



**OHIO PODIATRIC
MEDICAL
ASSOCIATION**

Journal

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At right, Dr. Thomas Kunkel, Temple student Caleb McFerrin, Dr. Kevin Schroeder, and OCPM students Ellen Thomas and Michael Casteel on the way to their Longworth House Office Building appointment. See more APMA House of Delegates photos on page 5.

President's Message

A Word From The Road

by David Hintz, DPM, MPH, CPH



2012 OPMA PRESIDENT

AS THE YEAR progresses we have had several issues that have ramifications for us. We have had a hearing before a panel of three judges in Franklin County for the appealed issues of the fee discrimination case. We attended the APMA House of Delegates in

Washington, and we are continuing to monitor state legislation that may affect us.

In my view, the most important thing we have to do is to monitor the Affordable Care Act (ACA). This will be true for the next several years. We must also address the Title XIX issue.

These are federal issues but the ramifications for us are substantial. The number of people expected to go on Medicaid over the next several years is expected to grow by about thirty-eight percentage because of ACA. Optional service inclusion becomes more urgent as this progresses. The intertwining of federal and state issues becomes very apparent.



OUR COMMUNITY
Ohio
Podiatric
Physician
Upsets
Incumbent in
Congressional
Race



Dr. Brad Wenstrup

It's official. The House Republican Conference will lose Rep. Jean Schmidt. In Ohio's Primary election upset, Schmidt was defeated by Dr. Brad Wenstrup, an Ohio Podiatric Medical Association member from Cincinnati and Iraq War veteran.

Wenstrup, who defeated Schmidt with 49% of the vote in Ohio's Republican District 2 Primary, had the support of Tea Party activists. Schmidt also was one of a dozen incumbents of both parties targeted by a superPAC called Campaign for Primary Accountability.

Another podiatric physician, Dr. Lee Rogers, a Democrat from California, is running as a Congressional hopeful. The California Primary was not held with the "Super

Tuesday" Primary elections. The OPMA is extremely excited of the possibility that the incoming Congress will seat two podiatric physicians, one in each party, with one being from Ohio and a 26-year member of the Ohio Podiatric Medical Association. Congratulations, Brad, on an outstanding primary showing.

| *Source: PM News* |

Lutz, DPM,
Named Vice
President,
Surgery and
Anesthesia at
Grant Medical
Center



Kevin Lutz, DPM, FAFAS

Kevin Lutz, DPM, FAFAS, was recently named vice president, Surgery and Anesthesia at Grant Medical Center in Columbus. In his new duties, Dr. Lutz will oversee the day-to-day operations of Surgical Services and the Anesthesia Department to ensure the highest standard of quality care, patient safety, patient

and staff satisfaction and the efficient use of financial resources. His responsibilities will include business planning and development, performance analysis and monitoring, financial oversight and the allocation and supervision of resources. Grant performs more than 20,000 surgeries a year in 31 operating rooms.

At Grant since 2001, Dr. Lutz is a board-certified podiatric surgeon with a strong acumen in business and surgical operations management, having led many operational projects from conception to completion.

He holds numerous leadership positions at Grant, including medical director of information technology, physician lead for the internal quality review program, chairman of the perioperative committee, president of the Ohio Podiatric Institute and associate director of the Podiatric Residency Program.

Dr. Lutz holds a bachelor's of science degree in business administration and accounting from Jacksonsville University, and he received his Doctor of Podiatric Medicine Degree from the New York College of Podiatric Medicine.

He is a member of the Central Academy—OPMA,. He has served APMA on various committees and has served on the OPMA Board of Trustees.

Congratulations, Dr. Lutz!

Grossman
Named
President-
Elect of
ACFAS



Jordan P. Grossman, DPM

Akron podiatrist and OPMA member Jordan P. Grossman, DPM, FAFAS, a foot and ankle surgeon with Northeast Ohio Orthopaedic Associates was named president-elect of the 6,500 member American College of Foot and Ankle Surgeons (ACFAS).

Grossman followed his grandfather's, father's and uncle's footsteps to pursue a career in podiatry. His brother is also a podiatrist. He earned his DPM from OCPM, completed a surgical residency at the Podiatry Hospital of Pittsburgh and fellowships at the Western Pennsylvania Hospital in Pittsburgh and the University of Ulm, Germany. Dr. Grossman is a member of the Mideast Academy of OPMA and has also served OPMA as a Scientific Chair for Region IV CME Seminar.

| *Source: PM News* |

**CONGRATULATIONS!
Two OPMA
Members
Inducted Into
The 2012
OCPM Hall of
Fame Society**



Dr. Allan Boike



Dr. Jerauld Ferritto

The OCPM Hall of Fame Society is the highest honor given to an OCPM alumnus. The OCPM Hall of Fame Society recognizes OCPM alumni who have demonstrated the highest moral and ethical values associated with podiatry, at least 20 years of dedicated service in the field of podiatry, and an appreciation of and loyalty to their alma mater.



