

The OPMA Elects Dr. Kevin Sneider as President



The Ohio Podiatric Medical Association (OPMA) has elected Kevin Sneider, DPM, as president for the Association's 2009 year. Dr. Sneider succeeds Dr. Mark Gould, who served as OPMA president in 2008. Dr. Sneider is a member of the Northwest Academy of the OPMA, a graduate of OCPM and practices in Port Clinton, OH.

The following were elected to the executive committee for 2008:

Dr. Kevin Sneider, President; Dr. Thomas W. Kunkel, 1st Vice President, of Girard; Dr. Alan J. Block, DPM, MS, 2nd Vice President of Columbus; Dr. Angelo Petrolla, Secretary/Treasurer, of Youngstown; Dr. Mark Gould, Immediate Past President, of Avon Lake

The following will serve as the 2009 Board of Trustees for OPMA: Dr. Derrick O. Jackson of Youngstown, Young Physician; Kristen Burton of Lakewood, Student Member - OPMSA; Dr. David J. Hintz, MPH of Elyria - North Central Academy; Dr. Karen Kellogg of Fairlawn - Mid-East Academy; Dr. Paul Lieberman of Brooklyn - Northeast Academy; Dr. Jack Buchan of Columbus - Central Academy; Dr. Kevin Schroeder of Beavercreek - Mid-West Academy; Dr. Bruce Saferin of Toledo - Northwest Academy; Dr. David Zink of Cincinnati - Southern Academy; and Dr. Bruce Blank of Martins Ferry - Eastern Academy.

APMA Delegates elected were: Dr. Kevin Schroeder and Dr. Mark Gould. Dr. Howard Waxman of Willowick was elected as Alternate Delegate. They will serve along with Dr. Paul Lieberman, who will chair the delegation. Completing the delegation to the 2009 APMA House of Delegates in March is Dr. Bruce Blank; Dr. Bruce Saferin; Dr. Alan Block and Alternate Delegate Dr. Kevin Sneider



Sneider on SB 99

Dr. Kevin Sneider, OPMA President for 2009, at the State Capitol on December 3 to render testimony on SB 99, which requires certain health care policies, contracts, agreements and plans to provide benefits for equipment, supplies and medication for the diagnosis, treatment and management of diabetes and for diabetes self-management education. Shown with Dr. Sneider is OPMA Executive Director Dr. Jimelle Rumberg; State Senator Steve Stivers (R. 16th District) who chaired the Senate Insurance, Commerce and Labor Committee; Dr. Kevin Sneider; and OPMA Lobbyist Dan Jones.

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93rd Annual APMA Region IV Mid-Eastern CME Seminar
June 4-6, 2009 - Columbus Hilton at Easton
Co-chairs
Jeffrey M. Robbins, DPM and Alan J. Block, DPM, MS



President's Message

By Kevin L. Sneider, DPM

I would like to thank all the members who participated in the House of Delegates on December 5th and 6th. We had a fabulous meeting with good interaction between our members. We received reports from our political lobbyists and from our legal counsel. We also had excellent representation from the APMA, including Drs. Gastwirth, Taubman and Frisch. Dr. Taubman gave an excellent talk on the status of APMA and also of the new surgical affiliate, ASPS. There was great interaction on the subject and several questions were addressed by Dr. Taubman. OPMA continues to fight the battle of insurance discrimination and with the help of the Governor's office, we will continue meetings with The Ohio Department of Insurance in quest of fee parity.

We will also continue to struggle with the deteriorating economic conditions in Ohio and may face cutbacks in the Medicaid system. I assure you that OPMA will promptly address any issue regarding anticipated Medicaid cutbacks should they develop. With a weakened outlook for the State Budget, Ohio may depend on a stimulus package from our Federal Government or else significant cutbacks will be necessary. I was fortunate enough to be able to visit the statehouse a couple of weeks ago to testify on behalf of Senate Bill 99 which mandates that insurance companies cover diabetic education, supplies and durable medical equipment.

We are hopeful that this bill will make it to the Senate floor within the next few months.

As the year 2009 approaches, I am fortunate to work closely with a very competent OPMA staff. Dr. Jimelle Rumberg, Jim McLean and Lauren Stewart will continue to serve our OPMA membership. They will continue to offer support to you, the members, when needed. Also, if you have not visited our OPMA web site recently, valuable membership information can be found here. An eAdvocacy link is also available at this web site to provide contact information with your Congress members.

