

ON THE COVER—

# A Big Success at The 101st Annual Foot and Ankle Scientific Seminar



# Journal

OF THE  
OHIO FOOT AND ANKLE MEDICAL  
ASSOCIATION

2017 OHFAMA Service Award Winners – Dr. Bruce Saferin and Dr. James Dooley

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**A WORD FROM THE PRESIDENT**

# Put an exclamation on a job well done

Put an exclamation on a job well done for the “The 101st Annual” Scientific Seminar. This year we had many firsts, starting with the Ohio Foot and Ankle Medical Foundation, which is now the educational sponsor of OHFAMA’s educational events. The Foundation provides fiscal benefits



**Thomas J. McCabe, DPM**

to our association that help streamline the business and mission of OHFAMA. We had the largest attendance to ever attend the conference with over 350 registered physicians. Thank you to Dr. Bob Mendicino and Dr. Larry DiDomenico for putting together a superb and diverse scientific program. It was appreciated by all in attendance. The program and attendance figure was matched by another first for “The 101st Annual”; we had 100 exhibitor booths on-site. Representatives from CGS Medicare and Department of Medicaid (FFS) were there to assist our members along with the Medicaid MCOs of CareSource, Aetna Better Health, and Paramount Advantage. Their helpful assistance and value at hearing of issues first-hand by our members assists us to solve billing problems. At this time, I would like to recognize and thank all of volunteers for their time and effort that contributed to the success of the “The Annual.” Students, Residents and members all chipped in to help put an exclamation on “The 101st Annual.”

CMS recently sent a notice titled “Collecting Data on Resources Used in Furnishing Global Services.” The content of this notice goes on to explain that the 2017 MPFS final rule

requires “certain practitioners” to submit \$0.00 charge CPT 99024, for related postop E/M visits within the global period following the original procedure, beginning July 1, 2017. CMS is collecting data on post-op care to better understand the actual post op care required for certain procedures. This will likely be used to update payment methods for certain procedures in the future. This final rule requirement applies to providers in 9 randomly selected states: Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island. Originally there was to be a 5% penalty for providers that failed to follow this rule; however, that penalty was removed prior to finalization. As such, there appears to be no penalty presently for failing to submit 99024. Providers that practice in groups of less than 10 providers are exempted from this. Even if you are exempt from this rule, based on your state or practice provider count, and even though there appears to be no penalty for failing to follow this rule, CMS encourages providers to submit post op coding. You can read more about the 2017 MPFS final rule relating to this here: [https:// www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/GlobalSurgery-Data-Collection-.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/GlobalSurgery-Data-Collection-.html)

And finally, I can’t thank Dr. Jimelle Rumberg and Luci Rodolfo enough for their dedication and tireless work that created another success to put in the record book. Our seminar is the highlight of the year for OHFAMA and a key budget item, therefore kudos to our staff for a job WELL DONE.

We are not resting on our laurels though. At this time, we continue to monitor the Ohio legislature with HB145 IMPAIRED MEDICAL PRACTITIONER, HB167 PHYSICIANS & DENTISTS=OPIOIDS, SB110 HEALTHCARE PROFESSIONS-IDENTIFICATION, along with several 27 other healthcare bills presently in committee. As we continue to work together with our health alliance partners in coalitions, we advance our cause to the legislature, as well as represent you to insurance entities and various government agencies.

I hope that all members and your families have a safe and enjoyable summer. Remember If Nothing Goes Right Go Left.

Enjoy your summer.

**Thomas J. McCabe, DPM**

*President, OHFAMA*

# Amy Masowick, DPM Represents OH at Young Physicians Institute

Amy Masowick, DPM, of Cincinnati, will represent OH’s young professionals at the APMA Young Physicians Institute on October 13-15 at the PICA Headquarters in Franklin, TN. The Institute is a leadership training program for physicians within the first 10 years of practice.



**Amy Masowick, DPM**

As a member of the OHFAMA Board of Trustees, Dr. Masowick represents the Southern Academy. Her academic career includes being a graduate of the University of Dayton and the Roseland Franklin University Dr. William M. Scholl College of Podiatric Medicine in Chicago. She completed her three-year residency at Mercy St. Vincent Medical Center in Toledo, serving as the Chief Resident in 2012-13. Mercy St. Vincent is a level 1 Trauma facility, which allowed Dr. Masowick the opportunity to develop expertise in surgical intervention for traumatic foot and ankle injuries. She is board certified by the American Board of Podiatric Medicine and is employed at Centers for Foot & Ankle Care.

**Kent State University College of Podiatric Medicine Presents:**  
**KSUCPM ALUMNI REUNION WEEKEND**  
▶ **August 18—20, 2017** ◀

**In partnership with the Ohio Podiatric Medical Student Association**

Kent State University College of Podiatric Medicine and the Ohio Podiatric Medical Students Association are excited to present our Alumni Reunion and Student Weekend! Join us in bringing our community together in celebrations all weekend long!

Welcome back!

