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2014 IAFP Annual Convention

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Meet Your New President

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FRONTLINE PHYSICIAN

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Our Mission

The mission of the Indiana Academy of Family Physicians is to promote and advance family medicine in order to improve the health of Indiana.

Advocacy

Shape healthcare policy in Indiana through interactions with government, the public, businesses, the healthcare industry and our patients

Membership

Serve as the essential resource for the professional success of family physicians as leaders of the growing primary care workforce

Education

Be the provider of choice for family physician education

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Your Academy produces *FrontLine Physician* magazine as a member service. The process is budget-neutral for the IAFP — NONE of your dues dollars are used in the printing or distribution of this publication.



David E. Schultz II, MD

Get Involved with Your Academy!

Thank you for your support of our summer meeting in Indianapolis in 2014 and of our Academy. As newly installed president of the IAFP, it is my pleasure to introduce myself to those who may not know me. I am a 42-year-old father of three — David III “Davey” (age 10), Jonathan (age 6) and Lucienne (age 4). My wife, Kendra, and I have been married for 14 years. Kendra was an elementary educator and recently obtained her master’s degree in educational administration but enjoys holding down our busy homefront for now. As you can tell, my family means a lot to me and my practice. As a father of a 4-year-old, however, you have to believe that my physician skills play second fiddle to Doc McStuffins (at least at our house)!

Growing up in southwest Indiana, I graduated from the University of Evansville with a degree in professional chemistry ('94) and then from Indiana University School of Medicine ('98). I completed my residency in family medicine at St. Mary’s Medical Center under Dr. Ray Nicholson during his third time in and out of retirement. He truly was a great inspiration to me and made a tremendous impact with regards to my medical philosophies and ethics. He portrayed the quintessential family medicine physician who truly loved his patients, treated them all with respect regardless of status, and even before the patient-centered medical home concept offered a place for patients to receive confident access to comprehensive medical treatment. From such training, I continue to perform hospital inpatient medicine, perform obstetrical deliveries and even will do occasional house calls.

I currently have an understanding of different practice models. I own a small independent practice group with four physicians and one nurse practitioner called Evansville Primary Care. Since 2001, I have also been employed by Deaconess Hospital as a part-time hospitalist.

Privately, I play trumpet for several organizations, including the University of Evansville Jazz Department. I also enjoy serving as worship leader, children’s AWANA leader and as a pianist for our church. Music has always been important at our house, as we have several accomplished songwriters and musicians in our families. As Kendra is a trained vocalist and relishes singing, we will occasionally play gigs together along with area physicians in local charity benefits.

In addition, I understand from previous training the importance of involving oneself with the IAFP and that we have perhaps the

finest state chapter in the nation. It is efficiently operated, and Academy business is truly conducted with your considerations and concerns. Our Academy sincerely desires to hear from you individually — whether you are solo, an independent group, hospital-employed or vocational in nature. We are careful financially in that programs and activities offered by our Academy attempt to give relevance to those who may be in the middle of their careers and to those merely starting. I look forward to hearing your concerns as we have wisdom to discuss such and provide ideas for your betterment. As your president, I am not fearful of admitting ignorance but moreover will work with you to provide solutions.

Also as president, I hope to see more member involvement. Someone may say, “What can I do?” but I submit that in merely questioning, one has taken the first step. Locally, we can find our own place in membership and encourage others to join — for if we truly see the importance of this organization, it should compel us to do such. We can attend and participate in some of the various meetings; we can ask others in passing or by messaging them to ask if they are going as well. In this, we find that we strengthen another’s commitment, and our own, to the Academy. Our website has myriad postings, and our staff members are always friendly to help us sign up for pertinent offerings.

The next level is to help support our IAFP Foundation and PAC. Our Foundation is working with both of the Hoosier medical schools to promote family medicine education, and it is very obvious that this is a rudimentary yet effective way of increasing our case for why family medicine is essential to the millions of Hoosiers it serves. The PAC is interesting for several reasons. Some may assert that we should not be politically involved; however, when policies for reimbursements, payment schedules, scope of practice and so forth are being discussed by those who may not necessarily be informed, it becomes essential to have a robust PAC that can voice legitimate concerns that have everyday impacts on our behalf. Finally, I would encourage some of you who would do so to serve on committees that our Academy has. There are several that could use your involvement.

