



**American Orthotic &
Prosthetic Association**

4th Quarter 2015 Staff Report

To: AOPA Board of Directors
From: Thomas F. Fise, Executive Director
Date: January 20, 2016
cc: AOPA Membership

Subject: It certainly wasn't a post Christmas gift when CMS released the final rule on Prior Authorization on December 30, 2015, just in time for the New Year. In fact, the implications of having weathered temporarily the possibility of a new LCD Policy Article on Lower Limb Prosthetics only to have the somewhat incomplete Prior Authorization rule dropped, suggests a pattern that does not bode well for amputees and their providers. The O&P community views on Prior Authorization run the gamut from firmly opposed unless there is a guarantee of payment and relief from RAC audits, to anything would be better than the present high risk situation patients and providers now face. The devil is clearly in the details, and the most critical detail is what codes will be on the initial list of items requiring prior authorization. AOPA's Leadership Conference hosted an ad hoc session on the pros and cons of prior authorization at the close of Saturday's January 9th formal presentations which elicited this range of opinions. The AOPA Board of Directors, 11 of whom were present at the ad hoc session, met January 19th to further digest the session's discussion and analyze implications of prior authorization in an effort to arrive at an appropriate policy position for the AOPA and devise pathways to educate members on how best to absorb prior authorization into their business by the March 1, 2016 effective date.

LCD Update and Efforts Going Forward

The White House announcement along with CMS affirmation that the proposed LCD would not be issued in its present form was viewed as a partial victory by the stakeholders adversely affected. Everything is on hold until the interagency working group can be convened to study the issue and consider whether a new LCD is needed at all, and if so how to craft a revised policy article on lower limb prosthetics all stakeholders can live with. Troubling is the absence of any direct working group input from amputees although a comment period is promised on any proposed policy. CMS is now taking steps to convene the working group whose efforts are expected to consume most of 2016.

Legislative Update

The good news is that the several bills AOPA has been instrumental in getting introduced in the Senate and House of Representatives this past year, carry over into the second session of the 114th Congress and do not need re-introduction. The Medicare O&P Improvement Act (S. 829 and

H.R.1530) continues to be the comprehensive legislation for resolving some of the most vexing problems facing O&P providers. Calling for the promulgation of regulations implementing Section 427 of BIPA passed in year 2000, the bill limits Medicare payments to only qualified providers; recognizes the orthotist's and prosthetist's clinical notes as part of the patient's medical record; distinguishes O&P from suppliers of durable medical equipment; requires transparency of RAC audits and delays recoupment until the ALJ appeals process is certified by the HHS Secretary to resolve the majority of appeals decisions within the 90 day statutory requirement.

Several provisions of the Medicare O&P Improvement Act are also tucked away in other pieces of legislation in an effort to have as many legislative vehicles as possible available to increase the odds of success. The Ellmers Bill (HR 5083), the Meadows Bill (HR 1526), and the Price Bill (HR 4185) are all examples of legislation which have adopted or incorporated one or more elements of the Medicare O&P Improvement Act.

These and other policy priorities will take center stage at the 2016 AOPA O&P Legislation Writing Congress and Policy Forum scheduled for April 26-27. Mark your calendar, don't miss it. More details in the enclosed flyer.

PROSTHETICS 2020

The most aggressive program yet undertaken by the O&P community to get ahead of the curve and make sure that prosthetics are properly positioned for the future value driven healthcare economy is breaking new ground. The \$1.7 billion spent on lower extremity prosthetics (LEP), which are generally high ticket and RAC audit magnets, needs further defining and establishing the health economic value of LEP. Prosthetics 2020 is the vehicle designed to accomplish that purpose with four key goals – (1) improve the future reimbursement landscape for LEP; (2) match appropriate technology to patient needs instead of payer forced lowest cost technology to all patients; (3) define new patient segments benefitting from LEP technology; and (4) separate the O&P profession from DME in the minds of payers. A world class Medical Advisory Board (MAB) has met twice in the past several months in an effort to identify critically needed outcomes research and to provide the clinical expertise in presenting the value message to payers. Members of the Prosthetic 2020 Medical Advisory Board include: Michael Jaff, DO, Vascular Medicine, Mass General, Kenton Kaufman, PhD, Biomechanics, Mayo Clinic, Col. (ret) Paul F. Pasquina, MD, PM&R, Walter Reed and Doug Smith, MD, Orthopedics, University of Washington. Prosthetics 2020 is an AOPA administered program funded by AOPA with additional funding from Endolite, Freedom Innovations, Hanger, Össur, Ottobock and WillowWood.