Drs. Adrienne O'Neill, Summer Weary, and Leslie Niehaus.

**Alliance
Community
Hospital
Residents Win
First Place for
Scientific Poster**

OPMA members and Alliance Community Hospital third-year podiatry residents Dr. Adrienne O'Neill and Dr. Summer Weary, along with their director, Dr. Leslie Niehaus, were awarded first place in a poster competition at the 2012 Annual American College of Foot and Ankle Surgeons Scientific Con-

ference, in San Antonio, Texas. Their research and poster, entitled *The Use of Collagenase in the Treatment of Plantar Fibromas* gives promise to the future use of injections in treating plantar fibromas, a common problem in individuals who have plantar fasciitis.

Co-residents Dr. Julian McNees-Lambert and Dr. John Peterson also presented a poster on the correlation between plantar fasciotomies and heel height. Congratulation to these active members of the Mideast Academy.

**Candidates
Sought for State
Medical Board
Position**

The State Medical Board of Ohio will announce the term expiration of the podiatric physician member in December 2012. OPMA has developed criterion regarding candidate qualifications. If you are interested in reading the candidate qualifications, please reference OPMA's home page at www.opma.org.

Typically, OPMA advances three names and the required paperwork to the Governor's

office for his selection.

As a first step in the selection process, OPMA invites interested members to submit their CVs and a cover letter, by mail or e-mail (no faxes, please), to our central office for consideration by the Board of Trustees. The e-mail address is jrumberg@opma.org.

OPMA will follow up with a prospective candidate with details on the oral interview process once the CV and cover letter are received. Please remit no later than Friday, June 1, 2012. Should you have questions, please contact Dr. Rumberg.



**Golden
Anniversary:
50-Year Members**

- Robert L. Anderson, DPM**
10/1/1962
- Roderick L. Fuller, DPM**
3/1/1962
- Irving M. Lewis, DPM**
10/1/1962
- Joseph I. Seder, DPM**
1/1/1962

**Silver Anniversary:
25-Year Members**

- Robert Debiec, DPM**
1/5/1987
- John D. Fetzer, DPM**
10/1/1987
- Mark Gould, DPM**
1/13/1987
- Donald B. Hebb, DPM**
1/20/1987
- Richard M. Hofacker, DPM**
6/1/1987
- Kevin M. Kane, DPM**
12/1/1987
- Donald P. LeMelle, DPM**
12/1/1987
- John Liebenthal, DPM**
6/1/1987
- Paul S. Lieberman, DPM**
7/1/1987
- Steven Rusher, DPM**
9/1/1987
- Pradip Seth, DPM**
11/1/1987
- Gregory S. Stockfish, DPM**
9/1/1987
- Debra L. Thornton, DPM**
4/29/1987

From The Desk of the Executive Director **OPMA: We Give Our Heart and Sole to Help You!**

by Jimelle Rumberg, PhD, CAE



I wish I had the time to call all of our almost 600 members so we

could have a heart-to-heart on your OPMA experience and how OPMA helps you professionally. I would tell you that recently, we have fought off legislation that would require a registry on medical waste as well as mandatory medical waste disposal/hauling since you are a small generator of medical waste. I would also tell you that I met with ODJES, specifically MITS, for over two hours and explained claim glitches that our members are experiencing. On the Medicare front, I've spoken with Dr. Gary Oakes, the CGS Medical Director, to ensure that he received Ohio's podiatric scope on foot and ankle that I mailed along with OSMB letters on PND, external fixation, split thickness grafting, venous leg ulcerations and other topics. OPMA attended the APMA HOD and spoke with Ohio's Congressional members

regarding Title XIX, finding a permanent solution to the SGR fix, and reinforcing podiatry's critical role in the Affordable Care Act (ACA). When time permitted, we also covered HR 531—The Frontline Providers Loan Repayment Program, and asked Representatives to reconsider the Graduate Medical Education Funding.

Did I mention that OPMA is having a 2012 APMA Coding Seminar which will also cover OSHA? It will be on April 20 at the Worthington DoubleTree Hotel. Dr. Phill Ward from the APMA Coding Committee will join us as well as Juan Lumpkin from CGS, Dr. Paul Lieberman—OPMA CAC Rep, and Donald Bennett, RPh, MBA from Ohio State University. We invite you and your team to attend and hear the many changes in coding and billing as well as completing your OSHA requirement. Your OPMA team will be there to welcome you. We always appreciate the opportunity to see everyone.

If that isn't enough, OPMA is hosting a MITS pre-seminar session at the Region IV meeting in June. Details are available in your Region IV brochure. With so many great programs at the Region IV, we had to add three hours on Wednesday afternoon for this special pre-seminar workshop.