Again, thank you for allowing me to be your president, and please help me by getting involved — for you will not just be helping me but also yourself, your practice and, most vitally, your patients too.

Thank You to Our Strategic Partners



(www.ahni.com)



(www.mmic.com)



(www.ourhealth.org)



(www.stvincent.org)

In Memoriam

Listed below are physician members of the IAFF who have passed away since the 2013 Congress of Delegates.

Michael Alan Blood, MD
Fred R. Brooks, MD
Daniel H. Cannon, MD
Malik V. Chaganti, MD
Richard Carl Fretz, MD

Eugene M. Gillum, MD
Francis Hugh Gootee, MD
Robert Winston Mouser, MD*
Morris C. Snyder, MD
Edwin Ernest Stumpf, MD

William Louis Voskuhl, MD
Richard W. Wagner, MD
**Denotes IAFF Past President*

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Interim Legislative and Regulatory Issues Heating Up

During the 2014 legislative session, efforts were made to limit the “interim” legislative season by reducing the number of standing interim study committees. As a result, the handful of health-related interim study committees that typically meet throughout the summer and fall were consolidated into one larger super-committee (the Interim Study Committee on Public Health, Behavioral Health, and Human Services, or PHBHHS). **Congratulations to IAFP’s own Dr. Richard Feldman, IAFP Commission on Legislation chair, for being appointed to the PHBHHS committee.** This summer, the PHBHHS reviewed the state’s trauma system, opioid treatment programs, the integrity and security of INSPECT, and issues relating to chronic eye disease, among others.

Despite the Legislature’s desire to limit interim activity, this continues to be one of the busiest summers for the health industry to date. Here is a rundown of the interim issues IAFP members and staff members are tracking and/or participating in:

Opioid Prescribing Regulations Nearing Home Stretch

Recall that the 2013 legislation required the Medical Licensing Board (MLB) to adopt regulations over the prescribing of opioids for chronic pain management. It should be noted that the current version of the “emergency” regulations will be different in the final regulations. Due to the ACLU lawsuit over the mandatory urine drug screens, the final regulations will be amended to make the screenings permissible but not mandatory, to a certain extent. It is possible that other changes will make their way into the final regulations. The public comment period and opportunity to shape the content of the regulations is coming to a close. Final written comments were due in August, and the public will have its last chance to comment during the MLB’s September hearing. It is expected the MLB will adopt the final version of the regulations during its October meeting, with the regulations taking effect around November 1, 2014.

IAFP’s Commission on Legislation (COL) adopted a resolution during the Annual Convention requiring the IAFP to seek an exemption of Tramadol from the final regulations. As you know, Tramadol became a scheduled drug on August 18 of this year, thus kicking it into the purview of Indiana’s pain-management regulations. IAFP COL attendees voted almost unanimously to request an exemption. IAFP has submitted this request to the MLB and plans to present its case during the September public hearing. *Contact the IAFP staff to see the current version of the regulations or IAFP’s letter to the Board for details or for the final public hearing.*

Upcoming Efforts to Expand Graduate Medical Education

The state’s medical schools, as well as provider groups, are expressing interest in expansion of graduate medical education (GME) in Indiana. It is expected that at least one, if not more, legislative effort will be made during the 2015 session to allow for some form of GME expansion. It is too early for details, but IAFP will be actively engaged in the discussion and will report details as they become available.

Discussion of INSPECT Expansion Continues

House Enrolled Act 1218 required the Professional Licensing Agency (PLA) to review the concept of expanding INSPECT to all legend drugs. The workgroup’s general consensus has been that there is merit in the concept, but there are significant concerns and considerations that need to be properly vetted and addressed prior to any such expansion. IAFP continues to monitor the developments of this group. We can expect a final report from PLA early this fall. Again, the PLA reports will only be a series of comments or considerations, as proposals will still need to complete the legislative process.

Consideration of Electronic Health Data Sharing

SEA 44 required the establishment of an electronic health data workgroup to address concerns of access to electronic health information. IAFP and Hall Render IT experts participated in the workgroup. It was concluded by the group that CHIRP should remain a mandate only for minor immunization records. It was also recommended that legislation be pursued to allow CHIRP data and PHESS data sharing among providers, consistent with HIPAA policies. The workgroup did not make a recommendation (either in support of or in opposition to) the expansion of INSPECT to all legend drugs.