More member participation is needed to support the MAB activities, needed clinical research and literature reviews, and to fund the longitudinal patient registry that has its own governance and funding needs. AOPA is financing the initial organization of the registry and a \$2.5 million grant application has been submitted for Department of Defense funding

Prosthetics 2020 is also intended as a template for similar efforts in orthotics which is a \$1.9 billion spend; and the same value and outcomes metrics will be similarly applied by payers.

Coding and Reimbursement Update

Draft Local Coverage Determination and Policy Article for Lower Limb Prostheses

On July 16, 2015, the DME MACs published a draft local coverage determination and policy article that, if implemented, would fundamentally change Medicare coverage of lower limb prostheses.

AOPA reviewed the draft policy in detail and was alarmed by several proposed changes that would severely limit access to proper prosthetic care for Medicare beneficiaries. A detailed analysis of the proposed policy was provided to AOPA members and a comprehensive plan was put in place to challenge the proposed policy both through submission of written comments, activation of several strategies to engage patients and referral sources to voice their personal concerns, direct challenges to the “science” that was presented by the DME MACs to justify the proposed changes, participation in the public meeting held on August 26, 2015 in Baltimore, Maryland, and an active demonstration held in front of DHHS headquarters in Washington, DC. All of AOPA’s and its strategic partner’s efforts have borne fruit as CMS officials have assured AOPA that it is working with the DME MACs to ensure that any final revision to the lower limb prosthetic policy will not deny access to medically necessary prostheses for Medicare beneficiaries.

AOPA is continuing its efforts to challenge any re-emergence of the draft LCD and Policy Article, especially any mimicking of the LCD provisions by the private sector, at every opportunity and is actively engaged with CMS officials and congressional resources to make sure that Medicare beneficiaries remain eligible to receive proper prosthetic devices that adequately meet their medical needs.

RAC Audit Update

In December, 2014, CMS announced the award of the national DMEPOS, Home Health, and Hospice Recovery Audit Contractor (RAC) contract to Connolly Healthcare, LLC. The start date for work on this contract was delayed after a protest was filed by Performant Recovery. While the Government Accountability Office (GAO) website indicates that the Performant Recovery protest has been dismissed, in August 2015, CMS indicated that it would be re-issuing a request for proposal for all of the RAC contracts. It is not clear if this invalidates the RAC contract award to Connolly Healthcare, LLC but there has been no indication that Connolly has been authorized to initiate new RAC audits under the national DMEPOS, Home Health, and Hospice RAC contracts. CMS has authorized the existing four RAC contractors to resume auditing activities until the new request for proposal is released.

AOPA will continue to follow developments on the status of RAC audits and provide updates to its members.

AOPA’s Take. Where You Go.....When You need to Know!

AOPA’s blog site, www.aopastake.org, continues to grow in popularity, with almost 200 subscribers to date. AOPA’s Take has proven to be a very useful tool in communicating important information relevant to the O&P community in a timely and efficient manner. Feedback from subscribers has been extremely positive. AOPA’s Take is quickly becoming a “go to” resource for O&P practices. The goal for the next quarter will be to increase the current number of subscriptions to more than 300 subscribers.

Medicare Final Rule on Prior Authorization for Certain Prosthetic Items

On December 29, 2015, the Centers for Medicare and Medicaid Services (CMS) released the long anticipated final rule regarding Medicare prior authorization of certain DMEPOS, including most lower limb prostheses. The final rule published in the December 30, 2015 *Federal Register*, will be implemented 60 days after its publication.

AOPA has reviewed the final rule, and offers the following preliminary thoughts and comments regarding the provisions of the final rule.

AOPA's primary concern with prior authorization of prostheses is, and always has been, that it will critically delay timely access to the provision of prosthetic devices that are crucial to the rehabilitation needs of Medicare beneficiaries. In the final rule, CMS acknowledged that proper access to medically necessary care is of the utmost importance, but indicated that it will use sub-regulatory processes to determine appropriate timelines for making prior authorization decisions. These sub-regulatory processes are inherently arbitrary in that they do not allow for public input and or comment regarding their appropriateness. AOPA remains concerned that prior authorization of any kind may serve to hinder the timely delivery of medically necessary prosthetic care within reasonable timeframes.