**Friday, August 18th Alumni Reunion and Luau Pig Roast**

6:30PM–11:30PM Kent State University College of Podiatric Medicine  
6000 Rockside Woods Blvd. Independence, OH 44131

**Saturday, August 19th OPMSA Student Symposium**

7:30AM–3:00PM Kent State University College of Podiatric Medicine  
6000 Rockside Woods Blvd. Independence, OH 44131

**KSUCPM Alumni Awards and Hall of Fame Dinner**

6:30PM–10:00PM The Tudor Arms Hotel Cleveland  
10660 Carnegie Ave., Cleveland, OH 44106

2017 Hall of Fame Inductees: John E. George, DPM, 1964 & Elliott W. Biggs DPM, 1970

**Sunday, August 20th OPMSA Annual Golf Outing**

9:30AM / 11:00AM Shotgun Shale Creek Country Club  
5420 Wolff Rd, Medina, OH 44256



**ONLINE REGISTRATION NOW OPEN!!**

[www.kent.edu/cpm/cpm-alumni-reunion-weekend](http://www.kent.edu/cpm/cpm-alumni-reunion-weekend)

For more information, please contact:

Alyssa Shepherd, Advancement Services Manager

P: 216-916-7547

ashephe8@kent.edu



# CGS-Medicare

The CAC meeting was held on February 17 2017. Here's a review of the meeting's highlights:

It is important to be aware of the difference between billing address vs. communication address. CMS letters regarding probe reviews or other important issues are not getting to the physicians. Usually the letters are sent to your billing department or a coding company and it appears to the MAC that the physician is not responding to our communications. Some are under review and not even aware. Providers are encouraged to contact CGS' Provider Enrollment (PECOS) to update the address for which you wish to receive communication, other than routine billing.

CERT: J15 top CERT errors: Insufficient documentation is the greatest error. Lack of signatures continues to be an issue.

Please note issues with Laboratory providers with an overall error rate of 35%. 98% of that is due to "insufficient documentation" due to a missing or invalidated order. The performing providers have great difficulty getting the proper documentation from the ordering practitioner. It is very important for the referring physician to provide sufficient information to support medical necessity for the performing physician.

· CMS has continued the Physical Therapy Cap exception program. For proper filing, append the KX modifier to the billing line. This attests the services are reasonable & necessary and that supporting documentation is available upon request.

A question was raised with regard to the signature requirements for scribe services. In general, documentation is required to be a REAL TIME transcription with documentation by both provider and scribe to validate this. Date and time stamps on the electronic health record will also support the scribe services coincided with the physician's encounter.

Contact info: For issues related to medical policy or to reach the CMDs directly, please utilize the CMD email address:

CMD.Inquiry@cgsadmin.com  
Other important phone numbers to reference:

**J15 Part A Provider Customer Service**  
866.590.6703

M-F, 8:00 a.m. – 5:00 p.m. EST

**J15 Part B Provider Customer Service**  
866.276.9558

M-F, 8:00 a.m. – 5:00 p.m. EST

**J15 Home Health & Hospice Customer Service**  
877.299.4500

M-F, 8:00 a.m. – 4:30 p.m. CST

**From CGS's Teleconference on June 13 for the POE**

Provider enrollment – Revalidation application: please remit even if you don't receive a letter. To see your particular date for revalidation, please see

www.data.CMS.gov/revalidation. All due dates are by the end of the month listed.

**MyCGS** security was changed on July 1. You should have already identified how you want to be notified. MyCGS will have a "multi-back door" security process after July 1.

Regarding the Spring issue of the CMS FOCUS Newsletter mentioned below, you may find a link to it on www.ohfama.org under Resources and Medicare Information:

See page 4: CMS is gathering post-op period data. Use #99024. There are many procedure codes listed under 2017 Selected Procedure Codes. Please reference and begin using these codes.

Page 5: Please reference information on Quality Programs





One last note: On January 1, 2020, only MBI# will be accepted for patients. This is an 11-digit number. Social Security Numbers will not be used after 1/1/2020. Some Medicare Railroad plans have already converted to the MBI# for patient identification.

## ATHLETICO PHYSICAL THERAPY

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Our physical therapists work closely with physicians to develop personal treatment plans. We combine outcome-driven treatment with state-of-the art equipment to ensure each patient's maximum recovery.

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-  Receive timely updates about your patients progress
-  Co-manage patients
-  11 locations in Ohio, and growing to meet the needs of our customers

**Visit [athletico.com](http://athletico.com) to learn more or refer a patient.**

## 2017 State Advocacy Forum Report

APMA's Center for Professional Advocacy (CPA) held its biennial State Advocacy Forum in Salt Lake City on May 12-13, 2017. More than 60 participants attended, including liaisons from 32 states, APMA board members, CPAAG members, and three Young Physicians. OHFAMA was represented by Drs. Todd Loftus, OHFAMA 2nd Vice President and Jimelle Rumberg, Executive Director.

The forum's theme this year was "Advocacy Innovation," with attendees hearing from policy and advocacy experts as well as their peers. The goal of the forum was to provide attendees with the tools they

need to advocate effectively, through both traditional methods as well as more creative ones.

Highlights included:

- a case study from the Utah Podiatric Medical Association (UPMA) on its successful efforts to update the state's scope-of-practice act, and a presentation on cultivating legislative champions with Utah State Representative Justin Fawson, the primary sponsor of UPMA's scope of practice bill;
- Nebraska State Senator Robert Hilkemann, DPM, the only DPM in the nation that is a state legislator. He discussed how he ran for office, and how being a DPM in a state legislature allows him to advocate from within for the profession;

- Leavitt Partners' Senior Director Laura Summers, MPP, providing an update on current state health-care programs, as well as a look at where those reimbursement programs might be headed; and
- a moderated open forum discussion, where attendees had the opportunity to freely discuss current state issues and strategize with their colleagues.

The forum also featured two educational panels, one on scope of practice and physician definition and one on advocacy skills. Both panels featured speakers from states with recent and continued successes in these areas, who provided case studies of their own experiences and why they were successful. APMA staff provided updates on new and upcoming APMA initiatives, including the new CPA Advocacy Innovation Grant application.

