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Ohio Podiatric Medical Association
OPMA Journal

OHIO PODIATRIC MEDICAL ASSOCIATION

INSIDE THIS ISSUE

President's Message

The Cleanliness Factor

by Alan J. Block, DPM, MS

2011 OPMA President

Handwashing is frequently called the single most important measure in reducing the risk of bacterial transmission. Although considered a simple process, it is one of the most powerful tools for decreasing bacterial burden and infection.

In the middle of the nineteenth century, post-operative sepsis infection accounted for the death of almost half of the patients undergoing major surgery. A common report by surgeons was: O*peration successful, but the patient died.*

Ignaz Philipp Semmelweis (1818 – 1865) a physician known as the "savior of mothers," discovered that the incidence of puerperal fever (septicemia) could be drastically reduced with hand disinfection in obstetrical clinics.

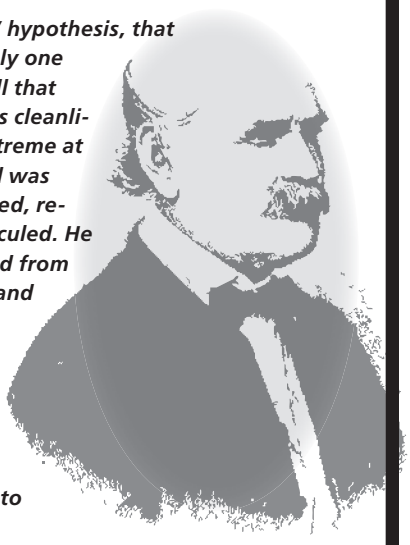
In mid-19th–century hospitals, puerperal fever was common, with mortality at 10%–35%. In 1847, Semmelweis postulated the theory of washing with chlorinated lime solutions in clinics—where doctors' wards had three times the mortality of midwives' wards. He published his findings in *Etiology, Concept and Prophylaxis of Childbed Fever.*

Despite proof that handwashing reduced mortality to below one percent, Semmelweis' observations conflicted with established opinions of the time. His ideas were rejected by the medical community. Some were offended at the suggestion that they should wash their hands, and no acceptable scientific explanation for his findings were available.

Semmelweis' practice earned acceptance only after his death when Louis Pasteur confirmed the germ theory. In 1865, Semmelweis was committed to an asylum where he died of septicemia at age 47.

This historical information conveys how far medicine has advanced. It is OPMA's responsibility to remind you to refresh your memory regarding the Ohio Department of Health regulations that pertain to asepsis in your office.

On page 8 of this issue of the *Journal,* you will find specifics about a log to validate your sterilization processes, plus recommended surface disinfection measures. Make a copy to include in your office operations manual. Thankfully, Semmelweis led the way to better health and life-saving practices. It's up to you to protect your patients and staff by being compliant with state regulations.



Semmelweis' hypothesis, that there was only one cause, that all that mattered was cleanliness, was extreme at the time, and was largely ignored, rejected or ridiculed. He was dismissed from the hospital and harassed by the medical community in Vienna, which eventually forced him to move to Budapest.

Dr. Hetherington Named President of International Academy of Podiatric Medical Educators

Dr. Vincent J. Hetherington, OPMA member and the OCPM Vice President and Dean of Academic Affairs, has been named President of the International Academy of Podiatric Medical Educators of the International Federation of Podiatrists (FIP). One of Dr. Hetherington's first official public tasks was to report at the FIP Annual General Meeting concerning the Academy.

FIP is an international not-for-profit association focused on global leadership and development of podiatric medicine around the world. The primary purpose of the International Academy of Podiatric Medical Educators is the enhancement of international podiatric medical education. The Academy hopes to stimulate growth in podiatric programs while strengthening the teaching skills of faculty worldwide.

FOR THE HOUSE TO PONDER

Results of The August Board of Trustees Meeting And Other News

During the August Board of Trustee's meeting, the following recommendation was adopted for action at the OPMA House of Delegates.

- **For the OPMA to ask Life members for a voluntary $25 contribution, and to propose a Bylaw change at the HOD for all members who become Life Members after January 1, 2012 to have a $25 OPMA Life member dues fee.**

The recommendation was adopted.

A Little Back Story

OPMA is composed of 14 percent Life Members. This number will increase as baby boomers continue to retire. Although the OPMA realizes the valuable contribution made by Life Members, the cost of administering to Life Members' ongoing membership is approximately $15 per year, including mailings, newsletters and web development. The cost of doing business continues to increase. We are trying to contain costs without imposing a dues increase for all members following the newly instituted dues increase imposed by the APMA in March. The Budget and Finance recommendation was adopted for consideration of the Board and the above recommendation was adopted. The recommendation will be considered by the House in December as a Bylaw change.

Other Administrative Changes on the Horizon

- **For the OPMA to institute a payment plan fee for the 2012–2013 membership year forward for members who would like to utilize a payment plan for dues. Members who utilize the Semi-Annual dues plan will have a one-time $10 fee and members who utilize the Quarterly dues plan will have a one-time $15 fee.**

The recommendation was adopted.

This Can Save Money

Did you know that your dues can be paid annually to avoid costly rebilling? Due to bank fees and administrative time to re-invoice members on a semi-annual or quarterly payment plan, we will be instituting this change beginning with the 2012–2013 membership year on an annual basis. It may surprise you to know that we may contact some members up to *six times* to receive their dues. While payment plans are convenient and are used by 116 OPMA members, they also cost OPMA in mailing costs, administrative time and paper. In future months, we will utilize more email reminders in the hope that members choose the annual payment option to avoid payment plan fees and rebilling.

Our money is due to the APMA without fail, so please remit your dues promptly and consider the annual option.

Welcome to The Board!

