



**American Orthotic &
Prosthetic Association**

AOPA 4th Quarter 2013 Staff Report

To: AOPA Membership
From: Thomas F. Fise, Executive Director
Date: January 30, 2014

Subject: The Launch of 2014—Patients Enroll as ACA Becomes the Law of the Land. But the Horrific Challenges of a Healthcare System Operating with Apparent Sole Goal of Cost Reduction Escalate.

As always, upon ushering in the New Year many had hoped 2014 would get off to a great start and O&P might be able to leave behind the 2013 memories of frustration and pain visited by CMS audit zealots, clawed back reimbursements and a long line for getting claims appealed. On the positive side, some AOPA members experienced a strong track record on getting claim denials overturned when they finally made it to the Administrative Law Judge level. One member noted that of 14 claims that made it all the way, each was overturned in their favor. Never mind another 60 or so are pending.

But, in a most incredible “Memorandum to OMHA Medicare Appellants,” that AOPA first saw on January 7th that was sent to Medicare providers with a “significant number of Medicare appeals” pending with the Office of Medicare Hearings and Appeals (OMHA), the Administrative Law Judge basically called a time out. They cited the increased backlog of pending appeals which has grown from 92,000 claims to more than 460,000 claims for services and entitlement and the receipt of new appeals continues to rise. OMHA compared their average of around 1,250 claims received weekly in January of 2012 to an average of 15,000 claims weekly now. Why is that not a surprise to O&P providers! And by the way, there are only 65 Administrative Law Judges.

Unclear is whether the timeout is across the board for all providers. It was made clear in the announcement that OMHA will continue to assign and process requests filed directly by Medicare beneficiaries to ensure “their health and safety is protected.”

According to the Memorandum, all other new requests for hearings will resume as Administrative Law Judges are able to accommodate additional workload on their dockets but OMHA does not expect general assignments of appeals filed by providers to resume for at least 24 months. They expect post-assignment hearing wait times will continue to exceed 6 months. Of course the statute requires ALJ appeals disposition to not exceed 90 days. That deadline appears to have been forgotten in the scramble by CMS to find \$750 billion over the next ten years to pay for the Affordable Care Act.

Thus, instead of getting an ALJ assigned and then waiting a long time for the hearing, you will not be assigned until an ALJ is available so the time has been shifted to before ALJ assignment. That’s probably

the most benign reading, though some also see it more as a moratorium on new claims getting in line to be heard, or perhaps a frustrated cry for help from the ALJs, who see a broken system that won't be fixed until more ALJs are hired and more resources allocated. Today's wait is reported at 26 months. Either way, it is an unconscionably long wait whether the wait is for a judge or for a hearing, and it is hard to see how any change in the scheduling process is going to magically reduce the wait from 26 months to 6 months! The situation is serious enough that AOPA's counsel is seeking to assure that the judge in our RAC audit litigation is notified of this new affront to the due process rights of providers subjected to draconian audits by CMS contractors.

This final Staff Report for 2013 will fill you in on the developments you may have missed though the *O&P Almanac*, the twice weekly *AOPA In Advance SmartBrief*, our monthly *Executive Director Letter*, blast emails and other communications. If you are not receiving these regular updates, please send an email to info@AOPAnet.org with your request so we can make sure you are on the list to receive everything you are entitled to receive as an owner or employee of an AOPA member company.

These staff reports originated as a way to provide background for your AOPA Board of Directors meetings with a compilation of activities so they can be better informed in their decision making about policy and utilizing AOPA resources and to make sure we're addressing all of the important issues that affect you. Several years ago we expanded distribution of these quarterly update reports to every AOPA member. What follows covers the primary areas of activity over the past three months starting out with some issues we feel are most critical to your survival.

AOPA's Litigation Seeking RAC Audit Relief for O&P Providers

The wheels of justice move slowly and there is no better example than the slow motion of AOPA's lawsuit against CMS which was filed May 14, 2013. The government filed a Motion to Dismiss in late July which was challenged by AOPA's legal team at Winston and Strawn in early August. The government then filed a request with the court to provide a supplemental brief to buttress their case and AOPA's legal team responded to that filing. The Motion to Dismiss decision is the first hurdle AOPA's lawsuit must survive in order for the judge to proceed in considering the merits of the case. Historically, the government prevails in the majority of these Motion to Dismiss actions but AOPA's legal team continues to feel we have made a very strong and compelling argument for the suit to go forward. Any of the briefs by the government or AOPA are available on request to info@AOPAnet.org.

