The IPMA newsletter and website are getting makeovers!

The new interactive newsletter will debut in August and the new IPMA website will be unveiled soon. As always, you can also like us on Facebook and follow us on Twitter! To allow for a timely transition, this special mini July edition is being sent to assure adequate notice for the Annual Meeting of the IPMA.

Illinois Puts Podiatry Back in Medicaid

After nearly 2 years working to reinstate full Medicaid coverage for Podiatry the IPMA successfully passed a law both mandating podiatric coverage for Medicaid recipients in Illinois and budgeting $5M to pay for it.

On June 16, 2014, Governor Pat Quinn signed SB 741. This legislation will modernize and improve Illinois’ Medicaid system. The new law will benefit Illinois’ three million residents who currently receive Medicaid, as well as the state’s 141 hospitals and 1,200 nursing homes by restoring adult dental and podiatric care, providing increased protections and more. The legislation is part of Governor Quinn’s agenda to ensure all people have access to quality healthcare and improve the health and wellbeing of the people of Illinois.

More than 566,000 people across Illinois now have healthcare coverage through the Affordable Care Act (ACA). This includes more than 349,000 people enrolled in Medicaid under the ACA expansion.

“This legislation is a critical step forward as we continue to reform our Medicaid system,” Governor Quinn said. “The reforms will help us modernize and streamline our Medicaid system to ensure we are working efficiently and effectively on behalf of taxpayers. Millions of Illinois residents depend on Medicaid for their healthcare needs and this law will help ensure we provide the services and protections they deserve.”

Sponsored by State Senator Donne Trotter (D-Chicago) and State Representative Greg Harris (D-Chicago), Senate Bill 741 reforms Illinois’ nearly 20-year-old Medicaid system over a four-year transition period. The new law restores previously authorized adult dental care and podiatry services, and establishes new protections for clients and healthcare providers. It also codifies policy guidance to provide stability for hospitals and nursing homes.

The restoration of Podiatric and Dental services to Illinois Medicaid beneficiaries go into effect October 1, 2014.

This bill received overwhelming support from State Democrats and almost no support from State Republicans. Republicans focusing on cost cutting voted against any bills that had a line item regardless of whether the result would actually cost less.

The IPMA under President Frank Rottier and immediate past president David Yeager along with staff board committees and legislative consultant have worked continuously since the cuts were made in 2012. This restoration was critical for providing care to our states neediest population. And to enable our students and residents to have access to training.

Michael J. Hriljac DPM, JD

Insurance Update

On June 18, 2014, Drs. Hriljac, Tsatsos and Jenkins met with Provider Relations at Blue Cross Blue Shield to address some of the concerns of our members.

Continued on next page...
• RECOUPEMENTS BEFORE APPEAL PROCESS
  This should not happen. Please forward all examples to the IPMA Office and we will send them directly to our con-
  tact for resolution.
• AVAILITY ISSUES
  Although it is much better, our members are concerned about the lack of information on DME codes and coverage.
  The Blue Cross Representatives stated that they will look into this situation and have an Availity Department Repre-
  sentative contact the IPMA for specifics and also be available for our State Meeting.
• FACILITY FEE REIMBURSEMENT FOR PODIATIC OFFICES
  Still in review but they are keenly aware that this is a High Priority item. We expressed the cost savings of in-office
  procedures and increase in patient satisfaction.
• GOVERNMENT PROGRAMS
  Government Programs administered through Blue Cross Blue Shield were the topic of long discussion. Blue Cross
  Blue Shield is administrating government contracts of MMAI/BC Community for Dual Eligibles and the Blue Cross
  Medicaid Product.
  Both are Managed Care entities which are administrated through Blue Cross for the State of Illinois. Patients will pres-
  ent to your office carrying Blue Cross Blue Shield Cards with either (Medicaid) in the corner or BC Community.
  Here are some facts about both programs.
  1. They are Managed Care/HMO type products.
  2. Most patients who qualify have or will receive notifications in the mail to pick a plan if no plan selected they will
     automatically be enrolled.
  3. All specialists treatment unless otherwise notified will require a referral from the PCP. Some codes will require
     separate authorization.
  4. You must be enrolled in the Network in order to acquire a legitimate referral.
  5. The Fee Schedule for the Medicaid Model will be the same as the Medicaid Fee Schedule. (They were not sure of
     the podiatric SMART exclusion).
  6. The Fee Schedule for the BC Community (MMAI) product is on par with the Medicaid Fee Schedule.
  7. There is a grace period for program adherence but you must call on each patient for clarification.
  8. If you are in a Hospital Network (PHO,IPA, etc), there is a possibility that your network has already contracted with
     Blue Cross for these patients. It is still a good idea to contract on your own if see a lot of this patient population.
  9. Although the enrollment numbers are presently small –The State is looking for 50% of all of these patients to be
     enrolled in Managed Care by January 2015. The Biggest target is Metropolitan Chicago. There are areas down
     state that are not currently contracted. Nursing Homes are prime targets for conversion and may have several
     different contractors per home.
  10. Bottom Line – Verify , Verify all new patients or existing patients with new insurance cards issued through
    Medicaid or Medicare/Medicaid. Even though Blue Cross is a big contractor of these government programs, there
    are at least 8 others and most of above rules apply. Office Personnel must know the correct questions to ask for
    verification of coverage!!!
  11. Staff Education is available for all Offices. Contact your Blue Cross Provider Relations Representative for more
    information.

