



**American Orthotic &  
Prosthetic Association**

## **AOPA 1<sup>st</sup> Quarter 2014 Staff Report**

**To: AOPA Membership**  
**From: Thomas F. Fise, Executive Director**  
**Date: April 18, 2014**

**Subject: Subject: Due Process Denied, Litigation Still Pending, CMS Unresponsive, Lawmakers Support O&P and Mobility Saves Program Launches Sophisticated O&P Awareness Effort!**

These are the key headlines as we recap the first three months of 2014 which almost included the April 2-4 AOPA Policy Forum in Washington. While not officially part of the 1st quarter, this year's Policy Forum still needs your attention while the event is still fresh in everyone's mind.

Those attending this year's Policy Forum were robust advocates for the issues that matter to you. An important "ask" was to request their Senators and Representatives to sign on to a letter authored by Representatives Tammy Duckworth (D-IL) and Todd Rokita (R-IN) pointing out that, "With ALJs siding fully with appellants in over half of all decisions, ALJs realistically amount to a provider's primary means of challenging costly and often prejudicial CMS auditor decisions."

The letter also made a common sense plea to suspend RAC audits until the ALJ appeals process is fixed by noting that, "As OMHA is leaving Medicare providers without an avenue of redress against auditors' payment denials, we believe it is only fair that you suspend these audits until an appropriate, timely, and statutorily required system providing due process to providers is restored." The letter is addressed to HHS Secretary Sebelius with copy to CMS Administrator Tavenner. Secretary Sebelius has announced her resignation but will likely stay until her successor is confirmed. Office of Management and Budget Director, Sylvia Mathews Burwell, has been nominated to succeed Secretary Sebelius. AOPA members can go the AOPA's advocacy website, [www.AOPAvotes.com](http://www.AOPAvotes.com) and take two minutes to send a letter to your Representatives requesting that they sign on to the Duckworth/Rokita letter seeking the RAC audit suspension.

The government's motion to dismiss AOPA's lawsuit against CMS claiming the "Dear Physician Letter" which triggered the RAC audits was a policy change improperly implemented without the required notice and comment period mandated by the Administrative Procedure Act is still pending. A recent favorable development was the denial of the government's motion to dismiss in another lawsuit filed against CMS that had some similarities to AOPA's and that lawsuit will now go forward. AOPA's attorneys filed a "Notice of Supplemental Authority" alerting the Judge handling AOPA's lawsuit of the higher court's action.

### **Legislative Activities**

#### **The Medicare O&P Improvement Act**

The Medicare O&P Improvement Act of 2013 (H.R. 3112) was introduced by Rep. Glenn Thompson (R-PA) and Rep. Mike Thompson (R-CA) on September 17, 2013, and it takes a very constructive and proactive approach to tackling fraud and abuse while saving money for the Medicare program and taxpayers. It would require CMS to implement provisions of the Benefits Improvement and Portability Act of 2000.

It prohibits the Centers for Medicare and Medicaid Services (CMS) from making any payment for orthotics and prosthetics to a provider who is not appropriately licensed (if a state requires licensure), and it underscores the existing statute that practitioners in states without licensure to be accredited and requires CMS to implement regulations on this qualified provider topic. The combination of these two much needed reforms will keep fraudulent providers out of the O&P arena, so that only legitimate, qualified O&P practitioners will be paid for serving Medicare beneficiaries.

Also, since eligibility for payment would be linked to the qualifications of the provider and the complexity of the device the patient needs, patient quality of care will be improved. Additionally, taxpayer dollars will be saved through a reduction in poor outcomes and repeated charges for follow up O&P care that would not be necessary if a qualified provider served the patient in the first instance.

Further reinforcement for AOPA's position came from a joint February 5<sup>th</sup> letter from Senate Finance Committee Chair, Ron Wyden (D-OR), and Finance Committee member, Debbie Stabenow (D-MI) to CMS Administrator Tavenner pointing out payments to unlicensed providers had not been prevented by CMS. An identical joint letter was sent to the Administrator by House Ways and Means Chair, David Camp (R-MI) and Health Subcommittee Chair, Kevin Brady (R-TX). Both letters received a March 6<sup>th</sup> response from Administrator Tavenner in which she pledged to these legislators that CMS had put measures in place to stop unlicensed provider payments in all states. AOPA continues to monitor and communicate with Congressional staff as some assertions in her letter are suspect as to accuracy.

Please contact your Representative and ask them to sign on to and become a co-sponsor of the Medicare Orthotics and Prosthetics Improvement Act of 2013 (H.R. 3112) via the AOPAVotes website, [www.AOPAVotes.org](http://www.AOPAVotes.org). At this time 205 members have sent 232 separate letters to 138 different Representatives. So, if you have not already done so please visit the AOPAVotes website and send your letter. As of April 10, 2014, these Representatives have joined co-sponsors Glenn Thompson (R-PA-5) and Mike Thompson (D-CA-5) by signing on: Tammy Duckworth (D-IL-8), Tim Griffin (R-AR-2), Brett Guthrie (R-KY-2), Steve Israel (D-NY-3), Peter King (R-NY-2), Tom Latham (R-IA-3), James P. McGovern (D-MA-2), Peter Roskam (R-IL-6), C. A. Dutch Ruppertsberger, (D-MD-2) and Aaron Schock (R-IL-18).