Did I mention that we will also have a cadaver lab and two separate saw bones labs every day by three companies? We will host an international speaker from

Germany, have a "Leaders and Legends" session with current and past podiatric thought leaders, plus a great faculty line-up for you to enjoy. There is something for everyone at this year's Region IV. We know you will want to attend this exciting opportunity of having 24 Category I CPME hours with extra Category II hours, including the PICA lecture for your 15% premium renewal discount. We will have six "Lunch and Learns" so that you can enjoy a hosted luncheon in a dining room atmosphere while hearing engaging faculty on Thursday and Saturday. We have it all for you to enjoy—network and learn.

PICA will also host our Welcome Reception just after the PICA lecture on Thursday, June 7. Plan to attend from June 6–9 and enjoy OPMA, and Easton dining and shopping in the evening.

Although it's not possible for me to visit each and every office or call you personally just to chat, know the OPMA staff members are always here for you. We hope that you are pleased with your professional association. As I travel to each academy and see members at various events and meeting, please remember that the OPMA team and I are very proud to work for you.

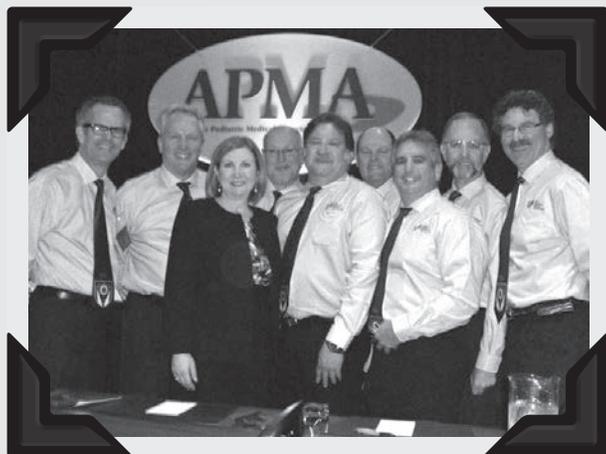
APMA/ OPMA are waiving any past dues to increase membership

In an effort to assist with membership recruitment activities for the 2012-2013 APMA fiscal year (June 1, 2012 – May 31, 2013) the APMA Board of Trustees has approved the waiving of any past national dues that may be owed by a former member. This will be available to any former member, even those that have taken advantage of a dues waiver in the past. If we can demonstrate that waiving past national dues is effective in getting more DPMs to re-join, APMA may consider having this requirement removed from the APMA bylaws.

This is a great incentive to rejoin this year. With all the new Medicare and Medicaid changes, ICD-10 upcoming and regulatory items, non-joiners are playing roulette with their practice and future in podiatric medicine. This includes nonmember partners you may have in your practice. Spread the word today so that they can receive member pricing on the Coding and Region IV seminars. We would love to increase our membership, as OPMA demonstrates value and outstanding member service to our members daily. Send us the name of the nonmember or email address and we'll get an application to them without delay. With this major barrier waived, there's simply no excuse not to join!!!

APMA House of Delegates

Drs. Thomas Kunkel, Jimelle Rumberg and Kevin Schroeder traversed the Capitol on the way to Speaker Boehner's office.



Delegates to the APMA HOUSE: Drs. Thomas Kunkel, David Hintz, Jimelle Rumberg, Paul Lieberman, Angelo Petrolla, Kevin Schoreder, Alan Block, Mark Gould, and Bruce Blank.



Shown in the office of Congressman Jim Jordan: Ellen Thomas, OCPM student; Rande Olney, Legislative Assistant; Dr. Thomas Kunkel, OPMA; Michael Casteel, OCPM student; Caleb McFerrin, Temple student; and Dr. Kevin Schroeder, OPMA.



Shown with Representative Sears are OPMA's Executive Director Dr. Jimelle Rumberg and Lobbyists for OPMA Charlie Solley and Dan Jones.

A FRIEND TO THE PODIATRIC PROFESSION Sears Named Legislator of the Year



Barbara R. Sears

Representative Barbara R. Sears (R-46th District), who serves as the Assistant Majority Floor Leader was recently presented with the Ohio Legislator of the Year Award by OPMA President David Hintz.

Representative Sears addressed the OPMA Board of Trustees regarding health care, an area with which she is very familiar. She is a member of the Finance Committee, Health and Hu-

man Services Subcommittee as well as the Health and Aging Committee.

Representative Sears, who is extremely knowledgeable in access to care issues and the role that podiatry plays in prevention and wellness, has taken an active role in Ohio's healthcare issues. As an owner of an employee benefit and health insurance agency, Barbara Sears has been active in working on the issues affecting health care legislatively as a two-term representative. She continues to work on Medicaid spending while ensuring quality measured outcomes.

Representative Sears is an outspoken advocate for reducing rules and regulations that impede businesses. She has supported legislation that created the Common Sense Initiative to review state regulations for adverse effects on the business community.

As a friend to podiatry, we would like to again extend congratulations to Representative Barbara R. Sears being named as Ohio's Legislator of the Year.

CMS | CGS | EFT | ICD-10 CGI | CERT UPDATES Provider Enrollment Revalidation

Provider Enrollment Revalidation is underway. Providers are required to revalidate their Medicare status; however, you should wait until you receive the letter from CMS/CGS that will arrive in a yellow envelope.