Another concern that AOPA expressed in its comments on the proposed rule that was not sufficiently addressed in the final rule is that **prior authorization does not equate to a guarantee of claim payment nor does it eliminate the exposure of the claim to additional audits.** While the final rule states that an affirmative prior authorization decision indicates that the required documentation for claim payment is present, it also reiterates that it is not an initial claim determination and the claim may ultimately be denied for technical reasons such as invalid proof of delivery documentation.

AOPA met with representatives from the Office of Management and Budget (OMB) in August of 2015 while they were reviewing the proposed rule and registered concerns about the above issues.

The few seeming new wrinkles in the final rule is that implementation will not be immediate and universal, but there will be a Master List of 135 HCPCS codes eligible for inclusion in prior authorization. It appears there will be a phase-in process, meaning **not all 135 codes will be subject to prior authorization immediately.** Rather, the final rule indicates that CMS will establish a subset of the master list that will determine which HCPCS codes require prior authorization as part of the initial implementation of the final rule. While the master list includes lower limb prosthetic HCPCS codes that meet or exceed the \$1,000 threshold, it remains to be seen which codes will be included in the initial list of codes that will be subject to prior authorization.

While the current list does not include any orthotic codes, AOPA remains concerned that future updates to the master list may include orthotic codes in prior authorization. At first glance, the final rule does not recognize two key facts from Medicare's own data:

1. There is not a problem of unnecessary utilization of lower limb prosthetics, and the -14% reduction in prosthetics payments over the 2010-13 period proves that;
2. Today, Medicare's prosthetic patients are much LESS LIKELY to receive an advanced tech prosthetic device than they were just 5 years ago (2005-2009) – in some cases L code utilization of the more advanced prostheses has declined

In addition, the final rule acknowledges AOPA's concern regarding the need for a more timely response to prior authorization requests but elects to define these timeframes through sub regulatory processes that do not allow for public comment or input.

After its preliminary review, AOPA believes that the final rule fails to address AOPA's concerns regarding the implementation of a prior authorization program that:

1. **Does not appear to constitute a guarantee of payment; and**
2. **Retains the payment threshold of \$1,000 for inclusion in prior authorization; and**
3. **Does not assure that providers would not be subject to post-payment/RAC audits on the very same issue of medical necessity; and**
4. **Uses sub-regulatory processes to define appropriate timeframes for response to prior authorization requests; and**
5. **Exceeds its authority to initiate a limited pilot on prior authorization, done only in selected areas (as was done with power mobility devices), to a national policy impacting all amputee beneficiaries nationwide.**

AOPA will provide additional analysis of the final rule as it becomes available. AOPA will also host a series of webinars to provide members the tools to cope with prior authorization regulations.

February 18 & 25: SPECIAL: Prior Authorization Introduction (FREE for AOPA members, no CEs)

March 24 & 31: SPECIAL: Prior Authorization Preparation (Regular price, no CEs)

Medicare Proposed Rule on Comprehensive Care for Joint Replacements and Expansion of Post Acute Care Bundling Initiatives

On September 8, 2015, AOPA submitted written comments on the CMS proposed rule entitled Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services. The CCJR final rule was published on November 16, 2015 and remained essentially unchanged from the proposed rule with the exception that implementation of the program will be delayed until April 1, 2016. Most pointedly CMS announced its regulations and policies for Comprehensive Care of Joint Replacements, as the first regulation/policy to invoke post-acute care bundling. Even though Congress has never authorized this step by CMS, the proposed rule also discussed the potential expansion of post acute care bundling initiatives. AOPA provided comments specific to the potential harm to both patients and providers if orthotic and prosthetic services were included in any post acute care bundled payment scenario.

This proposed rule would establish a model in select areas that would track payments made for joint replacement services including the original surgery as well as all related services for 90 days after discharge. Spending targets would be established and hospitals that managed spending below the targets would receive an incentive payment while hospitals that managed spending that exceeded the targets would be penalized. AOPA's comments focused on the significant differences between O&P and DME items, the relative high cost, low utilization of O&P devices in the inpatient setting, and the need for an extended clinical relationship between patients and their prosthetists as reasons why O&P should not be considered for inclusion in a post acute care bundling scenario. AOPA pointed out that two bills currently pending in the House of Representatives (H.R. 1458 and H.R. 2502) both contain provisions that specifically exclude O&P from post acute care bundling.