### **Insurance Fairness for Amputees Act**

The Insurance Fairness for Amputees Act (H.R. 3020) was introduced by Rep. Charles Dent (R-PA) and Rep. Robert Andrews (D-NJ) on August 2, 2013 and it attempts to provide fairness under group and individual health plans for the provision of benefits for prosthetics and custom orthotics on the same basis as the plan's general medical and surgical coverage, by ensuring that no separate caps, exclusions or lifetime limits be placed on orthotic and prosthetic services and items. Also, it is important to stress that this Act would not mandate coverage, and enactment of this act would incur zero dollars in federal costs. The cost to private insurers would be minimal, less than a dollar per beneficiary per year.

AOPA members should contact their Representatives and ask them to sign on to and become a co-sponsor of the Insurance Fairness for Amputees Act via the AOPAVotes website, [www.AOPAVotes.org](http://www.AOPAVotes.org). Twenty-five members have sent 22 separate letters to 16 different Representatives. So, if you have not already done so please visit the AOPAVotes website and send your letter.

### **Wounded Warrior Workforce Enhancement Act**

The Wounded Warrior Workforce Enhancement Act (S. 522) was introduced by Sen. Richard Durbin (D – IL) on March 11, 2013. The Act directs the Veterans Administration to provide grants to schools and universities to either create or expand upon current masters and/or doctoral programs for O&P. The grants may be used to supplement faculty salaries, offer financial aid to admit additional students and a host of other positive actions to enhance O&P teaching institutions.

Provisions of S. 522 were folded into Section 322 of the Comprehensive Veterans Health and Benefits and Military Retirement Pay Restoration Act of 2014 (S.1982) by the Senate VA Committee. This bill failed to pass the Senate vote, by a narrow margin, because it was deemed to be too costly. But, that doesn't mean we have lost the \$10 million dollars!

The Senate VA Committee is now looking at the bill for pieces that could be dropped to reduce the price tag and win the votes that are needed to pass the legislation. While our \$10 million piece is tiny, we have no particular reason to think that it will be a target, in the cost-cutting exercise but everything is at risk regardless of how small.

Catriona Macdonald of Linchpin Strategies has been AOPA's consultant in getting this legislation introduced and the subsequent inclusion of the outcomes research provision in the appropriations bill signed into law by the President.

To receive more information on this bill or to send a letter your Senators, and Representatives, asking them to endorse Section 322 please visit the AOPAVotes website at [www.AOPAVotes.org](http://www.AOPAVotes.org)

### **Success Story for O&P Outcomes Research**

There is another funding and legislative success story that started with Sen. Durbin's introduction of the Wounded Warrior Research Enhancement Act (S. 521), an effort also led by AOPA's legislative consultant on appropriated funding, Catriona Macdonald of Linchpin Strategies. While all provisions of S. 521 were not included as part of the Omnibus Appropriation Act signed into law January 17, 2014, \$10 million for O&P outcomes research funding was included in the Department of Defense funding section. AOPA held a webinar led by Ms. Macdonald on how the research grant funding process was likely to work and more information on the agency that will probably have responsibility (with appropriate input from O&P organizations) for selection of topics and researchers.

### **Injured & Amputee Veterans Bill of Rights**

Injured and Amputee Veterans Bill of Rights (H.R. 3408) was introduced by Representative Renee Ellmers (R-NC) on October 31, 2013 and currently has 38 co-sponsors. This bill will require the VA to post a written list of 'rights' that apply to every veteran in need of O&P care and these rights include:

- Access to appropriate O&P technology to meet individual veterans' needs
- Ability to receive care from a private O&P practitioner of choice (the vast majority of veterans receive prosthetic care through 600 contracts with private O&P practitioners)
- A second opinion from VA medical personnel as to O&P treatment options
- Have a functional spare prosthetic limb or orthotic brace, and
- Timely and efficient prosthetic and orthotic care.

While veterans currently have these rights, many veterans and even VA employees are unaware of the available healthcare options.

To receive more information on this bill or to send a letter to your Representative asking them to sign on and become a co-sponsor of H.R. 3408 please visit the AOPAVotes website at [www.AOPAVotes.org](http://www.AOPAVotes.org).

## **Coding and Reimbursement**

### **Revised DME MAC Guidance for Off-the-Shelf Orthoses & Medical Policy Revisions**

The Centers for Medicare and Medicaid Services (CMS) with the release of the 2014 HCPCS codes created a new subset of prefabricated codes, 55 in total, which they deemed to be off-the-shelf (OTS) orthoses. They also created a series of 23 "split codes" for orthoses that can be provided either off the shelf or customized to fit a specific patient by an individual with expertise. The creation of the split codes and the OTS codes raised many questions, including who will make the decision whether an orthoses requires proper fitting by a trained individual or can be delivered as an off the shelf item without additional fitting and training, and what documentation will be required to support claims for services that require proper fitting by a qualified individual?