OCPM Student Member | OPMA Board of Trustees Damir Josic

OCPM's new student member to the OPMA Board of Trustees is Damir Josic. Josic is from Willoughby, Ohio, and he currently resides in Akron. His undergraduate education was from Walsh University, where he graduated in 2010 with a Major in Biology and a Minor in Chemistry. His involvements at OCPM include Teaching Assistant, Tutor, OPMSA Director of Local Affairs, KTE (Kappa Tau Epsilon) Fraternity. He is slated as a 2014 graduate of OCPM. *Welcome Damir!*

WORKING FOR YOU

The 2011 OPMA House of Delegates

OPMA will hold its annual business meeting on December 2 and 3, 2011 at one of Columbus' newest hotels, The Columbus Airport Embassy Suites Hotel.

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 2 at 7:15 p.m. **All delegates are asked to participate in the Hearing, where Resolutions will be discussed**.

There will be a departure from mailed notebooks. OPMA will post all materials on our web site, www.opma.org for your review prior to the meeting. ***Notebooks will be distributed at registration*** when Delegates receive nametags. At the conclusion, the contents may be removed for your personal files; and OPMA will recycle the notebooks. This one modification will realize a $500 savings!

A highlight at this year's House will be meeting Cincinnati congressional hopeful Brad Wenstrup, DPM. Delegate credentials have been distributed to the academies and preparation is underway for a terrific event.

Joining us this year from the APMA will be 2011–2012 President Michael J. King, DPM and Board of Trustees member Seth Rubenstein, DPM, along with APMA Executive Director Glenn Gastwirth, DPM.

APMA President Michael J. King, of Fall River, Massachusetts, has served on many APMA committees, including the chair of the Health Systems Committee. He is also a past president of the Massachusetts Podiatric Medical Society and has served as CPT advisor to the American Medical Association. He is an alumnus of the Ohio College of Podiatric Medicine.

APMA Trustee Seth Rubenstein, of Reston, Virginia, has served on two task forces for APMA and as the Young Members Liaison for the Board. He is also active on APMA's Marketing and Career Development and Coding Committees.

2011–2012 President Michael J. King, DPM

Board of Trustee Member Seth Rubenstein, DPM

A seasoned visitor to Ohio, Dr. Rubenstein has represented APMA at OCPM the past two years at the annual APMA Visitation Day and attended the Region IV in June.

Passages

E. Michael Madaras, DPM

Dr. E. Michael Madaras, 86, of Zephyrhills, Florida passed away on July 13, 2011. He was born in Cleveland, Ohio. In 1990 he moved to Florida from Akron, Ohio where he was a podiatrist for 40 years.

He was preceded in death by his first wife, Betty Varga. Survivors include his wife, Marjorie Skillman of Zephyrhills, Florida; two sons, David (Lynn) Madaras of Wesley Chapel, Florida, Scott Madaras of Pearia, Arizona; and one grandson. | *Published in Akron Beacon Journal on July 16, 2011*

Herbert J. Greenberg, DPM

Dr. Herbert J. Greenberg, age 94, died August 10, 2011. Survivors include his wife Marilyn L. Greenberg, and son Dr. Richard (Renee) Greenberg. He was the grandfather of Dr. Brian (Dr. Jennifer) and Mindi Greenberg and Zackary Williams, great grandfather of Meredith and Sydney Greenberg. | *Published in The Cincinnati Enquirer on August 11, 2011*

Herbert Jordan, DPM

Dr. Herbert K. Jordan, 84, passed in Ashland Kentucky. He was the son of the late Oris Vernon Jordan and Maude Rose Jordan. Herbert was a podiatrist in Ironton for more than 40 years. He was a veteran of the U.S. Army. He was a member of the First Baptist Church of Ironton.

He was preceded in death by his first wife, Nancy Ray Jordan. He is survived by his wife of 19 years, Dreama Donn McDaniels Jordan; sister Loretta Kline of Coronado, California; and a brother Wendell Jordan of Mt. Gilead. In addition to his wife, he is survived by a son, Kenton (Gretta) Jordan of Ironton; daughter, Rebecca Lee Jordan of Silver Springs, Maryland; son, William H. Jordan (Paula) of Perrysburg; daughter, Carol Anne (Shannon) Griffith of Maryville; stepson, Michael McDaniels of Ironton; stepdaughter, Paula (David) Coburn of Franklin Furnace; along with 10 grandchildren. *Published in Ironton Tribune on August 24, 2011*

From The Desk of the Executive Director

You are a Vital Part of an Important Community

by Jimelle Rumberg, PhD, CAE

Conversations can be comical at social gatherings when guests find out what you do. I'm sure everyone can agree with a story or two.

Understanding the Many Facets of Communication

I can remember when I was the Executive Director of the Psychological Association in West Virginia; guests thought I was analyzing their every word, thinking I was a psychologist—simply because I worked for their association. I learned the vernacular in responses like, "Tell me more," or "Interesting." I represented almost 300 "Bob Newharts." It was gratifying as their director to manage disaster response teams for the Red Cross with psychological services during flooding and mine disasters. When 9/11 occurred, members were deployed into schools everywhere to help children cope with what they saw on television.

In psychology, there are many facets within their professional practice ranks; clinical, counseling, forensic, developmental, social to name just a few. You can only imagine how difficult it is to professionally represent the needs and concerns of every member with such diversity.

The Legal Consequences of Professional Titles

Likewise, in Dentistry, West Virginia had a specialty licensing law. If you held yourself out as an orthodontist or oral surgeon you could not practice as a general practitioner.

Luckily, the general dentist could practice all phases of dentistry but not hold out as a specialist. It is caveats such as this that can fragment a profession and can potentially present problems for the State Board of Dental Examiners.

Fortunately, podiatry doesn't have such restrictive delineations in residencies, specialties or licensing in their practice arenas to the extent that psychology or dentistry does.

Historical Perspectives and Current Issues

Professional gratification at the state level occurs when we move the needle with issues like PND, wound care, and pneumatic compression device recommendations within our current scope of practice. Our legal battle against the Department of Insurance over fee disparity is another example of podiatrists pulling together for the good of the profession against the giants of the insurance industry who blatantly refuse to negotiate contracts with providers.