We are looking forward to the Region IV scientific seminar, upcoming June 4, 5 and 6. Once again, PICA will be present, offering a 10% discount to all covered attendees. This should be an excellent meeting again this year with Co-Scientific Chairs, Dr. Jeffrey Robbins and Dr. Alan Block. Please block out your schedules in support of this meeting.

In closing, I would like to thank all of you for giving me this opportunity to serve you. If you have any questions, concerns or suggestions, the OPMA staff and I are always willing to listen. Thank you for supporting our state organization and also your local academies.

2008 OPAC Contributors

(through December 19, 2009)

Glenn Gastwirth, DPM

Ross E. Taubman, DPM

Dennis Frisch, DPM

Thomas Kunkel, DPM

Adrian King, DPM

Marc S. Greenberg, DPM

Brian A. Kuvshinikov, DPM

Howard Waxman, DPM

Patrick M. Saavedra, DPM

Michael D. Cragel, DPM

Aaron Chokan, DPM

Peter Wiggin, DPM

Joseph Favazzo, DPM

John M. Rootring, DPM

Kelly Whaley, DPM

Bryan Caldwell, DPM

Carly Robbins, DPM

Thomas Zoldowski, DPM

Gene J. Pusateri, DPM

Ruth Ann Cooper, DPM

Richard Hofacker, DPM

David Hintz, DPM

Larry Greiner, DPM

Mark Gould, DPM

Timothy Brown, DPM

Bruce G. Blank, DPM

Animesh Bhatia, DPM

Pamela J. Sheridan, DPM

Karen Kellogg, DPM

Irving M. Lewis, DPM

David Zink, DPM

Peter Wiggin, DPM

Kevin Sneider, DPM

Jimelle Rumberg, Ph.D.

Angelo Petrolla, DPM

Kenneth Nixon, DPM

Todd Loftus, DPM

Thomas Kunkel, DPM

Brian Kuvshinikov, DPM

John Stevenson, DPM

Brian Ash, DPM

James Benedict, DPM

IDENTITY

**What we were. What we are.
What we always will be.**

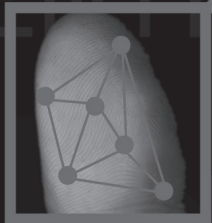
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From the Desk of the Executive Director

By Jimelle Rumberg, Ph.D., CAE

Happy New Year! If you missed attending the OPMA House of Delegates in December you missed a most informative meeting. Our guests were Drs. Glenn Gastwirth, APMA Executive Director; Ross Taubman, APMA President; and Dennis Frisch, APMA BOT. Dennis was quite a cornhole player. We'd like to give Tom Kunkel special thanks for having our superb OPPAC Cornhole boards custom made for the event. Highlighting the tournament were two ringers from Chillicothe that just happened to see our tournament on-line and registered for the event. If you can believe it, they barely won first place!

Big news in Columbus is that the Ohio House turned "blue" after 14 years of being the minority party. Democrats saw a net gain of seven seats, putting them in the majority for the 128th Ohio General Assembly in 2009. As expected, the Ohio Senate remained solidly in GOP hands and will continue to hold a 21-12 majority. State Rep. Armond Budish (D-Beachwood) appears to be the frontrunner for the speaker position, with Rep. Matt Szollosi (D-Oregon) as his second in command.

So much is unfolding here at OPMA. We continue to meet with the Department of Insurance over fee disparity issues and have more meetings scheduled with Director Mary Jo Hudson and her staff of attorneys in January. We met in November with the Governor's staff regarding our insurance disparity plight and have attended several forums regarding the state's budget crisis. As you know, OH is in serious financial trouble, with numerous services and cuts being made to address the shortfall. Many concerns will be addressed in

February, when the Governor releases the Budget for consideration in March. Know we are making ourselves heard on podiatric services remaining steadfast in Medicaid with John Corlett, the Medicaid Director and Senator Capri Cafaro, who held a series of Medicaid Managed Care forums. Again, OPMA rendered testimony on MMC provider concerns. Should you wish to receive an electronic copy of the testimony from the MMC Forum, please contact OPMA.