On February 28, 2014, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) released a joint policy bulletin entitled, "Correct Coding – Definitions Used for Off-the-Shelf, Custom Fitted and Custom Fabricated Orthotics (Braces)." This policy bulletin was subsequently retracted on March 7,

2014 without explanation as to the reason for the retraction. On March 27, 2014, The DME MACs released a revised version of the policy bulletin entitled, “Correct Coding – Definitions Used for Off-the-Shelf, Custom Fitted Prefabricated Orthotics (Braces)-Revised.” While the revised policy bulletin removed all references to custom fabricated orthoses, it remained substantially unchanged regarding the provision of off the shelf orthoses and custom fitted orthoses. Below is a summary of the key points of DME MAC correct coding announcement.

- ***The policy bulletin states that off-the-shelf orthoses are prefabricated items that may be provided as part of a kit requiring some assembly or installation of add-on components and that this assembly does not reclassify an item from OTS to custom fitted.***

AOPA believes that items that must be assembled by the provider prior to delivery to the patient may be classified as custom fitted orthoses according to the type of assembly required and the potential need for clinical expertise in proper assembly to ensure a correct fit for the patient.

- ***The policy bulletin states that OTS items require minimal self adjustment for fitting at the time of delivery and the fitting does not require the expertise of a certified orthotist or an individual with equivalent specialized training in the provision of orthoses.***

AOPA believes this statement is overly broad and ignores both the way this term is defined in the statute, and the recognition of properly credentialed individuals such as certified orthotic fitters as individuals who are qualified to fit non-OTS orthoses.

- ***The policy bulletin points to the expanded regulatory definition of “minimal self adjustment” contained in 42 CFR 414.402 which includes adjustments made by the beneficiary, caretaker for the beneficiary, or supplier and does not require the services of a certified orthotist or an individual who has specialized training.***

AOPA remains gravely concerned that the use of the regulatory definition of “minimal self adjustment” far exceeds the intent of the original statute which limited the term “minimal self adjustment” to those that the beneficiary themselves could make to adjust the fit of the orthosis.

- ***The policy bulletin states that fabrication of an orthosis using CAD/CAM or similar technology without the creation of a positive model with minimal self adjustment at delivery is considered as OTS and the use of CAD/CAM or similar technology without the creation of a positive model, but with the requirement for substantial modification at delivery is considered custom fitted.***

AOPA believes that current and future CAD/CAM technology may not require creation of a positive model in order to fabricate custom fitted or even custom fabricated orthoses. The use of CAD/CAM or similar technology in fabricating an orthosis bears no relevance on how that orthosis is classified.

- ***The policy bulletin states that “classification as custom fitted requires substantial modification for fitting at the time of delivery” and subsequently defines substantial modification as “changes made to achieve an individualized fit of the item that requires the expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthotics such as a physician, treating practitioner, an occupational therapist, or a physical therapist in compliance with all applicable Federal and state licensure and regulatory requirements.”***

AOPA believes that the introduction of the term “substantial modification” (this term is not mentioned at all in the statute) further expands the misinterpretation of the statutory definition of “minimal self adjustment” and applies a standard that far exceeds the intent of the statutory definition of off-the-shelf orthoses.

- ***The policy bulletin indicates that the ordering physician will be the one in charge of determining which item is provided to the patient. The bulletin states that the supplier must provide the item that is specified by the ordering physician, for example the type of***

***orthosis and the method of fitting and/or fabrication and there must be detailed documentation that justifies the code selected for custom fitted versus OTS codes.***

AOPA supports open communication between O&P providers and referral sources but also believes that in many cases the determination of what type of orthosis the patient requires will not be made by the physician alone. The physician typically relies on the expertise and knowledge of the orthotist to recommend, through a professional evaluation, the most appropriate orthosis for the patient's medical needs. The decision must be made with the best interest of the patient in mind and must be made by the physician and the orthotist together. In addition, the medical records of the orthotist must be considered when reviewing patient files for proper documentation. Such important decisions affecting documentation and continuity of care for these patients cannot be made by regulators without involvement and input from all stakeholders—including health professionals and patients.

In addition to the publication of the revised policy bulletin on the proper coding of OTS versus custom fitted orthoses, the DME MACs simultaneously published revisions to the LCDs and Policy Articles for AFOs/KAFOs, Knee orthoses, and Spinal orthoses that incorporated the provisions of the policy bulletin into the actual medical policies. These policies are being applied retroactively for claims with a date of service on or after January 1, 2014. AOPA believes that the DME MACs do not have the authority to make claim decisions using policies that were not published at the time the service was delivered.