Any mention of the lawsuit must include very special thanks for the 335 AOPA members contributing more than \$100,000 to help defray the cost of the litigation and help avoid a 2013 budget deficit.

AFO/KAFO CMS Policy Efforts Head Down Same Road As "Dear Physician" Letter

Most troubling is the history repeating itself scenario in the manner that CMS used the mechanism of changing policy on documentation for AFO/KAFO in a Local Coverage Determination without going through the necessary steps allowing notice and comment. AOPA's fear is that a new RAC audit problem much like the "Dear Physician" letter triggered will emerge with respect to AFO/KAFO documentation.

AOPA wrote the Medical Directors of all DME MACs in August of 2014 expressing concern which elicited a response stating, "we disagree with your conclusions." They went on to say, "We note, however, that if your members wish to appeal a particular claim determination, they can do so by following the procedures....."

Further efforts were directed at CMS Administrator, Marilyn Tavenner, to try and avoid another disaster for the O&P community. AOPA also developed a telling analysis of what will be the cost of pursuing

this policy in terms of Medicare beneficiary access to these devices when the squeeze on providers puts them out of the market because of documentation denials and the inability or unwillingness to be subject to never ending audits, claw backs and a two year plus appeals process.

Bottom line, it's not getting any better but AOPA continues to challenge these moves every step of the way.

FDA and AOPA's Efforts in Educating the O&P Community

Food and Drug Administration (FDA) regulations have usually not gained much attention, particularly in light of so many daily impact CMS issues. But, that needs to change as more and more FDA inspections are reported to AOPA by members and the fact that failure to understand FDA regulations and compliance can lead to very stiff penalties.

The activity seemed to increase in 2011 and 2012 culminating in two early education efforts by AOPA. An *FDA Compliance Manual* was published in June of 2011 that included basic information about what regulations apply to O&P facilities and suppliers and more importantly, what to do if an inspector shows up unannounced. Further interest resulted in the February 24, 2012 FDA Compliance Seminar that drew an audience of forty-seven people. The inspections to date have been largely related to good manufacturing practices' compliance and focused primarily on central fabrication facilities.

Adding to the FDA education need is the new Unique Device Identification System (UDI) final regulations issued in September 2013 which will apply to many Class II O&P devices beginning in 2016 and further coverage of Class I devices in 2018 with additional requirements coming into play in 2018 and 2020 with respect to those devices with direct marking on the device itself.

Further AOPA efforts will seek to find the best vehicles for making sure members are educated and understanding about the regulations and their compliance as they apply to all in the O&P community. After the September AOPA Board of Directors meeting in Orlando two members of AOPA's Board with special expertise in this area volunteered to help guide an expanded FDA education effort for 2014. In the meantime, AOPA can help with specific questions or problems.

Coding and Reimbursement

HCPCS Changes, Competitive Bidding and Off the Shelf Orthoses

CMS released the 2014 HCPCS update which included a total of 88 revisions to the O&P HCPCS code set. A total of 24 new codes were added, 63 descriptor changes were made, and 1 code (L0430) was deleted.

The vast majority of the O&P HCPCS changes were a direct result of CMS efforts to clearly differentiate Off the Shelf (OTS) orthoses from those that require specialized fitting by a qualified practitioner. This follows CMS efforts that began in February of 2012 when CMS published an initial list of 62 codes that, in its opinion, represented OTS orthoses. In response to the publication of this list, AOPA submitted 479 pages of comments that addressed all 62 codes on the initial OTS list and provided clinical literature that supported the need for professional fitting for codes that AOPA believed should not be categorized as OTS. In response to these comments, CMS published a revised list of OTS orthoses in August of 2013. This list included 32 codes that CMS indicated would always be considered OTS and the "explosion" of 23 existing codes into both OTS and custom fit versions depending on the individual patient's medical needs. This resulted in a list of 55 codes that described OTS orthoses. This "final" list was made official with the release of the 2014 HCPCS update and sets the stage for CMS to include HCPCS codes which

include the term “off the shelf” in their descriptors in a future round of competitive bidding. AOPA has voiced its serious concerns regarding CMS’ expansion of the term “off the shelf” from the statutory definition which requires “minimal self adjustment” to include adjustments provided by the “beneficiary, caregiver, or supplier” through multiple meetings and correspondence with CMS officials. Unfortunately, as indicated by the release of the 2014 HCPCS file, AOPAs concerns continue to fall on deaf ears.