Aged Blind and Disabled Rollout

Indiana’s Family and Social Services Administration (FSSA) is in the process of moving “non-dual” aged, blind and disabled individuals into a coordinated care program entitled “Hoosier Care Connect.” Managed-care entities are currently bidding to become the MCE providers. We are hearing that the new program will save the state millions and might take effect as early as January 1, 2015.

Still Waiting on Federal Response to HIP 2.0 Waiver

The state is still waiting to hear from the federal government regarding approval of HIP 2.0. Implementation of the program could come as early as January 1, 2015. If HIP 2.0 is approved, between 300,000 and 500,000 Hoosiers could gain access to health coverage. Remember, provider reimbursement is increased under HIP 2.0 to Medicare equivalent rates.

Meet Your New President

David E. Schultz II, MD, of Evansville, Indiana, was installed as president of the Indiana Academy of Family Physicians at the Westin Hotel in Indianapolis on Saturday, July 26, 2014.

Dr. Schultz earned his medical degree from the Indiana University School of Medicine in Indianapolis, Indiana, and completed a family practice residency at St. Mary's Medical Center in Evansville, Indiana. He has served in leadership roles with the IAFP since 1998 and continues to be involved on the Board of Scientific Advisory at the University of Evansville and on the Board of Directors at the St. Mary's Medical Center Breast Center.

Upon starting private practice, Dr. Schultz participated in the primary care of children, the middle-aged and the geriatric population. While in a private practice, Dr. Schultz has assisted in teaching medical students, physical therapy students and other residents; subsequently, he is very comfortable in an academic or teaching type of setting. He also is able to perform special surgeries such as obstetrical deliveries, colposcopy, minor dermatological surgery and casting.

Dr. Schultz lives in Evansville with his wife, Kendra, and three children: Davey, Jonathan and Lucienne.

To learn more about Dr. Schultz, see his message on page 6!

A promotional graphic for the 'Fuel Up to Play 60' campaign. The top left features the logo with an apple and a cow. A green banner across the middle reads 'Make a Difference in the Health of Today's Children'. Below this, a white box contains text about childhood obesity. A red banner at the bottom left says 'Join the Movement!' and provides contact information for Danielle Sovinski. On the right, a photo shows five children running on a grassy field. The bottom right corner features the American Dairy Association Indiana logo and website.

FUEL UP TO Play 60 Make a Difference in the Health of Today's Children

Childhood obesity is at an all-time high. Health and nutrition professionals play a critical role in the fight against obesity, and the time is NOW to educate children and teach them how to live healthy, long lives through good nutrition and daily physical activity.

Join the Movement!
Get involved in Fuel Up to Play 60 by contacting **Danielle Sovinski, MPH** Health and Wellness Coordinator
Sovinski@WinnersDrinkMilk.com or **317.842.7133**

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2014 IAFP Annual Convention

*Focusing on CME,
Academy Business
and Fun!*



Tiffany Meador, MD, accepting this year's Outstanding Resident Award

IAFP members from across the state gathered in Indianapolis in July to attend the 2014 IAFP Annual Convention. It was the third year in a row we had met in downtown Indy. Attendees and their families enjoyed meeting in Indianapolis' thriving downtown area, with access to local attractions, museums, shopping and dining!

More than 25 prescribed AAFP CME credits were available. Clinical topics and practice-management sessions were offered, and all CME plans were based on previous attendee evaluations and IAFP member CME Needs Assessments. We also featured a SAM Study Group on pain management facilitated by **Teresa Lovins, MD**.

Our Town Hall Dinner is a valuable opportunity to hear new policy topics from the thought-leaders of Indiana and the nation. This year, we welcomed AAFP **President-elect Robert Wergin, MD**. Many members attended the all-member Congress of Delegates to have their vote and voice in IAFP business matters.

Our Annual President's Banquet and Installation of Officers was an exciting event for the whole family! A dinner was held to honor our outgoing president and award winners. Later in the evening, children joined their parents for an ice-cream sundae bar and dancing.