AOPA already expressed serious concerns on some of these topics in March 28<sup>th</sup> comments on the CMS Rulemaking Notice relating to competitive bidding. Subsequently, AOPA forwarded a letter on April 2<sup>th</sup> to CMS Chronic Care Policy Group Director, Laurence Wilson, specific to this recent DME MAC publication, over the creation and implementation of policy by CMS contractors without any regard to required compliance with the notice and rulemaking provisions of the Administrative Procedure Act.

**Medicare RAC Audit Activity**

On February 18, 2014, The Centers for Medicare and Medicaid Services (CMS) announced that due to the upcoming transition of contractors responsible for performing Recovery Audit Contractor (RAC) duties, providers may see a pause in RAC activities. As the initial RAC contracts are reaching the end of their term, CMS is in the process of reviewing responses to a request for proposals (RFPs) which will ultimately result in the award of new RAC contracts in the next few months. As part of this process, CMS will be consolidating the RAC contract for DMEPOS, Home Health and Hospice services into a single RAC contract that will provide all RAC services nationwide for these three benefit categories. Previously these services were performed by all four RAC contractors under the current contract model. CMS has stated that the reason for the pause in RAC activities is to allow the current RAC contractors to complete any audits already in process before the expiration of their contract.

In its release, CMS indicated that the last day a RAC contractor may send an additional documentation request (ADR) to a provider is February 21, 2014. The last day a RAC may send an overpayment notice to a Medicare Administrative Contractor (MAC) for purposes of collection is June 1, 2014.

Unfortunately, we do NOT know either the target date for the announcement and implementation of the new national RAC contractor. We would not expect that the delay between June 1 deadline for sending an overpayment notice and the effective date for the new RAC contractor will be a long one. We would also urge members to be prepared for the onset of some transitional SNAFUs and for the new RAC contractors to be very vigilant in eventually asserting its role as the “new sheriff.”

In addition to the announcement regarding the pause in RAC activities during the transition between contractors, CMS also announced several refinements to the RAC program that it intends to implement with the new contract awards.

AOPA and other provider groups have been continually pressing CMS regarding the need for major reform to the unfair, prejudicial, and unreasonable RAC program.

While the refinements in the chart below represent only a small part of the reform that is necessary to fix the broken RAC system, it is encouraging to know that CMS has at least heard the concerns of AOPA and other affected groups and is willing to refine the RAC system in response to those concerns. The chart below is available on the CMS website.

<b>Concern</b>	<b>Program Change</b>
Upon notification of an appeal by a provider, the Recovery Auditor is required to stop the discussion period.	Recovery Auditors must wait 30 days to allow for a discussion before sending the claim to the MAC for adjustment. Providers will not have to choose between initiating a discussion and an appeal.
Providers do not receive confirmation that their discussion request has been received.	Recovery Auditors must confirm receipt of a discussion request within three days.
Recovery Auditors are paid their contingency fee after recoupment of improper payments, even if the provider chooses to appeal.	Recovery Auditors must wait until the second level of appeal is exhausted before they receive their contingency fee.
Additional documentation request (ADR) limits are based on the entire facility, without regard to the differences in department within the facility.	The CMS is establishing revised ADR limits that will be diversified across different claim types (e.g., inpatient, outpatient).
ADR limits are the same for all providers of similar size and are not adjusted based on a provider's compliance with Medicare rules.	CMS will require Recovery Auditors to adjust the ADR limits in accordance with a provider's denial rate. Providers with low denial rates will have lower ADR limits while provider with high denial rates will have higher ADR limits.

Of further concern has been the delays in scheduling claims denial appeals with the Administrative Law Judge culminating in the announcement by the Office of Medicare Hearings and Appeals (OMHA) of a two year suspension in scheduling any appeals due to the 184% increased workload for ALJs over the past three years. AOPA wrote Administrator Tavenner requesting “that all of these audits be suspended until CMS and HHS put their house in order so that ALJ hearings are available within 90 days to conform to the law.”

AOPA will continue to monitor developments regarding changes to the RAC program and communicate any updates to AOPA members in an efficient manner.

**ICD-10 Implementation is Delayed**

The Senate approved the Protecting Access to Medicare Act of 2014 (H.R. 4302) and it was signed into law by President Obama on April 1<sup>st</sup>. The Act once again creates a temporary “doc fix” to the Medicare sustainable growth rate (SGR) which would dramatically reduce physician Medicare payments and delays the implementation of ICD-10 codes by one year until October 1, 2015.

**AOPA Government Relations Update**

**2014 O&P PAC Donors & Supporters**

The O&P PAC is the political action committee representing you and the O&P community on Capitol Hill and provides you with a means of increasing the visibility and recognition of orthotic and prosthetic services among legislators. It allows individuals to unite and pool their resources to support candidates for federal office who understand the crucial role of O&P in the health care delivery system.

Thanks to the following individuals for their contributions to the O&P PAC during the first quarter of 2014. This list covers the period from January 1, 2014 through April 10, 2014. If we missed your name please accept our

apologies, and any contributions made or received after April 10, 2014 will be published in the O&P Almanac and the next quarterly staff report.