Together We Are The Strong Voice for Podiatry

We may be small as a profession but are not afraid to stand our ground. Our membership needs to make every attempt to welcome new physicians to their academies and instill our 96-year historical plight from chiropody to podiatry in Ohio.

I'm sure when newer physicians hear the historical overviews of podiatrists like Dr. James Dooley, and how his lawsuit turned the tide for hospital practice in Ohio, they will be mightily impressed. As a health professional who is involved with examination, prevention, diagnosis and treatment of foot disorders by physical, medical and surgical means, podiatric physicians are *the best* at what they do—orthotics, wound care, bunionectomies, and providing life-saving care for patients.

Never sell yourselves short professionally—feel blessed that as a profession, together we stand strong as the preeminent foot and ankle specialists in the health care continuum.

Mark Your Calendar!

2011

October 7–8
GXMO Didactic Course
University Plaza Hotel
Columbus

October 9
GXMO Clinical Course
Columbus Podiatry Surgery
Columbus

October 13
OPMA Board of Trustees
OPMA Headquarters

October 20–23
NEOAPM Super Saver Seminar | Cleveland Airport Marriott

November 10
OPMA Executive Committee Conference Call

December 2–3
OPMA House of Delegates
Embassy Suites Columbus Airport

2012

January 13–14
GXMO Didactic Course
Holiday Inn | Worthington

January 15
GXMO Clinical Course
Columbus Podiatry Surgery
Columbus

January 19–21
NWOAPM Scientific Seminar
Kalahari Resorts | Sandusky

March 9–11
No Nonsense Seminar
Holiday Inn | Independence

June 7–9
APMA Region IV Seminar
Hilton at Easton | Columbus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I understand you have
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STATEHOUSE UPDATE

The 129th General Assembly

Over the first half of the year, legislative activity at the Ohio Statehouse was driven by consideration of the state's 2-year $56 billion dollar operating budget. For the Ohio Podiatric Medical Association and its membership this meant working to maintain podiatric services in the state's covered optional services. This advocacy effort was successful and as a result Ohio's Medicaid recipients will have access to quality and cost-effective podiatric care in offices throughout Ohio.

Advocacy Strengthens Professionalism

The success of this advocacy effort is a clear signal to OPMA members of the value of OPMA's state level advocacy mission. OPMA and its members are accustomed to the biennial advocacy effort to maintain coverage of podiatric services, however OPMA membership may be less familiar with the weekly advocacy activities of OPMA staff and the Capitol Consulting Group. A recent regulatory issue demonstrated the necessity of vigilance in monitoring the legislative and regulatory processes.

The Ohio Board of Pharmacy and Your Practice

The Ohio Board of Pharmacy recently released a set of newly proposed regulations, drafted to implement provisions of recently passed House Bill 93. House Bill 93 was sponsored by then Representative David Burke (R-Marysville) to address Ohio's growing prescription drug abuse epidemic. One provision of the legislation empowered the Ohio Board of Pharmacy to require physicians who dispense or personally furnish medications in their office to submit weekly reports to the Ohio Automated RX Reporting System (OARRS).

Advocacy Brings Clarity to Legislative Concerns

After the legislation was passed on May 20, the Ohio Board of Pharmacy began the process of drafting rules to more clearly articulate how the weekly reporting process would function. The proposed rule 3727-11-11 was released to the public on August 10. Upon review, one significant concern was identified. The rule as drafted would have required physicians who possess any controlled substances to submit weekly reports to OARRS that indicated medications dispensed. The intention of the legislation was to just require reporting by those physicians who are dispensing or personally furnishing medications in office, not to require weekly reporting by physicians that possess controlled substances for the purposes of in office administration.

Shortly after this concern was identified the OPMA executive committee concurred that the podiatrists almost always posses controlled substances, primarily local anesthesia, for in-office procedures, but never dispense controlled substances from their office for the patients' use at home. A letter detailing this concern was drafted and sent to the President of the Pharmacy Board along with additional personal contact made with pertinent staff at the Pharmacy Board.

Advocacy Works for You

These efforts and the efforts of other interested parties brought a potentially problematic issue to the attention of the Pharmacy Board. At the most recent Pharmacy Board meeting the Board voted to amended proposed rule 4729-37-07 to clarify that the weekly reporting does not apply to medications possessed for the purpose of administration in the office.

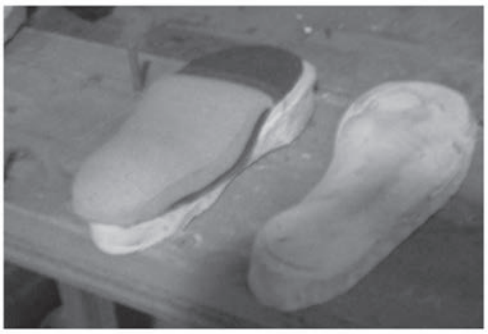
This recent experience is a great example of why OPMA monitors not only the legislature but also the administrative rules process on behalf of the OPMA membership.

STRATIFORM

A multi-layered accomodative orthotic

Fabricated in the true O & P tradition, the **STRATIFORM** is designed for the at-risk patient requiring passive support.

Chris Griffin, C.Ped, begins the process with a high-density EVA Formable.



Chris creates a traditional plaster positive from your cast. The Formable is then heat-molded to the positive.

Additional layers of EVA and cork are applied to the Formable's plantar surface for reinforced support. A Poron/Plastizote bi-laminate topcover is applied to the finished orthotic.

For more information about **STRATIFORM**
or any of our quality, custom orthotics,
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www.earthwalkorthotics.com

Earthwalk Orthotics Inc. is an accredited facility with The American Board of Orthotists & Pedorthists (ABC), a member of the Prescription Foot Orthotics Laboratory Association (PFOLA), and a proud partner with the Ohio College of Podiatric Medicine's student rotation program.

FOR SAFETY'S SAKE

Is Your Sterilization Log or Reporting Current?