In closing, here is a somber thought for 2009. Please keep in mind that **everything you have in life may be lost and regained except for time.** As a volunteer professional association, I would be remiss if I didn't remind you that **if you give your time to OPMA, you've given the most valuable gift you possess.** Please attend your local academy meeting as one of your New Year Resolutions and bring along a non-member colleague. They may join APMA/OPMA until the April 30th deadline at 50% off. With so many regulatory changes within the profession, know that OPMA membership is paramount to keep podiatric physicians abreast of issues and practice concerns. The State Medical Board has 819 active licensees practicing podiatry in Ohio; OPMA has currently 548 members. Therefore OPMA has 67% of all licensed podiatric physicians as members. So where are the other 33%? **Thank you to the 67% that have invested their time and money to join OPMA and work for the greater good of podiatric medicine.** Your professional investment to yourself and podiatry is to be commended. Now let's get out there and tell the 33% non-members to get the lead out and step up. There simply no excuse not to support the profession that supports YOU every day.

The 2009 APMA Coding Resource Center Your Single Source for Coding & Reimbursement

What can you expect to get with your \$189 APMA Coding Resource Center subscription? Good question:

- A fully integrated, single online coding product;
- The 2009 foot, ankle, leg-relevant CPT® codes and guidelines;
- The 2009 ICD-9-CM codes, Volumes 1, 2;
- The 2009 foot, ankle, leg-relevant HCPCS Level II codes;
- Current foot, ankle, leg-relevant Medicare National Correct Coding Initiative (CCI) edits;
- CPT® code RVUs, Medicare assistant surgeon code designations, and Medicare global period designations;
- Individual state foot, ankle, leg-rel-

evant procedure Local Coverage Determination (LCD) links;

- DME references and coverage guidelines and links;
- The APMA Coding article archive (searchable);
- Medicare references and citations, including E/M coding and documentation guidelines;
- And much more...

All the above comes to you online. Wherever you have an Internet connection, you can be looking up codes, checking CCI edits, reviewing your carrier's LCD, getting the latest coding and reimbursement information blurbs, reviewing a library of guidelines or articles, etc. Anywhere you have an Internet connection--office, hospi-

tal, ASC, home.

The cost of the one-year subscription to APMA Coding Resource Center is almost half the cost of purchasing CPT, ICD-9-CM, and HCPCS alone. So, what are you waiting for? Order your 2009 APMA Coding Resource Center today! The APMA Coding Resource Center subscription is available to APMA members. Questions? Please contact Sandra Arez at (800) ASK-APMA, ext. 244, or at sfarez@apma.org.

Portions of the APMA Coding Resource Center subscription proceeds will benefit the APMA Educational Foundation Student Scholarship Fund.

Two OPMA Members Named for Excellence in Education

Ohio Magazine recently named two OPMA podiatric physicians from the Ohio College of Podiatric Medicine (OCPM) its "2009 Excellence in Education" edition.



Dr. Bryan Caldwell

Dr. Bryan Caldwell has been a faculty member at OCPM for 14 years. He is currently the Department Chair of Podiatric Medicine and Assistant Dean of Clinical Education and Director of Clinical Operations. His expertise includes dermatology and infectious diseases. He has authored several student manuals on infectious diseases and antibiotics. Dr. Caldwell serves as the Northeast Academy Trustee to the Ohio Podiatric Medical Association's Board of Trustees.



Dr. Lawrence Osher

Dr. Lawrence Osher has taught radiology and imaging at OCPM for over 26 years as a Professor in the Department of Podiatric Medicine. He is the Director of the Radiology Department at the Cleveland Foot & Ankle Institute. He is a national authority on imaging of the foot and ankle. Dr. Osher chairs the REC for the State of Ohio's Bureau of Radiation and served as the OPMA House of Delegates Reference Committee Chair for 2008.

Medicare Physician Payment Re-Cap/Look Ahead

Only 13 months remain until physicians are again faced with the most dramatic cut in Medicare history of over 20 percent. ACOFP continues to work closely with Members of Congress and their staffs to ensure this cut does not take effect and a long-term solution is enacted. Budgetary constraints complicate this issue; however, lawmakers are increasingly sympathetic and committed to action on this priority issue.