- Maynard Carkhuff
- Wendy Miller, BOCO, CDME
- Claudia Zacharias, MBA, CAE

**Special Support Group** – Each year, the O&P PAC organizes fundraising events for members of Congress who have been supportive of O&P. For each event AOPA members make a personal contribution to the member's campaign and spend time with the member talking about a variety of issues including health care and the provision of O&P. These events are a unique way to share O&P concerns, get to know a member of Congress, and have been very successful in getting Congress to understand O&P concerns.

*We would like to thank those individuals who in 2014 have donated directly to a candidate's fundraiser or to an O&P PAC sponsored event, as they provide valuable support in achieving the legislative goals of AOPA and the O&P PAC.*

- James Campbell, Ph.D., CO
- Maynard Carkhuff
- Jeff Collins, CPA
- Charles Dankmeyer, CPO
- Mitchell Dobson, CPO, FAAOP
- Thomas F. Fise, JD
- Rick Fleetwood, MPA
- Elizabeth Ginzler, CPO
- John Horne, CPO
- Paul Johnston, CP, CPed, Cfo
- Thomas Kirk, PhD
- Alfred Kritter, Jr., CPO, FAAOP
- Eileen Levis
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- Scott Schneider
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- Clint Snell, CPO
- Ted Trower, CPO, FAAOP
- Frank Vero, CPO
- Jim Weber, MBA
- Pam Young
- James Young, CP, FAAOP

### **7<sup>th</sup> Annual Wine Auction & Tasting**

The 7<sup>th</sup> Annual Wine Tasting & Auction is scheduled to take place at 6:30 p.m., on Friday, September 5<sup>th</sup> during the 2014 AOPA National Assembly. The Wine Tasting and Auction is a fun event but seriously important in its ability to focus attention on the AOPA PAC's role in supporting the AOPA legislative agenda. Proceeds from the wine auction and the registration fees paid by personal checks PAC eligible donors go directly to the AOPA Political Action Committee. The auction plays vital role for raising awareness of all of AOPA's Government Relations advocacy outreach programs.

If you would like more information on the wine auction (i.e. interested in donating, interested in attending, etc.) please contact Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **2014 Capitol Connection Donors & Supporters**

Capitol Connection is a fund established by AOPA to supplement and aid its government relations program and to cover any costs or expenditures that may not be covered by the general government relations budget. Typically, funds from Capitol Connection help finance studies which support AOPA's legislative and regulatory positions. The funds are also used to create and distribute educational materials, such as the 2012 *AOPA Key Issues* book and the 2013 *A Compendium of Key Documents and Actions: Related to RAC and other CMS Audit Activities*, and help cover costs related to hosting the annual AOPA Policy Forum and underwrite the costs associated with the AOPAVotes web site.

**AOPA** would like to acknowledge and thank the following **AOPA** members for their recent contributions to and support of Capitol Connection:

- Ace Prosthetics Inc.
- Adaptive Prosthetics & Orthotics LLC
- Adaptive Technologies Inc./dba Beacon Prosthetics & Orthotics
- Advanced Prosthetic Research, Inc
- Advanced Prosthetics Center LLC
- Allegheny Orthotics & Prosthetics
- Allen Orthopedic Labs Inc.
- Allen Orthotics & Prosthetics Inc
- Alpert's Medical Equipment & Supply Inc.
- Amarillo Artificial Limb & Brace Co.
- Applied Orthotics & Prosthetics
- Aqualeg Inc.
- Arise Prosthetics LLC
- Aselage Orthotic Services
- Augusta Orthotics & Prosthetics
- Baker O&P Enterprises Inc.
- Boston Artificial Limb Co. Inc.
- CarePoint Medical
- Center for Orthotic & Prosthetic Care
- CFI Prosthetics & Orthotics
- Coastal Orthotics & Prosthetics
- Comfort Prosthetics & Orthotics
- Cornerstone Prosthetics & Orthotics Inc.
- Cresap Orthotics & Prosthetics Inc.
- Custom Orthotics & Prosthetics
- David A. Yates & Associates Inc./dba Jonesboro P&O Lab
- Farrell Prosthetics
- Floyd Brace Co. Inc.
- Fourroux Prosthetics Inc.
- Horizon Orthotic & Prosthetic Experience Inc. (HOPE)
- Human Technology Inc.
- International Prosthetics & Orthotics
- J&K Orthopedics Inc.
- John W. Michael Ltd.
- Kansas City Artificial Limbs Inc.
- Kinetic Research Inc.
- Louisville Prosthetics
- Lubbock Artificial Limb & Brace LLP
- Master's Orthotics & Prosthetics
- Midlands Prosthetics & Orthotics
- Midwest Orthotic Services LLC
- Minnesota Prosthetics & Orthotics
- Muilenburg Prosthetics Inc.
- North Coast Orthotics & Prosthetics
- North Shore Orthotics Prosthetics
- Orthologix LLC © Orthopedic Appliances of Central New York Inc.
- Orthotic Solutions LLC
- Ortopedia Ortiz Hermanos S.A. DE C.V.
- PFS Med Inc
- Prosthetic Innovations
- Prosthetics Etc. Inc.
- R.J. Rosenberg Orthopedic Lab Inc.
- Reach Orthotic & Prosthetic Services Inc.
- Rehabilitation Practitioners Inc.
- Riverview Orthotics & Prosthetics
- Rocky Mountain Artificial Limb & Brace Inc.
- Roden Leather Co. Inc.
- Rogerson Orthopedic Appliances Inc.
- Sanford Health HealthCare Accessories LLC
- Sisson Mobility Restoration Center Inc.
- Snell Prosthetic & Orthotic Laboratory
- Stubbs Prosthetics & Orthotics Inc.
- Synergy Orthotics & Prosthetics LLC
- Tamarack Habilitation Technologies Inc.
- The Brace Place, Inc.
- Tillges Certified Orthotic Prosthetic Inc.
- University of Michigan Orthotics & Prosthetics Cente