Off The Shelf Orthoses

AOPA continues to have discussions with CMS regarding the authority of CMS contractors to implement policy regarding the definition of custom fitted orthoses and who is qualified to fit them without following the notice and rulemaking process required by the Administrative Procedures Act.

As previously reported, On October 31, 2014, CMS released the final ESRD rule but decided not to implement any of the proposed changes relating to OTS orthotics. In addition, CMS decided not to implement the provisions of the proposed rule that would prevent certified orthotic fitters and assistants, operating within their defined scope of practice, from providing custom fitted orthoses. Prior to the release of the final rule in which CMS elected not to finalize its proposed changes to define who can and cannot fit custom fitted orthoses, the DME MACs updated their Local Coverage Determinations and Policy articles for orthoses to reflect many of the changes that were included in the proposed rule. AOPA believes that the actions of the DME MACs to implement policy changes based on a proposed rule that specifically elected to not include OTS provisions in its final version is a violation of the rules laid out in the Administrative Procedures Act and will continue to press CMS on this issue. H.R. 1530, the Medicare O&P Improvement Act, and H. R. 4185, both include clarifications to limit CMS's expansive and unrealistic definition of "minimal self-adjustment" criteria for OTS or to enlarge precipitously the narrow Congressional statutory definition of what legitimately comprises OTS orthotic devices.

OTS Orthoses and Competitive Bidding

On April 21, 2015, the Centers for Medicare and Medicaid Services (CMS) announced the product categories and Metropolitan Statistical Areas (MSAs) that will be included in the next round of DMEPOS Competitive Bidding, now being called Round 1 2017. While it appeared that off the shelf (OTS) orthoses were being considered for inclusion in competitive bidding, OTS orthoses were not among the eight product categories identified for inclusion in the Round 1 2017 competitive bidding program. While this is certainly a positive development, it does not mean that OTS orthoses will not be included in competitive bidding at some point. The descriptor changes that were implemented in 2014 to clearly distinguish OTS orthoses from custom fitted orthoses certainly indicate the intent of CMS to eventually to address OTS orthotic pricing, whether by competitive bidding or some other means at some point in the future.

AOPA will continue its ongoing discussion with CMS regarding AOPA's concerns about the CMS continued expansion of what are considered OTS orthoses through regulatory and policy based channels rather than following the appropriate statutory definition.

DME MAC Proof of Delivery Requirements

On February 12, 2015, the DME MACs released a joint article that discussed the proper format for proof of delivery documentation to support Medicare claims. The joint publication indicated that medical reviewers have consistently seen a list of HCPCS codes and their descriptors used on proof of delivery documentation, especially for orthotic and prosthetic claims.

According to the DME MACs, this practice is not acceptable for proof of delivery purposes as they claim it does not allow the medical reviewer to make a determination of what was billed and if it was coded correctly. The joint DME MAC publication provides the following recommendation for maintaining proper proof of delivery documentation:

“The preferred method is use of a brand name and model number, brand name and serial number or manufacturer name and part number to identify the product. If this type of information is not available for the product, suppliers may use a detailed narrative description of the item; however, it must contain sufficient descriptive

information to allow a proper coding determination. This ‘narrative description’ of the item is not the HCPCS code narrative.

AOPA believes that this represents yet another hurdle to reimbursement for providers who are providing medically necessary O&P care to Medicare beneficiaries. The documentation of HCPCS codes and their complete descriptors has been acceptable for proof of delivery purposes for many years. The sudden change in policy appears to be inconsistent with what is in the Program Integrity Manual and other CMS policy documents.

Both in an independent letter to CMS in July 2015, as well as in AOPA’s comments on the draft LCD, AOPA has challenged the CMS publication regarding proof of delivery as being a de facto requirement for labeling which includes a serial or model number and as such infringing on authority for regulating medical devices that Congress gave to FDA, and not to CMS

ICD-10 Transition

AOPA has established an online resource on its website that will allow AOPA members to easily translate ICD-9 codes to ICD-10 codes. This resource, known as the AOPA ICD-10 Bridge has proven popular among AOPA members and is a useful reference tool. It is important to note, however, that O&P providers must report ICD-10 diagnosis codes on claims that are consistent with what the physician has recorded in their records. Inconsistencies between the diagnosis information recorded by the physician in the patient’s medical record and the ICD-10 code that is reported on the O&P claim, may lead to audit denials in the future.