4731-17-04 Disinfection and Sterilization.

Instruments and other reusable equipment used by licensees who perform or participate in invasive procedures shall be appropriately disinfected and sterilized according to acceptable and prevailing standards for disinfection and sterilization which shall include at least the following:

(A) Instruments and devices that enter the patient's vascular system or other normally sterile areas of the body shall be sterilized before being used for each patient;

(B) Instruments and devices that touch intact mucous membranes but do not penetrate the patient's body surfaces shall be sterilized when possible, or undergo high-level disinfection if they cannot be sterilized before using for each patient;

(C) Instruments and devices that are able to withstand repeated exposure to heat shall be heat sterilized. Sterilization shall be accomplished by autoclave, dry heat, unsaturated chemical vapor, ethylene oxide, or any other FDA/EPA-approved method;

(D) Instruments and items that cannot withstand heat sterilization shall be subjected to a high level disinfection process;

(E) Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates microorganism kill. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least two years. In the event of a positive biological spore test, the licensee must take immediate remedial action to ensure that heat sterilization is being accomplished;

(F) Surface disinfection:

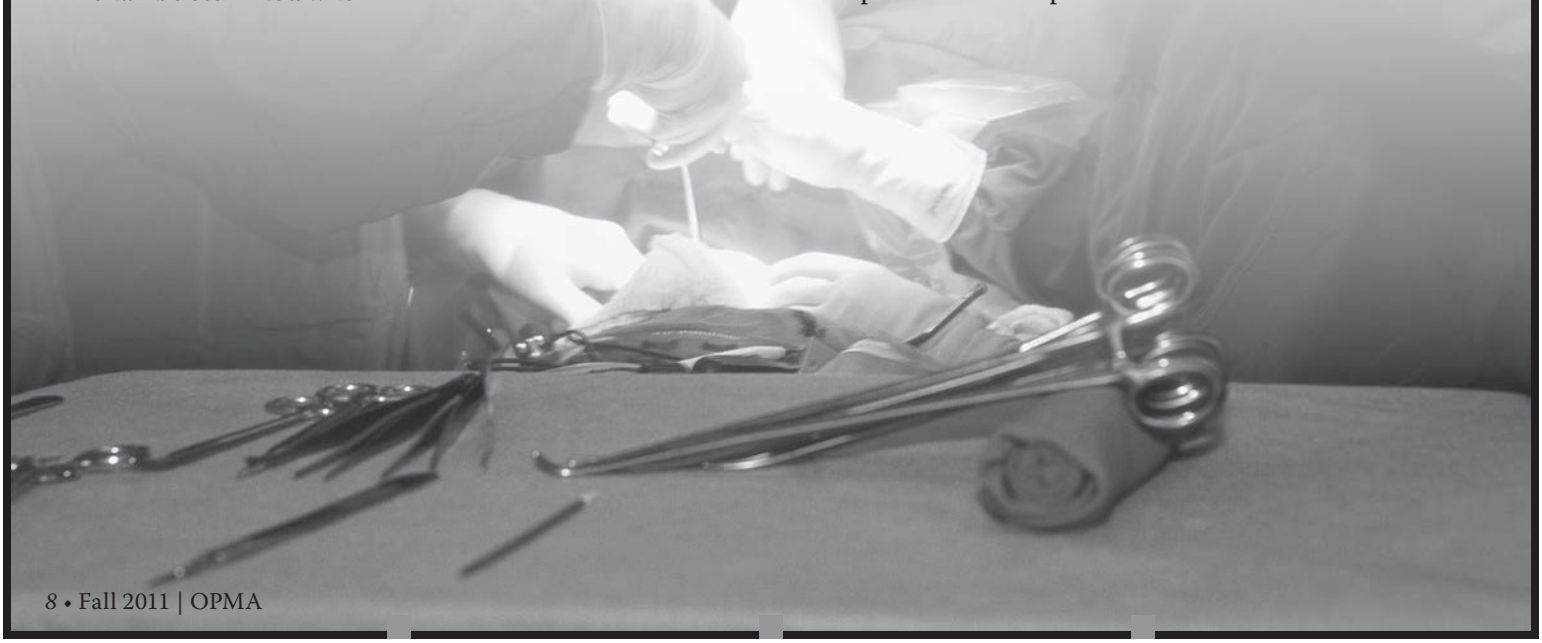
(1) Environmental surfaces that are contaminated by blood or other body fluids shall be disinfected with a chemical germicide that is registered with the environmental protection agency as a "hospital disinfectant" or sodium hypochlorite and is mycobactericidal at use-dilution. The disinfection process shall be followed before each patient.

(2) Impervious backed paper, aluminum foil or plastic wrap shall be used to cover surfaces that may be contaminated by blood or other body fluids and that are difficult or impossible to disinfect. The cover shall be removed, discarded and then replaced between patients; and

(G) Single use items used in treating a patient, which have become contaminated by blood or other body fluids, shall be discarded and not reused. Unless sterilized and reused in accordance with current guidelines established by the FDA. Single use items being reused in treating a patient shall be adequately cleaned and sterilized. Single use items shall not be reused if the items' physical characteristics and quality have been adversely affected or if the items are incapable of being reused safely and effectively for their intended use.

Eff 10-1-94; 12-31-97; 2-28-04. Rule promulgated under: RC 119.03. Rule authorized by: RC 4731.05. Rule amplifies: RC 4731.051, 4731.22 RC rule review dates: 12/31/02, 11/17/03, 12/31/07

Please call the Ohio Department of Health with questions or further information.



PRACTICAL WISDOM

Coding Summary for Biopsy Techniques

Biopsy techniques are used to harvest skin, soft tissue or bone for the purpose of obtaining a diagnosis through histopathologic analysis.

Here is a practical review of the most common CPT and ICD-9 codes used for biopsying in an office-based setting.