Electronic Fund Transfers (EFT)

Providers not presently accepting EFTs for claims payment will be required to do so, a CMS and federal mandate. Unless a banking change is needed, a CMS 588 is not required. A degree/diploma is not needed as state credentialing is stricter than CMS. Change of Information requests will be developed into a revalidation if the provider is on the revalidation list. Some revalidation concerns are: for an EFT, you must remit either a voided check (not a deposit slip) or a letter from your bank signed by a bank officer; for every correction submitted, a new signature page duly signed must be submitted and date changes do not work; signatures must be in *blue* ink; you may send information to the fax at 615.664.5925; if you have a technician's email, you may email it directly; and a copy of the provider's driver's license with photo or a copy of the photo page of a passport is required.

Everyone should be 5010 compliant. That deadline is

now June 30, 2012. The CGS EDI vendor encountered some issues with the 5010 transition. Claims were entering the clearinghouse but not transferring to the claims processing system. A remediation process is in place to catch claims that fail to transfer. The CGS call center has improved and should respond faster and more consistently with correct answers.

ICD-10 Implementation

CMS has delayed final implementation. The future date has not been determined or if all segments will be delayed until post October 1, 2013.

CGI Federal

CGI Federal is the RAC for

Ohio. It is recommended that you visit their website to see what issues they are reviewing. The contact information is <http://recb.cgi.com>. You can email CGI at recb@cgi.com.

CGS is reviewing an increased number of records in response to additional funding from CMS. Reviews to date have been in Advanced Imaging Radiology and Chiropractic. The three goals are to decrease paid claims error rates, provide education and to determine true error rates.

CERT

The Ohio error rates are improving. Most errors are due to failure to sign issue and failure to provide documentation. CERT is now

frequently requiring clinical records for imaging and diagnostic testing. They use these records to determine medical necessity, including checking for a valid signed order or intent to order. The billing provider is responsible to provide all documentation needed to support a claim.

Consider appealing all adverse CERT decisions. Include additional documentation if available. Include a completed signature attestation sheet if denied solely on lack of proper signature.

If your staff has questions, contact the CGS CERT Coordinator, Julene Mull at julene.mull@cigna.com.



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Associate, Partner or purchase of practice in Northeast Ohio. Call 330-856-5318 for more information.

Cincinnati Podiatry Practice for Sale

DOWNTOWN CINCINNATI: physician is retiring after over 14 years at this location. This is a one-doctor, single-office, general podiatry practice with an emphasis on diabetic and geriatric care. The office has three exam rooms. There are

several avenues for growth available to a new doctor, including handling surgeries in-house and expanding insurance affiliations. The location has favorable demographics with a solid referral network. For further information contact Don Schwaderer at 614-888-7616 or email transaction@columbus.rr.com.

For additional listings, please visit the Job & Equipment Opportunities page on the OPMA website.

May is National Skin Cancer Awareness Month

If you are scheduling a foot screening in the month of May and are in need of Skin Cancer posters of the feet and APMA Skin Cancer Patient Education brochures please contact Paula Pitts with Bako Pathology Services at (216) 310-7110 or paula@bakopathology.com. Paula will be happy to help you with your event and patient education materials. Skin cancer does occur on the feet: "The sun's harmful rays are not the only cause of skin cancer."



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LEFT TO RIGHT: ROBERT ALBERHASKY, MD; BRADLEY W. BAKOTIC, DPM, DO; WAYNE L. BAKOTIC, DO; JOSEPH "JODY" HACKEL, MD

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IT'S YOUR BUSINESS Is Ohio's Unclaimed Property Law Affecting You?

All states including Ohio have some type of unclaimed property laws that declare money, property or other assets to be abandoned after a period of inactivity. Abandoned or unclaimed property is not a tax, but as states become strapped for money, it has become a significant source of revenue. States have become much more effective in locating businesses that have never filed an unclaimed property report, and that can lead to an audit. All businesses that are located and /or operate in Ohio or hold fund due to Ohio residents are required to file an Annual Report of Unclaimed Funds.

Assets in a practice that could be considered un-

claimed funds may include payroll (wage, bonuses, commissions); expense reimbursement checks; insurance proceeds due an individual; credit refund checks; refund and rebate checks; customer deposits and other intangible interests or benefits.

Three Types of Exempt Accounts

There are three types of accounts that are exempt from the unclaimed funds reporting in Ohio. They are:

- wages less than \$50 issued on or after July 1, 2000
- gift certificates
- business to business transactions that are limited to funds paid or received as the result of the company's receipt or issuance of an invoice.

Physicians offices should be aware that in Ohio, property is generally presumed abandoned if it remains unclaimed by the owner for three to five years and the practice cannot locate the owner. One exception is

payroll checks, which can only be held for one year.