### **AOPAVersity – Your Education Center**

#### **Mastering Medicare: Essential Coding and Billing Techniques Seminar**

AOPA has presented the Essential Coding & Billing Seminar in New Orleans and Las Vegas so far in 2014. The next seminar will be held in Boston, Massachusetts on June 12<sup>th</sup> and 13<sup>th</sup> and a final seminar date and location will be announced soon.

## **AOPA Mastering Medicare Audioconferences**

AOPA continues to produce its monthly Mastering Medicare Audioconference series. These one hour, interactive sessions provide AOPA with the opportunity to communicate important information about current issues affecting the AOPA membership. Attendance for the audioconferences continue to rise, often with over 100 separate phone lines registered for the calls.

## **2014 National Assembly-Experience the Energy**

### **2014 National Assembly—Experience the Energy**

Don't miss the 2014 AOPA National Assembly, September 4-7 at the Mandalay Bay Resort in Las Vegas. No other city competes with the energy, atmosphere, and excitement of Las Vegas – and no other show competes with the education, exhibit hall or networking opportunities of the AOPA National Assembly.

There are many reasons why Las Vegas commands the title as "The Entertainment Capital of the World" and no matter what you call fun, Las Vegas has it. Cirque du Soleil productions, Broadway Performances, World-Class Cuisine, Sizzling Nightlife, A shopper's Paradise and of course the best people watching! But, there is only one reason why the AOPA National Assembly is the country's largest gathering for O&P professionals—simply the best education of any O&P meeting in the United States! You will hear from more researchers, physicians, business experts, academicians and top practitioners, including:

***Cordell "Corky" Atkins, PT, DPT, CWS, CDE, CPed; Marybeth Barkocy, PT, DPT; Nicoleta Bugnariu, PT, PhD; Mark Bussell, MD, CPO; Stefano Brunelli, MD; Andrea Giovanni Cutti, PhD; Marny Eulberg, MD; Janos Ertl, MD; Andrew Hansen, PhD; Hugh Herr, PhD; Jason Highsmith, PhD, CPO, FAAOP; Donna Robertson, AT, CPed; Urs Schneider, MD, PhD; Olena Seminog, MD; Troy S. Watson, MD.***

**You really won't want to miss this incredible show as we combine the ENERGY of Las Vegas with the ENERGY of 200 Exhibitors and the ENERGY of more than 2,300 attendees along with high-level business and clinical experts to give you the dynamic 2014 AOPA National Assembly.**

### **Why You should Attend**

- Earn over 32 CE Credits
- Learn in any of the five dedicated education tracks—providing you with the most relevant education for orthotists, prosthetists, technicians, pedorthists and business managers
- Unprecedented business education featuring experts in O&P business management, documentation, healthcare reform and marketing
- Innovative four day Pedorthic Education Program focusing on Diabetic treatment and wound care from a multidisciplinary faculty of Physicians, Wound Care Experts and Diabetes Educators
- Four days of Technical Education
- New and Improved Thranhardt Golf Classic scheduled the day before Workshops
- Revised Exhibit Hall Schedule provides more time in the exhibit hall without sacrificing CE Credits.
- More receptions and networking events
- Scientific programs featuring an extensive symposium on scoliosis and futuristic programs on Wound Care.
- Networking and career advancement for practitioners and suppliers at all levels of experience—opportunities abound, from receptions to golf, to a happy hour reception to the wine auction and tasting.
- Fabulous shopping, entertainment, championship golf and unparalleled people watching—all of this on the Las Vegas Strip!

The planning committee made up of five workgroups has been hard at work since last December to bring you the best clinical and business content available.

