



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

October 29, 2015

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Will the Budget Agreement Being Discussed Impact Medicare and O&P?

This budget agreement is still in process but according to AOPA health care advisors, the text below represents the key health care provisions that are included, that currently represent no DMEPOS cuts. It appears to contain an extension of the 2% earlier sequester cuts, but the budget is subject to change – it has currently been passed by the House only.

Title VI – Health Care

SEC. 601. Maintaining 2016 Medicare Part B Premium and Deductible Levels Consistent With Actuarially Fair Rates.

In 2015, the monthly Part B premium rate is \$104.90. Without Congressional action, the estimated monthly Part B premium in 2016 for beneficiaries not held harmless would be \$159.30. This policy would maintain the hold harmless provision in current law and prevent a dramatic premium increase on beneficiaries not held harmless. This policy accomplishes this by setting a new 2016 basic Part B premium for the beneficiaries not held harmless at \$120, which is the amount the Part B premium would otherwise be for all beneficiaries in 2016 if the hold harmless provision in current law did not apply. To effectuate this policy, in 2016, there would be a loan of general revenue from the Federal Treasury to the Supplemental Medical Insurance (SMI) Trust Fund. To repay the loan, starting in 2016, beneficiaries not subject to the hold harmless would pay an additional \$3 in their monthly Part B premium until the loan is repaid. Medicare beneficiaries who currently pay higher income-related premiums would pay higher than \$3, the amount of which would increase for beneficiaries in each higher-income

bracket in proportion to income-related premiums under current law. If there is no cost of living adjustment increase for 2017, this provision would apply again.

SEC. 602. Applying Inflation Adjustment to Medicaid Generic Drug Inflationary Rebate.

Currently, single source and innovator multiple source drugs pay an additional rebate if the price of the drug has increased faster than inflation (CPI-U). The inflation-based rebate, however, does not apply to generic drugs. Section 602 would apply the inflation-based rebate currently paid on brand drugs to generic drugs.

SEC. 603. Treatment of New Off-Campus Outpatient Departments of a Provider

Section 603 would codify the Centers for Medicare & Medicaid Services (CMS) definition of provider-based (PBD) off-campus hospital outpatient departments (HOPDs) as those locations that are not on the main campus of a hospital and are located more than 250 yards from the main campus. The section defines a “new” PBD HOPD as an entity that executed a CMS provider agreement [after the date of enactment]. Any PBD HOPD executing a provider agreement after the date of enactment would not be eligible for reimbursements from CMS’ Outpatient Prospective Payment System (PPS). New PBD HOPDs, as defined by this section, would be eligible for reimbursements from either the Ambulatory Surgical Center (ASC PPS) or the Medicare Physician Fee Schedule (PFS).

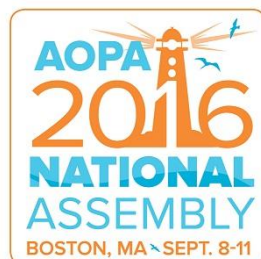
Sec. 611. Repeal of automatic enrollment requirement.

Section 611 repeals Section 18A of the Fair Labor Standards Act (29 U.S.C. 218a), as added by section 1511 of the Affordable Care Act. Section 1511 requires employers with more than 200 employees to automatically enroll new full-time equivalents into a qualifying health plan if offered by that employer, and to automatically continue enrollment of current employees.

