



**OHIO PODIATRIC
MEDICAL
ASSOCIATION**

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Ohio Podiatric Medical Association

Journal

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AT RIGHT—RACK 'EM FOR THE PAC EVENT: Dr. Howard Waxman, OPPAC Chair Dr. Gary Unsdorfer and Dr. Bruce Blank check the leader board with Dr. Jim McLean.

President's Message

The Steps of Our Success

by Thomas W. Kunkel, DPM



2010 OPMA President

"It's like *déjà-vu* all over again." – YOGI BERRA

Get this! There are elected officials in the State Capital, our lawmakers, who think the work you do, the care you render to your patients is "optional." You read that right. Our profession is being tossed about the budget process in Columbus like we're the warm-up act on the second day of the State Fair.

We're told that "optional services" are likely to be cut from Medicaid if considerable shortfalls aren't reconciled in the 2010-11 budget. That makes perfect sense to me. Who needs optional services? They're optional, after all.

The problem with this aspect of the budget discussion is that Podiatric Medicine is about as "optional" to health care as lug nuts are optional in

mounting tires on my car. In each case, cutting costs is dangerous and, ultimately, very expensive. The money saved in dropping Podiatry will have a profoundly deleterious effect to the health and welfare of Ohio's citizens and the costs will only grow exponentially in hospital ERs all over the State. It's like the tires flying off at 60 mph.

You know that. I know that. Even some lawmakers know that. Yet, as a means to balance the State's budget "optional services" may be dropped from Medicaid. The very word "optional" in this context makes me bristle. OPMA, through its staff, lobbyists and PAC, is on the case. But you can't just sit there. Stay informed and set your State Senator, Representative and Governor straight on this issue. Visit the OPMA web site. Contribute to OPPAC. Complacency may render you optional.

Speaking of political action, Dr. Bruce Blank was awarded the 2009 OPMA Champion of Podiatry Award in December at the House of Delegates meeting. The award is a fitting honor to a guy who never rests in seeking the better-

(Continued on page 2.)



President's Message

(Continued from page 1.)

ment of our profession. Leadership comes and goes at the OPMA; all are welcomed, appreciated and contribute in their own way. Bruce Blank's ongoing brand of leadership is a different phenomenon all together. Most recently, his integral involvement in our legal battle for fee parity is a perfect example. Congratulations and thanks, Bruce. You are a political action figure.

As I peck these words out on my lap top, the United States Senate is debating health care reform. As you read these words, there may actually have been major health care legislation passed.

Once again, the APMA leadership and APMA PAC is trying to convince lawmakers to include a Title XIX amendment—defining podiatrists as physicians in Medicaid—to the overall federal reform package.

Indeed, each of us should be contacting our Senators to this end and contributing to APMA PAC. **WWBD = What Would Bruce Do?**

So, while we're keeping our fingers (and toes) crossed for Title XIX, as we've done for so many years, Dr. Paul Lieberman has spearheaded a resolution that was supported by the OPMA Board of Trustees and passed at the OPMA House of Delegates in December. At the very least, this resolution should

act as a wake-up call to our political action efforts in Washington. It has the potential to do so much more! Resolution 1-09 is entitled "Definition of Physician That Includes Podiatrists In All Federal Legislation." The key word here is ALL.

I invite all members to read the resolution on our Web site. The text is a mere 40 lines or so, but it speaks of a history that spans years of frustration in getting Title XIX done—all the way back to 1973.

Recently, we even had to scramble to shore up holes in Title XVIII (Medicare) that nearly cost us our ability to prescribe and dispense DME.

Year in and year out, the song remains the same and the discord is unbearable. Resolution 1-09 from Ohio is going to the APMA House of Delegates in March. So, stay tuned!

Simply put: I love my job and my patients need my care. That is why I am a member of the APMA/OPMA and why I've intensified my commitment to serving as an officer.

On a larger scale, podiatry is indispensable to America's health and the OPMA is indispensable to podiatry.

Finally, *membership is critical to the OPMA*. For us to thrive as a profession, we need to bolster OPMA membership and invigorate involvement of those members. Otherwise, we fight the same battles year-in and year-out.

Déjà-vu all over again.

FOCUS ON DIABETES PRACTICE SPOTLIGHT

DIABETES IMPETUS FOR CANDY EXCHANGE

The 12th annual Halloween candy exchange party for children with diabetes was held at the offices of Achilles Foot and Ankle Surgery on November 1, 2009.

Unlike other Halloween parties, this event was designed for children who have diabetes and cannot eat the typical sugared candies that other youngsters enjoy after an evening of trick-or-treating.

Dr. Bruce G. Blank, OPMA Trustee and organizer of the annual party, explained, "Halloween is a fun holiday, but not necessarily fun for children with diabetes. For the most part, they can't eat the treats they get." To give those youngsters an alternative, he said, "We have the children bring the sugared candy that they get on trick-or-treating



Bruce G. Blank, DPM

night to our office. We have a costume party and, at the end of party, they give us the sugared candy and we give them snacks and treats that they can eat, that are more appropriate for their conditions."