## Important Update From OARRS

On April 25, 2017, the Ohio Automated Rx Reporting System (OARRS) upgraded to its new software platform. While every attempt was made to ensure a smooth transition, the Board is aware of some access issues and is working diligently to correct these issues.

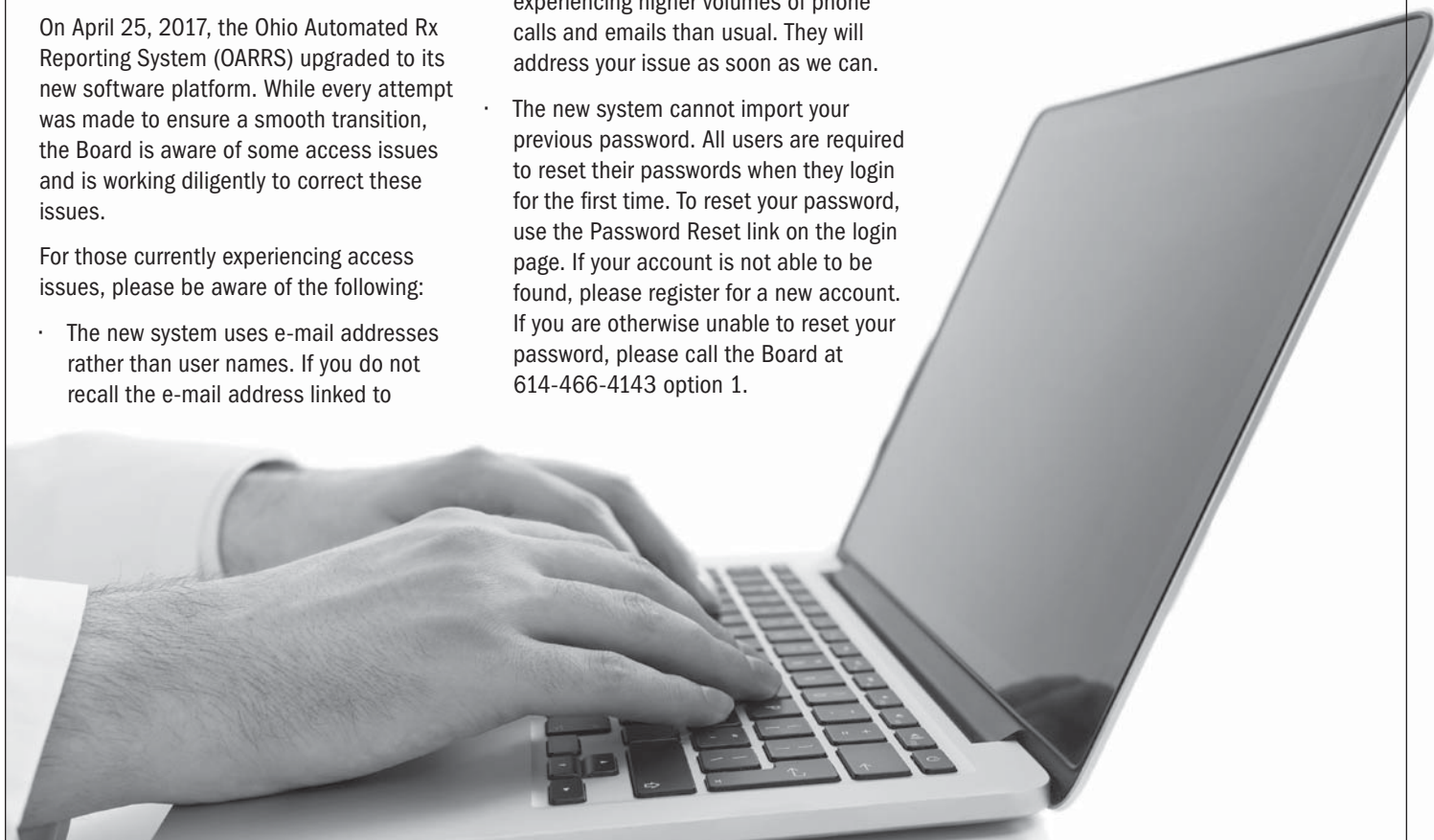
For those currently experiencing access issues, please be aware of the following:

- The new system uses e-mail addresses rather than user names. If you do not recall the e-mail address linked to

your OARRS account, you will have to contact the Board at 614-466-4143 option 1, or by email at [info@pharmacy.ohio.gov](mailto:info@pharmacy.ohio.gov). Due to the upgrade, they are experiencing higher volumes of phone calls and emails than usual. They will address your issue as soon as we can.

- The new system cannot import your previous password. All users are required to reset their passwords when they login for the first time. To reset your password, use the Password Reset link on the login page. If your account is not able to be found, please register for a new account. If you are otherwise unable to reset your password, please call the Board at 614-466-4143 option 1.

For all other inquiries: Technical Support 844-464-4767; Account Inquiries 614-466-4143 or [info@pharmacy.ohio.gov](mailto:info@pharmacy.ohio.gov)



**EXECUTIVE DIRECTOR'S MESSAGE**

# Annual Scientific Seminar A Big Success!

My staff and I can certainly breathe a sigh of relief following our most-successful Annual Scientific Seminar in the history of the association. So many highlights come to mind. Not only was our exhibit hall robust



**Jimelle Rumberg, PhD, CAE**

with attendees milling through and purchasing supplies but there was so much great networking. Let's not overlook our outstanding faculty, workshop labs and programming. Thanks to the efforts of Dr. Bob

and Dr. Larry, attendees were pleased with sessions having multi-disciplinary variety and increased workshops. We want to again thank both Dr. DiDomenico and Dr. Mendicino for their countless hours of work and contacts for outstanding faculty and our countless volunteers from the OHFAMA Board of Trustees, Residents and KSUCPM students. It truly takes a village with an association staff of 2.5 people. If you missed it, it was a great scientific seminar with 100 exhibits, Service Award Investiture, PICA lecture and reception, podiatric medical assistant program, food and fun! Please

remember that next year's event will be held one month earlier – May 17-19, 2018. Mark your calendar now for “Podiatric Medicine and Surgery’s Event of the Year in Ohio”, the Annual Foot and Ankle Scientific Seminar at the Hilton Hotel at Easton in Columbus.