A concern with potentially immediate impact is how the split codes may affect O&P provider’s ability to bill and receive proper reimbursement for orthoses which require the expertise and professional training of an O&P professional in order to prevent potential harm to patients. Essentially there are now two ways to deliver the 23 orthoses that have had their codes split; those provided without any fitting and training, and those that are customized to fit a specific patient by an individual with expertise. The question that has now been created is 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? AOPA members must be especially cognizant of the need to document the medical need for additional fitting and training as well as the actual time spent customizing the device to meet the individual needs of the patient. The referring physician should also be encouraged to document the need for additional training and fitting as well.

The creation of these split codes is a concern to AOPA as it is not clear what documentation will be required to warrant the use of the custom fitted code over the OTS code. While no announcement regarding competitive bidding has been made, CMS invoked its authority as to competitive bidding in identifying these OTS codes.

In a recent development, CMS released the 2014 Medicare DMEPOS fee schedule which included identical fees for both the OTS version and the custom fitted version of the split HCPCS codes. This creates greater uncertainty about what documentation must be obtained in order to justify the use of the custom fitted version of a HCPCS code. AOPA strongly encourages members to resist any temptation to simply start using the new OTS codes for all billing of these devices. In addition to the potential accreditation challenges, resorting to the new OTS codes as the least line of resistance sets a trap that will ultimately cost the unwary big time. CMS will track and cite such coding as evidence that a large number of these devices are delivered OTS without clinical care, and when CMS, as is presumed they will, adjusts downward the Medicare payment for the pure OTS codes, they will certainly challenge you if you try to shift back to billing the codes that do include fitting, adjustment and clinical care.

AOPA is exploring a potential coalition with physicians and other provider groups to develop a documentation standard for use when providing and billing for orthoses that require fitting by an individual with expertise.

AOPA also sought counsel on whether legal action could and should be mounted to challenge the arbitrary actions by CMS in designating certain devices as OTS that AOPA has demonstrated require more than “minimal self adjustment” by the patient.

PECOS Implementation Scheduled for January 6, 2014

CMS has announced that effective January 6, 2014, PECOS edits will be implemented and claims that include referrals from physicians that do not have an up to date enrollment record in the PECOS system will be denied. AOPA has published several announcements regarding the implementation date and has reminded members of the means they can use to confirm that their referral sources are properly enrolled through PECOS.

CMS Proposed Physician Documentation Template

There has been no further information regarding the status of the electronic physician documentation template. The Centers for Medicare and Medicaid Services (CMS) held three separate Open Door Forum conference calls to solicit feedback regarding the proposed Physician Electronic Documentation Template. AOPA participated in all three calls and expressed its concern regarding the nature of the template as a clinically based document as opposed to a functional based template. AOPA, in addition to asserting that any template should be for prosthetists, not physicians' records, also believes that any template must consider documentation of the patient's functional abilities rather than the presence of physical conditions and/or illness as the primary means of determining the medical need for a prosthesis.

AOPA continues to monitor this process closely.

PDAC Contract Award

On September 6, 2013, CMS announced that the contract to serve as the Pricing, Data Analysis, and Coding (PDAC) Contractor for Medicare was awarded to Noridian Healthcare Solutions. Noridian also performed the duties of the PDAC under the previous contract. The contract award is for one base year and four option years. Either CMS or Noridian has the right to terminate the contract at the beginning of each of the four option years.

Medicare Prepayment Review

The DME MACs either announced the establishment or published the following results of Pre-Payment review activity during the fourth quarter of 2013.

Jurisdiction A: K3 Prosthetic Components

Jurisdiction A continues to subject K3 prosthetic components to pre-payment review. The overall error rate continues to decrease and the latest update reported a 15% non response rate and a 46% error rate for claims for which a response was received. While the continued decrease in the denial rate is encouraging, it remains too high to warrant the end of the review.