In turn, Blank said, "The candy that they give us is then donated to the Soup Kitchen of Greater Wheeling. The soup kitchen does not generally get candy. Their donations are more for sustenance. They are happy to get the Halloween candy because it is a treat for families served by the soup kitchen."

2010 Calendar of Information

OPMA BOT – January 14 | OPMA Headquarters

GXMO – January 15-17 | Columbus State College

OPMA Executive Committee – February 18 | Conference Call

GXMO - March 26-28 | Columbus State College

APMA HOD – March 20 – 22 | Washington, D.C.

OPMA BOT - April 15 | OPMA Headquarters

APMA Coding and Billing Seminar – April 23 | Columbus



“As a policyholder, I knew of PICA’s podiatric focus and support of the profession. Now as an advisory board and committee member, I truly realize how active our colleagues have been in the running of this company. Every discussion comes back to what is best for our policyholders and podiatric medicine.”

—Noreen Oswell, DPM

Policyholder since 1998

Committee member since 2004

Board member since 2007

For 30 years, PICA has been protecting and supporting podiatric physicians across the country. Our success is due, in no small part, to the very podiatric physicians we protect. Since our inception, you and your colleagues have shaped this company by voicing opinions on important matters and serving on key committees and boards.



For more information
or a quote, visit
picagroup.com or call
(800) 251-5727.

PICA

From The Desk of the Executive Director **Change— Inevitable Caveat**

by Jimelle Rumberg, PhD,
CAE



Robbins (not Dr. Jeff or Dr. Carly but Tony—the motivational speaker) said, “If

you always do what you’ve always done, you’ll always get what you’ve always got.” We’ve all fallen prey to becoming creatures of habit. It’s easy and comfortable. Challenges and change are two things that become more difficult as the years go by. Case in point: how many Palmetto GBA and Medicaid changes or notices appeared in December? Seems like a zillion. How do physicians keep up with so many changes? They look to their professional association to keep current and make sense of the regulations and modification that constantly occur. On the home front, OPMA has our lobbyists with their ear to the ground at the Capitol. We also have an alliance with other health care groups by being active with the OH Healthcare Provider Coalition. We work together on legislation and regulatory changes that impact providers in Ohio. The regulatory meetings are frequent and typically fill us in on upcoming changes. And just

when you think things are beginning to settle down, another insurer changes policy, a nursing facility or hospital makes major adjustments to their rules or one of the state agencies change protocols. Podiatric practice is constantly changing and morphs in all directions. Sure you could find the information yourself, somewhere in cyberspace if you had eight hours a day to surf the Web, but then again, you’re an OPMA member. We do that for you as a member service. We remind you of that fact often by email. So think again before you forward your OPMA emails to a non-member and give away our valuable information. OPMA is the Information Change Agent for you. Your dues pays for that service. Let non-members forage on their own if they won’t join and participate in organized podiatry. It may be hard to say “no” to a non-member colleague, but if you don’t, you’ll always get what you always got...just another request for more information you pay to receive from OPMA. Just say “no” and don’t accommodate them. Non-members need to pay to participate in OPMA’s arena and circle of influence.

In looking ahead in 2010, I wished I could tell you that Optional Services (called Supplemental Services in OH) would be safe with reasonable reimbursement for performed services, that fee disparity went away, that OPMA won the legal declaratory judgment

against ODI, and that all fee scheduled became physician fee schedules without question — but I cannot predict outcomes. Those are my wishes as we begin OPMA’s work in 2010. Know that I will ask you for OPPAC contributions (yes, it is an election year upcoming) and ask you to donate to the Legal Fund, but most importantly, I want to ask you to become *active* in your academy and state. OPMA is growing and developing organizationally to new heights. That is due to several reasons, most notably to the OPMA Board of Trustees’ dedication to you, the membership. Let me explain what’s on the horizon thanks to the OPMA BOT. OPMA will be undertaking a marketing program to draw patients directly to OPMA/APMA members podiatry offices. If you have a waiting room television, please turn to ONN (OH News Network). It gives statewide news and will feature an OPMA “ticker” message at the bottom of the screen. It will direct patients to either call OPMA for referrals to member podiatrists or they can use the Web site which links to APMA’s database of members. So you see, OPMA has another new member benefit with a few more upcoming (like an additional 5% lecture discount for PICA accounts at Region IV plus 10% off on your renewal for a total of a 15% discount). Membership does have its rewards. Thank you for your member investment in OPMA for 2010. We are working for YOU!

IN THE KNOW **2008 PQRI Incentives over \$92 Million**

CMS paid 85,000 physicians more than \$92 million for reporting Medicare quality-related data under the 2008 Physician Quality Reporting Initiative (PQRI). PQRI is a voluntary program allowing physicians to receive incentive payments of 1.5% of the total estimated allowed charges under Medicare Part B for covered professional services. Incentive payment averaged over \$1,000, with the largest payment totaling over \$98,000. More than 153,600 providers participated in PQRI in 2008.