Reporting Unclaimed Property in Ohio

Ohio businesses have a number of responsibilities concerning unclaimed property. Initially, written notice must be sent to the apparent owner of the unclaimed property, if known. The state required that an OUF-8 Notice of Unclaimed Funds form be sent to owners of dormant accounts with a balance of \$50 or more before the funds are reported as unclaimed. *If after the mailing the property still remains unclaimed, businesses must report the property to the Ohio Director of Commerce.* The reports are due before November 1 for the year as of the preceding June 30th and are filed using an OUF-1 Unclaimed Funds Reporting Form. Most important, businesses are required to turn over any and all unclaimed property to the state. Stiff penalties apply to businesses who fail to comply with any of these requirements.

Filing a Negative (None) Report

Even if a practice's records show that the company is not holding any unclaimed funds, or if all owners respond to the OUF-8 Notice of Unclaimed Funds mailing, a Negative (NONE) Report using the OUF-1 Unclaimed Funds Reporting Form still must be filed annually. The Ohio Department of Commerce, Division of Unclaimed Funds, in conjunction with the Ohio Business Gateway (OBG), offers companies the option of filing their Annual Report of Unclaimed Funds online. If your company currently files reports with other state agencies (sales and use-tax reports) through the OBG, you may use your existing account information to file your unclaimed funds reports file. First time users will have to register with the OBG prior to filing. If filing manually, complete the top portion of the OUF-1 form, check NO, sign the report and mail. For more information, visit www.ohio.gov/unfd/faq. If you have any questions or concerns about filing unclaimed funds reports, talk to your accountant.

| Source: ODA Today, March 2012 |





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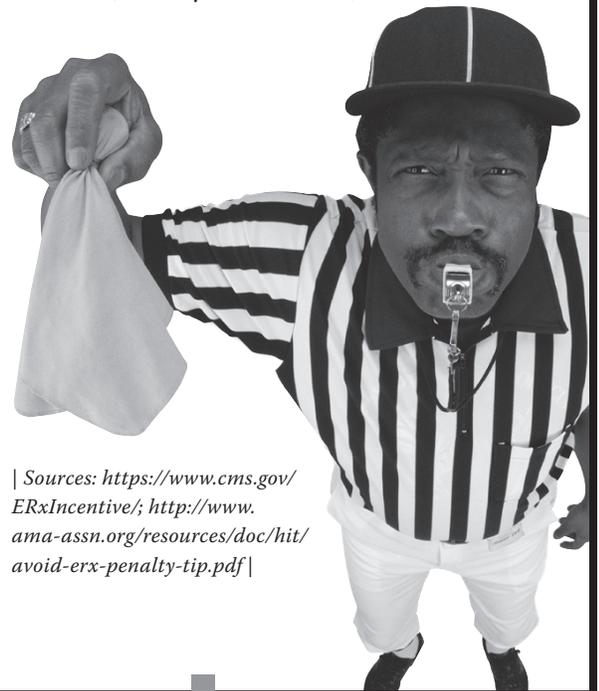
Did you e-prescribe using a certified EHR or qualifying e-prescribing system? Did you submit 10 or more e-prescribing codes (G8553) on Medicare Part B claim forms from January 1, 2012 and June 30, 2012?

The claims must be received and processed by CMS **no later than July 31, 2012.**

A podiatric physician, during the months of January 1, 2012 and June 30, 2012, billing Medicare Part B, not using a certified e-Rx program, and has not filed for a hardship exemption for one of the following reasons by June 30, 2012, **will be penalized 1.5%** of their total Medicare Part B Payments for 2013.

Hardship Exemptions may apply if your practice:

- is located in a rural area without high speed Internet access.
- is located in an area without sufficient available pharmacies for e-prescribing.
- is unable to electronically prescribe due to local, State or Federal law or regulation, (e.g. physicians who mainly prescribe narcotics but because of state law cannot submit these prescriptions electronically can apply for this exemption category).
- prescribes fewer than 100 prescriptions between January 1, 2012 and June 30, 2012.



| Sources: <https://www.cms.gov/ERxIncentive/>; <http://www.ama-assn.org/resources/doc/hit/avoid-erx-penalty-tip.pdf> |

96th Annual Region IV Seminar Sponsors & Exhibitors

The Exhibit Hall will be open on June 7 and 8, 2012 from 7:00 am to 4:00 pm.

Please be sure to visit and thank the vendors that support our podiatric profession!

- ACFAS: Division 13—Prize Sponsor
- Advanced BioHealing—Saturday Lunch & Learn Sponsor
- Apligraf—Thursday Lunch & Learn Sponsor

- BAKO Pathology Services—Platinum Sponsor and Thursday Lunch & Learn Sponsor
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- Cutera—Thursday Lunch & Learn Sponsor
- Darco International
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- Pioneer Surgical
- Powerstep
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- Redi-Thotics
- Sigvaris, Inc
- Small Bone Innovations
- Smith & Nephew
- Solana Surgical LLC—Session Sponsor
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EIP has focused exclusively on foot and ankle MRI since 2001.





Some things just aren't approachable.