Attention all 2015 National Assembly Exhibitors

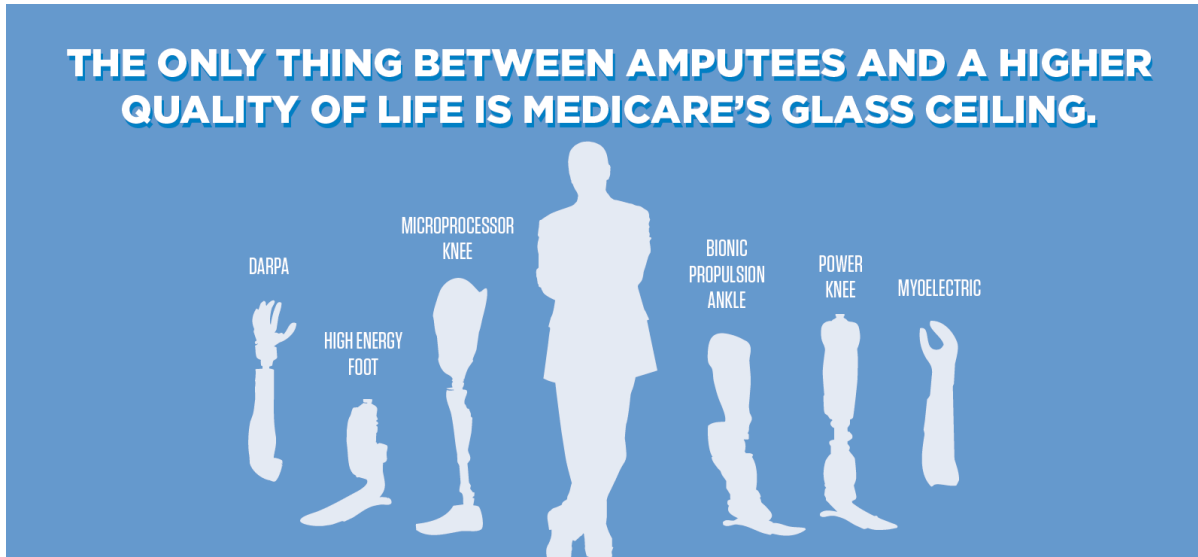
If you did not have a chance to sign up to exhibit for the 2016 National Assembly in San Antonio, it’s not too late! Exhibit space is still exclusive **just to you** for the 2016 National Assembly. The general sales campaign will begin on Monday, November 9th.

AOPA is currently organizing its 2016 National Assembly, which is due to take place in Boston, MA on September 8-11, 2016. The Hynes Convention Center will serve as the event’s venue. This event, the oldest and largest of its kind in the United States, will feature dedicated tracks of the most relevant education for prosthetists, orthotists, technicians, pedorthists and business managers. If you did not select a booth in San Antonio now’s the time. Information on exhibiting can be [found here](#). Any exhibitor questions contact Kelly O’Neill at koneill@aopanet.org or (571) 431-0852.



AOPA Develops Ads on the "Prosthetic Glass Ceiling"

Consider Sharing AOPA's Print Ad on Your Website. For more information, [click here](#).



Medicare's glass ceiling moves today's prosthetic devices out of reach for most amputees.

Decades of technological advancements mean that new levels of mobility, health and independence are possible for amputees. The only problem? Medicare. The federal government makes it highly unlikely that a patient will qualify for these devices, and **new regulations will make the situation worse, not better.**

If Medicare is trying to save money, denying amputees prosthetic devices isn't the way to do it. A new study shows patients who receive timely prosthetic and orthotic devices can actually save Medicare money over patients who are not treated – more than \$231 million was saved for Medicare in 2014 alone.

Amputees Who Receive Better Prostheses Save Medicare Money*

K3 Prostheses (Higher Quality) \$79,967

K2 Prostheses (Lesser Quality) \$81,513

FIRST 12 MONTHS, ALL HEALTH COSTS.

Who has fewer incidents that require expensive care? In most cases, it is the amputees who have been given the prosthetics that kept them active and healthy. And now Medicare and its contractors are planning to further restrict who can get these better prosthetic limbs.

Though new, higher quality custom prostheses are widely available, Medicare restrictions are a glass ceiling that keeps them out of reach of most amputees. Even though it's been shown these devices provide a better quality of life.



10.3% fewer skilled nursing claims for people with high-quality prostheses

It's an outrage that Medicare would deny amputees the life-changing mobility that comes with prosthetics.

To learn more about the Medicare study and what you can do to stop these policies, visit mobilitysaves.org.



Who Had Fewer Medical Incidents?	Received Higher Quality Prosthetics	Received Lower Quality Prosthetics
Fewer E.R. Admissions?	✓	
Fewer Skilled Nursing Needs?	✓	
Fewer Doctor Visits?	✓	
Fewer Hospice Admissions?	✓	



* Dobson | DaVanzo analysis of custom cohort Standard Analytic Files (2007-2010) for Medicare beneficiaries who received O&P services from January 1, 2008 through June 30, 2009 (and matched comparisons), according to custom cohort database definition.