### **2014 National Assembly Planning Committee Members**

Christopher J. Nolan (Chairman); Frank H. Bostock, CO, FAAOP; James H. Campbell, PhD, CO; Eric Craig; Thomas V. DiBello, CO, LO, FAAOP; Traci Dralle; Mark Geil, PhD; Fran Jenkins; Dennis Janisse, CPed.; Thomas F. Kirk, PhD; Geza Kogler, CO, PhD; Anita Liberman-Lamphear, MA; Karen Lundquist, MBC; Mike

Magill; Brad Mattear, CPA, CFO; Edward Neumann, PhD, PE, CP, FAAOP; Stephanie Olivo-Schulte; Michael Orendurff, PhD ; Karen Peters; Klaas Postema, MD, PhD; Anthony Potter; Don Shurr, PT, CPO; Brian Stroup; and Jason D. Wening, MS, CPO, FAAOP

### **Participate in the Third Annual Technical Fabrication Contest**

This year's contest is to fabricate a lower extremity Orthosis or Prosthesis that best reflects the entrant's interpretation of "energy" as it applies to Prosthetics and Orthotics. The projects submitted will be judged on ingenuity, design, finish and function. All entries will require a statement that provides the contestant's insights as to why they fabricated the specific design submitted. Enter the contest at <https://aopa.wufoo.com/forms/2014-aopa-opta-technical-fabrication-contest/>

en · er · gy *noun, plural* en-er-gies. The capacity for vigorous activity; available power; an adequate or abundant amount of such power; often, energies. a feeling of tension caused or seeming to be caused by an excess of such power; an exertion of such power; the habit of vigorous activity; vigor as a characteristic;

One winner and one runner-up will be selected in each of the three categories: practitioner, technician and student. All three categories will also be entered into the People's Choice Award—where attendees will vote and select their favorite device.

- First Place Winners receive a \$500 Cash Prize
- Runners up receive a \$200 Cash Prize
- The People's Choice Award recipient will receive \$300
- Special recognition in the form of a trophy and Press Release will be awarded to the school representing the winning students.

### **Calling all Students and Residents—Gain National Recognition and Advance Your Career**

Enter to win one of two prestigious awards--The Student-Resident Poster award honors two meritorious scientific papers submitted for presentation as a poster at the AOPA National Assembly.

✓The Otto and Lucille Becker Award will be presented for the best orthotic abstract submitted; and  
✓the Edwin and Kathryn Arbogast Award for the best prosthetic abstract submitted by a qualifying student or resident.

The poster must be exhibited and presented at the AOPA National Assembly for the award recipient to receive the prize. The winners will receive a \$500 cash award, free registration to the show, coach-class airfare to the National Assembly and three nights hotel. These awards have been made possible by a special endowment by Becker Orthopedic and WillowWood. Learn more and submit your abstract here <https://aopa.wufoo.com/build/2014-aopa-studentresident-poster-submissions/>

### **Thranhardt Golf Classic**

Make sure your Vegas plans include the re-energized Thranhardt Golf Classic. This year's tournament is scheduled one-day before the National Assembly kicks off. No more choosing between workshops and golf—now you can do both. We've also scheduled the tournament for the afternoon so you can fly in on Wednesday morning, catch the luxury motor coach to the tournament at Noon and enjoy a relaxing afternoon of golf with your O&P colleagues.

This year's premier location, The Desert Pines Golf Club, is located minutes from the Strip.

- Green fees, cart fees and pre-round range balls
- Transportation via luxury motor coach
- Awards Banquet featuring a Southern Style BBQ and open bar
- New contests—including a chance to win \$10,000

Join us Wednesday, September 3, 2014 for the Thranhardt Golf Classic at the Desert Pines Golf Course, Las Vegas, Nevada

### **Seventh Annual O&P Wine Tasting & Auction Fundraiser ~ Friday, September 5<sup>th</sup> @ 6:30 PM – 8PM**

Everyone knows that the Wine Tasting and Auction is an important component to support the O&P PAC and the legislative activities of the profession. What everyone does not know is:

- The Wine Tasting and Auction is a fun event for everyone
- Even though the registration fee is \$150 you receive a \$100 credit towards your first bid
- There is much, much more to bid on than just wine—last year’s event included jewelry, Tiffany Crystal, Cigars, a Vacation, Bourbon and more.
- You will have a chance to sample wines from various wineries as well as partake from an open bar.
- Enjoy the comradie as members from all aspects of the profession unite for an important cause.

## **O&P Almanac & Communications**

Starting with the 1<sup>st</sup> quarter of 2014, the January issue of the *O&P Almanac* covered the path forward and ‘New Normal’ of the O&P Industry; an ever fluctuating environment rife with issues related to RAC audits, competitive bidding, health-care reform, and new technologies. AOPA leadership and industry experts discussed how to navigate the landscape in 2014 and beyond. The side feature covered the future of O&P education and the next generation of practitioners. Practitioners of the future will need a different skill set than in years past. Fortunately, many O&P schools are preparing students to be more science-minded and well-rounded to deliver the kind of O&P care that will be needed and schools may have access to funding through the pending VA appropriations bill that AOPA’s consultant, Catriona Macdonald of Linchpin Strategies, has guided through the Senate appropriations process.