Health practices in Florida and Illinois received the highest incentive payments, over \$7.5 million and \$6 million respectively. In 2009, providers could receive 2.0% of allowed charges under Part B for all covered professional services furnished during 2009 and 2010. CMS added 52 quality measures, raising the total to 153. These measures cover all types of Eligible Providers, and address areas such as osteoarthritis, back pain, coronary artery disease, and HIV/AIDS, and 18 measures that must be reported through PQRI-qualified registries. For 2010 CMS has added 10 individual PQRI measures reported through electronic health records (EHR) to promote EHR use.

| Source: CMS |

NEWS TO REVIEW

HITECH Act Changes HIPAA

Part of the Obama American Recovery and Reinvestment Act of 2009 is the HITECH Act. The acronym is short for *Health Information Technology for Economic and Clinical Health Act*.

HITECH provisions became effective on September 23, 2009. Patients and HHS must be notified when the privacy and security of their personal health information has been breached. It also applies whenever the patient data has not been encrypted in accordance with ANSI standards or HHS regulations of April 27, 2009.

HHS has also stated that while it expects entities to comply with the rule, it will not impose sanctions for failure to provide the required notifications for breaches discovered through February 22, 2010. Some of the provisions that became effective on September 23 are:

- Notices must include elements required by HITECH as well as Ohio statutes on identity theft
- Methods of giving notice set by law
- Business associates (billing agents, accountants, lawyers, etc) are now obligated to the same extent as health care providers

Effective on February 17:

- Penalties for violation of HIPAA as amended by HITECH can be \$100 to \$50,000 per violation, capped at \$1.5 million per year.
- State Attorneys General can enforce.
- HHS can audit healthcare providers for compliance with HITECH/HIPAA.

Summary of Interim Rule

The new requirements apply if all of the following are present:

- There is a "breach." The Rule defines *breach* to mean (subject to exceptions discussed below) the unauthorized acquisition, access, use, or disclosure of protected health information ("PHI").
- The PHI is "unsecured."

the security of the PHI." Under the Rule, this occurs when there is a significant risk of financial, reputational, or other harm to the individual whose PHI has been compromised.

What is Secured PHI?

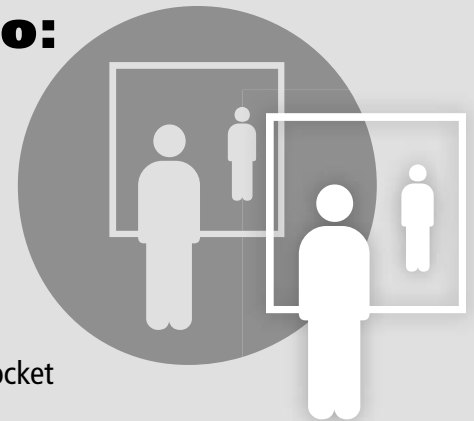
On April 27, 2009, HHS issued the HITECH Breach Notification Guidance specifying the technologies and methodologies that render PHI unusable, unreadable, or indecipherable to unauthorized individuals. That guidance creates a safe harbor so that covered entities and business associates would not be required to provide the breach notifications required by the Act for PHI meeting these standards. PHI is rendered

use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key. The Rule identifies the various encryption processes which are judged to meet this standard. Further, such confidential process or key that might enable decryption must not have been breached. To avoid a breach of the confidential process or key, decryption tools should be kept on a separate device or at a location separate from the data they are used to encrypt or decrypt.

2. DESTRUCTION. Hard copy PHI, such as paper or film media, is only secured where it has been shredded or destroyed such that

What you need to do:

- Check all PHI disclosures against new regulations
- Amend Business Associate Agreements with billing agent, accountant, attorney, etc
- Must honor patient request not to file claim with insurance if patient pays in full out-of-pocket



The Rule defines *unsecured* "protected health information" to mean PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by HHS guidance.

- The breach "compromises

unusable, unreasonable, or indecipherable to unauthorized individuals only if one or more of the following methods are used.

1. ENCRYPTION. Electronic PHI is only secured where it has been encrypted. The HIPAA Security Rule specifies encryption to mean the

the PHI cannot be read or otherwise cannot be reconstructed.

For more information, please go to www.opma.org – *Members Only* section under Medicare. You may also Google HITECH on the Web for further in-depth details.

STATEHOUSE UPDATE

Deal Reached to Fill Budget Gap

A breakthrough in a budget stalemate on how to fill an \$851 deficit in the state budget came on December 17, 2009, when House and Senate leaders agreed to compromises to a proposal to delay the final phase-in of a scheduled income tax reduction. The proposal now includes a pilot project on new public construction contracting laws for certain higher education projects. The bill also includes a delay in all-day kindergarten mandates for local schools and restores funding for chartered, non-public schools (primarily Catholic schools). The bill also makes a correction to the state's mental health budget, restoring \$14.7 million in funding.

Prior to this compromise, Governor Ted Strickland had threatened to call legislators in to a special session over their planned holiday recess to ensure a budget fix was made. If the agreement had not been reached, cuts to primary and higher education were expected in early 2010. The OPMA actively lobbied against additional cuts to the state budget and most importantly cuts to podiatry as an optional service in Medicaid.