Jurisdiction B: All High Cost DMEPOS

Jurisdiction B continues to perform pre-payment reviews on some prosthetic claims but it appears that the overall success rate has led to potentially significant relief in this area. There has been no update since the third quarter report where the overall error rate had been reduced to 46%.

Jurisdiction B: LSOs/TLSOs

Jurisdiction B has announced that as a result of data analysis from the 3rd and 4th quarter of 2012 that showed an increase in claims for LSOs and TLSOs, a widespread pre-payment review has been initiated to confirm the medical necessity of these items. No results have been posted as of yet.

Jurisdiction C: Diabetic Shoes

Jurisdiction C published results of its ongoing widespread pre-payment review for diabetic shoes described by HCPCS code A5500. For the third quarter of 2013, the overall error rate increased from 79% to 82%. Jurisdiction C published a reminder of the policy requirements for Medicare coverage of diabetic shoes and indicated that the pre-payment review will continue.

Jurisdiction D: External Breast Prostheses

Jurisdiction D published results of its widespread pre-payment review of external breast prostheses described using procedure code L8030. For the third quarter of 2013, the error rate was 62%. While this is a significant decrease from previous quarters, Jurisdiction D announced that it will continue widespread prepayment review of claims for external breast prostheses.

Supplemental Medical Review Contractor

CMS has announced that StrategicHealthSolutions, LLC has been selected as the Supplemental Medical Review Contractor (SMRC). The SMRC will perform post-payment review of Medicare and Medicaid

claims with the aim of lowering the improper payment rates and increasing efficiencies of the medical review functions of the Medicare and Medicaid programs. Currently, the SMRC has focused its activities on claims for power mobility devices, but will perform additional medical review on other services going forward.

AOPA Coding Products

The 2014 *Quick Coder*, *Illustrated Guide* and *Coding Pro* are currently in production and should be available for purchase during the first quarter of 2014.

AOPAVersity – Your Education Center

Mastering Medicare: Essential Coding and Billing Techniques Seminar

AOPA presented the Essential Coding & Billing Seminar 4 times in 2013. The final seminar, held in Las Vegas, Nevada was very well attended with over 150 registered attendees. The 2014 seminars will be held in New Orleans, Las Vegas, Boston, and Portland, OR.

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. The December 2013 Audio Conference had more than 150 lines in use.

World Congress Programs ONLINE PLUS

And if you missed the 2013 O&P World Congress, don't let this opportunity to participate in these important programs pass you by.

1. Everything You Need to Know to Survive RAC and Prepayment Audits in a Desperate Environment
2. Competitive Bidding: Devastation to Orthotic Patient Care OR Just a Passing Storm?
3. Food and Drug Administration (FDA) Compliance for Patient Care Facilities, Manufacturers and Distributors
4. Your Mock Audit: Are You Ready for the Auditor to Examine Your Claims Record?

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Questions? Contact Betty Leppin at bleppin@AOPAnet.org or (571) 431-0876

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 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 chiding 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 providers 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.

We have been asking AOPA members to contact their Representatives and ask them to sign onto 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. At this time we have had 142 members heed the call and send 162 separate letters to 107 different Representatives. So, if you have not already done so please visit the AOPAVotes website and send your letter. As of December 31, 2013, these Representatives have joined co-sponsors Glenn Thompson (R-PA-5) and Mike Thompson (D-CA-5) and signed on: Tammy Duckworth (D-IL-8), Tim Griffin (R-AR-2), Brett Guthrie (R-KY-2), Peter King (R-NY-2), Tom Latham (R-IA-3), Peter Roskam (R-IL-6), C. A. Dutch Ruppberger, (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 (also referred to as parity) 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 place 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; and costs to private insurers would be minimal, less than a dollar per beneficiary per year.

To view the complete bill or to send a letter to your Representatives asking them to sign on and become a co-sponsor of H.R. 3020 please visit the AOPAVotes website at www.AOPAVotes.org.

