friend who was in his first year of medical school and he knew a podiatrist and suggested I consider looking into it. I knew very little about the field but once I learned more by shadowing a podiatrist in my hometown, I discovered it was a specialty with variety, including aspects of medicine and surgery. It also could allow for more freedom outside of work with potentially less stress and burnout.

How did you get involved in OHFAMA and the Central Academy?

I started attending my first academy meetings back in residency. My director, Dr. Alan Block, was very involved with OPMA and emphasized to the residents the importance of membership and participation in our state organization.

In 2009, my first year out in practice, I attended a Central Academy meeting in the fall. They just so happened to be holding elections for officers that night. I was nominated for the secretary position and continued to serve in ascension eventually to academy president.

I missed my initial academy meeting as secretary, as my first child was born the following day. He just turned 13 this month.

What led you and your wife, Dr. Jennifer Trinidad, to open your own practice?

My wife, Dr. Jennifer Trinidad, and I each worked in separate private practices for 6 and 7 years, respectively. We are both grateful for each of those practices hiring us and all the knowledge we gained from our mentors while we were young physicians early in our careers.

I had somewhat of a long commute each day and was considering a change. Dr. Trinidad, being somewhat more ambitious than me, had an "ah ha" moment one day while speaking with one of her patients and ignited the fire to go out on our own. She dug in, did all the research, and even took after-hours business classes.

The timing was also just right to develop a new practice in our hometown of Hilliard, as there was a lower concentration of podiatry practices in our area of Columbus. We were fortunate to get our first-choice office location with a space that was already set as a medical office. I now have a four-minute commute to work and see my kids off on the bus each day.

What do you love most about podiatry?

What I love most about podiatry is being able to have an impact in patients' lives using the skills and knowledge I've gained over the years while being able to have a life outside of work. Seeing patients improve in their lives from something I did -- whether it's fixing an ingrown nail, resolving their foot pain, or treating a bad infection and preventing amputations -- it reassures me I made the right decision 20 years earlier.

Continued on Next Page



Dr. Adam Thomas (center) opened Hilliard Family Podiatry with his wife, Dr. Jennifer Trinidad in 2016. Dr. Kartick Patel (left), who serves as Central Academy President, joined the practice in 2020.

PROFESSIONAL PROFILE

Undergraduate Education:

Ohio University

Bachelor of Specialized Studies, Natural or Social Sciences

Medical School:

Ohio College of Podiatric Medicine

Doctorate of Podiatric Medicine, 2006

Residency:

Ohio State University

2009

Board Certifications:

American Board of Foot and Ankle Surgery
American Board of Podiatric Medicine

MEMBERSHIP NEWS AND NOTES

Continued from Previous Page

What are some of the challenges and opportunities facing podiatry and the association?

One of the biggest challenges I think we face as podiatrists is lower reimbursement for the work we do. This includes challenges from Medicare, Medicaid, and private insurance companies. One of the biggest opportunities we have to help combat this issue is to stay unified and have strong membership in our state and national organizations which fight on our behalf and keep us informed. This can also be furthered by contributions to our political action committees.

What do you like to do in your free time?

My free time at this stage consists of spending time with my three kids. I'm getting back into the regular exercise momentum I had going before the pandemic. I also enjoy reconnecting with old friends every now and then for a few drinks and catching up, as well as having a few moments of solitude when they come. Jennifer also keeps me busy with our never-ending home renovation projects and backyard farm.

What are three little-known facts about you?

1. I started playing drums at age four and later became our church drummer growing up. During my college years, however, I played the "devil's music" and was in a rock/blues/funk band before selling my soul to podiatry.
2. I was more adventurous/careless as a kid and experienced several injuries, with ER trips, including but not limited to, falling out of a tree and breaking my right arm age six, breaking both wrists at age 11 from standing up on a sled and hitting a large rock at the bottom of the hill, and fracturing my right tibia at age 15 in a moped vs Rottweiler incident. None required ORIF though!
3. Having grown up in southeastern Ohio, I speak fluent hillbilly. This has come in very handy over the years with some of my patient demographics.

OPMSA Appoints New Student Member to OHFAMA BOT



Haley Carrasco

The Ohio Podiatric Medical Student Association (OPMSA) named Haley Carrasco as its new representative to the OHFAMA Board of Trustees in January.