Skin Biopsy CPT Codes

11100 (Medicare allowable roughly $87.00)
The appropriate code whenever a small part of a much larger process is sampled for histopathology.

This code should be applied, but not limited to, punch biopsies, curetting, and scissor biopsies.

Associated ICD-9 codes: 238.2 (tumors/masses); 692.9 (dermatitis).

11101 (Medicare allowable roughly $38.00)
The appropriate code for subsequent similar biopsies (modifier not necessary).

11300 series (Medicare allowable roughly $98.00)
The appropriate code when skin is sampled by shave or saucerization technique. This code implies that the lesion in question is being "shaven off."

The precise code that is used, and the Medicare allowable reimbursement, will vary depending on the biopsy site and the size of the lesion that is being sampled *(See chart below).*

Nail Unit Biopsy CPT Codes

11755 (Medicare allowable reimbursement range $102 - $149)
The appropriate code when tissue of the nail unit (Nail plate, nail bed, nails folds, or nail matrix) is sampled for histopathology.

This code may be used to characterize inflammatory or neoplastic lesions of the nail unit; however, it connotes more than simply a "distal clipping of nail."

Associated ICD-9 codes: 238.2 (neoplasm, NOS), 703.8 (abnormality of nail)

Soft Tissue Biopsy CPT Codes

10021 (Medicare allowable reimbursement range $111-$174)
The appropriate code when a soft tissue mass is sampled by aspiration biopsy technique. Soft tissue is defined as the non-epithelial, non-skeletal, and non-visceral tissue of the body.

Included as soft tissue are fibrous tissue, muscle tissue, adipose tissue, peripheral nerves, and vascular tissue. In the foot, soft tissue masses will present themselves in a manner similar to ganglion cysts.

Associated ICD codes: 238.1 (Neoplasm, NOS)

10022 (Medicare allowable reimbursement range ($122 - $189)
The appropriate code when a soft tissue mass is sampled by aspiration biopsy with imaging guidance.

Associated ICD-9 codes: 238.1 (Neoplasm, NOS)

Bone Biopsy CPT Codes

20220 (Medicare allowable reimbursement range ($169-$286)
The appropriate code when superficial bone tissue is sampled by needle or trochar.

Associated ICD-9 codes: 730.27 (osteomyelitis), 238.0 (neoplasm, NOS)

20240 (Medicare allowable reimbursement range $179 - $272)
The appropriate code when superficial bone tissue is sampled by open biopsy.

Associated ICD-9 codes: 730.27 (osteomyelitis) , 238.0 (neoplasm, NOS)

Source:
Bako Podiatric Pathology Services | Tel: 1-887-DPM-PATH

Skin Biopsy: 11300 Series

Lesion size/site	0-0.5cm	0.51 – 1.0cm	1.1 – 2.0cm
Leg	11300 ($51-$80)	11301 ($61-$102)	11302 ($73-$122)
Foot	11305 ($52-$80)	11306 ($71-$106)	11307 ($76-$125)

Associated ICD-9 code: 238.2

OHIO PODIATRIC MEDICAL ASSOCIATION

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TOPICS IN HEALTH POLICY

Medicare Advantage Plan Updates

APMA continues to receive reports from members across the country about chart reviews by Medicare Advantage (MA) plans or their subcontractors. With recent cuts to the payments Medicare Advantage plans receive, APMA expects that these chart reviews will continue.

Beginning in 2007, Medicare Advantage plan payment from the Centers for Medicare & Medicaid Services (CMS) became 100 percent risk adjusted. The risk adjustment is based on hierarchical condition categories or HCCs. CMS has published a list of ICD-9 codes that make up the HCCs. Thus, the more of these ICD-9 codes a plan can capture, the more accurately the payment level reflects the health risks of the population enrolled in the plan.

From the beginning, CMS recognized that plans would need to rely on the providers who furnish services to their members in order to meet their obligation to CMS to submit the data. The Medicare advantage regulations explicitly state, "MA organizations must obtain the risk adjustment data required by CMS from the provider, supplier, physician, or other practitioner that furnished the services." [42 CFR 422.314(d)(3)] The regulations further provide that "MA organizations may include in their contracts with providers, suppliers, physicians, and other practitioners, provisions that require submission of complete and accurate risk adjustment data as required by CMS. These provisions may include financial penalties for failure to submit complete data." [42 CFR 422.314(d)(4)] Few (or no) plans have chosen to impose such penalties, instead opting for a more cooperative approach.

However, plans have found that they are not receiving complete data from their providers through claims. The plans have found that physicians frequently submit only the codes necessary to get paid, focusing more on CPT codes than diagnosis codes. Moreover, for plan members with stable chronic conditions, codes get dropped from year to year. Consequently, many Medicare Advantage plans have opted for chart reviews to ensure all the relevant diagnostic data has been captured.

In order to submit a diagnosis to CMS, the diagnosis must be documented in a medical record. The Medicare Advantage regulations state that "MA organizations and their providers and practitioners will be required to submit a sample of medical records for the validation of risk adjustment data, as required by CMS." [42 CFR 422.310(e)]

Physicians who receive requests for chart reviews from a Medicare Advantage plan should refer to their contracts with the requesting plan to understand their rights with respect to such reviews.