The company protecting your reputation shouldn't be one of them.

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Baby Steps

5010 Deadline is June 30

The CMS will begin enforcing the mandated move to Version 5010 transaction standards on June 30. On March 15, the CMS' Office of E-Health Standards and Services said no action will be taken against noncompliant medical practices, hospitals, and other healthcare entities through June 30, 2012.

Dr. Rumberg Chosen to Serve

DR. JIMELLE RUMBERG, Executive Director of the Ohio Podiatric Medical Association has accepted an invitation to serve on the Prescribing Practices White Paper Committee of the Opiate Professional Education Workgroup – an initiative of the Governor's Opiate Cabinet Action Team. This committee will discuss current hospital and practitioner initiatives in Ohio and the challenges of Opiate prescription writing by physicians. Protocols will hopefully be developed as a guideline for the medical community.

Medicaid Help

Are you aware the Ohio Department of Jobs and Family Services have electronic manuals and guides available to help you and your staff? If you visit www.jfs.ohio.gov the manuals can be accessed under the Medic-

aid—Resources page of their website.

If you need assistance with the MITS program, be sure to attend the OPMA's Advanced MITS Training pre-seminar taking place on Wednesday, June 6 from 2 to 5 pm at the Columbus Hilton at Easton. Registration and program information can be found in the 2012 Region IV Seminar brochure or on the OPMA website. Topics to be covered include Eligibility; Coordination of Benefits/Crossover Claims; The 6653 Process (EDMS Cover sheet); Prior Authorization; Sending attachments; and MITS resources—Website, call centers and state staff.

Ever Wonder About How OPMA Members Pay Dues?

DUES PAYMENTS: Sixty-six percent pay by check; 34% pay by credit card.

OPMA CHECK PAYMENT FREQUENCY: Fifty-two percent pay annually; 31% pay semi-annually; 14% pay quarterly; and 3% pay monthly.

OPMA CREDIT CARD FREQUENCY: Thirty-six percent pay annually; 33% pay semi-annually; 29% pay quarterly; and 2% pay monthly.

ALL DUES PAYMENTS BY FREQUENCY: Forty-six percent pay annually; 32% pay semi-annually; 19% pay quarterly; and 3% pay monthly.

Ohio Use Tax and Consumer's Use Tax Amnesty

REGISTER TO AVOID AN AUDIT: If your business does not have a consumer's use tax account with the State of Ohio, you will need to register for an account before May 1, 2013 to avoid a potential audit that could reach back as much as seven years.

A use tax should be paid on taxable properties or services used in Ohio when the vendor does not collect Ohio sales tax. Consumer's use tax must be paid on all taxable purchases of tangible personal property or services used, stored or otherwise consumed in Ohio unless Ohio sales tax has been paid to a vendor or the tax has been properly paid to another state.

SOME HELPFUL

EXAMPLES: In general, if you have paid Ohio sales tax on the purchase of tangible personal property or a taxable service, you do not owe consumer's use tax on that transaction. Examples of tangible personal property subject to use tax are computer equipment, printers, fax machines, office supplies (paper, envelopes, folders, pens, paper clips, etc.), furniture and cleaning supplies (mops, brooms, cleaners, paper towels, etc.).

Consumer's use tax is also due on the use of taxable services in Ohio. Examples of taxable services include, but are not limited to, installation, repair, employment services (temporary

labor), automatic data processing, janitorial and maintenance services, storage services and maintenance contracts.

The Ohio Department of Taxation ("ODT") has developed a series of fact sheets to further explain use tax and how use tax commonly applies to certain types of businesses such as service-related enterprises.

For further information contact 1-888-405-4039 or www.tax.ohio.gov.

If it's the latest, it's at www.opma.org

CURRENT UPDATES
MERCHANDISE
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Introducing LED Consulting Group— OPMA's Newest Industry Affiliate

The Premier Podiatric Group (PPG) is proud to be recognized as a 2012 industry affiliate of the OPMA. Founded in 2010 by LED Consulting Group, PPG members include over 125 practices, consisting of more than 300 podiatrists in 23 states. These PPG members have joined together, without fiscal ties or common ownership, to improve their practices while maintaining superior patient care.

Membership in the PPG provides pertinent medical and business solutions for our practices. The PPG gives back to podiatry through our affiliation with regional and national podiatric associations. Membership into the PPG is completely free with no participation obligations.

Medical solutions provided through membership in the PPG include: DME bracing, orthotic/AFO programs, diabetic

shoe program, physician/DME billing, capital equipment, medical supplies, consulting for DMERC, private insurance DMEs and much more. Business solutions provided through membership in the PPG include: website/graphic design, internet/social media marketing, credit card processing, individual/group health care plans for our members and much more.

An important benefit of being a PPG member is the ability to consolidate and streamline interaction with vendors. A PPG practice members' staff has more time to concentrate on patient care rather than interacting with countless vendors. Improving practice efficiencies is a continuous and constant goal of the PPG.