Carrasco, a first-year student at Kent State University College of Podiatric Medicine (KSUCPM), is a Cresco, Pennsylvania native who graduated from Juniata College (PA) in 2022. She serves as director of local affairs on the OPSMA board.

OPMSA elects one member to serve as a voting ex-officio member of the OHFAMA Board of Trustees to strengthen ties between students and OHFAMA.

Dr. Ed Cosentino Retires

Dr. Ed Cosentino of Girard announced his retirement, effective February 12.

Dr. Ed Cosentino, a recipient of the 2021 OHFAMA Service Award for his exemplary service to the Eastern Academy and podiatry, announced his retirement, effective February 12.

Dr. Cosentino initially served as president of the Eastern Academy in 1988-89, but when the Academy had a lack of leadership, he stepped forward to become president again from 2014-2018.

Dr. Cosentino further served as surgical instructor for Youngstown Podiatric Residency Program the past 40 years, where he earned Educator of the Year honors on six occasions. He has been a yearly contributor to OPPAC and served as a delegate to the OHFAMA House of Delegates for over 12 years.

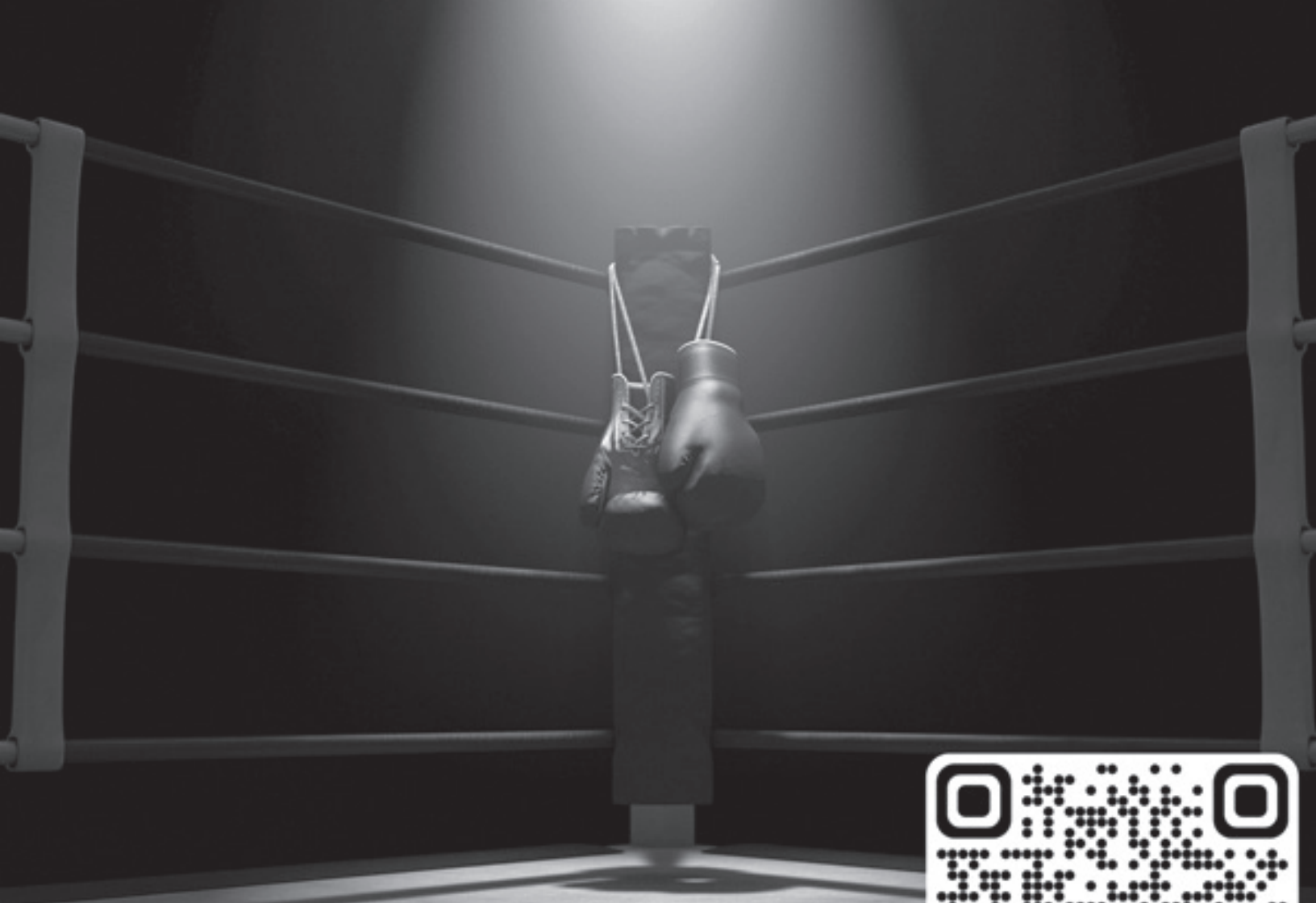
Dr. Cosentino graduated Magna Cum Laude from Youngstown State University, earned his Doctor of Podiatric Medicine from the Ohio College of Podiatric Medicine in 1992, and completed his residency at Foot Clinic of Youngstown. He further earned board certification with the American College of Podiatric Surgery in 1986.