Passage of the "Medicare Improvements for Patients and Providers Act of 2008" (H.R. 6331) was truly a historic vote that brought to a close more than 6 months of advocacy activity and averted greater than 16% of cuts in Medicare payments for all physicians over the next 18 months. The provisions of H.R. 6331 were effective as of July 1, 2008 and are applicable until December 31, 2009.

The "Medicare Improvements for Patients and Providers Act of 2008" (H.R. 6331):

- Prevents implementation of cuts for 18 months and provides physicians with positive payment updates through December 31, 2009.
- Extends the current 0.5% positive payment update through December 31, 2008.

- Provides a positive payment update of 1.1% for 2009.
- Extends the 1.0 work GPCI for all localities until December 31, 2009.
- Extends PQRI as a voluntary program with bonus payments increasing to 2% from 1.5% in 2008.

As we look toward the 111th Congress for action on this issue come mid to late 2009, we can anticipate continued discussions of reforming/replacing the sustainable growth rate (SGR) system coupled with the possibility of yet another short-term patch on the problem.

As a precursor to next year's discussion, in September the House Ways and Means Health Subcommittee held a hearing entitled "Reforming Medicare's Physician Payment System." The panelists focused their testimony on potential solutions to replacing the current sustainable growth rate (SGR) formula. Although the potential solutions varied greatly from one panelist to the next, the following themes emerged - bundling of payments, payment via medical home model, capitated payments.

The panelists agreed that a variety of solutions must be put in place in order

to more accurately pay physicians for the services they provide. These solutions must be aimed at moderating costs, improving quality, and incentivizing the practice of medicine. The panelists also discussed the impending physician shortage as well as their concerns about physicians choosing to no longer participate in the Medicare program. An alternative to the current SGR must be in place prior to 2010 when 20 percent cuts are scheduled to take effect.

Members of the Ways and Means Committee expressed great concern with the problem and their commitment to finding a long-term solution rather than another short-term patch.

EQUIPMENT FOR SALE:

All Pro Imaging 2010 Automatic Film Processor

Purchased new in 2006, comes with 3 10x12 cassettes and a box of unopened film. \$2000—contact Randy Cooper at Dr. Ruth Ann Cooper, DPM in Cincinnati at (513) 943-0400 or email at info@ruthanncooperdpm.com



How to File a Prompt Payment Complaint with the Ohio Department of Insurance

Medical providers who are not reimbursed for claims made to a patient's insurance company within 30 days can lodge a prompt pay

complaint with the Ohio Department of Insurance.

Since its launch in 2003, the Department's Ohio Complaint Handling and Monitoring Program—OCHAMP—offers providers a secure, web-based appeal process to resolve prompt payment disputes in a timely fashion.

The OCHAMP system—the first of its kind to be implemented in the country—has fielded a total of 10,160 complaints since its inception. There were 2,174 provider prompt payment complaints last year. The majority of the complaints have been about slow reimbursement and denied or partially paid claims. OCHAMP cannot address claims being made to self-funded entities, Medicare and federal employee benefits plans because these claims are all outside the scope of Ohio's prompt payment law due to federal preemption.

To access OCHAMP, providers need to visit the Department's web site at www.ohioinsurance.gov and click the "File a Complaint with ODI" link, located under the "Quick Links" section of the home page. Next, click the "Provider Complaint Information Page" to submit a complaint and to review information on the prompt payment law, frequently asked questions, and other information especially tailored to providers. A hard copy complaint form can also be obtained in this area to be mailed or faxed to the Department.

Providers should note that they are to first follow all contract grievances and appeal procedures with an insurer before filing a complaint with the Department.

After these steps are completed, OCHAMP electronically forwards the complaint to the insurer for a response. The insurer will be directed to resolve the complaint directly with the provider and notify the Department and the provider of the resolution of the complaint.

Meetings were recently held at the Department with providers, insurers and businesses to ensure that the Department is effectively addressing needs of stakeholders involved in this process. The discussions were informative, productive and insightful. The Department is currently reviewing the prompt payment complaint processes and procedures in light of the feedback provided.

A sampling of the topics discussed were: different ways to file a complaint and collect and share prompt payment complaint data, retaliation issues, and the Department's enforcement authority of prompt payment violations. For a complete summary of the topics discussed and responses provided by the Department, please visit the "Prompt Pay-IRO Meetings" link, located in the "Featured Links" section on the Department's web site.