*But wait, there is more news.....*

You may be interested in an upcoming offering on a health benefits plan being considered at the August Board of Trustees meeting. The plan will be for OHFAMA members only and will be administered in OH for doctors only. I think you'll be pleased. This is another project that we've worked toward for about 10 years behind the scenes. It's finally coming to fruition now that association health insurance plans have more options and benefit plans across professions are allowed. Be on the lookout for announcements and information if you need personal health insurance for yourself, your family and your staff.

Another event you need schedule is our upcoming OHFAMA House of Delegates on November 3-4 at the Airport Embassy Suites in Columbus. Our featured keynote will be State Senator Robert Hilkemann, DPM, from the Nebraska Legislature. Dr. Hilkemann is the only podiatric physician serving in a state legislature. We know that you're going to enjoy hearing from him before he jaunts home to watch some football at the Nebraska stadium. Got to love Big Ten football! Until football begins....have a great summer!

## Updated Guidance for Opioid Analgesic Prescriptions

The Pharmacy Board has issued updated guidance on the 14-day limit on dispensing of an opioid analgesic prescription:

**Q:** *Is a prescriber permitted to put a “do not fill until” date on a single opioid prescription and does the 14-day limit apply?*

**A:** As stated in the law, the 14-day limit applies to the issue date of a single prescription of an opioid analgesic even if it has a “do not fill until” date. For example, a

person who receives a single prescription prior to a surgical procedure. However, the limit applies to the “do not fill until” date for multiple concurrent prescriptions as outlined. For example: a chronic pain patient receiving multiple concurrent prescriptions.

The Pharmacy Board is working to potentially clarify this issue in law and will issue additional guidance if any changes are made. A copy of the updated guidance can be found at [www.pharmacy.ohio.gov/OpioidRequirements](http://www.pharmacy.ohio.gov/OpioidRequirements)



## 2017 Calendar

**August 3**

Budget/Finance  
OHFAMA Headquarters | Columbus

**August 3**

Board Of Trustees  
OHFAMA Headquarters | Columbus

**August 24-26**

GXMO Training  
OHFAMA Headquarters | Columbus

**September 18**

OHFAMA Executive Committee  
Conference Call

**September 30**

2017 Quickie Seminar  
Hilton Garden Inn | Dayton

**October 7**

WVPM Fall Seminar And Meeting  
St. Francis Hospital | Charleston, WV

**October 12**

Budget/Finance  
OHFAMA Headquarters | Columbus

**October 12**

Board Of Trustees  
OHFAMA Headquarters | Columbus

**October 26-28**

Fall Classic CME Event  
Northeast Academy  
Cleveland Airport Marriott

**November 3**

Budget/Finance  
Airport Embassy Suites Hotel | Columbus

**November 3**

Board Of Trustees  
Airport Embassy Suites Hotel | Columbus

**November 3-4**

OHFAMA House Of Delegates  
Airport Embassy Suites Hotel | Columbus

**For more calendar information  
please visit the Events webpage at  
[www.ohfama.org](http://www.ohfama.org)**

# APMA Registry News

APMA has developed a data registry that has been approved by CMS as a Qualified Clinical Data Registry for 2017. It will be launched later this year as a free benefit of membership.

**What is a Data Registry?** In short, a registry is a vehicle to collect data, sort the data, and use the data for multiple purposes. Registries also offer a method of collecting data from individual providers and submitting the data to agencies like CMS on behalf of those providers. CMS allowed this submission method for the Physician Quality Reporting System (PQRS) and continues to allow it for the Merit-based Incentive Payment System (MIPS) in 2017 as directed under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

**What Does it Mean for Members?** APMA is working with EHR vendors on integration. Once the registry is integrated with an EHR vendor, the EHR vendor’s clients will be able to submit information to the APMA Registry. Fully integrated clients will be able to submit quality measures for the Quality component of MIPS through the APMA Registry. The APMA Registry will be able to handle both individual and group submissions to MIPS. Presently, five EHR vendors have signed agreements with Prometheus Research, our partner in developing the registry, to integrate with the APMA Registry or to evaluate whether integration is feasible: ;1st Providers Choice; Compulink Business Systems; ICS Software, Ltd.-Sammy Systems; MediTouch-NextGen Healthcare; TRAKnet

**APMA members will enjoy participation in the registry as a member benefit—at no charge!**

The APMA Registry is set up to allow for attestations for the advancing care information (ACI) and clinical practice improvement activities (CPIA) components of MIPS for the 2017 performance year. That means that regardless of your EHR vendor’s integration status with the registry, you will be able to register with the APMA Registry and submit attestations for these components for the 2017 performance year. The APMA Registry has 11 quality measures available for reporting:

PQRS	NQF	TITLE	NQS DOMAIN	TYPE	ENTITY	eCQM/C
110	0041	Preventive Care & Screening: Influenza Immunization	Community/Population Health	Process	AMA	eCQM
111	0043	Pneumonia Vaccination Status for Older	Community/Population	Process	AMA	eCQM
126	0417	Diabetes Mellitus: Diabetic Foot & Ankle Care, Peripheral	Effective Clinical Care	Process	APMA	CQM
127	0416	Diabetes Mellitus: Diabetic Foot & Ankle Care, Ulcer	Effective Clinical Care	Process	APMA	CQM
128	0421	Preventive Care & Screening: Body Mass Index (BMI) Screening	Community/ Population Health	Process	CMS	eCQM
154	0101	Falls: Risk Assessment	Patient Safety	Process	NCQA	CQM
155	0101	Falls: Plan of Care	Communication & Care	Process	NCQA	CQM
226	0028	Preventive Care & Screening: Tobacco Use: Screening and Cessation	Community/Population Health	Process	AMA	eCQM
317	--	Preventive Care & Screening: Screening for High Blood Pressure	Community/Population Health	Process	CMS	eCQM
--	--	Comprehensive Diabetic Foot Exam		Process	APMA	eCQM
--	--	CDR 2: Diabetic Foot Ulcer Healing or Closure		Outcome	US Wound Registry	eCQM

**Benefits of the APMA Registry** - The APMA Registry will provide a wide array of benefits, in addition to allowing individual providers and groups to submit quality data to CMS:

- With a properly structured registry and appropriately developed outcome measures, there is the potential to demonstrate the value of services provided by podiatrists.
- We aim to allow members who provide data to the registry the ability to look at the mix of procedures and diagnoses they use and compare it against data provided by all registry participants.
- The registry may also serve as a resource for industry to request specific queries relating to products or services that our members perform or use.



# 101st Annual Foot and Ankle Scientific Seminar Highlights



**Dr. Robert Brarens, Chair of the Resident Competitions, congratulates the 2017 winner of both the Resident Paper and Poster Competitions. Dr. Eric So is the first to win both competitions. Congratulation!**



**DePuy Synthes Sawbones Workshop**



**Paragon 28 hosted an ever-popular cadaver lab**



**2017 Resident Poster Competition Finalists and Chairman**



**Kerecis Workshop with new Fish Scale Wound Care material**

**Dr. Jane Graebner practicing punch biopsy technique in the Bako Derm Path Lab Workshop with Dr. Wayne Bakotic**



**2017 Resident Paper Competition Finalists and Chairman**



**Amerx was a Workshop Sponsor. Dr. Lynette Mehl won the Amerx doorprize**





**Dan Zinsmaster, Esq. from Dinsmore and Shohl, LLP, OHFAMA 2017 Industry Affiliate**



**Team Zimmer Biomet was happy to see OHFAMA members and seminar guests**

**101st Annual Foot and Ankle Scientific Seminar  
Platinum Sponsors**



**Dr. Ira Kraus, APMA President invested the 2017 Service Award recipients: Drs. Bruce Saferin (Northwest Academy) and Dr. James Dooley (Mideast Academy)**



**KSUCPM Dean Allan M. Boike, D.P.M., FACFAS briefed the assembly on the upcoming groundbreaking for a dormitory on campus as well as admissions and graduation optics.**

**101st Annual Foot and Ankle Scientific Seminar  
Gold Sponsor**



**Thank you PICA for hosting the Welcome Reception**



**Bako team: Thanks for the coaster gift**

**101st Annual Foot and Ankle Scientific Seminar  
Silver Sponsor**



**OCPM Foundation always smiling to see alumni and friends**



**APMA Ask the Experts**

**Thank you to our "village" of volunteers: Scientific Co-chairs – Dr. Larry DiDomenico and Dr. Bob Mendicino; our esteemed faculty; Residency Paper and Poster Competition judges; OHFAMA Executive Committee; Board of Trustees; Residents and KSUCPM students.**

**OFFICE MANAGEMENT 101:**

# Bed Bugs



It is becoming fairly commonplace to find bed bugs in public and private work places. Why? Bed bugs are small and they like to hide. Anyone could carry them into your building on their clothing, personal belongings and shoes. However, there is no need to panic if you find them in your work place. Properly managed, the bed bugs can be eliminated with a minimum of disruption to your working environment. Below are some facts and strategies to adopt if your workplace is experiencing an occurrence of bed bugs.

**Know some basic facts about bed bugs.**

- Bed bugs do not fly (they don't have wings!).
- Bed bugs cannot jump.
- Bed bugs crawl fast.
- Bed bugs like to hide.
- Bed bugs feed on human and animal blood.
- Mature bed bugs can survive for several months without a blood meal.
- Bed bugs are attracted to the heat and carbon dioxide we produce.
- Bed bugs are not known to transmit disease.
- Bed bugs are nocturnal insects, except in buildings where the carbon dioxide levels are at their highest during the day.

**What do bed bugs or their bites look like?**

- Bed bugs are reddish brown and shaped like a tick.
- Bed bug eggs and juveniles are tiny, but visible. (A flashlight and magnifying glass make them easier to see.)
- About 70% of the people bitten by bed bugs will develop itchy welts. These welts typically occur in groups or clusters on exposed skin, but otherwise they look like other insect bites. To see more photographs of bed bugs and bed bug bites, visit [www.centralohiobedbugs.org](http://www.centralohiobedbugs.org)

**Where would bed bugs hide in my workplace?**

- Because bed bugs like to hide, it is important to know where to look for them.