In 1983, he began practicing with his father and mentor, Dr. Sal Cosentino, in Girard. Together, the Cosentino's practiced together until the elder Cosentino passed away in 1991. The younger Cosentino has continued to serve patients in Girard and surrounding communities through his private practice, E.F Cosentino, DPM Podiatric Physician & Surgeon, Inc.

Dr. Cosentino and his wife, Mary Ann, met during his fourth year at the Ohio College of Podiatric Medicine and have been married since 1984. They have two adult children, Christopher and Sarah.



Dr. Ed Cosentino



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CAC-PIAC Report

By: Martin Lesnak



Martin Lesnak, DPM

The 22nd Annual Joint National Carrier Advisory Committee (CAC) - Private Insurance Advisory Committee (PIAC) Representatives' Meeting was held Friday, November 11, 2022 at the Crystal City Marriott at Reagan National Airport in Arlington, VA.

The CAC and PIAC structure consists of representatives appointed by state podiatric medical associations to assist members in resolving Medicare and private insurance-related concerns. Knowing and using Ohio's appointed CAC and PIAC representatives, who are practicing podiatric physicians with expertise in dealing with insurance issues, may help in claims appeal, contracting, understanding medical policy, and more.

Below is the meeting report from outgoing PIAC representative Martin Lesnak, DPM:

Source of Coverage – Medicare

- In 2021, 17.5% of individuals received Medicare coverage in whole or in part through Medicare
- In 2022, more than 28 million people are enrolled in Medicare advantage plans, accounting for nearly half or 48% of the eligible Medicare population.
 - 4.62 million enrollees are in Special Needs Plans
 - 5.1 million are in employer group Medicare Advantage plans

Medicare Advantage Market

- United Health Care, Humana, Blue Cross Blue Shield, Aetna (now owned by CVS Health) and Kaiser Permanente account for more than 75% of the market
- United Health Care is the largest with 28%, followed by Humana with 18%, CVS Health has 11%, Kaiser Permanente 6% and all Blue Cross Blue Shield plans combined have 14%

No Surprises Act

- Part of the Consolidated Appropriations Act of 2021
- Requirements limiting consumer liability and increasing cost transparency.
- The act ensures patients are not obligated to pay more than the in-network cost sharing under their commercial health plans in certain situations when out of network providers furnish services and sets forth a process for noncontract providers and insurers to come to agreement on payment amounts.

- The Act is off to a slow and rocky start with litigation and enforcement delays and final rules still pending.

No Surprises Act – Good Faith Estimates

- The NSA also imposes a requirement for providers to provide good estimates of costs of receiving care.
- For uninsured/self-pay patients, GFE is provided directly to the patient. In instances in which there is more than one provider or facility involved the provider scheduling the service or getting the request for the GFE is responsible for obtaining estimates from the other providers and including them in the GFE.
- Effective January 1, 2022 providers were required to provide GFE's to:
 - Uninsured and self-pay individuals scheduling an item or service at least 3 business days in advance. This includes insured individuals scheduling non-covered items or services.
 - Uninsured and self-pay individuals who have not scheduled an item or service but request a GFE or otherwise inquire about costs for items or services they haven't yet scheduled.

Timing for Providing GFEs

- When an item or service is scheduled at least 10 business days before it will be furnished, the provider must furnish the GFE no later than 3 business days after the date of the scheduling.
- When the item or service is scheduled at least 3 business days before it will be furnished, the provider must furnish the GFE no later than 1 business day after the date of the scheduling.
- When the uninsured or self-pay individual requests a GFE, the GFE must be provided no later than 3 business days after the date of the request.