How to Navigate OCHAMP:

1. OCHAMP can be accessed by visiting the Department's web site at www.ohioinsurance.gov.
2. Click the "File a Complaint with ODI" link in the "Featured Links" area, located at the bottom right of the home page.
3. Click the "Provider Complaint Information Page" link. The prompt payment web page can be accessed directly at www.ohioinsurance.gov/Company/insprmt5.htm.
4. Next, click the "Prompt Payment Complaint Form" link in the first paragraph. Select the option to "Fill this form out Online."
5. Scroll down, then either use your User ID and Password or if you are a new user, select Healthcare Provider in the "New Users" section.

Prompt Payment *continued on page 7*

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OPMA Calendar of Events

For complete calendar schedule see our Web site at www.opma.org or call OPMA at 614.457.6269.

2009	
January	
16	GXMO – Cleveland
17	GXMO – Cleveland
18	GXMO - Cleveland
22	Board of Trustees Meeting
29-31	Maumee CME Event – sponsored by the North West Academy of Podiatric Medicine in Sandusky, OH
30 – 31	APMA State Advocacy - Arlington, VA
February	
19	OPMA Executive Committee Conference Call
March	
13-15	No Nonsense CME Event – sponsored by the North Central Academy of Podiatric Medicine in Independence, OH
15	OPMA Newsletter items due
19	ASPE – Washington, DC
20-23	APMA HOD
23-24	APMA Federal Advocacy

6. You will receive the necessary log-in information via email. Use that information to log-in the "Registered Users" area.
7. Select the company you wish to file a complaint against from the selection list provided.
8. A one page form will appear and you need to populate all fields on the form within a 20-minute timeframe and submit.
9. You will receive a pop-up complaint number assigned automatically and a copy of the email that goes to the company notifying them of the complaint.
10. The company has 21-days to respond and you will be notified by email when a response has been provided. The email will include instructions on how to retrieve the response electronically.

To access detailed instructions for submitting complaints on OCHAMP please visit www.ohioinsurance.gov/Company/INS0505Instructions.pdf.

Anyone with prompt pay questions or providers who can only file a paper complaint can contact the Department's Tate Chaney at 614-644-3428. Emails can be sent to PromptPayComplaints@ins.state.oh.us. Please fax hard copy complaints to 614-644-3744. The Department's mailing address is 50 W. Town St., Suite 300; Columbus, OH 43215.

This information was provided by the Ohio Department of Insurance.

Intelligent Collections

Tired of being the "Bad Guy" and having collection hassles? I.C. System delivers effective and ethical solutions by collecting debts and improving cash flow. OPMA members have received special pricing since 1996 with this popular program. For more information, call 1-800-279-3511 or www.icmemberbenefits.com. Watch a 3 minute video about I.C. System at www.icsystem.com/hc/opma.

- FREE Bonus Services or extended contracts for members only
- Comprehensive service offerings throughout the revenue cycle
- Online Tools for viewing our work effort, down to the account level
- Toll-free access to friendly, knowledgeable, and helpful Client Service

OPPAC Fun at the 2008 OPMA HOD



OPPAC Cornhole Tournament Second and Third place winners. From Top left clockwise: Drs. Bruce Blank, Paul Lieberman, Thomas Kunkel and Kevin Kane.



OPPAC Cornhole Tournament First Place Winners: Kenny Barrows and Merle Garrison for Chilicothe.

DOES OPMA HAVE YOUR CURRENT ADDRESS?

If your address, email address or phone number have recently changed, please contact OPMA immediately to ensure that we have the **correct information** for you!

Call, email, fax, mail or enter address updates on www.opma.org.



DO YOU HAVE OPMA'S CURRENT ADDRESS?



We **did not** move, but our address changed. Please take a moment to review your records (especially your accounting and banking software!) to make sure that you have our correct address:

1960 Bethel Road, Suite 140, Columbus, Ohio 43220-1815.

Phone: (614) 457-6269 - Email: lstewart@opma.org - Fax: (614) 457-3375

Baby Steps...