Other Legislation of Interest:

HB 81 (BOYD/GARDNER) — DIABETES COVERAGE BILL

House Bill 81 passed the Ohio House of Representatives on December 8, 2009. The bill requires insurance companies to provide benefits for equipment, supplies and medication for diagnosis, treatment and management of diabetes, and for diabetes self-management education. The bill passed 58-38. It is anticipated that the bill will be a tough sell to the Ohio Senate and the majority Republicans who will be hearing opposition from the insurance and business communities.

HB 185 (BOOK/DEGEETER) — PROHIBITING UNILATERAL CONTRACT CHANGES

Legislation sponsored by Rep. Todd Book (D-McDermott) and Rep. Timothy DeGeeter (D-Parma) to clarify an important provision from HB 125 from the 127th General Assembly passed the Ohio House in December and is now being heard in the Senate Insurance Committee. HB 125 is intended to level the playing field in the relationship between providers and

insurance companies by prohibiting an insurance company from making one-sided contract changes. Insurance companies found a loophole in the current law so this language simply and clearly states that a material amendment to a health care contract does not become part of the contract unless agreed upon by both parties. Hearings in the Senate committee are expected in 2010.

HB 205 (LETSON) — CIRCULATING NURSE BILL

Consideration of HB 205, legislation that would require hospitals and ambulatory surgical facilities to assign a circulating nurse for invasive procedures, has slowed in the Ohio House Health Committee. The bill had hearings in September and October. Opposition by interested parties, including the OPMA, the Ohio Hospital Association and many health providers raised concerns about the need and value of such a mandate.

HB 267 (LUCKIE) — OHIO OFFICIAL PRESCRIPTION PROGRAM

A proposal by Rep. Clayton Luckie (D-Dayton) to create a new prescription drug program in Ohio received

three hearings in October and November of 2009. HB 267 requires prescribers to purchase tamperproof prescription pads from the Board of Pharmacy. The Board would create a unique identification number for each prescription and track inappropriate and illegal use of prescription drugs. To pay for the program, the bill proposes that prescribers be required to use the Board's prescription pads and pay a \$250 annual fee.

Rep. Luckie has stated that his goal with the proposed law is to create a program that cuts down on fraud and abuse of prescription drugs.

OPMA's immediate concerns include the following:

- Do providers really need government-run prescription program?
- The details seem foggy.
- Should the state invest in a paper prescription program when paperless is certain to come?
- This proposes a significant fee to be paid by the prescriber to participate.

The bill was introduced in August 2009 and has received three hearings in the House Health Committee. The momentum on the bill slowed down after a number of health advocacy group including the OPMA and the Ohio Provider Coalition raised concerns with the bill. OPMA staff and our outside legislative counsel, the Capitol Consulting Group, will continue to closely monitor the bill and ensure that podiatrists concerns are heard.



Dr. Bruce Blank (left) with Congressman Charlie Wilson

Grassroots Smarts

Constituents who establish personal contacts with legislators advance podiatry through great grassroots efforts and social engagement. During a recent holiday party, Dr. Bruce Blank had such an opportunity to talk with his Congressman Charlie Wilson. He discussed three issues: Title XIX, Non-discrimination in health plans and repeal of the SGR and stopping the 21.5% cut. Bruce reminded him of the importance of DPMs being defined as physicians under the Medicaid statute. They discussed the nondiscrimination issue with examples of health plans that discriminate. He was strongly in agreement with all of Dr. Blank's points. Dr. Blank thanked the Congressman for supporting podiatry on these issues.

The party invitation asked guests to bring unwrapped gift(s) to be donated to Toys for Tots. Dr. Blank handed Congressman Charlie Wilson a leather "Wilson" football as his donation to Toys for Tots.

THE PRIVATE SECTOR Guidance for Ohio Employers Selecting a Group- Experience Rating Plan for the July 1, 2010 Policy Year

We want to provide guidance to all private-sector Ohio employers who may consider participating in a group-experience-rating plan for the policy year beginning July 1, 2010. This is part of our efforts to preserve the group-experience-rating plan and improve its performance.

When evaluating offers to participate in a group-experience-rated program, please make sure all marketing material offering a group discount includes the sponsor name. Also ensure it does not offer a maximum discount exceeding 51 percent. While you may see marketing materials that reference a higher discount such as 65 percent, discounts this large are not possible in the group-

rating plan. Not only is this discount unattainable, but marketing this discount is a violation of Ohio law. If you receive any materials that offer discounts exceeding 51 percent, please fax them to BWC at (614) 621-5799.

A comprehensive list of BWC-certified sponsors for group-experience rating and group-retrospective rating for the July 1, 2010 policy year is available by going to <http://www.ohiobwc.com/downloads/blankpdf/GroupsponsorPolicyYear2010.pdf>.