What if the Patient Receives Recurring Services?

- If the patient receives recurring services for which a GFE must be provided such as non-covered routine care, the provider may issue a single good faith estimate (GFE) if both of the following requirements are met.
- The GFE includes the expected scope of the recurring items or services (such as time frames, frequency, and total number of recurring items or services) in a clear and understandable manner; and
- The scope of the GFE does exceed one year

GFE Notification Requirements

- Providers must orally furnish information concerning the availability of a GFE to a self-pay or uninsured individual when scheduling an item or service or when questions about the cost of the items or services occur.

- Providers must also post a written notice of the availability of a GFE for uninsured or self-pay individuals that is written in a clear and understandable manner.

What if the GFE is Wrong?

- A patient provider dispute resolution (PPDR) process is available for individuals who get a bill for an item or service that is \$400 or more in excess of the expected charges on the GFE.
- In the case of the GFE's that include co-providers, the \$400 amount is determined for each provider or facility on the estimate.
- An independent reviewer makes the decision.
- In 2022, a \$25 administrative fee will be assessed to the non-prevailing party to the PPDR process. Providers cannot send a bill to collection or threaten to do so while the PPDR process is pending.

Medicare Advantage Issues

- April 2022 OIG report on Medicare Advantage Denials
- Findings
 - 13% of prior authorization denials were for service requests that met Medicare coverage rules.
 - 18% of payment denials were for claims that met Medicare coverage rules and MAO billing rules.
 - Imaging services, stays in post-acute facilities and injections were three prominent types among denials that met Medicare coverage rules.

Recommendations for CMS

- Issue new guidance on the appropriate use of MAO clinical criteria in medical necessity reviews
- Update its audit protocols to address the issues identified in the report
- Direct MAO's to take additional steps to identify and address vulnerabilities that can lead to manual review errors and system errors.

May 2022 Final Rule

- Beginning for plan years effective 2024 (applications filed in 2023) CMS will revert to its policy of requiring MA plans to meet network adequacy requirements before awarding new contracts or approving service area applications.

Medicare Advantage (MA)Appeal Process

- Appeals for Contracted Providers
 - Prior Authorization- Regulatory ("member") process (30 days)
 - Post Service appeals- Plan Process

■ Appeals for Non-Contracted Providers

- Regulatory process- simply a disagreement regarding the amount due for the service (30 days)
- Both Contracted and Non-Contracted
 - Expedited Appeals - regulatory process - only pre-service appeals (72 hours). Available in situations in which applying the standard procedure could seriously jeopardize the enrollee's life, health, or ability to regain maximum function.

Addressing Services you Believe will be Inappropriately Denied - Pre-Service

- Ask for prior authorization- a treating physician may ask on behalf of a patient. A member has a right to a prior authorization decision whether or not prior authorization is required for the service. Except for expedited determinations plan has 14 days to make decision.
- If you receive a denial, you have two choices:
 - You can see if the beneficiary wants to pay out of pocket and can bill.
 - You can appeal, using member appeal process. A treating physician may ask for an appeal on behalf of the patient.
- If the plan wishes to uphold the denial in whole or part, it must forward the case to an independent review entity (IRE).
- IRE overturns count against the plan's star rating.

Denials of Claims for Basic Benefits

- If the denial was after the services were furnished: Contracting providers must appeal using the process set forth in their contract or the plan's policies or procedures
- Non-contracting providers may use the member appeal process if they are willing to sign a waiver of liability stating that, regardless of the outcome, they will hold the member harmless.
 - Trade off- if the plan upholds the denial, the appeal automatically goes to an independent review entity.
 - Because overturns by the IRE count against the plan star ratings, plans seek to avoid them.
- Both contracted and non-contracted providers can support their claims by submitting FFS remittance notices that are BLINDED (take out all PHI) showing that FFS Medicare pays for the service at issue
- Include any supporting LCD is also helpful
- CMS has created a data base of IRE decisions. It can be searched by procedure or code or other key words. May be sued as support where local IRE made decision.
 - <https://www.cms.gov/qic-decision-search>**Appeals for Administrative Denials**

- If based on a rule different than Medicare
- Contracted providers - Look at provider contract
 - Does it say anything about coding modifiers?
 - Does it refer to policies and procedures that support the plan position?
 - What does the payment terms say? Does it say you will be paid based on fee for service?