FTC Suspends "Red Flag Rules"

Until May, 2009 – The Federal Trade Commission (FTC) is suspending enforcement of the "Red Flag Rules" until May 1, 2009, a prepared statement issued Oct. 22 by the agency says. The suspension will give organizations time to develop and implement their written identity theft-prevention programs. The rules require that financial institutions and creditors have a written program to prevent, detect and mitigate identity theft.

The rules also will apply to many healthcare organizations and originally were scheduled to take effect Nov. 1. During the FTC's outreach efforts about the rules, officials learned that some entities were not aware that they were covered and had not yet begun efforts to comply with the rules, the statement explains.

Source: Report on Medicare Compliance, [10/27/08]

Notice Regarding HCPCS Coding Decision for Skin Substitute Products

– The Centers for Medicare and Medicaid Services (CMS) has announced that the 2009 Healthcare Common Procedure Coding System Coding System (HCPCS) Annual Update includes a new code series: Q4100-Q4115, effective January 1, 2009, to identify skin substitute products. Codes J7340, J7341, J7342, J7343, J7344, J7346, J7347, J7348, J7349, and C9357 are discontinued effective December 21, 2008. Please refer to the 2009 HCPCS Annual

Update, posted on CMS' HCPCS Web site for specific code language.

According to CMS, the coding decision was made based on programmatic reasons and to facilitate accurate coding of these products. Medicare Part B is not changing the way the payment amounts are determined for the products in the new codes. To the extent that single source drugs or biologicals were within the same billing and payment code as of October 1, 2003, Medicare Part B will continue to treat them as multiple source drugs for payment purposes as required by Section 1847A(c)(6)(C)(ii). APMA provides additional coding information free to members.

CMS Releases Revised Medicare

Physician Guide – The revised *Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* (October 2008), which offers general information about the Medicare program, becoming a Medicare provider or supplier, Medicare reimbursement, Medicare payment policies, evaluation and management services, protecting the Medicare Trust Fund, inquiries, overpayments, and appeals, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, go to http://www.cms.hhs.gov/MLNProducts/01_Overview.asp. Then scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

New Members

Welcome New Members to OPMA!

Daniel W. Kirk	A1	May
Carly B. Robbins	A1	June
Jon D. Oliverio	AC	June
Rocco A. Petrozzi	FC	June
Laurence Frank	AC	June
Gregory L. Barbour	AC	June
Joseph Favazzo	FC	June
Manisha Metha	FC	June
Gary Greger	AC	June
Edwin O. Jenkinson	NP	June
Darren Di Iulio	A2	July
Seth A. Kearney	A3	Sept
Kerry L. Temar	AC	Sept
Ara E. Kallibjian	AC	Sept
Martha Ann Anderson	A1	Sept
Theresa L. Bacheresse	AC	Sept
Mark T. Wilt	A1	Sept
Jonathan J. Sharpe	A2	Sept
Theodore A. Buccilli	A4	Sept
James P. Bangayan	A3	Oct
Christopher Hajnosz	A1	Oct
Alexander Richardson	AC	Oct
Belinda Dotter	A2	Oct
William S. Diorio	AC	Oct
Jennifer C. Swan	A1	Nov
Michael J. Shlonsky	AC	Nov
Kwame A. Williams	A2	Nov
Mila Davidovic	AC	Nov
Gage M. Caudell	A1	Nov
Scott H. Andrew	AC	Dec
E. Donald Zoog	AC	Dec
Craig A. Murad	AC	Dec
Joseph M. Barak	A1	Dec

Tongue in Cheek Humor on Universal Health Care

When American Doctors were asked their opinion on some of the proposed Universal Health Care programs, here's what they had to say:

The Allergists voted to scratch it, and the Dermatologists advised not to make any rash moves.

The Gastroenterologists had sort of a gut feeling about it, but the Neurologists thought the Administration had a lot of nerve, and the Obstetricians felt they were all laboring under a misconception.

The Ophthalmologists considered the idea shortsighted; the Pathologists yelled, 'Over my dead body!'; while the Pediatricians said, 'Oh, Grow up!'

The Psychiatrists thought the whole idea was madness, the Radiologists could see right through it, and the Surgeons decided to wash their hands of the whole thing.

The Internists thought it was a bitter pill to swallow, and the Plastic Surgeons said, 'This puts a whole new face on the matter.'

The Podiatrists thought it was a step forward, but the Urologists felt the scheme wouldn't hold water.