Make sure the sponsoring organization lists its name on any advertising or promotional material. Please be cautious of any marketing material that does not contain the name of the soliciting sponsor. Also, many third-party administrators (TPAs) provide risk management and safety services to groups. However, they are ineligible to form a group that does not include an approved sponsor.

As a reminder, OPMA utilizes Compensation Consultants Inc. (www.cciworkerscomp.com). Contact them at info@ccitpa.com or 800-837-3200 ext 7110.

If you accept an invitation to join a group plan from an organization not listed on the above Web site, BWC will deny your application. Please ensure to accept offers to join either group-

experience rating or group-retrospective rating only from certified sponsoring associations.

If you receive materials from organizations that are not certified, please fax them to us at (614) 621-5799.

For updates regarding the group-experience rating or group-retrospective rating plans, please visit ohiobwc.com.

OPMA Legal Fund



Fourth Quarter 2009

James D. Robinette, DPM
Harrison

James D. Ritchlin, DPM
Lancaster

Richard M. Georgeoff, Jr., DPM
Powell

W. H. Latham, DPM
Ashland

Midwest Academy

Brad R. Wenstrup, DPM
Cincinnati

Southern Academy

Gene J. Pusateri, DPM
Youngstown

Thank you for your continuing support for the OPMA Legal Fund. Your gift makes a difference!



**94TH ANNUAL OHIO
PODIATRIC MEDICAL
ASSOCIATION**

**House of
Delegates**



*OPMA
Elects
2010
Officers*

In ac-
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Dr. Thomas W. Kunkel
94th Annual Ohio Podiatric Medical Association's House of Delegates held in Dublin, on December 5, 2009 OPMA elected new officers to lead the state organization of Ohio's foot and ankle physicians in 2010.

Executive Committee

PRESIDENT

Thomas W. Kunkel, DPM
of Girard, Ohio

FIRST VICE PRESIDENT

Alan J. Block, DPM, MS
of Columbus, Ohio

SECOND VICE PRESIDENT

David Hintz, DPM, MPH
of Elyria, Ohio

SECRETARY-TREASURER

Angelo Petrolla, DPM
of Youngstown, Ohio

**IMMEDIATE PAST
PRESIDENT**

Kevin L. Sneider, DPM
of Port Clinton, Ohio



APMA President Dr. Ronald Jensen addresses the Ohio Podiatric Medical Association House of Delegates on December 5, 2009 in Dublin, Ohio.



Dr. Kevin Sneider, 2009 OPMA President, gives his President's address.

BOARD OF TRUSTEES

Jack Buchan, DPM
Bruce Blank, DPM
Karen Kellogg, DPM
Kevin Schroeder, DPM
Peter Wiggin, DPM
Bruce Saferin, DPM
Paul Lieberman, DPM
Bryan Caldwell, DPM
Brian Ash, DPM

YOUNG MEMBER

Derrick Jackson, DPM

STUDENT MEMBER

Amanda Quisno

**DELEGATES AND ALTER-
NATES FOR THE APMA
HOD 2010**

Paul Lieberman, DPM
Angelo Petrolla, DPM
Bruce Saferin, DPM
Mark Gould, DPM
Kevin Schroeder, DPM
Bruce G. Blank, DPM

ALTERNATE DELEGATES

Thomas Kunkel, DPM
Howard Waxman, DPM

This list completes the Ohio Podiatric Medical Association Delegation for 2010 with photos of the session on pages 8, 9 and 10.



APMA Delegates for 2010: (l-r) front row: Dr. Bruce Blank; Dr. Paul Lieberman, Chair; and Dr. Thomas Kunkel, Alternate. Back row: Dr. Kevin Schroeder, Dr. Angelo Petrolia and Dr. Bruce Saferin. Not present are Alternate Dr. Howard Waxman and Delegate Dr. Mark Gould.



Dr. Bruce Blank (left) receiving the 2009 OPMA Champion of Podiatry Award from Dr. Kevin Sneider.

Blank Honored with OPMA Champion of Podiatry Award

BRUCE G. BLANK, DPM was honored by the Ohio Podiatric Medical Association with the OPMA Champion of Podiatry Award during the 2009 OPMA House of Delegates on Saturday, December 5. Blank, who is a past president of OPMA and his local academy, also serves as a Delegate to the APMA HOD, OPMA Trustee, and APMA's Health System Committee. He is the current PIAC representative for APMA for OH. He was recognized for professionally assisting OPMA in meeting with the Governor's staff regarding fee discrimination and being the plaintiff in the litigation against the Ohio Department of Insurance which was filed on July 23, 2009 in Franklin County Common Pleas Court by OPMA. Dr. Blank is in private practice as a solo practitioner in eastern Ohio.



A "Full House" OPMA style!