Wounded Warrior Research Enhancement Act and Wounded Warrior Workforce Enhancement Act

The Wounded Warrior Workforce Enhancement Act (S. 522) and the Wounded Warrior Research Enhancement Act (S.521) were introduced by Sen. Richard Durbin (D – IL) on March 11, 2013.

S. 522 directs the VA to provide grants to schools and universities to both 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 institution programs.

S. 521 directs the Secretary of Defense to award grants on patient outcomes (i.e. to determine when orthotic and prosthetic intervention is most effective or which patients benefit most from a particular orthotic and prosthetic technologies) and to award grants on materials research for the development/improvement of material used in O&P. The bill also directs the Secretary of Defense to award grants for the research of new O&P technologies. (Special Press Time Note: on January 19, 2014 President Obama signed the Defense Appropriations Act which included \$10,000,000 in O&P research funding due to Sen. Durbin's efforts.)

Current co-sponsors of S. 522 include. Sen. Mark Begich (D-AK), Sen. Richard Blumenthal (D-CT), Sen. Saxby Chambliss (R-GA), Sen. Tom Harkin (D-IA) and Sen. Christopher Murphy (D-CT).

To receive more information on this bill or to send a letter your Senator asking them to sign on and become a co-sponsor of S. 522 please visit the AOPAVotes website at www.AOPAVotes.org. Currently almost 3,000 letters have been sent to 94 different Senators.

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 27 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 bills or to send a letter 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 . The current list of Representatives who have signed on as co-sponsors include: Charles W. Boustany, Jr. (R-LA-3), Julia Brownley (D-CA-26), Vern Buchanan (R-FL-16), Howard Coble (R-NC-6), William L. Enyart (D-IL-12), Michael G. Grimm (R-NY-11), Richard Hudson (R-NC-8), Bill Johnson (R-OH-6), Walter B. Jones, Jr., (R-NC-3), Doug LaMalfa (R-CA-1), Mike McIntyre (D-NC-7), Mark Meadows (R-NC-11), Richard B. Nugent (R-FL-11), Devin Nunes (R-CA-22), Scott Perry (R-PA-4), Robert Pittenger (R-NC-9), Ted Poe (R-TX-2), David E. Price (D-NC-4), E. Scott Rigell (R-VA-2), Martha Roby (R-AL-2), David T. Roe (R-TN-1), Raul Ruiz (D-CA-36), Steve Southerland, II (R-FL-2) Steve Stivers, (R-OH-15), Jackie Walorski (R-IN-2), Joe Wilson (R-SC-2) and Ted S. Yoho (R-FL-3).

O&P PAC Update

2014 O&P PAC HONOR CLUB MEMBERS

The O&P PAC is the political action committee representing you and the O&P community on Capitol Hill. The O&P PAC provides you with a means of increasing the visibility and recognition of orthotics

and prosthetics 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.

As of December 12, 2013 the O&P PAC raised almost \$63,000 for the 2013 calendar year. We would like to thank the following individuals for their contributions to the O&P PAC. This list covers the period from January 1, 2013 through December 12, 2013. If we missed your name please accept our apologies, and any contributions made or received after December 12, 2013 will be published in the O&P Almanac and the next quarterly staff ort.

President's Circle (\$1,000-\$5,000) Robert Arbogast; Vinit Asar; Kel Bergmann, CPO; Donald Buethorn; Maynard Carkhuff; J. Martin Carlson, CPO; Thomas DiBello, CO, FAAOP; Mike Fenner, CP, BOCPO; Rick Fleetwood, MPA; Richard Gingras, CPO, BOCOP; David Kerr; Thomas Kirk, Ph.D; Jon Leimkuehler, CPO, FAAOP; Mark Maguire, CPO; Ann Mantelmacher; Walter Racette, CPO; Bradley Ruhl; Scott Schneider; Rick Stapleton, CPO; Gordon Stevens, CPO; Paulette Vaughn; Bernie Veldman, CO and James Young, Jr., CP, FAAOP.

Senator's Table (\$500-\$999) Sherrie Anderson, CP; Frank Bostock, CO, FAAOP; Charles Dankmeyer, CPO; Ted Drygas, CP; William Gustavson; Ronald Hercules; Alfred Kritter, CPO, FAAOP; William Leimkuehler, CPO, FAAOP; Ronald Manganiello; Michael Oros, CPO; Rodney Pang, CPO; Ronald Pawlowski, CPO; John Roberts, Jr., CPO; Lisa Schoonmaker, CPO, FAAOP; Jack Steele; Frank Vero, CPO; James Weber, MBA and Ashlie White.