All of us have to be vigilant and keep abreast by visiting HFS Website for ALL Medicaid and Dual Eligible rules, regula-
tions and contractors. If you have any questions, please contact the IPMA Office Insurance Committee.

Jondelle B. Jenkins DPM

AVON Walk
May 31 - June 1, 2014
IPMA volunteers tended to walkers partaking in the annual event which raises money for breast cancer treatment and
awareness. Some of the participants walk up to 26.2 miles on day one! We’re thankful our volunteers were onsite to help!

If you’re interested in volunteering in 2015, please contact IPMA at 312-427-5810.
Proposed Bylaws Changes

The IPMA Bylaws Committee presents to the members the following proposed changes to the Bylaws. The changes are recommended by the Board of Directors who urge the members to support these proposed amendments to the Bylaws at the Annual Business Meeting of the members on October 17, 2014.

Respectfully Submitted,
Carlos Smith, DPM
Bylaws Committee Chair
Dan Evans, DPM; Helena Reid, DPM; and Jennifer Kaleta, DPM Bylaws committee members

Standing Committees
(a) Audit Committee
(1) Composition. The audit committee shall be composed of five (5) members, the majority of whom are members of the the Board of Directors. The Association’s Treasurer shall be an officio member of the committee.
(2) Appointment and Term. The President shall appoint the members of the Audit Committee subject to the approval of the Board of Directors. The members of the committee shall serve one-year terms and may serve consecutive terms.
(3) Duties. The duties of the Audit Committee shall be set forth in the Audit Committee Charter adopted by the Board of Directors.

(b) Nominating Committee
(c) Procedures:
To be considered by the nominating committee, all interested parties, including incumbents must send a written request which shall include the position they seek, their CV, a picture and a statement of interest explaining why they are seeking the position. Notice shall be posted 30 calendar days before the closing date for the nomination committee.

The nominating committee shall submit its slate of candidates to the Board of Directors for its approval in a timely manner to allow publication at least 60 days prior to the annual meeting of the association. Upon approval of the Board of Directors, the slate shall be published.

Within 14 calendar days after the association publishes its slate, other eligible members may self-nominate or be nominated by written request. The nominee must provide all the material originally requested by the nomination committee within this 14 day period. Following this period the names and bios of all the parties will be published and presented to the membership prior to the annual meeting of members. There will be no nominations from the floor.

Nominations for the Board of Directors

To the Members of the Illinois Podiatric Medical Association 2014-2015

The IPMA Nomination Committee presents to the members the following candidates for the Board of Directors of the Illinois Podiatric Medical Association. The nominees are recommended by the Board of Directors who urge the members to support these individuals at the meeting of the members on October 17, 2014.

Respectfully Submitted,
Brent Parry, DPM
Bylaws Committee Chair
Kirk Contento, DPM; Donald Hugar, DPM; and Paul Brezinski, DPM, committee members

Slate of Candidates
Officers and Board Positions

Executive Council
Dr. Brent Parry - President
Dr. Carlos Smith - President-Elect
Dr. Helena Reid - Vice-President
Dr. Douglas Pacaccio - Treasurer
Dr. Eric Riley - Secretary
Dr. Francis Rottier - Immediate Past President

Directors at Large
Dr. Jeffery Alexander*
Dr. Amanda Brazis*
Dr. Kathleen Daly*
Dr. Sarah Dickey*

New Nominees
Dr. Patrick McEneaney
Dr. Ronald Sage

APMA Delegate
Dr. Jondelle Jenkins*

*Incumbents
Introducing the 2014-2015 Candidates

Dr. Jeffery Alexander, Director at Large
It has been an honor and a pleasure to represent the IPMA as a member of the IPMA Board of Directors for the last several years. During that time, I have gained knowledge and experience with regard to the issues affecting our profession. This is a very important time for us as Podiatric Physicians, one that will shape our profession for years to come. With Title XIX and the threat of our services being cut from federal and state programs, it is paramount that we have strong leadership that will fight for our rights and fight to preserve our profession. We already know that we are the most capable providers of foot and ankle care. We already know that we provide this care most cost effectively. We already know that we are key members of the limb salvage team. But our job also includes informing those who decide our fate of these facts. I am honored to have served Illinois’ delegation thus far and look forward to continuing my hard work in the future. I appreciate your support and look forward to serving the IPMA for years to come.