Look Who's Speaking at Region IV in 2010

Jeffrey Robbins, DPM
Jordan Grossman, DPM
Marc Benard, DPM
Pat Nunan, DPM
Mark Mendezsoon, DPM
Bruce Williams, DPM
Eric Fuller, DPM
Warren Joseph, DPM
Molly Judge, DPM
Allen Jacobs, DPM

Larry DiDomenico, DPM
Christopher Hyer, DPM
Scott Malay, DPM
Amol Saxena, DPM
Mark Hardy, DPM
David Caldarella, DPM
Howard Kimmel, DPM
Bonnie Nicklas, DPM
John Guiliana, DPM
Neil S. Kornfeld, Esq.
Lynn Homisak
Dan J. McNeff
Rem Jackson

Hal Ornstein, DPM
Joel Rosner, MD
Bradley Bakotic, DPM, DO

OPMA Members who are PICA Policy Holders will receive an additional 5% in premium reduction for 15% total when they attend the PICA lecture on Saturday, June 5. That's an additional \$500 savings!!



2010 OPMA Executive Committee: (l-r): Dr. David Hintz, Second Vice President; Dr. Alan Block, First Vice President; Dr. Thomas W. Kunkel, President; Back row (l-r): Dr. Kevin Sneider, Immediate Past President; Dr. Angelo Petrolla, Secretary/Treasurer; and Dr. Jimelle Rumberg, Executive Director (non-voting).



2010 OPMA Board of Trustees: Seated (l-r): Dr. David Hintz, Second Vice President; Dr. Alan J. Block, First Vice President; Dr. Thomas W. Kunkel, President; Dr. Angelo Petrolla, Secretary/Treasurer. Back row (l-r): Dr. Brian Ash, Southern Academy Trustee; Dr. Karen Kellogg, Mid-Eastern Academy Trustee; Dr. Kevin Schroeder, Midwestern Academy Trustee; Dr. Paul Lieberman, Northeastern Academy Trustee. Dr. Kevin Sneider, Immediate Past President; Dr. Amanda Quisno, Student Trustee; Dr. Bruce Blank, Eastern Academy Trustee; Dr. Jack Buchan, Central Academy Trustee; and Dr. Bruce Saferin, Northwestern Academy Trustee. Not present are Derrick O. Jackson, Young Member Trustee and Peter Wiggins, North Central Academy Trustee.



Dr. Richard Berkowitz (left) receives American Academy of Podiatric Practice Management's Chairman Award from Dr. Hal Ornstein.

AAPPM Honors Dr. Berkowitz

The American Academy of Podiatric Practice Management (AAPPM) Chairman, Dr. Hal Ornstein, presented Dr. Richard Berkowitz with the AAPPM Chairman's Award at the annual Northeast Academy's Super Saver CME Seminar. The plaque read:

"In Grateful Appreciation of Your Many Years of Outstanding Service in Promoting the AAPPM Mission and Membership Development."

| Source: Reprinted with permission by PM News, Barry Block, DPM, JD. |

Passings of Note

CHARLES WILLIAM HOFFECKER, DPM, 86, of Willoughby, died Wednesday, April 15, 2009 at Lake West Hospital. He was born November 4, 1922 in Parker, Pennsylvania. He was a United States Army veteran of World War II, where he served in the Pacific theater.

Dr. Hoffecker was a member of the American Legion Post #678 Willowick-Eastlake, the Willoughby Rotary Club, and Fraternal Order of Eagles Aerie #2300 in Willoughby. He also played in the Senior Golf League. Dr. Hoffecker practiced as a podiatrist in Willoughby for many years. He was a member of the American Podiatric Medical Association and a Life Member of the Ohio Podiatric Medical Association.

Dr. Hoffecker was preceded in death by his first wife, Adda M. Hoffecker. He is survived by his wife, Vivian; a brother, Dr. Robert (Nancy) Hoffecker; sons William and Gary Glover and the late Jeffrey Glover; daughters Carol Hoffecker, Terri Nook and Julie Gentile; grandchildren and five great-grandchildren.

He will be missed by all who knew him.

HOWARD WEISSFELD, DPM, 79, passed away on October 5, 2009 at his residence. Howard was a graduate of Akron West High School, Kent State University and the Ohio College of Chiropractic (Podiatry). Howard was known in the Cuyahoga Falls area as "Doc," as he served as the team doctor for the Cuyahoga Falls High School Black Tigers for nearly 50 years.

Howard began his podiatry practice in Cuyahoga Falls on January 14, 1953 and retired in 1995 after 42 years in practice. Howard loved his family and friends.

He is survived by his wife, Naomi; and children: Dr. Steven (Dayna), Craig (Chelsey), Tracey (Mark), Janice (Kenny), Donny (Sue), Ron and Steve; grandchildren, and two great-grandchildren.

A memorial service was held on Thursday, October 8, 2009 at Gordon-Flury Memorial Home.



Howard Weissfeld, DPM



Dr. Les Niehaus

Dr. Les Niehaus Inducted into Sports Hall of Fame

Barberton High School has named one of its graduates, Les Niehaus, into the 2009 Sports Hall of Fame for track and swimming. As a senior, he helped his team in an undefeated dual meet season. He was the first school hurdler to qualify since Coach Jeep Davis in 1954. Niehaus qualified for the State Track Meet, finishing 7th in the 180 yard low hurdles. Les also co-captained the swim team to a winning season. At Hiram College, Les holds Hiram's record times in the 120 yard high hurdles and the 440 yard intermediate hurdles. In 1992, Les and his brother Ed were inducted into the Hiram College Athletic Hall of Fame.