- Non-contracted Providers – Should expect to be paid the same amount they would be paid under FFS Medicare

Medicare Advantage Appeals

- Medicare Advantage Organizations make a substantial amount of their own decisions, particularly when the appeal is through the regulatory process.
 - IRE overturns count against the plan's star ratings

CPT Coding Changes Effective in 2023

The AMA CPT Editorial Panel meets three times a year to review and revise CPT codes. APMA is represented at these meetings by CPT Advisor Ira Krause, DPM, and CPT Alternate Advisor Sarah Abshier, DPM, to protect the interests of the podiatry community. Below are highlights of coding changes effective January 1, 2023:

- When you utilize diabetic codes (E0.8-, E09, E11-, E13-) you should be using an additional code to identify control using a Z code:
 - Z79.4 - Long-term (current) use of insulin
 - Z79.84 - Long-term (current) use of oral hypoglycemic drugs
 - Z79.85 - Long-term (current) use of injectable non-insulin antidiabetic drugs *new for 2023***
- Z59.82 Transportation insecurity**
- Z59.86 Financial insecurity**
- Z59.87 Material hardship**
- New series of codes to represent substance abuse "in remission" F10.91 - F19.91
- Observation care E&M and Hospital inpatient E&M codes have been combined into: **Hospital Inpatient or Observation Care E&M series: CPT 99221-99223 & 99231-99233**
- Domiciliary, rest home, or custodial care services and home visit codes have been combined into: **Home or residence visit: CPT 99341, 99342, 99344, 99345, 99347-99350**
- Revised language:
 - CPT 15851: Removal of sutures or staples requiring anesthesia (i.e., general anesthesia, moderate sedation)**
- Similarly, new codes have been developed in the series:
 - CPT 15853, 15854 - Removal of sutures or staples not requiring anesthesia (listed separately in addition to E/M)**

These last two are particularly relevant since digital amputations and some of the I&D procedures now have zero-day global periods. Various coding topics available to members only.

OHFAMA CLASSIFIEDS

Central Ohio - Podiatric Surgeon Position Available

Hilliard Family PODIATRY, LLC is currently recruiting a motivated, enthusiastic podiatric surgeon qualified in forefoot and rearfoot surgery to join our one location expansion in Central Ohio. Our ideal candidate has excellent medical, surgical, communication, and organizational skills. We offer the flexibility to work a minimum of 2.5 days a week up to full time. We have a competitive payment model.

Hilliard Family PODIATRY, LLC is podiatrist-owned by Dr. Adam Thomas, current OHFAMA state President, his wife, Dr. Jennifer Trinidad, OHFAMA Central Academy Past President, and Dr. Kartick Patel, current OHFAMA Central Academy President, joined the practice three years ago. Since joining our team, our practice has physically doubled in size and our patient volume is ready to add another Podiatrist to our well-rounded team. We have a cloud based EMR System (Athena), digital x-rays, are an approved Medicare DME supplier, Zimmer shockwave, PRP, Custom Orthotics and ultrasound. We have an excellent well trained office staff and practice manager. Our quality of service and care have generated dedicated referral relationships with numerous Primary Care Physicians, Pediatricians, and Family Practices. We take pride in our excellent community reputation by word of mouth and across multiple social media platforms. Please send CV to info@hilliardfamilypodiatry.com. We look forward to hearing from you.

Practice For Sale - Toledo, OH

Rare turnkey opportunity. Established practice located in the Toledo area. Excellent location with an established patient mix. Currently the provider shares time between other locations and is unable to keep up with the growth potential. Doctor is willing to stay and help transition with patients and insurance. Doctor is willing to help with practice management for any new graduating doctors. This practice is ideal for any individual that wants to open up days, and add surgery. The room for growth is unlimited. Serious candidates only, please reach out to dpmtolledo@gmail.com.

STATE MEDICAL BOARD OF OHIO

Columbus Dispatch Criticizes Medical Board

The Columbus Dispatch published a lengthy feature article critical of the State Medical Board of Ohio for failing to protect Ohioans from doctors' sexual misconduct in recent decades.

The Dispatch investigation found hundreds of Ohio doctors have sexually abused or harassed more than 440 patients since 1980. The paper cited former Board employees who claim the Board did not do enough to investigate sexual assault allegations against physicians.