A. Alan Fischer Award winner Kevin Gebke, MD, and his wife, Amy LaHood, MD

Congratulations to this year's award winners:

- Outstanding Resident Award:
Tiffany Meador, MD
- A. Alan Fischer Award:
Kevin Gebke, MD
- Lester D. Bibler Award:
Richard Kiovsky, MD

Our Exhibit Hall offered an opportunity to learn about the newest clinical advances and practice management tips and services. A huge thank-you to the following companies who were in attendance:

AbbVie, Inc.
Adkisson Search Consultants
Air Force Health Professionals
Alzheimer's Association Greater Indianapolis



Richard Kiovsky, MD, is presented the Lester D. Bibler award by Risheet Patel, MD.

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 United Allergy Services

Thank You to Our CME Moderators

Phillip Scott, DO
 Tom Kintanar, MD
 Fred Ridge, MD
 William Tortoriello, MD
 Jason Marker, MD
 Worthe Holt, MD

Silent Auction

The IAFP Foundation held its very first silent auction during the Annual Convention. The support from members and vendors was overwhelming, and after expenses, the was able to raise over \$8,000. The proceeds will go toward a scholarship to be awarded to a fourth-year medical student entering into a family medicine residency in Indiana.

Thank you to those who donated items for our auction:

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 Hendricks Regional Health

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 IAFP
 Indianapolis Colts
 Indianapolis Indians
 Indianapolis Zoo
 Joy Newby, Newby Consulting Inc.
 Risheet Patel, MD
 Phillip Scott, DO
 Sheraton Indianapolis
 Sikich, LLP
 Elyn Stecker, MD
 Stockyards Bank and Trust Co
 Visit Fort Wayne
 Westin Indianapolis
 William Tortoriello, MD

Thank you to the following companies that support our convention through sponsorship of materials and/or social events:

Hall, Render, Killian, Heath & Lyman, PC
 Sikich, LLP



2014 IAFP Congress of Delegates

The IAFP Congress of Delegates (Congress) met on Friday, July 25, 2014, in conjunction with the 2014 IAFP Annual Convention. The Congress was open to all members, and this year heard a total of one resolution.

Congratulations to our newly installed Board members:

President: **David Schultz, MD (Evansville)**
 President-elect: **Christopher Doehring, MD (Indianapolis)**
 Director: **Richard Feldman, MD (Indianapolis)**
 Director: **Bernard Richard, MD (Greenfield)**
 Immediate Past President: **Phillip Scott, DO**
 AAFP Delegate: **Windel Stracener, MD**
 AAFP Alternate Delegate: **Risheet Patel, MD (Fishers)**

Others continuing terms on the Board include:

Director: **Jon Hart, MD (Bloomington)**
 Director: **Scott Renshaw, MD (Indianapolis)**
 Director: **Andrew Shull, MD (Granger)**
 Director: **William Tortoriello, MD (Evansville)**
 Vice Speaker: **Christopher Doehring, MD (Indianapolis)**
 Resident Region Director: **Nate Stewart, MD (Indianapolis)**
 Resident Region Alternate Director: **Manju Thothala, MBBS (Terre Haute)**
 Student Region Director: **Stacey Walters, MS4 (Indianapolis)**
 Student Region Alternate Director: **Meredith Faller, MS3 (Indianapolis)**

AAFP Delegate: **Teresa Lovins, MD (Columbus)**
 AAFP Alternate Delegate: **Jason Marker, MD (Wyatt)**

All items passed by the IAFP Congress are referred to as mandates. A full list of the 2014 mandates will be listed in this article. During the next year, the IAFP commissions and committees will take action on the mandates.

IAFP 2014 Mandates

Item #1 Exclusion of Tramadol from the Medical Licensing Board Opioid Prescribing Rule

RESOLVED, that the Indiana Academy of Family Physicians support legislation that excludes tramadol from the Medical Licensing Board (MLB) Opioid Prescribing Rule or petition the MLB to consider exclusion of tramadol and further be it

RESOLVED, that this resolution be referred to the Indiana State Medical Association for consideration.

Thank You and Best Wishes to Deeda Ferree

Your Academy's deputy executive vice president, Deeda Ferree, retired at the start of October after more than 30 years with us. She began her Academy career by coordinating membership needs when the IAFP office was located on the southwest side of Indianapolis. Passionate about the value of family medicine in a rapidly changing health care environment, Deeda worked tirelessly on behalf of our members. The IAFP would not be what it is today without her hard work and leadership. Deeda has always said that she considers IAFP staff and membership to be her extended family, and it is safe to say that the feeling is mutual! We wish her much happiness in her adventures to come.



