How State O&P Groups Can Be Effective at Both State and Federal Level

Teri Kuffel, JD
Arise Orthotics & Prosthetics, Inc.
Leadership Conference 2016
Teri Kuffel, Esq.

- Vice President & Owner, Arise O&P in Blaine, MN
- O&P business/practice management more than 15 yrs
- Attorney & Associate Professor 2 universities including Concordia in St. Paul, MN (Master’s in O&P)
- AOPA State Rep for MN
- Director, MN Society of O&P (MSOPP)
- Husband is Charles Kuffel, MSM, CPO, FAAOP
- Most importantly, Mother of VZNG
My Advocacy Experience

- DC Congressional visits – 6 years
  - Attended AOPA Policy Forum with Amputees
  - Advocates + Patients = Face Time + Results

- MN State Visits/Communications - 5 years MSOPP
  - Insurance Fairness
  - O&P Licensure
  - Medicaid
  - Advocates + Patients = Face Time + Results
MN O&P in DC
2 Agenda Items Today

Plan
• How To Advocate
• Basic 5 Steps

Results
• DC
• MN
Basic Advocacy Plan

5 Steps

1. Lay the foundation
2. Rally the troops
3. Repeat the message
4. Establish the relationship
5. Follow up quickly and consistently
1. Lay the Foundation

- Educate self on pertinent issues
- Review AOPA, AAOP, NAAOP, AC materials
- Become “the expert in the room!”
- Find out who’s who in office
- Call and write prior to visit
2. Rally the Troops

- Trifecta - Policy Person, Practitioner & Patient
- MN brings 6-8 people each year to DC
- MN has great company
  - AAOP, AC, NCOPE
  - Ottobock
  - Wiggle Your Toes
MN Troops
3. Repeat the Message

- Create a simple message
- Give “White Paper” with message (one-pager)
- Share the delivery of the message
- Repeat the message, “7 times 7 ways”
- Don’t forget the “ASK” in your message
  (vote, letter, support, help)
KISS Mentality

- KEEP
- IT (The Message)
- SIMPLE
- SAM!
4. Establish the Relationship

- Make an impression/remember
- Find common ground & connections
  - “Aunt of staffer is amputee”
  - “Staffer used to babysit for my kids”
  - “Staffer graduated from my kids’ private high school”
- After several visits you will have established relationships with some important people in some important offices
5. Follow Up

- Follow up quickly with calls/letters/emails
- Keep consistent communication/connection
- Get on email lists
- Make local visits in home state
- Invite them to O&P facility
- Say Thank You!
Results

- Successful visits – state and federal
- Established relationships with important people
- News articles published
- Letters authored by/to important people
- Invitations extended to draft policy
- Invitations extended to sit on important committees
MN Results – Ann’s Visit

- Ann’s visit to DC, Medicare hearing and HHS rally
- Reporter called while sightseeing at Lincoln Memorial to learn about Ann’s story
- MN Star Tribune article focused on Ann’s visit
- Ann visited Rep. Paulsen’s office
- Invited staffer to join Ann at HHS rally next day…
Ann
• Matt Gallivan, Health Legislative Assistant to Rep. Erik Paulsen, joined us at rally in front of HHS and continues to communicate with us regularly asking for input.

• Last week Matt emailed us to inform us about the new Medicare prior auth process for O&P (before it was published) and asked us for our opinion so he could pass it along to Rep. Paulsen.
Matt at HHS Rally
MN Results – News Articles

• Articles covering local and national events
• MN Star Tribune reporter in DC penned article about Ann’s visit to Medicare hearing and HHS rally
• Two subsequent articles published with updates, including United’s quick response
• Articles help further educate public


US Congressman Eric Paulsen wrote letter to Andy Slavitt, Acting Administrator for CMS, after HHS rally and picketing event urging him to rescind

US Senator Amy Klobuchar wrote letter to Slavitt after HHS rally and picketing event urging him to rescind
MN O&P representatives helped revise the O&P prior authorization policy for MN Medicaid.
MN Results - Medicaid

- Started with denial on claim
- Call to O&P claims department, supervisors, then manager Camille
- Relayed our concerns and expertise
- Camille asked us to “rally the troops” to revise prior authorization policy for both O&P
MN Results – Invitations to Meetings

- Patrick, new manager of O&P at MN DHS
- We invited him to visit O&P facility
- We invited him to attend our annual O&P meeting to help further educate himself and staff
- He invited us to attend quarterly DME meetings
- He invited us to “rally the troops” to start regular meetings to review MN Medicaid O&P policy
MN Results at Federal & State Levels Due To…

Years of:

1. Laying the foundation
2. Rallying the troops
3. Repeating the message
4. Establishing the relationship
5. Following up quickly and consistently
Importance of State O&P Groups