The Anesthesiologists thought the whole idea was a gas, and the Cardiologists didn't have the heart to say no.

In the end, the Proctologists left the decision up to some hind-sighted member of Congress in Washington.



OPMA Board of Trustees for 2009

Row 1: Dr. Alan J. Block, 2nd Vice President; Dr. Thomas Kunkel, 1st Vice President; Dr. Kevin Sneider, President; Dr. Mark Gould, Immediate Past President;



Northeastern Academy Trustee; Dr. Kevin Schroeder, Mid-West Academy Trustee; Dr. David Hintz, North Central Trustee; Dr. Karen Kellogg, Mid-Eastern Academy Trustee; and Dr. Brian Ash, Southern Academy .

Row 2: Dr. Jack Buchan, Central Academy Trustee; Kristen Burton, OPMSA Student Trustee; Dr. Bruce G. Blank, Eastern Academy Trustee; Dr. Bruce Saferin, Northwest Academy Trustee; Dr. Paul Lieberman,

Not shown are Dr. David Zink, Southern Academy Trustee and Dr. Derrick O. Jackson, Young Member Physician Trustee.

Workers' Comp Group Rating

Now is the time of year to enroll in the Ohio Podiatric Medical Association's (OPMA) Workers' Comp Group Rating Program for the 2009-2010 group rating year. By now, you should have received a group rating quote from Compensation Consultants Inc. (CCI), the OPMA's group administrator, detailing how much you can save in premium payments. Please note, the deadline to enroll is February 20, 2009.

If you are currently in another group rating program, you should compare your savings and program quality to the OPMA's program administered by Compensation Consultants Inc (CCI).

The CCI Difference – Consistency and Service

- Over a six year period, CCI has increased group participation by 79%, twice as much as any major competitor;
- CCI has consistently maintained a 97% client retention rate – one of the highest in the industry; and,
- In 2007, for every dollar spent on fees, CCI clients saved \$14.46 – at 1400% return on investment.

If you have not yet requested your no cost, no obligation quote from CCI or have questions about your quote please contact Kirsten Gibson today at 1-800-837-3200, Ext. 7110/ kirsten.gibson@ccitpa.com or apply online at www.cciworkerscomp.com/groupratingapplication/PodiatricMedical.

Dr. Lehrich

Seymour (Rick) A. Lehrich, DPM, passed away on October 24 in Mesa, AZ, after complications from a stroke he suffered nearly three years ago. Dr. Lehrich was a veteran of WWII. He was a podiatrist for nearly 40 years in the Greater Cleveland area. He is survived by his loving wife of 60 years, Carrie and 3 sons. Additionally he is also survived by 10 grandchildren. Internment was at the National Memorial Cemetery of Phoenix Arizona.

What's in it for Me?

By Hal Ornstein, DPM, FACFAS

We recently had the pleasure to speak with a group of podiatric medical residents in to discuss practice management. The universal question was "What is the most effective way to secure a position as an associate in an established practice." Mike Crosby, CPA, President of Provider Resources, LLC, gave the most common-sense response to this question we have ever heard: thinking from the perspective of the hiring doctor or anyone who is in the position to purchase. Simply said, look to answer the question from their perspective of "What is in it for me?"

When communicating with your patients, simply remember that in most cases they will be thinking "What is in it for me?" Why should I have that injection that hurts? Why do I need custom orthotic devices when I can buy an arch support at the local pharmacy? Why did I need to have surgery that is painful and will take me out of commission for six weeks? The answer to these questions should be addressed from the perspective of "What is in it for me?" Your patients need to clearly and definitively understand that your treatment plan has the most important person in their life as #1 in your mind.... them!

The injection is to allow "them" to play ball with their children; a custom-made orthotic device provides the best care for "them"; and surgery is so "they" do not have increasing pain and deformity. The key here is the "them's" and "they's." If your patients can identify with the services and treatments you advise, they will make a logic-based decision to have them performed. The confidence in your presentation and recommendations then becomes the next key factor in the patient accepting your plan. Do not expect them to believe if you do not appear to believe.