The article cited several recent changes at the Board in response to the fallout relating to its inaction on the Richard Strauss scandal at Ohio State, including eliminating expiration dates for cases, re-examining old cases, and hiring additional investigators.

The article also noted the Board and Governor Mike DeWine support re-introducing a 2022 bill (SB 322) in the current General Assembly that would require physicians on probation with the Board for sexual misconduct to inform their patients.

The legislation also would permit the board to share the status of an investigation with a complainant and allow the board to automatically suspend a doctor's license for 90 days if a doctor is indicted or if a license was suspended, revoked, or surrendered in another state. Further, a public member of the medical board would be added to the investigatory team to increase oversight.

Board Approves Telehealth Rules

The State Medical Board adopted new telehealth rules that will become effective on February 28, 2023. These rules implement the requirements of the telehealth statute (R.C. 4743.09) for the following Medical Board health care professionals: physicians (MD, DO, and DPM), physician assistants, dietitians, respiratory care professionals, and genetic counselors.

Below is a quick summary of these new rules. Licensees are encouraged to read the complete law and rules which are available in the Laws & Rules section on med.ohio.gov.

General Telehealth Provisions (OAC rule 4731-37-01)

- Allows health care professionals to provide telehealth services to a patient located in Ohio if they can meet the standard of care for the patient and their medical condition
 - Because the rules only address telehealth services provided to patients located in Ohio, health care professionals should consult the laws and rules of any other state where a prospective patient is located to determine how to provide telehealth services lawfully in that situation
- Requires the standard of care for telehealth services is the same as the standard of care for an in-person visit
- Permits health care professionals to use synchronous or asynchronous communication technology to provide telehealth services if the standard of care for an in-person visit can be met for the patient and their medical condition with the technology selected
 - Telephone calls can only be used for telehealth services when all the elements of a bona fide health care visit meeting the standard of care are performed. Telephone calls that are routine or simply communicate information to the patient are not telehealth services
 - Explains when a health care professional must see the patient in-person or refer the patient
 - If a health care professional determines at any time while providing telehealth services to a patient that the standard of care for an in-person visit cannot be met, the health care professional shall either see the patient in-person within a reasonable time or make an appropriate referral to another health care professional that can meet the standard of care
 - Describes requirements for formal consultations with another health care professional
 - Allows physicians and physician assistants to provide telehealth services using remote monitoring devices if consent from patient is obtained and the devices have been cleared, approved, or authorized by the FDA and comply with all federal requirements
 - Provides requirements for a physician or physician assistant, who holds a valid prescriber number and has been granted physician-delegated prescriptive authority, to prescribe, personally furnish, or otherwise provide a non-controlled prescription drug while providing telehealth services.

STATE MEDICAL BOARD OF OHIO

Continued from Previous Page

Controlled Substance and Telehealth Prescribing (OAC rule 4731-11-09)

- Requires a physician or physician assistant, who holds a valid prescriber number and has been granted physician delegated prescriptive authority, to comply with federal law requirements when prescribing, personally furnishing, or otherwise providing controlled prescription drugs
- Requires a physician or physician assistant prescribing, personally furnishing, or otherwise providing a controlled prescription drugs through telehealth shall also comply with the requirements of OAC rule 4731-37-01 and the additional requirements in this rule
- Requires that a physician or physician assistant conduct a physical examination for a new patient before prescribing a schedule II controlled substance except in the following situations where telehealth may be used:
 1. The medical record of a new patient indicates that the patient is receiving hospice or palliative care;
 2. The patient has a substance use disorder, and the controlled substance is FDA approved for and prescribed for medication assisted treatment or to treat opioid use disorder.
 3. The patient has a mental health condition and the controlled substance prescribed is prescribed to treat that mental health condition;
 4. The physician or physician assistant determines in their clinical judgment that the new patient is in an emergency situation provided that the following occurs:
 - The physician or physician assistant prescribes only the amount of a schedule II controlled substance to cover the duration of the emergency or an amount not to exceed a three day supply whichever is shorter;
 - After the emergency situation ends, the physician or physician assistant conducts the physical examination as part of an initial in person visit before any further prescribing of a drug that is a schedule II controlled substance; or
 5. The prescribing of a controlled substance through telehealth services is being done under an exception permitted by federal law governing prescription drugs that are controlled substances.

If you have questions about the new rules, please email contact@med.ohio.gov.