- Find people with common interests
- Find strength in numbers
- Find hobby lobbying could turn into policy writing
- Find the necessity for the O&P industry
- Find yourself in giving of your time, talents and treasures
Find Grassroots Efforts
Amputees/Limb-impaired

- Educational
- Effective
- Essential
- Extraordinary
AOPA Policy Forum

- Please consider taking a trip this Spring
- Please consider bringing a friend who is an end-user
- Please call me with questions
- 763-755-9500
- Thank you!
How State O&P Groups Can Be Effective at Both State and Federal Level
Scoping U.S. Covered Lives by Type of Insurance - 2014
September 2015

Table 1. Coverage Rates by Type of Health Insurance: 2013 and 2014
(Numbers in thousands, margins of error in thousands or percentage points as appropriate. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf)

<table>
<thead>
<tr>
<th>Coverage type</th>
<th>2013</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Margin of error (a)</td>
<td>Rate</td>
<td>Margin of error (a)</td>
<td>Number</td>
<td>Margin of error (a)</td>
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<tr>
<td>Any health plan</td>
<td>271,606</td>
<td>636</td>
<td>86.7</td>
<td>0.2</td>
<td>283,200</td>
<td>568</td>
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<tr>
<td>Any private plan</td>
<td>201,038</td>
<td>1,140</td>
<td>64.1</td>
<td>0.4</td>
<td>208,600</td>
<td>1,221</td>
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<tr>
<td>Employment-based</td>
<td>174,418</td>
<td>1,160</td>
<td>55.7</td>
<td>0.4</td>
<td>175,027</td>
<td>1,188</td>
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<tr>
<td>Direct-purchase</td>
<td>35,755</td>
<td>615</td>
<td>11.4</td>
<td>0.2</td>
<td>46,165</td>
<td>798</td>
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<tr>
<td>Any government plan</td>
<td>108,287</td>
<td>1,115</td>
<td>34.6</td>
<td>0.4</td>
<td>115,470</td>
<td>1,035</td>
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<tr>
<td>Medicare</td>
<td>48,020</td>
<td>377</td>
<td>15.6</td>
<td>0.1</td>
<td>50,546</td>
<td>339</td>
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<tr>
<td>Medicaid</td>
<td>54,919</td>
<td>969</td>
<td>17.5</td>
<td>0.3</td>
<td>61,650</td>
<td>931</td>
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<tr>
<td>Military health care</td>
<td>14,016</td>
<td>595</td>
<td>4.5</td>
<td>0.2</td>
<td>14,143</td>
<td>568</td>
</tr>
<tr>
<td>Uninsured</td>
<td>41,795</td>
<td>614</td>
<td>13.3</td>
<td>0.2</td>
<td>32,968</td>
<td>561</td>
</tr>
</tbody>
</table>

Change in number (2014 less 2013)
-11,594 2.9
-7,562 1.8
-609 0.3
-10,411 3.2
-7,183 2.0
-1,526 0.3
-6,731 2.0
-127 0.2
-8,828 2.9
Self-Funding. Seventeen percent of covered workers at small firms and 83% of covered workers at large firms are enrolled in plans that are either partially or completely self-funded. Overall, 63% of covered workers are enrolled in a plan that is either partially or completely self-funded, 60% of whom are covered by additional insurance against high claims, sometimes known as stop loss coverage. The percentage of covered workers at both small and large firms in self-funded plans is similar to the percentage reported in 2010.
Who Regulates these Types of Health Insurance ... and who advocates for the O&P benefit?

<table>
<thead>
<tr>
<th>Type of Health Insurance</th>
<th>2014 US Census Data (millions)</th>
<th>Governed by (<em>estimated</em>):</th>
<th>Primary Governance</th>
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<tbody>
<tr>
<td>Any Health Plan</td>
<td>283,200 89.6%</td>
<td>Federal 110,267 64,760</td>
<td>Federal ERISA Guidelines State Department of Insurance / Insurance Commissioner</td>
</tr>
<tr>
<td>Any Private Plans</td>
<td>208,600 66.0%</td>
<td>State 12,000 34,165</td>
<td>State Department of Insurance / Benchmark Plans State Department of Insurance / Insurance Commissioner</td>
</tr>
<tr>
<td>Employment based</td>
<td>175,027 55.4%</td>
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<tr>
<td>Self-insured plans (KFF report) –&gt; 63%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Insured plans (estimate) –&gt; 37%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct purchase</td>
<td>46,165 14.6%</td>
<td>Federal 50,546 61,650</td>
<td>Federal HHS/CMS State Department of Healthcare Services Federal DOD/VA</td>
</tr>
<tr>
<td>ACA / Exchange –&gt;</td>
<td></td>
<td></td>
<td></td>
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<td>Other individual coverage –&gt;</td>
<td></td>
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<td>Medicaid</td>
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<tr>
<td>All coverage, including dual eligibles</td>
<td>347,531</td>
<td>174,956 50.3% 172,575 49.7%</td>
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A few advocacy examples: California O&P Association
Department of Healthcare Services Rulemaking

On April 22, 2015 the California Department of Healthcare Services issued a notice of a proposed rulemaking. This draft rulemaking substantially modified the regulations that govern our Medi-Cal program.