Chairman's Table (\$100 - \$499) George Breece; Alan Burke; Michael Burton; Erin Cammaratta; James Campbell, Ph.D; CO; James Claiborne; Thomas Colburn, CO, Cped., FAAOP; Jeff Collins, CPA; Kenneth Cornell, CO; A.J. Filippis, CPO; Jim Fitzpatrick; Mark Hopkins, PT, CPO; Joseph Huntsman; Jim Kingsley; Thomas LeTourneau, Ph.D, CPO, FAAOP; Eileen Levis; Robert Maniere, CPO, Cped., FAAOP; Michael Martin, CO, FAAOP; Clyde Massey, CPO; Brad Mattear, CPA, CFo; Kevin Matthews, CO; Steve McNamee, CP, BOCO, FAAOP; Steven Mirones, CO, FAAOP; Gaurav Mishra; Jonathan Naft, CPO; Joseph Ramicone, CPO; Eric Ramos; Ricardo Ramos, CP, Cped.; Walt Raynor; Eduardo Reyes, CPO; Stephen Rinko, CPO; Michael Schlesinger; Donald Shurr, CPO, PT; Jeffrey Smith, CPO; William Snell, CPO; Peter Thomas, Esq.; Jeff Wensman, CPO; Claudia Zacharias, MBA, CAE.

1917 Club (Up to \$99) Diane Almodova; Ed Bannister; Paul Boland, CPO; Zachary Coker; Bill Cornell; Christina Cox; Charlie Eaton; Micha Gaspar, CO; Cindy Henderson; Michelle Henslee, CO; Joe Jesson; Reggie Jones, BOCO, CO; Timothy Lacy, CP; Anita Liberman-Lampear, MA; Mohamad Mansoori, CP; Sean McKale, CO; Robin Merriam; John Mooney, CPO; Kristen Smith; Christian Smith; Laurel Voss, BOCPO; Paul Werner, CPO; Jayson Westbrook; Dennis Wood, CTP; Mike Wright, CP.

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 get a congressional update, and have been very successful in getting Congress to understand O&P concerns.*

We would like to thank those individuals who in 2013 have donated directly to a candidate's fundraiser or to an O&P PAC sponsored event, as they too are valuable supporters in achieving the legislative goals of AOPA and the O&P PAC.

Robert Arbogast; Ryan Arbogast; Kel Bergmann, CPO; Frank Bostock, CO ; Brightree, LLC; Alan Burke; Jim Campbell, PhD., CO; Maynard Carkhuff; Kevin Carroll, CP, FAAOP; Dennis Clark, CPO;

Thomas Colburn, CO, Cped., FAAOP; Jeff Collins, CPA; Thomas Costin; Glenn Crumpton, CPO; Charles Dankmeyer, CPO; Don DeBolt; Thomas DiBello, CO, FAAOP; Susan Diekrager; Kim Doolan; ExpoTrac; Mike Fenner, CP, BOCPO; James Fenton, CPO; Thomas F. Fise, Esquire; Ray Fikes, CPO; Rick Fleetwood, MPA; Arlene Gillis; Richard Gingras, CPO, BOCOP; Tom Guth, CP; Michael Hamontree; Hanger PAC ; Matthew Hayden; Jason Jennings, CP; James Kaiser, CP; Marc Karn, CP; Thomas Kirk, Ph.D.; Alfred Kritter, CPO, FAAOP; Timothy Lacy, CP; William Leimkuehler, CPO; Jon Leimkuehler, CPO, FAAOP; Eileen Levis; Anita Liberman-Lamphear, MA; Pam Lupo, CO; Ronald Manganiello; Joe McTernan; Tina Moran, CMP; Michael Oros, CPO; Stan Patterson; PPSV PAC; PROTEOR; Paul Prusakowski, CPO; Bradley Ruhl; Scott Schneider; William Snell, CPO; Frank Snell, CPO, FAAOP; Terry Supan, CPO, FAAOP; Peter Thomas, Esq.; Frank Vero, CPO; Thomas Watson, CP; James Weber, MBA; Eddie White, CP; James Young, Jr., CP, FAAOP; Claudia Zacharias, MBA, CAE

National Assembly Las Vegas Style – A Don't Miss!