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LEGAL

Health Care Non-Competes Face Uncertain Future

By Dan Zinsmaster, Dinsmore & Shohl



Daniel S. Zinsmaster

Last summer, President Joe Biden signed a wide-ranging executive order entitled “Promoting Competition in the American Economy.” One key element of the executive order was to address non-compete covenants that the White House characterized as stifling competition between companies. The executive order encouraged the Federal Trade Commission (FTC) to draft rules to “curtail the unfair use of non-compete clauses and other clauses or agreements that may unfairly limit worker mobility.” In a statement released contemporaneous with the executive order, the White House stated more bluntly that the President was encouraging the FTC to “ban or limit non-compete agreements.”

In the wake of President Biden’s executive order, on January 5, 2023, the FTC issued a proposed rule which would prohibit employers from enforcing non-compete agreements against former employees, contractors, and other workers. The proposed rule defines “non-compete clause” broadly as “a contractual term between an employer and a worker that prevents the worker from seeking or accepting employment with a person, or operating a business, after the conclusion of the worker’s employment.” Additionally, the proposed rule would bar broad non-disclosure agreements that “effectively precludes the worker from working in the same field” after separation.

Notably, the FTC’s proposed rule does not prohibit agreements restricting outside work by employees during the term of their work for the employer. The rule also provides an exception for enforcement of non-compete agreements related to the sale of a business (or sale of such person’s ownership interest in a business) when the person restricted by the agreement is a “substantial owner [owning at least 25 percent of] the business entity at the time the person enters into the non-compete clause.”

In addition to prohibiting enforcement of non-compete agreements, the FTC’s proposed rule would impose an obligation on employers to notify all employees subject to non-compete agreements that such contract provisions are no longer in effect and may not be enforced.

The next steps for the FTC’s proposed rule will be completion of a 60-day comment period, after which the FTC will publish a final rule that will go into effect 180 days after publication. As with other recent federal agency rulemaking, this regulation is very likely to face legal challenges that may further delay or prevent enforcement.

At the state level, the Ohio General Assembly considered legislation last year which would have prohibited any employer of physicians – including doctors of podiatric medicine and surgery – from entering into certain non-compete restrictions that would apply following the physician’s employment as a condition of employment. Similar to the FTC’s proposed rule, non-compete agreements during the term of the physician’s employment would have remained permissible. While the proposed legislation did not become law, it shows the issue is garnering the attention of lawmakers at every level of government.

Non-compete covenants are very common in health care and historically viewed by hospitals and medical practices as an important way of protecting their legitimate business interests. Employed providers routinely have non-compete agreements, so much so that even the American Medical Association (AMA) issued a position paper in 2020 cautioning that physicians should be wary of signing unreasonably strict covenants. The AMA has gone so far as to suggest that physicians in training should not sign non-compete agreements at all.

Despite the threats to non-competes in provider employment agreements, non-compete provisions remain enforceable in Ohio for the time being. Even so, because the future existence and viability of non-compete covenants in health care settings is murky at best, employers and providers should be mindful of potential changes in state and federal law when looking to negotiate future employment and independent contractor agreements.

MEMBER BENEFITS

Sweeping Retirement Plan Legislation Enacted – SECURE 2.0

By Peggy N. Slaughter, CFP®, CRPS®, AIF®, CPFA

As part of the Consolidated Appropriations Act signed into law by Congress on December 29, 2022, we have over 90 new retirement plan provisions. Some were effective immediately; many will become effective over the next several years. The overarching themes behind the SECURE 2.0 Act are to clarify several of the SECURE Act (2019) rules, increase retirement savings, and further expand coverage for employees and employers. The following are just a few highlights of changes effective in 2023:

- Tax credits for a small employer (less than 50 employees) to cover the expense of starting a new retirement plan increased significantly to 100% up to \$5,000 for the first 3 years. This is double the current 50% limit, plus an additional credit for employer contributions to defined contribution plans (i.e., 401(k), profit sharing) of up to \$1,000 per employee!
- You are no longer required to distribute multiple required notices throughout the year to non-participating employees, provided you give at least one annual notice reminding them they are eligible. This is a great time savings and welcome improvement to pesky notice requirements!
- The age at which a retiree must start taking Required Minimum Distributions (RMD) increased from 72 to 73. In more welcome news, the penalty for missing an RMD decreased from 50% of the RMD amount to 25%, and even further to 10% if the distribution is taken as soon as possible after the oversight was discovered.
- Roth after-tax contributions are now permitted in SIMPLE IRA plans, though many providers are still updating their systems to allow for proper recordkeeping.
- Employees may now elect for employer contributions to be made to their individual account on a Roth after-tax basis. We are still awaiting guidance on how to make this election and how the contribution will be recorded as taxable income to the participant.