AOPA Participation on DME MAC Advisory Councils

AOPA continues to actively participate on each of the four DME MAC Advisory Councils. These groups meet on a regular basis with representatives of the four DME MACs to discuss provider issues. AOPA has been able to create and maintain open lines of communication with Medicare contractors as a result of participation on the advisory councils.

Mastering Medicare Webinars

During the one-hour monthly Webinars, AOPA experts provide the most up-to-date information on a specific topic. Webinars are held the second Wednesday of each month at 1:00 PM Eastern. One registration is all it takes to provide the most reliable business information and CE Credits for your entire staff. If you’ve missed a Webinar, AOPA will send you a recording of the webinar and quiz for CE credits, so you can still take advantage of the series discount and the valuable learning opportunities. Members can sign up at bit.ly/2016webinars. As a bonus, AOPA added two Prior Authorization webinars (CEs not offered). These take places over several dates on *Thursdays*, with the first one free for AOPA members, and the second one regularly priced but included with a subscription to the whole series.

The cost for each webinar is \$99 members/\$199 non-members. The entire Series is \$990 Members/\$1,990 Non-Members, a savings of \$297 members/\$597 non-members.

2016 Monthly Webinars

January 13: available)	Pre-Payment Reviews: What You Need to Know to Pass (Recording now available)
February 10:	SNF Billing: Beyond the Basics (The Ins and Outs)
March 9:	Shift the Liability: The Proper Use of the ABN Form
April 13:	Understanding Shoes, Mastectomy, & Other Policies
May 11:	When Things Go Wrong: Making Lemonade out of Lemons
June 8:	Physician Documentation: How to Get It & How to Use It
July 13:	Strategies and Levels: How to Play the Appeals Game
August 10:	The Supplier Standards: Are You Compliant?
September 14:	Fill in the Blanks: Know Your Forms
October 12:	KO Policy: The ABCs of the LCD and PA
November 9:	Don't Miss Out: Are You Billing For Everything You Can?
December 14:	New Codes and What Lies Ahead for 2017

As an added bonus AOPA will be hosting a series of webinars on the recently released Prior Authorization regulations:

February 18 & 25: SPECIAL: Prior Authorization Introduction (FREE for AOPA members, no CEs)

March 24 & 31: SPECIAL: Prior Authorization Preparation (Regular price, no CEs)

AOPA Essential Coding & Billing Seminar

AOPA experts provide the most up-to-date information to help O&P Practitioners and office billing staff learn how to code complex devices, including repairs and adjustments, through interactive discussions with AOPA experts, your colleagues, and much more. Meant for both practitioners and office staff, this two-day event will feature breakout sessions for these two groups, to ensure concentration on material appropriate to each group. The registration rate is \$525 per attendee for members and \$725 for non-members. For additional attendees from the same office, a discount is offered: \$475 for members and \$675 for non-members. The first seminar in 2016 was held in Tampa, FL on January 25-26 and was well attended. The next seminar of 2016 will be in San Antonio, TX on June 13-14, 2016.

Learn more at <http://www.aopanet.org/education/coding-billing-seminar/>

The Countdown is on.....

We hope you plan to join the most elite O&P Professionals in the world at the 99th AOPA National Assembly to be held September 8-11, 2016 at the Hynes Convention Center in historic Boston, MA. The Hynes Convention Center is part of a complex where you can meet, sleep and play under one roof! With three great hotel properties and two upscale shopping destinations connected to the Hynes, this five blocks long by two blocks wide complex is like being in a city within a city. And it's all set in the heart of Boston's historic Back Bay neighborhood. Free Wi-Fi is available 24/7 throughout the Convention Center.

The planning committee which is comprised of individuals from both AOPA and The New England Chapter met at the Hynes recently to begin the planning process.

2016 Assembly – Planning Committee

Christopher J. Nolan (Chairman)

Mike Arani

Wendy Beattie, CPO, FAAOP

Rudy Becker, Jr.