Check the following areas:

- the folds and seams in upholstery
- floor baseboards
- cubicle walls and office furniture
- wall joints and corners
- electrical outlets and switches
- piles of papers and other nooks and crannies
- If you find bed bugs, contact your manager and building's facility manager.
- Do not crush or try to kill the bed bugs, it is impossible to make a positive identification from smashed bug parts! **Put the live bug(s) in a pill bottle or a tightly sealed plastic bag so that your building manager and pest management professional (PMP) can make a positive identification.**

**What if bed bugs are found in my workplace?**

- **DO NOT PANIC.** Bed bugs are a pest, but they shouldn't be a cause for panic.
- When one or two bed bugs are found, most people assume that there are many more in the building, which isn't always the case.
- Remember that bed bugs do not transmit disease.

**How will they treat my workplace for bed bugs?**

- A licensed pest management professional (PMP) will provide a workplace with a treatment plan that explains the chemicals to be used, how they will be applied, if traps will be set, and when follow up inspections will be conducted.
- Chemicals that will be used are approved by USEPA and will be applied according to the label. A material safety data sheet should be available for any chemical used.

- Treatment should not occur while employees are in the area.

**How do I protect myself before and during workplace treatment?**

- Staff should not be in the area where the bug(s) were found, if possible.
- Coats, purses and other personal belongings should be placed in a tightly sealed plastic bag, or a plastic container with a tight-fitting lid to avoid transferring bugs to your vehicle or home.
- Keeping an extra pair of shoes for use in the work place until the bed bugs are gone also helps to prevent infestations of your home or car.
- Reduce clutter if possible to eliminate bed bug hiding places.
- Check your shoes and other clothing at the end of the day for signs of bed bugs or eggs.
- If you are concerned you might have picked up bed bugs on your clothes or shoes, you can place them in a clothes dryer. Run the dryer for 30 minutes on the hottest setting. This will kill bed bugs and their eggs.

**So what is a practice to do?** What I have recommended is the following (assuming the practice is not one specializing in the treatment of bed bugs):

1. Work with patients to refer them for appropriate assistance to address their bed bug problem. This might be social services or a referral to an agency that can help treat the bed bug infestation. Patients should be treated kindly and respectfully, and the steps being taken should be explained fully in case patients are not aware of how the bugs spread and the impact they may have on the health of the patient and others.
2. If the patient has an urgent healthcare issue, the patient should be seen immediately. Appropriate steps to minimize contamination should be made and every state has guidelines (as does the CDC) on how this can best be accomplished.



*(Continued on page 11)*



**UPDATE!** The payroll True-up period for private employers begins July 1, 2017. Payroll true-up reports are due to BWC **no later than Aug. 15, 2017.**

At the end of each private employer policy period (July), it is necessary to reconcile estimated payroll with actual payroll. This is called the True-up. This report can be completed online at: <http://ow.ly/4mWUlm> or over the phone by calling 1-800-644-6292.

This payroll True-up process is part of prospective billing, and as a result, Ohio businesses are required to reconcile their actual payroll annually for the prior policy year and also reconcile any differences in premium paid. According to BWC, the True-up allows more accurate premium calculation. Even if actual payroll for the year matches the original BWC estimate or a business had zero payroll, the True-up report must be completed.

**The quickest and easiest way to True-up is online with a BWC e-account.** If you do not have a BWC e-account you can create one by signing on to: <https://www.bwc.ohio.gov/SelfSvcAccountAdmin/newacc.asp>. You can also complete the True-up through the BWC call center however wait times may be extremely high, as a result BWC encourages the use of their online reporting system.

**IMPORTANT NOTE:** Again, August 15, 2017 is the due date for your True-up report to be completed with BWC. This is a critical deadline, as the BWC has indicated that if a business does not complete the True-up timely, they may not be eligible for current, and future alternative rating and premium discount programs such as Group Rating and Group Retrospective Rating. Once more, reports must be submitted either online at (<http://ow.ly/4mWUlm>) or by phone at 800.644.6292.

Below are a couple of youtube video links that you may find helpful in the process:  
<https://youtu.be/dmYEtuGLEnQ>  
<https://youtu.be/YMaslGOeq-M>

*(Bed Bugs - Continued.)*

3. The patient should be allowed to return to the practice once the issue is addressed. If the patient is unable or unwilling to address the issue, or if it reoccurs, the practice may decide to terminate the patient relationship. Talk to counsel if termination is elected.

Contrary to popular belief, bed bugs are not a sign of being dirty and can be contracted during travel or coming into contact with infested carpeting, furniture, etc. It is anticipated that the nation's bed bug problem will continue to grow in the future, and thus having protocols in place is essential. A practice should be prepared with the knowledge of how to

properly clean its facilities and protect its staff and patients from bed bugs and other infestations. All medical facilities should also have protocols in place regarding how to handle patients suffering from such afflictions in a humane and compassionate manner. Make sure your practice manual covers this issue in writing.

**Three resources for your reference for your manual protocol:**

(County resources in Ohio)  
<http://www.ohhn.org/bedbugbasics/>

<https://www.odh.ohio.gov/odhprograms/bid/zdp/animals/bedbugs.aspx>

<http://www.physicianspractice.com/blog/can-you-turn-away-bed-bug-ridden-patient>

## Targeting more funds

State Senator Frank Hoagland hosted a campaign fundraiser — a “3-Gun Shoot” competition in April. Dr. Bruce Blank attended the fundraiser, which was held at S.T.A.R.T (Special Tactics and Rescue Training) in Mingo Junction, Ohio.