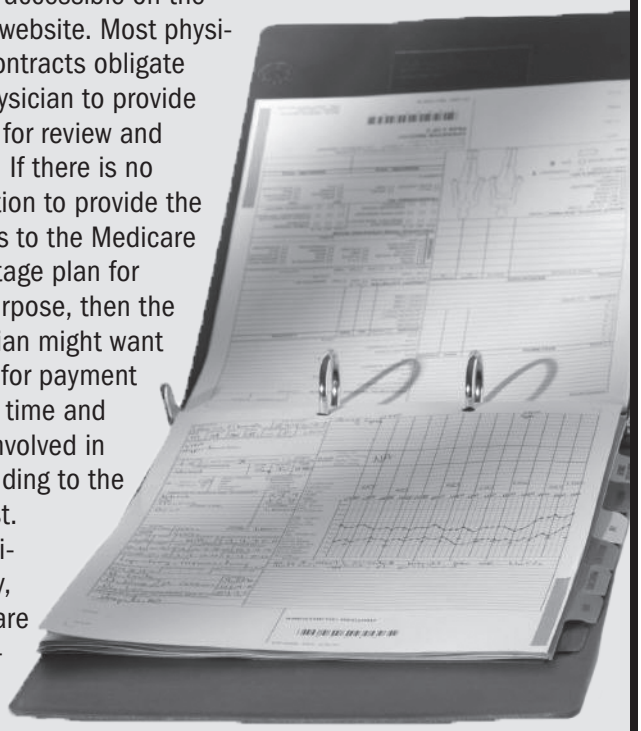
Some contracts may give the physician certain rights such as limiting audits to reasonable business hours and giving the physician adequate notice to produce the charts. If the Medicare Advantage plan requesting the chart review is a private-fee-for-service plan and you do not have a written contract with the plan, you should refer to the plan's "terms and conditions." Please note that this information does not constitute legal advice. Podiatric physicians and surgeons seeking legal advice should consult with an attorney duly licensed to practice in their jurisdiction.

Source: APMA News Brief Sept. 12, 2011

Hot Topics in Health Policy and Practice

A physician is deemed to accept the plan's terms and conditions whenever the physician provides non-emergency services to an individual he or she knows is a plan member. The terms and conditions will be accessible on the plan's website. Most physician contracts obligate the physician to provide charts for review and audits. If there is no obligation to provide the records to the Medicare Advantage plan for this purpose, then the physician might want to ask for payment for the time and work involved in responding to the request.

Additionally, Medicare Advantage plans take a variety of approaches with regard to determining which charts to review. In some cases they may run claims data through software designed to recognize instances where there is likely to be a missing diagnosis. Thus, by including all diagnoses relevant to the services they provide on claims, physicians might be less likely to be subject to such review requests.



New IRS Reporting Regulations for 2011

The IRS has implemented new compliance requirements through Internal Revenue Code Section 6050W that will affect all merchants (including government and non-profit entities). Beginning in calendar year 2011, all merchants will be required to report gross payments received through debit or credit card transactions to the IRS on an annual basis. To verify this reporting, banks and merchant service providers will be required to provide both merchants and the IRS with Form 1099-K by January of 2012.

How To Comply

In order to comply with these new governmental regulations, the legal name listed on your merchant account must match the legal name listed on your taxpayer identification number (TIN). Merchants with a mismatched TIN or legal name could be subject to backup withholding directly from their payment processing transactions.

If you use our merchant account program called AffiniPay, in order to prevent any undue penalty to your business, AffiniPay will be implementing an enhanced reporting and cross-referencing system to comply with the new law as well as a standard monthly $2.50 Governmental Compliance Fee per merchant TIN. The first priority will be to determine if any merchant information on file for your account is incorrect or mismatched with the IRS.

What To Expect

Within the next few weeks you will be notified by mail if the legal name and TIN associated with your merchant account are not perfectly matched. You will be responsible for correcting this information with AffiniPay in order to maintain compliance.

Consult Your Tax Advisor

To view the final regulation, visit Reg. 6050W- Final. If you have any specific questions regarding how your organization may be affected we recommend consulting with your tax advisor.

ADDITIONAL EXEMPTIONS FOR eRX INCENTIVE

CMS Extends Hardship Exemption Reporting Deadline

CMS has announced changes to the Medicare Electronic Prescribing (eRx) Incentive Program, including an extension of the deadline to request a hardship exemption from eRx penalties and additional hardship exemption categories. CMS will use 2011 e-prescribing activities to determine whether you will receive a payment reduction in 2012. If you are not deemed a successful e-prescriber for the first six months of 2011, you will incur a 1-percent penalty on all Medicare part B fee-for-service payments in 2012.

What It All Means for You

CMS may exempt an eligible provider from the penalty if e-prescribing represents a significant hardship. For 2011 (to avoid a payment reduction in 2012), the following circumstances would constitute a hardship:

- The eligible professional practices in rural area with limited high-speed Internet access or (G8642)
- The eligible professional practices in an area with limited available pharmacies for electronic prescribing (G8643)

You will also be exempt from the payment reduction if:

- You do not qualify for eRx incentive because less than 10 percent of your total Medicare Part B FFS payments are represented by the CPT codes in the eRx denominator
- You have less than 100 patient encounters represented by the CPT codes in the eRx denominator
- You are not, by license, able to write prescriptions (does not apply to podiatrists)