David Boone, PhD, MPH

Frank H. Bostock, CO, FAAOP

James H. Campbell, Ph.D., CO, FAAOP

Thomas V. DiBello, CO, LO, FAAOP

Traci Dralle

Elizabeth Ginzel, CPO, LPO

Paul Harney, CO

Dennis Janisse, CPed

Geza Kogler, CO, PhD

James Krupa, CO

Dixon LeGrande

Eileen Levis

Anita Liberman Lampear, MA

Karen Lundquist, MBC

Pam Lupo, CO

Mike Magill

Brad Mattear, LO, CPA

Kevin McLoone

Anthony Potter

Rick Riley

Anne F. Rowell, MS, OTR/L, CPO

Don Shurr, PT, CPO

Brian Stroup

Jim Weber, MBA

Two significant actions taken at this meeting were:

(1) Creating several sub-workgroups;

- ✓ Clinical Workgroup – Chaired by Thomas V. DiBello, CO, FAAOP
- ✓ Pedorthic Workgroup – Chaired by Dennis Janisse, CPed
- ✓ Technical Workgroup – Chaired by Brad Mattear, LO, CPA
- ✓ Marketing Workgroup – Chaired by Anthony Potter
- ✓ Exhibits Workgroup – Chaired by Traci Dralle
- ✓ Poster Workgroup – Chaired by Geza Kogler, PhD

(2) Issuing the following call for papers.

Share Your Expertise * Advance Your Career * Improve Patient Care
AOPA National Assembly and New England Chapter Meetings
John B. Hynes Veterans Memorial Convention Center in Boston, MA
September 8-11, 2016

The 2016 Planning Committee is seeking high-quality education presentations for the combined 99th Annual AOPA National Assembly and New England Chapter Meeting to be held September 8-11, 2016 at the Hynes Convention Center in downtown Boston, MA.

Your 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 2016 National Meeting. All free paper abstracts for the 2016 AOPA National Assembly must be submitted electronically. Abstracts submitted by e-mail or fax will not be considered. All abstracts will be considered for both podium and poster presentations. The review committee will grade each submission via a blind review process, based on the criteria below and reach a decision regarding acceptance of abstracts.

- Relevance, level of interest in topic
- Quality of Scientific Content
- Quality of Clinical Content

Submission Deadline – The submission deadline is March 31, 2016.

Clinical Free Papers – Those wishing to present an Orthotic, Prosthetic or Pedorthic Free Paper should submit at <https://aopa.wufoo.com/forms/2016-call-for-free-papers> to have their paper considered for presentation at the 2016 National Meeting. The top scoring papers will compete for the prestigious Thranhardt Award.

Technician Program – If you would like your Technical presentation considered for the Technical Education Track, please submit at <https://aopa.wufoo.com/forms/2016-call-for-technical-papers/>. The planning committee is specifically looking for fabrication techniques to be presented in the form of a “cooking show” style demonstration. Please contact us with questions assembly@aopanet.org or 571-431-0808.

Business Education Program – Please submit your business education paper at <https://aopa.wufoo.com/forms/2016-call-for-business-papers/>. The top papers will be considered for the prestigious Sam E. Hamontree, CP (E) Business Education Award.

Symposia – If you are interested in organizing a Symposium, then please submit at <https://aopa.wufoo.com/forms/2016-call-for-symposia/>. Scientific Symposia should present thematically related research addressing significant problems or controversies in Orthotics, Prosthetics or Pedorthics. The symposium should bring together one or more of the world's leading researchers to present current developments and planned research directions. Where appropriate, symposium should present differing points of view on a particular topic.

Student/Resident Poster Submission: AOPA invites students and residents to present orthotic/prosthetic research findings or a particular case study via a poster presentation. When students and/or residents submit an abstract for a poster, they are entered to win one of two prestigious awards-- 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 of the two scientific poster awards will be published in the O&P Almanac.
- ✓ The winners will receive a \$500 cash award, registration to the show, coach-class airfare to the National Assembly and three nights hotel. To qualify to present a poster in this category and eligible for consideration for this award, the main author must be a student (baccalaureate or masters level) or a resident at a qualified patient care facility.
- ✓ Abstracts will not be considered for either award if they have been previously presented, published, or are currently submitted with pending decision on acceptance elsewhere.
- ✓ These awards have been made possible by a special endowment by Becker Orthopedic and WillowWood.
- ✓ The Award Winner's associated school will also be honored with an award.

Please submit your poster paper at <https://aopa.wufoo.com/forms/2016-studentresident-poster-contest>.

Questions? Contact AOPA Headquarters at (571) 431-0876 or assembly@AOPAnet.org with questions about the submission process or the National Assembly in general.