Dr. Amanda Brazis, Director at Large
I had the pleasure of attending the IPMA meetings during my last year as a student as the president of the student chapter of IPMA. During that time, I gained knowledge on the issues that threaten our profession, and elected to lobby with IPMA in Washington D.C. In addition, I helped with the organization of local events, such as “Podiatrists Keep Illinois Walking”. With Federal and State legislation focused on healthcare cuts, it is essential to have a strong leadership team in Illinois that will represent our state with professionalism and understanding of the issues. As a new graduate, it would be an honor to represent the voice of the young members of our state.

Dr. Kathleen Daly, Director at Large
My name is Kathleen Daly. I have been a podiatrist for 24 years and am in practice in the Mt. Greenwood neighborhood on the Southwest side of Chicago. I have been a Delegate at Large for two years and would like to continue on with the IPMA. I have served as the IPMA’s coordinator for the Avon 2-day Breast Cancer Walk here in Chicago. I am also active in our local neighborhood organization, the Beverly Area Planning Association. I am a 1990 graduate of Scholl College and am married with four sons ages 13-20. I would be honored to continue to represent IPMA as a Director at Large. Thank you.

Dr. Sarah Dickey, Director at Large
During the last term, I was nominated as Co-Chair of the Public Relations Committee, alongside Dr. Amanda Brazis and Dr. Helena Reid. Together we are making strides to improve awareness about the Podiatric profession and promote the Illinois Podiatric Medical Association as a source for knowledge and discussion of pertinent topics within Illinois. I believe I have played an integral role serving on both the Public Relations and Finance Committees during the 2013-2014 year. On behalf of the IPMA, I have been featured on CAN (Chicago Access Network) TV, as well as given community lectures on foot and ankle care. My dedication to Podiatry, community service, enhancing education, as well as my interest in politics is unwavering. As Director at Large, I would be honored to represent the IPMA and its members, promoting longevity and greatness within our profession.

Dr. Jondelle Jenkins, APMA Delegate
As past president of the IPMA and chair of numerous state committees, I bring years of experience in all facets of podiatric medicine. I hereby ask this membership for the opportunity to serve as delegate to the American Podiatric Medical Association. I have served on numerous national committees, and, most important, I have worked in private practice for several years and am well aware of the challenges that face our beloved profession. I would be honored to continue to serve the Illinois Podiatric Medical Association. Thank you.
Introducing the 2014-2015 Candidates

**Dr. Patrick McEneaney, Director at Large**
I am applying for an Illinois Podiatric Medical Association Director at Large position. In this time of change within the medical profession, I feel that it is our responsibility as podiatrists to keep ourselves relevant in the foot and ankle marketplace. We have all recently seen our services removed from Medicaid and subsequently reinstated through IPMA's efforts. I would like to contribute toward the IPMA's continuing campaign. I would be honored to serve the podiatrists of Illinois.

**Dr. Helena A. Reid, Vice-President**
It is with great pride in our profession, our membership, and the IPMA that I am running for the position of Vice-President of the IPMA. It is our job as the IPMA to promote and market podiatrists as the premier physicians and surgeons of the foot and ankle. Not only is it the IPMA's responsibility to provide you with enough CME opportunities in the state to meet your CME requirements, but it is also IPMA's responsibility to keep its membership on the cutting edge of technological changes such as our recent conversation to EMR and billing & coding changes as will occur next year with ICD-10. I am ready to meet the challenge of representing you as your Vice-President of the IPMA locally, on a state level and federally through the APMA.

**Dr. Eric K. Riley, Secretary**
It was with great enthusiasm and tremendous pride in our profession that I pursued becoming a leader within our profession. During my limited career thus far, I have had many unique opportunities to serve our profession. I have pledged to advance the APMA for the benefit of its members and the profession and believe that great strides have been accomplished with the help of the rest of the Young Members' Committee during my tenure there. I am confident that I possess the necessary attributes to best meet the needs and interests of the IPMA Board of Directors. Additionally I would ask that you consider my nomination for secretary of the IPMA. During my experiences, I have learned the importance of objectivity, teamwork, dedication and perseverance. If given the opportunity, I would prove my steadfast commitment and dedication to my responsibilities on the IPMA and will not neglect my other personal or professional responsibilities.