### OHFAMA CLASSIFIEDS

**Associate Needed – Warren/Youngstown, OH**

Ankle & Foot Care Centers operates 20 locations in Northeast Ohio. We are looking to add a full-time podiatric physician to help cover expanding office hours. Tremendous growth opportunity for a hardworking individual **with an interest in reconstructive surgery and wound care.** To learn more about us, visit our website at [www.ankleandfootcare.com](http://www.ankleandfootcare.com). Please email your letter of interest and CV to Michael Vallas, Practice Administrator at [mike@ankleandfootcare.com](mailto:mike@ankleandfootcare.com).

**Associate Needed – Warren/Youngstown, OH**

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**wound care.** To learn more about us, visit our website at [www.ankleandfootcare.com](http://www.ankleandfootcare.com). Please email your letter of interest and CV to Michael Vallas, Practice Administrator at [mike@ankleandfootcare.com](mailto:mike@ankleandfootcare.com).

**Associate Needed – Toledo, OH**

Single specialty group is searching to add another provider to perform all medical and surgical treatments of the foot and ankle. Hiring due to volume and expansion in Toledo, OH. Please email your CV to [dr.mmehta@gmail.com](mailto:dr.mmehta@gmail.com) or fax to (740) 596-1577.

**Practice for Sale**

North Royalton (SW Cleveland Suburb), podiatry practice for sale with or without building (two apartments and two business spaces). Hospitals and surgery centers nearby. Asking \$85,000 for the practice and \$200,000 for the building. Send inquiries to [jaoriti@sbcglobal.net](mailto:jaoriti@sbcglobal.net) or fax 440-582-2511.

FROM THE LEGAL CORNER

# Ohio Clarifies Appropriate Telemedicine Prescribing Guidelines

Daniel S. Zinsmaster, Esq. | (614) 628-6949  
Dinsmore and Shohl, LLP

Capping months of debate between various stakeholders within the medical community, the State Medical Board of Ohio (Ohio Board) has approved regulations clarifying the expected standards of care for prescribing to patients through telemedicine technologies. O.A.C. 4731-11-09 became effective March 23, 2017.

Ohio law defines telemedicine as the practice of medicine through the use of any communication, including oral, written or electronic communication, by a physician located outside of this state. Pursuant to Ohio law, any practitioner, including physicians, podiatrists, nurse practitioners and physician assistants who treat a patient located in Ohio through telemedicine, must be licensed for full practice by the Ohio Board or possess a limited Ohio telemedicine certificate.

Under the Ohio Board's new regulations, practitioners may issue a prescription for a non-controlled medication to a person whom the practitioner has never conducted a physical examination and who is located at a remote location so long as the following requirements are satisfied:

1. The practitioner must establish the patient's identity and physical location;
2. The practitioner shall obtain the patient's informed consent for treatment;
3. The practitioner shall request the patient's consent to forward the medical record to the patient's primary care or other appropriate health care provider, if applicable, or refer the patient to an appropriate health care provider or facility;
4. The practitioner shall complete a medical evaluation appropriate for the patient's condition, which meets appropriate standards of care and may include portions of the evaluation having been conducted by other health care providers acting within their professional scope;
5. The practitioner shall establish or confirm a diagnosis and treatment plan, including documentation regarding the necessity for the utilization of any prescription drug;
6. The practitioner shall document the patient's consent to treatment, pertinent history, evaluation, diagnosis, treatment plan, underlying conditions, contraindications and any referrals to appropriate health care providers, including primary care providers and healthcare facilities;
7. In accordance with the standards of care, the practitioner shall provide appropriate follow-up care or recommend follow-up care with the patient's primary care provider or other appropriate health care provider or facility; and
8. The practitioner shall make a medical record of the visit available to the patient.

Additionally, controlled substances may be prescribed by a practitioner to a person for whom the practitioner has not performed a physical examination and who is located in a remote location, so long as the practitioner has met the steps outlined above for authorizing non-controlled substances and one of the following situations exists:

- The person is an "active patient" of a health care provider who is a colleague of the practitioner, and the controlled substances are provided through an on-call or cross coverage arrangement between the health care providers. Note "active patient" means the practitioner conducted at least one in-person medical evaluation within the previous 24 months;
- The physician is the medical director, hospice physician or attending physician of a hospice, and the controlled substance is prescribed to a hospice-enrolled patient;
- The physician is the medical director or attending physician at a state-licensed institutional facility, and the controlled substance is prescribed to a facility inpatient or resident;
- The patient is in a hospital or clinic registered with the United States Drug Enforcement Administration (DEA) to provide controlled substances when treated by an Ohio licensed physician or other DEA-registered provider furnishing services in accordance with the current standards of practice;
- The patient is being treated by, and in the physical presence of, an Ohio-licensed physician or other DEA-registered provider and provides services in accordance with the current standards of practice; and
- The physician has received a special DEA registration to provide controlled substances in the particular situation.

The Ohio Board's rules are consistent with changes seen in other states where the law allows for a relaxation of in-person examination requirements to facilitate expanded use of telemedicine. Even so, practitioners should be aware the standard of care must always be maintained regardless of the method with which treatment is provided to a patient.





“I think there’s a misconception out there that physicians think they are never going to get a claim.” - David Murphy, DPM

**Watch the complete interview**

to see why Dr. David Murphy returned to PICA and the unfortunate lessons learned from his experience with a previous malpractice insurance provider.

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## FROM THE WVPMA PRESIDENT Coming Together

Greetings to my fellow WV podiatrists. Since my last message the WVPMA met at the Region IV Annual Seminar in Columbus, OH June 8-10. We all enjoyed coming to the June seminar and the varied speakers, workshops, and the chance to interact and network with the other DPM's and salespeople. It was a valuable experience.