The Timeline Schedule

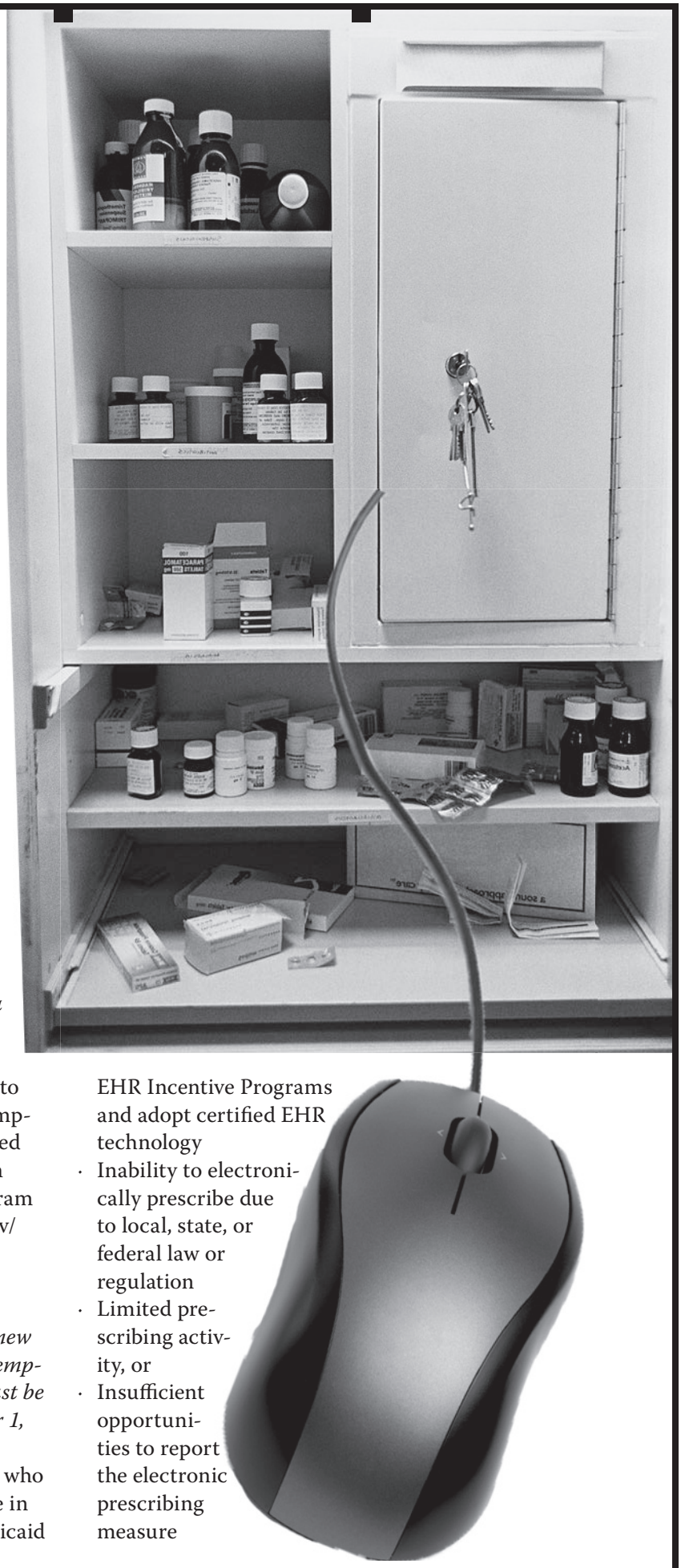
The timeline for submitting the appropriate G code for these exemptions was *June 30, 2011. This rule now allows requests for these exemptions until November 1, 2011, but rather than submitting G codes, you must use a Web-based submission process.*

Instructions on how to request a hardship exemption via CMS' Web-based tool will be available on the eRx Incentive Program website at www.cms.gov/ERXincentive/.

There's More

Other changes include new significant hardship exemption categories (also must be submitted by November 1, 2011):

- Eligible professionals who register to participate in the Medicare or Medicaid EHR Incentive Programs and adopt certified EHR technology
- Inability to electronically prescribe due to local, state, or federal law or regulation
- Limited prescribing activity, or
- Insufficient opportunities to report the electronic prescribing measure



How to Work with a Temp Agency

by Tina Chin, Vice President of Operations for Carlisle Staffing, a temporary services firm based in Westmont, Ill.

Today, there's a stigma surrounding the use of staffing agencies in medical offices. Many organizations believe the quality of professionals who are employed or contracted through temporary staffing agencies is subpar. The reality is that with the right amount of due diligence, medical practices can work with staffing agencies to maximize their labor force with highly skilled medical professionals, not just clerical and administrative positions

The following are guidelines to ensure that medical practices maximize their use of temporary staffing agencies:

Do the Due Diligence

It's imperative that medical practices do the homework necessary to find the right agency. There are many temporary staffing agencies out there and they are not all made equal. While there are some that provide general labor, it is in the employers' best interest to locate one that specializes in medical staffing. This would be an agency that works with hospitals and clinics on a consistent basis and has recruiters who understand the business and know the lingo. Practices should also look up the agency's certificate of good standing to see how long it has been in business. It would also be a good idea to check the Better Business Bureau to see if there have been any complaints.

Set Expectations and Stick to Them

Practices should compile a detailed job description that is to the point and make sure the agency they're working with follows the guidelines to a "T." It's also important to discuss how the communication should flow between an employer and an agency. This includes details surrounding job order confirmation, correspondence deadlines (i.e., "phone calls should be returned within 24 hours"), and employee guidelines (i.e. "for every primary employee, please ensure that a replacement employee will be available should the primary employee fail to report to work"). It's essential to clearly communicate the policies and procedures, and establish penalties if said guidelines are not met (i.e. "if calls are not returned within 24 hours, positions will be forfeited to the secondary agency").

Ask for Anything and Everything

While working with a temporary staffing firm, medical practices can never ask too many questions. You should ask for references and should not be shy to call each and every one of them. Moreover, you should be sure to ask the agency you're working with to walk through the recruiting, screening and placement process. Schedule a conference call with the team who will be working on the account and speak "round-table style" while asking specific questions to the account executive, account manager, recruiter(s) and administrator.