➔ 54 pages of edits / additions to the State Medi-Cal O&P benefit
State Association Actions Taken – Playing Defense:

1. Alert membership of proposed changes and timeline to respond

2. Solicit and gather comments from various stakeholders

3. Assemble comments from membership, providers (hospitals/institutions, Hanger, independents), and allied associations (ACA, AOPA, Academy, NAAOP, O&P Schools, manufacturers, etc.)

4. Prepare and issue written comments to the agency inside the comment period specified. Ensure written comments from membership, providers and allied associations were provided to the agency

5. Circulate and review changes made by the agency to the rulemaking, work through additional rounds of comments and edits

6. Request a hearing with the CA DHCS, coordinate stakeholder participation, ensure that testimony was entered on the public record from the profession regarding the proposed changes
Lessons Learned.
State Department of Health Care Services

1. Promulgate regulations providing for the state Medicaid benefit,

2. The authorization of O&P appliances and services,

Definitions of those devices and services

Watch out for definitions added or edited that are not supported by the literature, publications, and science that may contradict

Establish the state benefit provided, including the: Amount, Scope, Duration, Limitation and Prior Authorization of the appliances and services.

1. Who is covered under the benefit

Watch out for restriction of benefits for certain populations (i.e., children only < 18 years old vs. all eligible beneficiaries, etc.)

2. Who can prescribe:
Physician, non-physician medial practitioner, podiatrist, dentist

3. Who may furnish:
Certified prosthetist, certified orthotist, certified prosthetist/orthotist, licensed physician, licensed dentist, licensed podiatrist, certified pharmacist

Watch out for changes here as other provider groups seek to expand their scope of practice to include O&P appliances and services.
Documentation requirements, including the written prescription as well as clinical notes that support the medical necessity

» Watch out for your compliance with the documentation standards and any changes made. Also look out for changes who/what determines a patient's ADL's and previous ability limitations.

Prior authorization requirements and supporting documentation

» Watch out for denials based on a patient's receipt of the device while in an acute care or other facility (should it be included in the DRG or are you safe to bill it based on the regs?)

Reimbursement

» Watch out for changes to reference fee schedules and percentages, reimbursement rate changes in referenced Medicaid provider manuals, references to base appliances vs. add on components, service and repairs

Specific appliance and service coverage inclusions / exclusions

» Watch out for new exclusions or changes to coverage requirements.
Playing Offense
CA Senate Bill 43

On June 23, 2015, COPA petitioned California Insurance Commissioner Dave Jones to provide input related to a bill to be heard by our Assembly and Senate Health Committees in preparation for a vote in the state legislature.

Two main facets:
1. To comport the California definition of habilitative services with the revised CMS definition, and
2. To extend the operative date of the existing benchmark plan to 2017.

Opportunity to review and push to modify the state’s benchmark plan, addressing:
   a. its potential areas of non-compliance with CMS' final definition of habilitative services, and
   b. petition for selection of an alternate benchmark plan,
      → more compliant and more expansive in terms of its O&P benefit.

Result: Working with the Department of Insurance, we were able to gather support from the Insurance Commissioner and gain his recommendation of an alternate plan to these committees.
State Association Actions Taken:

1. Identify the opportunity to recommend an alternate benchmark plan
2. Leverage relationship with Insurance Commissioner to obtain support for alternate plan
3. Alert membership of the proposed legislation
4. Solicit and gather comments from various stakeholders

With AOPA assistance, facilitate the solicitation and electronic provision of comments to the appropriate legislator using AOPA Votes platform
Key Legislation

- H.R. 1530: Medicare O&P Improvement Act of 2015
- H.R. 1526: Medicare Audit Improvement Act of 2015
- S. 829: Medicare O&P Improvement Act of 2015

Take Action Now!

Contact Congress Here

Contact Your Legislators!

Contact your Legislators to Support the Medicare Orthotics and Prosthetics Improvement Act of 2015
**Health Insurance Coverage in the US, 2014**

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<td>US Population</td>
<td>316,168 100.0%</td>
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What is your state doing to protect and promote O&P in these types of insurance?
Take action.

- Join the AOPA State Reps Group
- Support your State Association