R. Andy Dale, DPM

This year's meeting of the WVPMA, on June 8, was better attended than last year. Several DPMs in OH bordering counties attended, which is an encouraging sign. In our meeting, we discussed

the continuing budget negotiations in the WV legislature, which as the time of my writing this still isn't completed. There was proposed possible elimination of Podiatry from WV Medicaid and we have been informed by our lobbyist firm that this is unlikely to happen; but it is still unclear. WVPMA will continue to monitor the situation and fight for continued inclusion of podiatry in WV Medicaid.

We also voted on a WV DPM candidate to be selected by the Governor for the WV Board of Medicine. We currently have 2 WV DPM's on the WV Board of Medicine. Dr. Rusty Cain's term will expire in September. Dr. Curtis Arnold volunteered to take Dr. Cain's seat and the members voted to confirm his nomination. Dr. Arnold has been a past WV board member and we value his experience and continued work for the Board and WV podiatry.

The WV podiatry license renewal was due on June 30, 2017. You had to have completed

50 hours of CMEs with 3 required hours on narcotic Rx dispensing. All WV DPM's must be registered on the CSAPP website. CSAPP checks narcotic prescriptions of registered doctors that prescribe and the prescriptions patients receive from other doctors.

The next WVPMA meeting is October 7, 2017 at Saint Francis Hospital in Charleston, WV with 3 hours of CME. We will have speakers that morning, catered lunch, and a WVPMA business meeting. All WVPMA and OHFAMA members are invited and welcome to attend. I look forward to seeing you there.

*R. Andy Dale, DPM, President*

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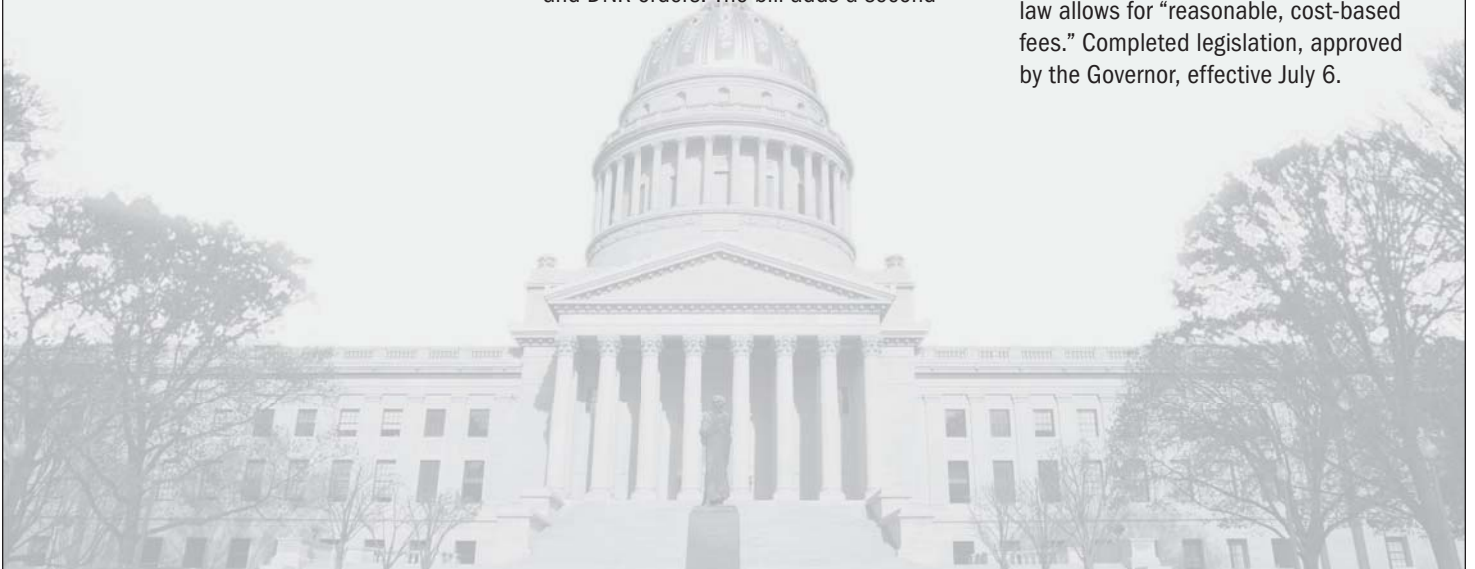
**SAVE THE DATE**  
**WVPMA Fall Seminar and Meeting**  
**October 7, 2017**  
**St. Francis Hospital**  
**Charleston, WV**

## West Virginia Legislation – Post-session Highs and Lows

- The Budget became law (SB 1013) without Governor Justice's signature to the tune of \$4.225 billion.
- The Governor signed the Medical Marijuana legislation under the WV Medical Cannabis Act (SB 386).
- The PA Bill was resurrected in Special Session (SB 1014) grants global signatory authority in an identical manner with APRNs for death certificates, order for life-sustaining treatments, orders for scope of treatment and DNR orders. The bill adds a second

PA representative to the WV Board of Medicine. The bill entitles PAs to 100 percent reimbursement for all public and private insurers. The Governor vetoed the original legislation (SB 347).

- SB 578 establishes a new fee structure for providing health care records, with a \$150 cap. Providers would be required to produce the records within 30 days of receiving a written request. Charges could include a \$20 search and handling fee, a per page fee of 40 cents, postage (if mailed) and applicable taxes. Current law allows for "reasonable, cost-based fees." Completed legislation, approved by the Governor, effective July 6.





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