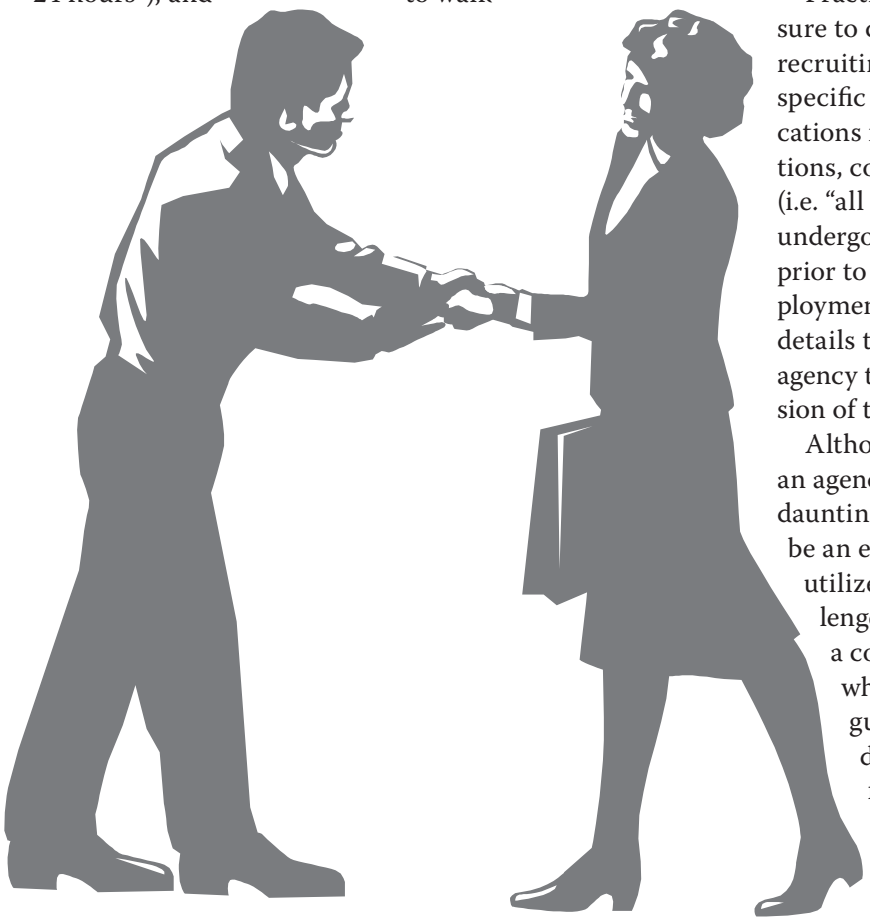
You should keep in mind that screening for an agency to provide medical staffing is not something to cut corners on – you should ask any and every question to ensure that needs are being met.

Don't Make Assumptions

The decision to use a medical staffing firm is no different than buying a car. Just as there are different makes, models and years, the same applies for temporary staffing agencies.

Practices should make sure to communicate their recruiting style, including specific and detailed qualifications for all open positions, company regulations (i.e. "all employees must undergo background checks prior to being offered employment"), and any other details that will allow the agency to work as an extension of the company.

Although working with an agency may seem like a daunting experience, it can be an excellent source if utilized correctly. Challenge the agency to take a consultative approach while the company guides the process to determine how the final destination will be reached.



ONE STEP AHEAD

Baby Steps

CMS Update 5010 Transition

All members are reminded that the Version 5010 transition is less than six months away for all HIPAA covered entities. This means that to submit transactions electronically, all covered entities must upgrade from Version 4010/4010A to Version 5010. Version 5010, unlike Version 4010, accommodates the new ICD-10 code sets, and is a required preliminary step for the use of the new ICD-10 medical code sets. The compliance deadline is January 1, 2012.

All internal and external transactions within your organizations and with your billing partners – including payers, vendors, clearinghouses and providers should be tested. External testing should take place now in order to make sure that you are able to send and receive compliant transactions effectively. Testing now will help identify any potential issues that may arise, and allow the necessary time to address them.

We reminded everyone that with 5010 there has to be a physical location address on the claim; a PO Box can not be used. At our next POE AG meeting we will ask a member of the CGS EDI department to present information on the transition.

Medicaid Pharmacy Benefit Changes

For individuals who receive health care through Ohio's Medicaid managed care plans, changes are coming on October 1, 2011 that will affect prescription drug coverage.

Instead of the state paying for the prescription drugs under one statewide plan, each managed care plan will pay for them. Individuals affected will need to get prescriptions filled at pharmacies that accept the managed care plans.

Additionally, prior authorization may be necessary for certain medications given a mandatory generic substitution principle adopted by the managed care plans. Notices to recipients impacted by the changes have gone out and new ID cards are in the mail.

ICD-10 Implementation

Entities covered under HIPAA are required to use the ICD-10 for service on and after October 1, 2013. As with ICD-9 codes, providers and suppliers are still required to report all characters of a valid ICD-10 code on claims. ICD-10 diagnosis codes have different rules regarding specificity and providers/suppliers are required to submit the most specific diagnosis codes based upon the information that is available at the time.

Please refer to http://www.cms.hhs.gov/ICD10 for information on the format of codes. Additionally, ICD-10 Procedure Codes (PCs) will only be utilized by inpatient hospital claims as is currently the case with ICD-9 procedure codes.

Ohio Not Alone in Drug Fatalities Exceeding Traffic Deaths

With overdose deaths now claiming the life of one American every 14 minutes, drug deaths now outnumber traffic fatalities nationally. In Ohio, drug overdose deaths outpaced traffic fatalities in 2007.

According to preliminary data from The US Centers for Disease Control and Prevention, 37,485 people died from overdose deaths in 2009. The surge in deaths is partially attributable to prescription pain medications. These medications now cause more deaths than heroin and cocaine combined.

BWC's New Grow Ohio Incentive Program

The Bureau of Workers' Compensation (BWC) recently introduced a new incentive program to attract new employers to Ohio at their August board meeting. This program is called "The Grow Ohio Incentive Program."

This program will allow new Ohio employers to join a group rating program and immediately receive the maximum workers' compensation premium discount (currently 51 percent) throughout the year. Currently, new employers must wait until July of the coming year to enroll in this valuable program, and as a result they must pay higher premiums for their workers' compensation coverage.

Should a new employer choose not to enroll into group rating, a 25 percent discount is applied to the new employer's premium rate.

If the originally presented concept passes without changes, the incentive discount will apply to new employers (who meet the criteria) retroactively to July 1, 2011.

CareWorks Consultants will work to ensure that the program is successfully implemented for as many new Ohio businesses as possible. If you are a new business not currently participating in a group rating program, we encourage you to contact CareWorks Consultants at 800-837-3200 to learn more about the program.

CareWorks Consultants will continue to keep you advised as new programs like the Grow Ohio Incentive Program are introduced by BWC and to help you continue to reduce and control your workers' compensation costs.

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