The 2014 National Assembly Planning Committee met December 8-9, 2013 to be making plans for the country's largest event for the O&P profession at the Mandalay Bay Resort and Casino, September 4-7, 2014. In the spirit of creating an event as innovative and unpredictable as Las Vegas itself, the committee re-created the meeting schedule to provide exhibitors and attendees an experience worthy of Las Vegas.

- A two and a half day exhibition featuring extended hours and more unopposed exhibit time and closed on Sunday.
- A new exhibit hall closing event Saturday afternoon.
- Four days of Pedorthic Education featuring topics on subjects such as gait, scanning versus casting and reimbursement.
- An all new technical education program focusing on demonstrations, quality strategies and FDA compliance
- The business education that you have come to rely on AOPA for (RAC update, competitive bidding, documentation, contracting, coding, billing, marketing and more)
- Highest quality orthotic and prosthetic clinical education from top researchers, physicians and clinicians.

For millions of people around the world, Las Vegas is a city unlike any on earth. It's unpredictable, constantly evolving and always delivers unforgettable experiences—which is exactly why Las Vegas and the Mandalay Bay Resort and Casino is the perfect location for the 2014 AOPA National Assembly. **Don't 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 top-notch business and clinical experts to give the 2014 AOPA National Assembly**

Call for Papers—National Assembly, Las Vegas—September 4-7, 2014

Share Your Expertise – Advance Your Career – Improve Patient Care!

AOPA is excited to announce this Call for Papers for the 97th Annual AOPA National Assembly to be held September 4-7 at the Mandalay Bay Resort in Las Vegas. Your clinical submissions, based on sound research and strong empirical data, will set the stage for a broad curriculum of highly valued clinical and scientific offerings at the 2014 AOPA National Assembly.

The Call for Papers requests that all interested presenters submit an abstract of their proposed scientific paper or description of their proposed business or technical paper. All free paper abstracts for the 2014 AOPA National Assembly must be submitted electronically using the online form at

<https://aopa.wufoo.com/forms/2014-call-for-free-papers/>. Abstracts submitted by e-mail or fax will not be considered.

If you are interested in organizing a scientific symposium at the 2014 AOPA National Assembly, please complete the online submission form no later than March 10, 2014 for consideration.

<https://aopa.wufoo.com/forms/2014-call-for-symposia/>

The review committee will grade each submission based on the criteria below and reach a decision regarding acceptance of the abstracts.

* Relevance, level of interest in topic

* Quality of Scientific Content

* Quality of Clinical Content

Important Dates

Monday, March 10 Deadline for abstract and symposia submissions

Tuesday, April 10 Notice of Acceptance or Rejection

Friday, August 1 Electronic version of handouts due

Thursday, Sept 4 AOPA National Assembly begins

Should you have questions about the submission process or the National Assembly in general, please contact AOPA Headquarters at (571) 431-0876 or tmoran@AOPAnet.org

To participate or obtain additional information visit www.AOPAnet.org or contact Tina Moran at (571) 431-0808 or tmoran@AOPAnet.org

O&P Almanac

Ending with the 4th quarter of the 2013 year, the October issue of the *O&P Almanac* covered orthotic care for seniors. As baby boomers continue to age, 20 percent of Americans are 65 or older, which leads to increasing numbers of age-related pathologies and musculoskeletal deformities. Revealing new clinical data helped practitioners provide better orthotic care for this population and boost awareness among primary-care physicians. AOPA also featured an article on how the O&P industry is going above and beyond as practitioners are taking on the healthcare provider role treating the physical aspect of an amputation to ensure their patients' emotional needs. This aspect leads to an offering of resources on mental health education and peer support groups that can be a vital aspect of O&P patient care.