In 2011, the PPG saved its average member practice over \$30,000 on products and services. Additional revenue streams and better office efficiencies were achieved through member to member interaction, resulting in superior patient care. More information can be found at www.PremierPodiatricGroup.com. To apply for PPG membership, email sales@premierpodiatricgroup.com or call 234.248.4212.

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SECRETS OF SUCCESS Be Prepared with Proper Employee Performance Documentation

by Lynn Homisak | SOS
Healthcare Management
Solutions, LLC | www.soshms.com

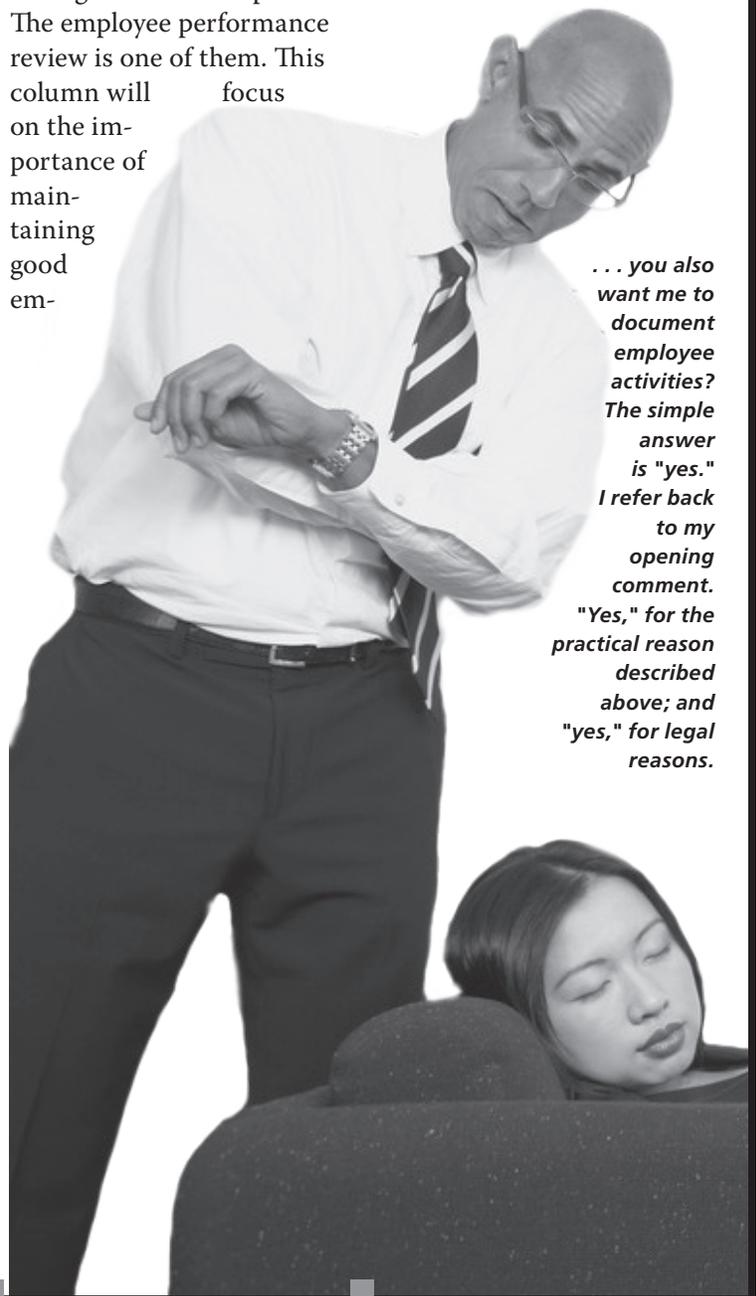
I'm no boy scout, but there are many instances where "being prepared" has its advantages in the workplace. The employee performance review is one of them. This column will focus on the importance of maintaining good em-

ployee records as a reliable dated reference tool to use during your review; or if the situation arises—to protect yourself and the practice in a potential HR lawsuit.

Annual Performance Reviews

When speaking to assistants about annual performance reviews, I advise them on the concept of preparedness—by suggesting they keep a simple daily/weekly "to do" list. I recommend that after assessing and consolidating this year-

... you also want me to document employee activities? The simple answer is "yes." I refer back to my opening comment. "Yes," for the practical reason described above; and "yes," for legal reasons.



long list that they select the top five accomplishments and refer to them when asked about contributions they've made to the practice. Likewise, doctors should also keep notes regarding employee activities to support their comments, both good and bad.

You Want Me to What?

I can already sense that heavy sigh that comes with the question. "In addition to documenting my clinical notes, you also want me to document employee activities?" The simple answer is "yes." I refer back to my opening comment. "Yes," for the practical reason described above; and "yes," for legal reasons.

Protecting You and Yours

Keeping comprehensive employee records benefits you, your staff and your practice. Keep these five fast and easy tips in mind:

1. Date all entries to keep track of consistent and/or improved behavior over time.
2. Keep entries free of opinion, theory, emotion and assumption.