Upcoming Webinar: How to Make a Good Impression: Marketing Yourself to Referrals

November 11: 1:00-2:00 PM EST

"You Never Get a Second Chance to Make a First Impression," This often used quote not only applies to life, but also to O&P. Join AOPA for its upcoming webinar entitled, "How to Make a Good Impression: Marketing Yourself to Your Referrals." During this one hour webinar, AOPA experts will discuss strategies that may give you a competitive edge when it comes to building a referral base. Topics of discussion will include:

- Making your business stand out
- Using your strengths to your advantage
- Rules regarding gifts to referral sources
- How to encourage referrals without bothering your referral sources
- How patient relationships may increase your referral opportunities

AOPA members pay \$99 (nonmembers pay \$199), and any number of employees may participate on a given line. Attendees earn 1.5 continuing education credits by returning the provided quiz within 30 days and scoring at least 80 percent. [Register online.](#) Contact Ryan Gleeson at rgleeson@AOPAnet.org or 571/431-0876 with questions.



AOPA 365 Wherever You Go

You have used the AOPA app during the Assembly, but now you can have an AOPA app on your phone all year long, with **AOPA 365!**

- Learn About AOPA
- Review the O&P Almanac
- See how membership with AOPA has its benefits
- Get current with Hot Issues
- See how Mobility Saves
- Visit the AOPA Bookstore
- Access the AOPA Membership Directory
- Connect with AOPA through social media



Download the app by either scanning the QR Code or by visiting www.tripbuildermedia.com/apps/aopa365



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Get Connected to the *New and Improved* AOPAiversity Online Learning Center

Brought to you by AOPA, ABC, and BOC *along with some of the best educators in the world!*

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- Peruse education by credit type or topic
- Preview videos to determine interest
- Low rates, and discounts for AOPA members
- Instant quiz results
- Access your account anytime to review CE credits earned
- Print certificates on demand for state licensure boards

Get all the “need to know” with this quick video!



Now Available: 2015 Operating Performance and 2015 Compensation Reports

Are you curious about how your business performance compares to others? The **2015 Operating Performance Report** provides a comprehensive financial profile of the O&P industry including balance sheet, income statement and payer information organized by total revenue size, community size, and profitability. The data was submitted by more than 90 patient care companies representing 1,116 full time facilities and 71 part-time facilities. The report provides financial performance results as well as general industry statistics. Except where noted, all information pertains to fiscal year 2014 operations. This survey is repeated annually.

The **2015 AOPA Compensation & Benefits Report** is the most complete, accurate, and up-to-date compensation information for the O&P industry. Compare your compensation levels and benefits policies with similar facilities. The report is divided into two major sections: Average Salaries (including ranges of key employee positions) and Benefits (including holiday and vacation policies). AOPA's Compensation & Benefits Survey is conducted every other year.

Reports are available electronically or print.

2015 Compensation Report (Electronic) member/nonmember \$185/\$285

2015 Compensation Report (Print) member/nonmember \$325/\$425

2015 Operating Performance Survey (Electronic) member/nonmember \$185/\$325

2015 Operating Performance Survey (Print) member/nonmember \$285/\$425

To order your copy, visit <https://www.aopanetonline.org/store>.

Earn 14 CE Credits in Las Vegas!

Get the Latest on the LCD Lower Limb Proposal, Prior Authorization, ICD-10 Transition and More

Join AOPA at the Mastering Medicare: Essential Coding & Billing Techniques Seminar. The AOPA experts will keep you updated on the policies that affect you, in addition to the coding and billing knowledge you have come to depend on.



Join your Colleagues November 9-10 in Las Vegas!

At this seminar you will:

- **Get up-to-date information on Hot Topic issues in O&P**
- **Learn how to assess risk areas in your practice;**
- **Learn successful appeal strategies and hints to avoid claim denials;**
- **Practice coding complex devices, including repairs and adjustment**
- **Attend break-out sessions for practitioners and office staff**
- **Earn 14 CEs**

Register Now

Upcoming AOPA Events

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|---------------------|--|
| November 9-10, 2015 | Essential Coding & Billing Techniques Seminar in Las Vegas
Learn more or register online here |
| November 11, 2015 | <i>How to Make a Good Impression: Marketing Yourself to your Referrals</i> Webinar
Learn more or register online here |
| December 9, 2015 | <i>Bringing in the New Year: New Codes and Changes for 2016</i> AOPA Webinar
Learn more or register here |