Future regulations include the ability for a victim of domestic abuse to withdraw up to \$10,000 from their account penalty free, increased time periods to self-correct contribution errors without penalty, increased force-out limits to terminated participants from \$5,000 to \$7,000 and requiring catch-up contributions to be made on a Roth after-tax basis for participants earning over \$145,000.

If that sounds like a lot, you are right! I would be happy to discuss these or any other new rules under SECURE 2.0 that might impact your practice or retirement plan. And remember, the OHFAMA Members' 401(k) Exchange Plan is a great way to combine forces with your fellow members to reduce both costs and liabilities associated with sponsoring a retirement plan. Contact me at peggy.slaughter@salingsimms.com or call us at 614-841-1881 for more information. I look forward to hearing from you!



Peggy N. Slaughter

Peggy Slaughter is a retirement plan specialist at Saling Simms Associates and has been working with Associations for over 20 years.

Investment advisory services offered through Saling Simms Associates, 7965 North High Street, Suite 130, Columbus, Ohio, 43235, 614-841-1881

MEMBER BENEFITS

BakoDx Improves Detection of Web Space Infections

By BakoDx

Based on years of research and experience in podiatric pathology, Bako Diagnostics developed a “BakoDx Web Space” PCR test to identify the infectious agents involved in web space dermatitis. This highly sensitive and highly specific test provides podiatric clinicians with ease of use, rapid results and the most accurate diagnostic method available – allowing for the best patient care.

The test utilizes real-time polymerase chain reaction (RT-PCR) technology to detect the causative agent within the web space keratin when present, resulting in the clinically identified dermatitis.]The BakoDx Web Space panel tests for:

Fungi

- *Dermatophytes*
- *Candida spp*

Bacteria

- *Corynebacterium minutissimum*
- *Gram-negative bacteria*
- *Staphylococcus aureus*

Interdigital infectious dermatitis may be due to a variety of organisms that may look similar, but their treatment differs. Differential diagnosis may include: *Corynebacterium minutissimum* in erythrasma, tinea pedis, candidal intertrigo and/or primary or secondary bacterial infections. There is also a growing awareness of gram-negative bacterial web space infections. The differential diagnosis of web space dermatitis would also include non-infectious etiologies including web space eczema or psoriasis.^{1,2}

Get started today. Call 855-422-5628 or visit bakodx.com/webspace.



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Physician Registration Form

The 2023 Annual Seminar will feature a one-day virtual seminar on Saturday, April 22 and a two-day in person seminar on May 18-19 at the Columbus Hilton at Easton.

Attendees may register for the virtual seminar (8 CME Hours), two day in person seminar (17 CME Hours), or both events (25 CME Hours) at a special price.

Saturday
April 22, 2023
8 CME Hours
Virtual

☐ Saturday, April 22, 2023 — 7:30 AM - 4:00 PM
Virtual via GoToWebinar

Thursday and Friday
May 18 -19, 2023
17 CME Hours
In Person at the
Columbus Hilton
at Easton

☐ Thursday, May 18, 2023 Morning — 7:30 AM - 11:30 AM
☐ Thursday, May 18, 2023 Lunch and Learn — 11:30 AM - 1:00 PM
☐ Thursday, May 18, 2023 Afternoon — 1:00 PM - 5:30 PM (PICA Lecture 3:30 PM - 5:30 PM)
☐ Yes, I'm attending the Welcome Reception (entry by name tag only at no additional cost) — 5:30 PM – 6:30 PM

☐ Friday, May 19, 2023 Morning — 7:30 AM - 11:30 AM
☐ Friday, May 19, 2023 Exhibitor Marketplace Luncheon — 11:30 AM - 1:00 PM
☐ Friday, May 19, 2023 Afternoon — 1:00 PM - 5:30 PM

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****Registration closes on May 8. After May 8, you must add an additional \$50 on-site registration fee.**

The contact information should contain the e-mail address where you wish to receive confirmation. Registrations will not be processed without payment. Use a separate form for each registrant.

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