AOPA's November issue featured the 2013 Foot Buyer's Guide and explored the recent breakthroughs in patients' diverse foot needs; the guide itself is an excellent resource displaying all the products and services that providers require to ensure proper O&P foot care. The cover story, 'Best Foot Forward' revealed a recent study by Silvia Raschke, PhD, and a team of researchers concluding via objective measurements that amputees prefer more flexible energy-storing prostheses. This study is just the beginning of a new generation of research that will be used to support treatment choices, as payers and consumers demand solid data on the performance and cost-effectiveness of prosthetic devices. As a special feature, the November magazine also released an exclusive follow-up on the success of the AOPA 2013 O&P World Congress. More than 2,500 professionals and 200 exhibiting companies from 43 countries gathered at the AOPA World Congress in Orlando, Florida, September 18-21, to partake in expert clinical education, live learning demonstrations, a mock audit session, critical discussions regarding health-care reform, global health policies, and more.

The most recent *Almanac*, December, reviewed end-of-the-year possibilities to expand on O&P practitioner's responsibilities. The article, 'Total Treatment', described practitioners who educate themselves on issues relating to pharmacology, skin care, and weight and health management being able to offer better care and improve their overall practice. The feature story, titled 'Keeping Pace with Office IT', ensured the priority and importance of keeping IT infrastructure up to date even in the midst of the

challenging business climate for the O&P profession. Industry experts were interviewed and offered their suggestions for upgrading parts or all of your office technology, and explaining why doing so will lead to increased efficiency and decreased long-term expenses.

On the horizon, the 1st Quarter of the 2014 *O&P Almanac* year will be highlighting popular trends in the next generation of O&P practitioners and the ‘new normal’ as the O&P industry moves forward in an ever-fluctuating environment rife with issues related to RAC audits, competitive bidding, healthcare reform, and new technologies. In 2014, the *O&P Almanac* will also be featuring a new column, the ‘Compliance Corner’, which will feature new regulations and updates to HIPAA policies and procedures that member facilities must know about in 2014.

Moving forward in 2014, RH Media, LLC assumed advertising sales responsibilities for the *O&P Almanac* published by the American Orthotic and Prosthetic Association (AOPA) on December 1, 2013. Bob Heiman, owner of RH Media, will be the key contact for further growing the magazine’s advertising reach and value to the orthotic and prosthetic community. RH Media’s involvement is the first of several steps being taken by AOPA to expand the value of the *O&P Almanac* to the O&P community. A subcommittee of AOPA’s Board is charged with the *Almanac* makeover which will include an editorial revamping, graphic design updates and increased focus on personal and business profiles that capture the success models of the ever challenging effort to deliver quality patient care. Advertisers will be able to coordinate both their print and electronic media across the *O&P Almanac*, the *AOPA In Advance SmartBrief’s* bi-weekly newsletter and placement on the AOPA website.

At the end of the year, the *O&P Almanac* is boasting a robust circulation averaging more than 14,000 monthly including owners and staff of AOPA member companies and credentialed practitioners certified by the American Board of Certification in Orthotics, Prosthetics and Pedorthics (ABC) and by the Board of Certification/Accreditation (BOC). Currently, the most widely read column is the Reimbursement Page which provides exceptional guidance to the O&P community on navigating the increasingly difficult world of securing payment for services provided. Especially timely have been the “how to” articles on challenging RAC and other audit decisions to protect reimbursements.

Final Note

As 2013 drew to a close your association looked back on a very eventful and challenging year. There is every reason to expect 2014 to hold as many new hurdles to overcome. Despite our lawsuit against CMS, the wheels of justice move slowly and your leadership understands the frustration each and every O&P provider must feel as no relief appears in sight. Yet, every tool, every known mechanism and every avenue is being or will be explored before this is over. The recent release by CMS of the HCPC codes for 2014 holds its own challenge as CMS seems poised to position certain orthotics as qualifying for competitive bidding. Many of those devices CMS identified do not legally qualify as off the shelf only requiring minimal self adjustment by the patient. AOPA painstakingly researched the CMS list and found overwhelming evidence that many of the devices require the knowledge and skill of a qualified provider to avoid patient harm.

AOPA will continue to aggressively pursue what’s right on behalf of O&P providers in 2014 and make every effort to further protect and promote the good works that so favorably impact our patients.

Thank you for your support in 2013 and we look forward to serving you in 2014.

Sincerely,



Thomas F. Fise, JD
Executive Director