While something you saw or heard may have made you angry or surprised, stick to recording factual incident(s) as they happened and what action was taken. Your reactionary comments will only detract from, and distort, the facts.

The Incorrect Way: An Example

Lisa has been leaving early a lot lately. I think she is determined to bulldoze my practice. Not only is she bossy, her work is slipping more and more and I have a feeling that the staff doesn't like having her around.

The Correct Way: An Example

1/25/12: Mary and Steve complained that Lisa is not collecting patient co-pays at the front desk. They claim that if confronted, she yells and tells them to mind their own business. I reviewed our day sheet with Lisa today and found that co-pays were not collected in 10 of 25 patients. I reminded Lisa of our collection policy, gave her a verbal warning and advised her that I will re-check her work in seven days for improvement.

3. Give specifics, but keep your entries as brief as possible. Vague comments are far less credible than those which

can be directly linked to a specific incident.

The Incorrect Way: An Example

Sharon has either left work early or come in late every week for the past four weeks.

The Correct Way: An Example

1/25/12: Sharon left 15 minutes early; said her father was in the hospital.

2/1/12: Sharon left 30 minutes early because her daughter was sent home from school.

2/2/12: Sharon arrived 55 minutes late due to "traffic." Issued verbal warning that this cannot continue.

2/29/12: Sharon left 15 minutes early today. No excuse. Issued second verbal and first written notice. Reviewed disciplinary policy with her.

4. Be consistent across the board. If you have a criticism about one employee make sure you also address other staff showing similar unacceptable behavior; otherwise you will appear biased. Likewise, *always* avoid any references to age, sex, religion, etc., in writing—just as you would in conversation.
5. Be fair and equitable. Don't be overly anxious

to document only harsh criticisms and bypass worthy accolades.

Remember to give staff credit—verbally and in writing—for the things they do that are worthy of praise. And again, provide detail.

The Incorrect Way: An Example

A patient told me today that Kara is an "exceptional medical assistant."

The Correct Way: An Example

2/12/12: Our patient, Mrs. Latona, made a point of telling me today that Kara is "an exceptional medical assistant" because she offered to help a struggling patient with her support stockings. I thanked Kara for taking an extra opportunity to please our patients.

Performance reviews are often viewed as time wasters, and poorly executed reviews are just that. The solution—you and your staff need to commit to *be prepared* for meaningful discussion by properly documenting activities and performance throughout the year. Then a review becomes an opportunity to correct, to praise, to discuss recommendations, to set action plans and to refocus your practice objectives.

Are you prepared?





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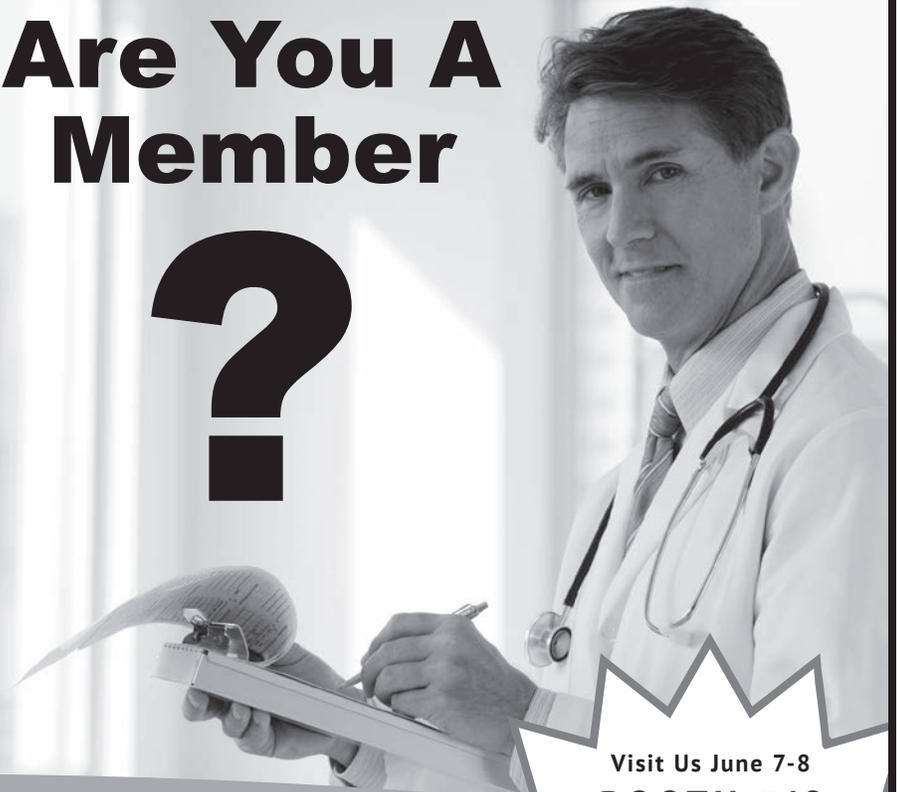
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