Deeda Ferree and Kevin Speer at the 2014 IAFP Annual Convention



IAFP Political Action Committee Needs Your Help!

Did you know? IAFP has a bipartisan political action committee (PAC). Its purpose is to ensure family physicians have a seat at the table when important issues like health care reform, provider reimbursement and scope-of-practice issues are before the Legislature.

Who benefits from the IAFP PAC?

You do. IAFP PAC donations are more powerful than individual donations, as our PAC contributions represent a combined and unified voice. There is strength in numbers!

Where does the PAC money go?

It goes to the most influential Indiana legislators in health policy and fiscal leadership positions.

What is the relationship between the IAFP PAC and the AAFP PAC? There is none. These two PACs are separate. Please consider contributing at the IAFP level to impact state-based legislation.

How does IAFP's PAC compare to other state PACs? While we have managed to be successful in representing family medicine before the Legislature, it has not been because of a robust PAC. Here's

a breakdown of recent IAFP contributions, compared to other industry PACs:

- 2013 – 33 IAFP members contributed for a *total* contribution of less than \$4,500
- 2012 – 19 IAFP members contributed for a *total* contribution of less than \$2,500
- 2011 – 28 IAFP members contributed for a *total* contribution of less than \$2,950

Compare this to:

- Indiana Trial Lawyers PAC contributed over \$120,000 to Indiana legislators during 2013*
- Indiana State Medical Association PAC contributed over \$60,000 to Indiana legislators during 2013**
- Indiana Hospital Association PAC contributed over \$80,000 to Indiana legislators during 2013

We Can Do It!

The good news is IAFP has over 2,000 members. **If every member contributed just \$20, the IAFP PAC would have over \$40,000 to contribute to key legislative candidates.** Make your check payable to **IAFP PAC**, and mail it to IAFP PAC, 55 Monument Circle, Suite 400, Indianapolis, IN 46204.

Why Now?

It is more important now than ever to make the family physician voice heard! With health insurance coverage expansion likely, there will be 300,000 to 500,000 newly enrolled Hoosiers in the coming years. IAFP needs a seat at the table to ensure family physicians remain the frontline providers!

**Numbers based on Indiana Election Division, Campaign Finance Reports*

***Numbers based on OpenSecrets.org*

2014 Match Day Results

The IAFP is proud to recognize the 23 IUSM students who matched with a family medicine residency program in Indiana. In total, 37 IUSM students matched in family medicine! The IAFP Foundation hosted our new graduates at a Match Day Dinner this spring.

Sarah Badenhop

St. Francis Hospital,
Indianapolis, Indiana

Daniel Frick

Community Hospital,
Indianapolis, Indiana

John Marx

Indiana University Health Ball
Memorial, Muncie, Indiana

Patrick Titzer

Union Hospital,
Terra Haute, Indiana

Andrew Benton

Deaconess Hospital,
Evansville, Indiana

Benjamin Garmen

St. Joseph's Regional Medical
Center, Mishawaka, Indiana

Bryan Norkus

St. Joseph's Regional Medical
Center, Mishawaka, Indiana

Trever VanderHorst

Fort Wayne Medical Educa-
tion Program, Fort Wayne,
Indiana

Ragan Brackett

Community Hospital,
Indianapolis, Indiana

Anna Grady

Indiana University Health Ball
Memorial, Muncie, Indiana

Luke Pittman

Community Hospitals,
Indianapolis, Indiana

Joseph Varnau

Indiana University Health Ball
Memorial, Muncie, Indiana

Gordon Brown

St. Vincent Hospital,
Indianapolis, Indiana

Tracy Hitzeman

Fort Wayne Medical Education
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James Wilcox

Indiana University Health Ball
Memorial, Muncie, Indiana

Andrew Daluga

Indiana University Health Ball
Memorial, Muncie, Indiana

Kathryn Lee

Deaconess Hospital,
Evansville, Indiana

James Strycker

Memorial Hospital,
South Bend, Indiana

Residency Program News

St. Joseph Regional Medical Center

St. Joseph FMR presented IAFP member Dr. Brian Moloney with a plaque of recognition for 25 years of service to the hospital.

They also presented IAFP member Dr. Robert King with our Dean Richards Award, which is given to a family medicine physician who portrays behavior in alignment with: commitment to patients, well respected in community, and maintains balance in both personal and professional life.