**Dr. Douglas Pacaccio, Treasurer**
My name is Douglas Pacaccio. I have served vigilantly as a Director at Large on the IPMA Board of Directors, and am now seeking to serve the membership as Treasurer on the Executive Council. I am a 2003 Scholl College graduate and an alumnus of the Northern Virginia Residency Program. I am currently in private practice with my wife, Jennifer, and I serve on several of my local hospital committees. I feel my experience in managing a private practice and my commitment to advancing podiatry make me a good candidate for this position. I look forward to your support in October.

**Dr. Ronald A. Sage, Director at Large**
I have 36 years of experience practicing and teaching podiatry in the state of Illinois. My work has included a short time in private practice early in my career, faculty appointments at Scholl College and Loyola University Medical Center, and appointment to the Hines VA Hospital. At Loyola, I developed a busy practice and not only served as residency director, but also chief of the podiatry section and Medical Director at Loyola’s Oak Brook Terrace Out Patient Center. I was on the Medical Executive Committee of Loyola Ambulatory Surgery at Oak Brook. I have served on the Boards of Scholl College, the Foundation for Podiatric Education and the regional chapter of the American Diabetes Association. These, and other, professional activities have provided me with technical, academic, business and interprofessional experiences that I believe can be of some value to the IPMA Board. Now that I am retired from my Loyola practice, I can devote the time necessary to participate in IPMA activities, and hopefully make a contribution to the advancement of podiatric patient care in Illinois. I am seeking this position because I have enjoyed the benefits of a podiatric career to the fullest and would like to give back to my chosen profession.
Introducing the 2014-2015 Candidates

Dr. Carlos Smith, President-Elect

I am seeking the office of President-Elect of the IPMA. After serving on the Board of Directors for several years and on the Executive Council as Vice-President, Treasurer and Secretary, my experience and knowledge of the IPMA has afforded me the experience to serve as President-Elect. I have served on the following committees: Membership (Chair), Labor, Bylaws, Audit and Finance. These committees, along with the serving on the Executive Council, have given me a thorough understanding of the IPMA and the issues confronting us as an association. I will bring leadership experience, as I have served as President of the National Podiatric Medical Association and the Cook County Podiatric Medical Association. I am currently the CEO and Medical Director of Smith Centers of Foot and Ankle Care, which makes me well aware of the concerns of those in private practice and the issues facing our profession. The IPMA has been working diligently on behalf of podiatric medicine in the state of Illinois; however, much more work is ahead. I have truly enjoyed serving the IPMA and would like to continue as President-elect. I ask for your support, and I look forward to serving the IPMA as President-Elect.

Announcing Part B Prepayment Review of Whirlpool Therapy Services

Attention Jurisdiction 6 Part B Providers in Illinois

National Government Services will be conducting a service-specific prepayment review of whirlpool therapy services (current procedural terminology code 97022) billed to Medicare Part B in the state of Illinois. Our upcoming review is based upon recent data, which revealed that the number of whirlpool services for beneficiaries in Illinois was over twice the national average number of services per beneficiary. Service-specific reviews are performed to identify common billing errors, improve educational efforts, and prevent improper payments. We will publish our findings on the National Government Services website at the conclusion of the review.

An ADR letter will be generated for claims randomly chosen for prepayment review. Providers must respond to the request for documentation in a timely manner to prevent system denial of the billed service. Please send a copy of the ADR letter in addition to the medical records required to support the billing of whirlpool services. **Providers must submit the documentation as noted in the ADR letter, which includes but is not limited to:**

- Initial physician order for therapy services, treatment recommendations, and orders for ongoing therapy
- Therapy evaluation/re-evaluation
- Initial therapy treatment plan/updated treatment plans
- Signed and dated certification and re-certifications
- Therapy progress notes, logs, flow sheets/activity sheets
- Abbreviation/acronym key
- Signature log or key, including the typed name of the provider with credentials, if signatures are not clearly legible
- Documentation that supports coverage requirements for incident to physician’s services billing were satisfied, if applicable
- Advance Beneficiary Notice of Noncoverage

Providers billing therapy services need to be aware of and understand Medicare coverage requirements for these types of services. Providers are encouraged to enhance their knowledge of coverage criteria and documentation requirements for therapy services by reviewing contractor and CMS publications. If you would like additional education regarding therapy services or have questions about Medicare coverage requirements for therapy services, please contact Provider Customer Care at 866-837-0241. The below references provide detailed information about the billing and coverage requirements of therapy services.

**Related Content**

- Local Coverage Determination for Outpatient Physical and Occupational Therapy Services (L26884)
- CMS Internet-Only Manual (IOM) Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 220-230 (1 MB)
- CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 5, Section 20 (400 KB)