Les and his wife, Susan, live in Berlin Center with their three children. He practices in Alliance and Salem and is the Director of the Podiatric Residency at Alliance Community Hospital.

Ohio DPM Elected At-Large to CPME

The Council on Podiatric Medical Education (CPME) elected two new members and re-elected one member. Robert Yoho, DPM of Des Moines, IA and Timothy Ford, DPM of Louisville, KY began their terms as CPME chair and CPME vice chair, respectively, at the conclusion of the meeting.

Michael Trepal, DPM of New York, NY and Lori DeBlasi, DPM of Dublin, Ohio were each elected to their first three-year term



Lori DeBlasi, DPM

as an at-large member of the Council. Dr. Trepal will serve as a member of the Accreditation Committee and Dr. DeBlasi will serve as a member of the Joint Residency Review Committee. Charles Lombardi, DPM of Bayside, NY was re-elected to his second three-year term as an at-large member, serving on the Continuing Education Committee. Dr. DeBlasi works at Step Lively Foot and Ankle Center in Columbus. Congratulations, Dr. DeBlasi!



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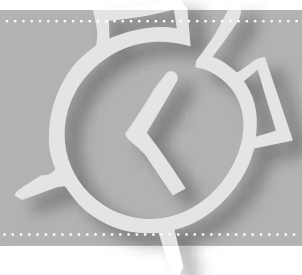
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We sincerely appreciate your continued support for the OPPAC legislative effort.

MAKING THEM COUNT

BABY STEPS

OPMA has you covered for Medicaid Rx

Are you aware of the new Medicaid carve out regarding prescriptions? The new carve out program, effective February 1, 2010, requires all Ohio prescribers to write all Medicaid prescriptions on tamper proof paper.

Need Rx pads that meet all the Fraud and Tamper proof requirements? Go to www.opma.org and print a form, fill it out and fax it to us. We provide prompt, professional and secure printing and will mail them directly to your office. Don't delay...use OPMA!

CyberAccess (Medicaid)

The Ohio Department of Job and Family Services (ODJFS) has contracted with ACS, its pharmacy vendor, to provide the CyberAccess system. CyberAccess is a user-friendly, internet portal for providers to access clinical alerts and pharmacy information regarding their patients. Prescribers can also use the tool to verify a drug's prior authorization status and to send "e-prescriptions" to pharmacies.

The CyberAccess tool is a web-based, HIPAA-compliant portal for prescribers and/or their authorized staff with the ability to:

- Review two years of claims data (patient pro-

file information) including eligibility information and prescribed drug history.

- Identify potential care management concerns using criteria derived from an analysis of the patient's claims history, including best practices recommendations, potential drug-related problems, and disease management or disease-related concerns.
- Electronically verify Preferred Drug List status, including determining if a drug requires prior authorization and if the patient meets approval criteria within the SmartPA automated prior authorization system.
- Electronically send prescriptions to pharmacies (e-prescribe).

This tool can help to improve patient care by allowing better coordination between prescribers, as well as enabling a provider to see at a glance all of the prescriptions filled through the Medicaid program to avoid duplication or interactions. Any Medicaid-participating practice can register to use CyberAccess. Contact ACS at (614) 682-2034 for additional information and to request a visit from an educational outreach pharmacist who can demonstrate the website and register your practice.

| Source: ODJFS - Medical Assistance Letter No. XXX |

State Medical Board Updates

Two new fees went into effect on October 16, 2009:

- \$35 processing fee to replace a lost wallet card
- \$50 fee to provide another state licensing board with a letter from the Medical Board verifying OH licensure status. This fee only impacts OH licensees applying for licensure in another state.

There are 951 podiatrists with active Ohio medical licenses. Of that number 821 practice in Ohio and 130 have non-resident addresses. Licenses have been issued to 21 podiatrists between January 1 and December 1, 2009. Of the 160 disciplinary actions taken by the Medical Board between January and September, only five actions involved podiatric physicians. For further information, see the State Medical Board's Web site at www.med.ohio.gov.

CMS Delays Implementation of Phase II PECOS

The Centers for Medicare & Medicaid Services (CMS) will delay the implementation of Phase 2 of Change Requests (CR) 6417 and CR 6421 until April 5, 2010.

Under these CRs, a physician or non-physician practitioner who orders or refers durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and who does not have a current enrollment record in the Provider Enrollment, Chain, and Ownership System (PECOS) that contains the NPI, would cause the claim submitted by the Part B provider/supplier who

furnished the ordered or referred item or service to be rejected. CMS recently adopted a new procedure for checking the Medicare enrollment status of physicians ordering DMEPOS. This procedure relies heavily on Medicare's relatively new PECOS, a central repository of physician enrollment data, which is causing problems because not all Medicare-enrolled physicians are listed in PECOS.

The delay in implementing Phase 2 will give physicians and non-physician practitioners who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to Phase 2 implementation.