The attention to the "moments of truth", that brief encounter that will ultimately define what your patient perceives as their benefit from this exchange is critical to

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Proponent Testimony on Senate Bill 99 to the Ohio Senate Insurance, Commerce and Labor Wednesday, December 3, 2008

By Kevin Sneider, DPM

Chairman Stivers, Ranking Minority Member Kearney, members of the committee, I am here today to testify on behalf of the Ohio Podiatric Medical Association. We represent more than 550 podiatric physicians and surgeons who are providing medical and surgical foot and ankle care needs of Ohio's citizens. We work hard to keep our patients independent, healthy, and walking towards positive lifestyles.

I am here to offer proponent testimony on Senate Bill 99. I appreciate the opportunity to testify on this legislation. My name is Dr. Kevin Sneider. I am a self-employed podiatric physician from Port Clinton and I also serve as 1st Vice President of the Ohio Podiatric Medical Association. The OPMA is the state component of the American Podiatric Medical Association.

The National Institute of Health reports that approximately 18 million people in the United States are diabetic and 5 million of them are unaware of this. Exorbitant amounts of money are spent not only on the treatment of diabetes and its complications, but also on the loss of productivity due to these complications. As specialists of the foot and ankle, podiatrists see several patients daily who suffer from the complications of diabetes. Several of these complications can

be avoided with diabetic education, durable medical equipment and preventative care. Due to poor circulation, loss of sensation and diminished immune response, diabetics are more prone to open sores or ulcers of the feet, further leading to infection and amputation. Podiatric care is eminent in preventing these wounds from occurring and treating them expeditiously when they do occur to prevent these amputations from occurring.

The ADA reports that over 3,000 lower extremity amputations are performed each year in the state of Ohio. 50% of diabetics who lose a leg will lose the other leg within 5 years. 50% of those, will die within the following 5 years. By supporting SB99 and supporting coverage for diabetic education, supplies and treatment, we can decrease the morbidity and mortality of these Ohioans.

Also, by paying a small cost for these services, we can avoid large costs associated with hospitalization for infections and amputations. A recent analysis by the American Podiatric Medical Association found that the direct costs of major limb amputations are estimated to be approximately \$70,434 per limb.

On behalf of OPMA, we urge your support of SB99. Chairman Stivers, members of the committee, thank you for allowing me to testify.

OPMA Delegates to the 2009 APMA House of Delegates



Front row L to R: Dr. Alan J. Block; Dr. Bruce Saferin; Dr. Kevin Sneider; Dr. Mark Gould. Back row: Dr. Bruce G. Blank; Dr. Paul Lieberman – Chair of the OPMA Delegation; and Dr. Kevin Schroeder. Not shown: Dr. Howard Waxman, Alternate Delegate.

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a patient satisfaction and accepting your treatment plan. Every brief interaction that the doctor and staff has with a patient is an opportunity to sweeten or sour the relationship. Patients often reflect that they do not care how much you know until they first know you care.

It is important to manage and focus on the moments of truth to achieve your highest measure of patient satisfaction. A patient cycle survey can help to identify and evaluate the moments of truth in your office. Each staff member should be responsible for a short list of "moments of truth" to monitor and note over a one-month period. The "moments" should be assessed from the first phone call by a patient to their being discharged. A list of positive and negative "moments" should be kept and discussed at an office meeting at the end of the one-month period. Two weeks later, meet for each physician and staff member to give specific suggestions in areas that necessitate improvement. Regular assessments should then be reviewed at office meetings to monitor areas that need improvement.

It is often the 5% that makes 95 % of the difference. Attention to details is what can give the competitive edge in your community. Simple things like the quality of copies, fresh paint, no scuffmarks on the wall, that little extra "have a nice day" or "thank you" when a patient leaves the office, name tags on each staff member, etc., are

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what make a considerable difference. The natural anxiety that a new patient has when visiting your office can be significantly reduced by paying attention to the moments of truth. The result will be greater patient retention as well as a more enjoyable work environment. Call it selfish, self-centered, and egocentric or whatever you want, but the bottom line is your patients will always ask themselves "what is in it for me?" So do what we do best, and let them know that everything we do is "all for them"!

Dr. Ornstein proudly serves as Chairman and Director of Corporate Development of the American Academy of Podiatric Practice Management (www.aappm.org) and Consulting Editor for Podiatry Management Magazine. Dr. Ornstein can be contacted at hornstein@aappm.org and (732) 905-1110.



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