In the July Issue of *Evidence-Based Practice*, two of our faculty members and one of our past third-year residents had a publication titled "What is the best treatment for gastroesophageal reflux in

an infant?" The authors are Kevin Ericson, MD; Ted Neumann, MD; and Jonathan Schmidt, MD.

Deaconess Family Medicine Residency Program

The Deaconess Family Medicine Residency Program in Evansville, Indiana, is excited to announce it will be relocating to a new facility to accommodate the expansion of its program. The residency received approval from the ACGME in January to expand to a 24-resident complement in an 8-8-8 format over the next three years. The first class of eight started July 1, 2014. The anticipated relocation is scheduled to occur in the spring of 2015.

The residency is also proud to announce the completion of Centering Health-

care™ training. Group prenatal visits have shown to reduce the incidence of preterm birth¹. The implementation of the first group visit was scheduled for mid-August. Special thanks and recognition go to the Welborn Foundation and March of Dimes for their grant funding that made this health care delivery model possible.

Congratulations to PGY2 resident Dr. Thomas Selby and Assistant Director Dr. Jared Kocher for their recent publication in the July Issue of the *American Family Physician*. They reviewed the evidence of using antibiotics to treat sore throats within the Cochrane for Clinicians series.

References

1. Novick G, Reid A, Lewis J, et al. Group prenatal care: model fidelity and outcomes. *Am J Obstet Gynecol* 2013;209:112.e1-6.

Are You Making These Mistakes? Part 1

by Joy Newby, LPN, CPC, Newby Consulting, Inc.

Lord Harold Samuel, a real estate tycoon in Britain, coined the expression: “There are three things that matter in property: *location, location, location.*” The three things that matter in a payer audit are *documentation, documentation, documentation.*

The Comprehensive Error Rate Testing Program (CERT) was created to calculate the Medicare fee-for-service (FFS) program improper payment rate. The CERT program considers any payment that should not have been made or that was paid at an incorrect amount (including *both overpayments and underpayments*) to be an improper payment.

It is important to note that the improper payment rate **does not measure fraud**. It estimates the payments that did not meet Medicare coverage, coding and billing rules.

Part 1 of this article discusses physician payment errors. Part 2 (in the next issue) will discuss how physicians’ documentation affects the payments to other providers, facilities, suppliers, etc.

2013 Improper Payments Report

The glass is more than half-full! According to the Medicare Fee-For-Service 2013 Improper Payments Report, the estimated 2013 Medicare fee-for-service (FFS) compliance rate — the percentage of Medicare dollars paid correctly — was 89.9 percent. According to the report, based on claims submitted during the 12-month period from July 2011 through June 2012, Medicare paid an estimated \$321.4 billion correctly for the claims submitted during the sampled timeframe.

If my math is correct, it also means that the percentage of Medicare dollars paid incorrectly was 10.1 percent. Extrapolated, this means that Medicare paid an estimated **\$36.0 billion incorrectly** between July 2011 and June 2012.

*The most common cause of improper payments during the 2013 report period (accounting for 56.8 percent of total improper payments) was **lack of documentation** to support the services or supplies billed to Medicare.*

The complete report is available on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/CERT-Reports-Items/Downloads/MedicareFee-for-Service2013ImproperPaymentsReport.pdf.

Methodology

After the CERT program identifies a claim as part of the sample, it requests the associated medical records and other pertinent documentation from the provider or supplier who submitted the claim via letter. CERT makes phone calls to validate the provider’s or supplier’s contact information and to address questions or concerns about the request. The CERT program sends at least three subsequent letters if the provider or supplier fails to respond to the initial request.

For some claim types (e.g., DMEPOS, clinical diagnostic laboratory services), in addition to the initial request sent to the billing provider and supplier, **the referring provider** who ordered the item or service also receives a request for documentation. This is done because sometimes the referring provider **maintains the documentation to support the medical necessity** of the services billed.

To read the rest of this article, please visit our website (www.in-afp.org) and click on “Education & Practice Management,” and then “Coding and Billing Updates.” Please note that we have password-protected certain sections of our website so that they are accessible to members only. If you have not received the login information in your IAFP Today email newsletter, please contact us at iafp@in-afp.org or call 317.237.4237.

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