Podiatrists who order or refer DMEPOS can confirm their enrollment in PECOS by accessing Internet-based PECOS at <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS Web site, or by calling Palmetto's Provider Relations Department at 1-866-308-5439 from 8:00 AM to 4:00 PM.

APMA has created a fact sheet that should answer the most frequently asked questions regarding PECOS, and enable practices to take appropriate action, if necessary. <http://members.apma.org/pecos.aspx>

| Source: APMA eNews #2,954 |

Hurry—Winter Discount Offered until March 31, 2010

OPMA is offering *Bloodborne Pathogen Infection Control in the Workplace* at the discounted price of \$11.95 now through March 31, 2010!

OPMA members and their employees are eligible to take the course for the discounted price of only \$11.95 per registrant (payable with a credit card).

Simply visit www.OSHAEZ.com and click on the ONLINE course tab. Select the course entitled *Bloodborne Pathogen Infection Control in the Workplace*.

To receive the special OPMA discounted member price, during checkout, identify yourself as the Ohio Podiatric Medical Association member by entering this coupon code: **EVFIBW**

Medicaid DME Question Line and Mailbox

The Department has established a dedicated Durable Medical Equipment (DME) Question Line and Voice Mailbox to improve response to provider questions regarding program coverage and limitations. The number for this service is 614-466-1503. The DME Question Line and Voice Mailbox is not able to answer questions regarding individual consumer eligibility, prior authorization requests to include the initiation or status of a prior

authorization or information regarding previous claims submissions for durable medical equipment.

ODJFS Electronic Manuals Webpage

The Ohio Department of Job and Family Services maintains an “electronic manuals” web page of the department’s rules, manuals, letters, forms, and handbooks. The URL for this “eManuals” page is <http://emanuals.odjfs.state.oh.us/emanuals/>. Providers may view documents online by:

1. Selecting the “Ohio Health Plans – Provider” folder;
2. Selecting the appropriate topic from the document list; and
3. Selecting the desired item from the “Table of Contents” pull-down menu.

Most current Medicaid maximum reimbursement rates are listed in rule 5101:3-1-60 or in Appendix DD to that rule.

Selecting “5101:3-1-60 Medicaid Reimbursement” from the “Table of Contents” pull-down menu.

The Legal/Policy Central – Calendar site (<http://www.odjfs.state.oh.us/lpc/calendar/>) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (<http://www.odjfs.state.oh.us/lpc/mtl/>). The listing is categorized by letter number and subject, and

a link is provided to each easy-print (PDF) document.

Questions pertaining to this should be directed to the following:
Office of Ohio Health Plans
Bureau of Provider Services
P.O. Box 1461
Columbus, OH 43216-1461
Telephone 800-686-1516

Medicare’s New Policy for Consultation Services

Starting January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) will eliminate, through budget neutrality, the use of all consultation codes (inpatient and office/outpatient codes for various places of service except for telehealth consultation G codes).

CMS will increase work Relative Value Units (RVU) for new and established office visits and for initial hospital and initial nursing facility visits and will incorporate increased use of these visits into practice expense and malpractice RVU calculations.

CMS eliminated payment for consultation codes due to disparities between AMA coding guidance and Medicare policy.

Medicare’s new policy may create confusion with third party payers. Some payers may choose to adopt this policy while others may not adopt it. CMS said physician practices will have to take into consideration Medicare’s new policy when billing for primary or secondary payment.

| Source DO Washington Update |

LEGALLY SPEAKING The 101 on Medicare Audits

An interesting glance regarding Medicare Audits was given at the OPMA HOD by our attorney, Nanci Danison. It was noted that CMS is still focusing on charting of clinical details of each mycotic nail and/or class findings in every treatment note. Certainly, during the audit, they will look for the MD/DO order for podiatric care in the nursing facility and the OIG is auditing musculoskeletal claims.

Nancy’s advice was very specific.

1. Chart the clinical condition of each mycotic nail separately each and every visit; be very descriptive of the color, if the nail is crumbly, thickened, etc.
2. Chart pain on ambulation and/or during palpation and not just noting “pain” as the chief complaint or “feet hurt.” This should be done every visit;
3. Chart inflammation of surrounding tissue if inflammation is present and be descriptive;
4. Chart class findings each visit or at least every few months;
5. Get the nursing facility MDs/DOs to write a podiatric medicine referral order every year. It is best if it names you at the podiatrist of record.

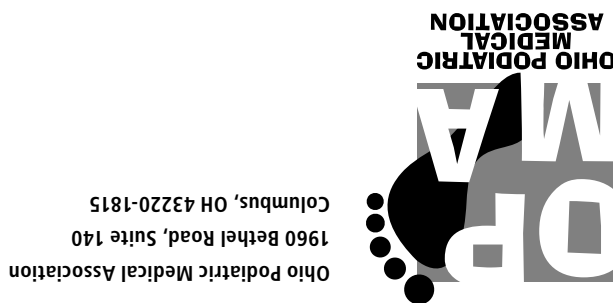


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