New in 2014 - AOPA was pleased to announce that beginning with the January 2014 edition of the *O&P Almanac*, CE’s/Business Credits could be earned by reading the monthly Reimbursement Page and the Quarterly Compliance Corner. Because of the highly educational content of the O&P Almanac’s Reimbursement Page and Compliance Corner, *O&P Almanac* readers can now earn 2 Business Continuing Education (CE) Credits each time they read these articles and pass the accompanying quiz. It’s easy, free, and a big hit!

AOPA’s February issue featured a splash cover story on the 2014 Sochi Paralympics. Taking ‘center stage’ amputee athletes from across the globe met in Sochi, Russia, to compete in the 2014 Winter Paralympics and showcase their abilities in several winter sports. Three of these elite athletes and their prosthetists recount their journeys, explaining the role of prosthetics in their achievements, and sharing their expectations for the Games. The feature article got ‘Down to Business’ discussing the challenging O&P climate of increasing documentation demands and declining reimbursements; and why facility owners and managers must streamline procedures and find ways to cut costs in order to stay afloat. Several O&P facility owners and executives highlight their biggest business management challenges and share strategies to overcome these common struggles.

The March issue cover story of the *O&P Almanac* showcased O&P creativity. While most prosthetists and orthotists rely on their creative instincts to fit patients with the best devices, several have taken their innovative impulses to an extreme with ‘Special Operations’. The *O&P Almanac* shared the stories of four practitioners who have created unique components to solve specific problems for patients. The feature article hit close to home discussing ‘Family Ties’ and hiring strategies that can be particularly challenging when family and relations are involved. Human resources executives and owners of family-owned O&P facilities share tips for hiring relatives, managing nonfamily employees, establishing chain of command, and implementing exit policies in this complicated O&P environment.

On the horizon, the next quarter will feature the first magazine with editorial content changes discussed by the AOPA Board of Directors Subcommittee working on refreshing the 2014 O&P Almanac. Popular trends in O&P will be highlighted as Limb Loss Awareness Month is celebrated and *O&P Almanac* will be talking to practitioners and patients about the value of cosmesis, and the evolution in lifelike prostheses. A few major issues include the effects of post-acute care bundling on O&P business and a spotlight article on how a qualified O&P practitioner can be defined and what the demand for their services will be in the coming years.

Still moving forward in 2014 from a previous announcement, RH Media, LLC assumed advertising sales responsibilities for the *O&P Almanac* published by AOPA. Bob Heiman, owner of RH Media, conducted valuable research and reported findings concerning advertiser feedback to help in the *O&P Almanac*

refreshing project. Staying current, the most widely read columns are the Reimbursement Page, Compliance Corner and Ask the Expert which provides exceptional guidance to the O&P community on navigating the increasingly difficult world of securing payment for services.

### **Online Communications**

#### **Facebook**

In this quarter, AOPA's Facebook has attained 2,113 followers and received high click-thru rates and views without paid reach and have an average of 100-200 viewers a day. Like us on Facebook at [www.facebook.com/Americanoandp](http://www.facebook.com/Americanoandp) to receive updates and special offers.

#### **Constant Contact**

Via Constant Contact in the 1st Quarter, AOPA has had much breaking news to release to Membership and the O&P industry including: Administrative Law Judge Hearing Notices, a special webinar event hosted by Catriona MacDonald on 2014 Research Funding, Policy Forum marketing, DME MAC Guidance on split code orthoses, PAC Bundling, and more. Sending to E-mails to over 4,000 recipients attained an average 27% open rate with the highest open rate of 44% on the Post Acute Care Bundling threat notice.

#### **Twitter**

AOPA's Twitter Fan Page has earned a total of 1,765 followers and 1,322 users are being followed who have Twitter Handles for their O&P Facilities. Using short URL's and quick links (via bit.ly) has been highly effective on Twitter to promote awareness to certain webpages such as: *O&P Almanac Quizzes*, Policy Forum Schedule, and highlighting the Dobson-DaVanzo studies for higher visibility. Be sure to follow us at [www.twitter.com/Americanoandp](http://www.twitter.com/Americanoandp).

#### **And Finally**

2013 was a challenging year for all of O&P and 2014 continues to be equally as daunting but through the learning process and the continued loyalty of AOPA members, we are making headway. News on our litigation with CMS should emerge soon, more and more pressure is being directed at CMS to follow the rules. More and more legislators through the AOPA Policy Forum or your direct letters, phone calls and meetings are "getting it" that patients are increasingly at risk when government oversteps the natural boundary of enforcing the laws or fails to implement or execute laws, like BIPA, that have been on the books for years. Please keep your support coming because you know, as well as we do, that a unified voice is our best defense against all of the potential disruptions of our ability to deliver quality patient care.

Thanks again for your support. We promise to do our best every day to earn it in what we do and how we do it for you and the O&P community.

Sincerely,



Thomas F. Fise, JD  
Executive Director