Telling Our Story – Communications!

Mobility Saves Updates

The Mobility Saves public relations campaign has moved forward spreading the word that Mobility Saves lives and money. The www.MobilitySaves.com website has been reinvigorated to incorporate more patient-centric information and resources, as well as updates on regulatory issues affecting patient care, such as the LCD draft proposal and the recent Prior Authorization final rule. New Medicare data has been added, showing the overall decrease in spending on prosthetics since 2010. The data reflect that spending on advanced technology has decreased while spending on older technologies increased.

Mobility Saves is growing on social media, with over 10,000 likes on Facebook at (like us at www.facebook.com/mobilitysaves), 1745 Twitter Followers (www.twitter.com/MobilitySaves), and 134 connections on LinkedIn (www.linkedin.com/company/mobility-saves).

AOPA announced the winners of the Mobility Saves testimonial contest. Jeff Lewis of Mesa, AZ won the grand prize of \$500 for his video describing his active life as a quadruple amputee, including bowling, dancing, and golfing. On the independence he achieves with the help of prosthetics, Jeff said “Certainly I have some restrictions, but I am not going to let the things I can’t do get in the way of the things I can.”

Ruth Frieboes of North Powder, OR submitted footage of her adventures zip lining, hiking, and enjoying the beach after becoming an above knee amputee in her mid-50s, inspiring her students and grandchildren to overcome their own obstacles. She won the 2nd place prize of \$250. She said, “I wanted to get back into my life as I approached retirement. My dreams and goals would never have happened without a good prosthetic.” The nationwide contest was open to all users of orthotic and prosthetic devices. The winning testimonials will be used as part of the Mobility Saves campaign.

O&P Almanac

The *O&P Almanac* continues to be the go-to O&P magazine, featuring hot topics that appeal to O&P professionals on both the clinical and business side. The November issue was mailed in partnership with the Amputee Coalition, and subscribers of *O&P Almanac* and the Amputee Coalition’s bi-monthly *inMotion* were treated to the co-mailed magazines. The joint effort was well-received for this one-time collaboration, and the partnership will be continued for select issues in 2016. The November issue focused on Foot Care, while the *inMotion* featured Research and Technology. The December *O&P Almanac*’s feature was on Virtual Reality’s use in O&P. January’s feature focused on how Consumerism in O&P is affecting the profession.

Membership

Welcome New Members October to December 2015

AOPA welcomes the following new patient care facility members: Momentum Prosthetic Clinic, LLC in Missoula MT, Sterling Podiatric, PC in Brooklyn, NY; Bremer Prosthetics LLC in Saginaw,

MI; Great Lakes Orthopaedic Center in Traverse City, MI; and OhioHealth Home Medical Equipment in Lewis, OH.

New supplier members joining AOPA this quarter are: Welso Medical, LLC in McAllen, TX; Janco, Inc. in Dover, NH, and KLM Laboratories of Valencia, CA.

AOPA's Resource Guide – At Your Fingertips

Renewing AOPA members will find some new items in their 2016 AOPA membership certificate mailing. We hope you will proudly display the 2016 AOPA member static cling decal, Mobility Saves static cling decal and the updated membership certificate in your office. Also enclosed is AOPA's Resource Guide. We hope you will laminate it or tuck it somewhere near your desk for quick and easy reference. It has all the information you need to access ALL of your AOPA membership benefits plus contact information for AOPA staff, who are here to assist you.

2015 Operating Performance and Compensation Surveys Available

More than ninety-three companies, representing 1,148 full-time facilities and 75 part-time facilities, participated in AOPA's 2015 Operating Performance and Compensation Survey. Members are encouraged to participate in these benchmarking surveys (FREE) to assist in developing specific strategies to gauge and improve the health of their O&P business. The survey also helps AOPA develop a more accurate picture of the financial trends in the O&P industry.

Copies of the two separate final 2015 reports are now available at <https://www.aopanetonline.org/store>. Member: Electronic Version \$185, Hard copy \$285; Nonmember: Electronic Version \$325; Hard copy \$425.

Mark your calendars for May 2016: When you participate in the Operating Performance survey, you receive the final published report (and a customized report for your facility) for FREE. Watch for announcements in the AOPA's online bi-weekly newsletter *SmartBrief*.

And Finally

2015 was a year of serious challenges but just as the O&P community drew together in most organizations surviving the harrowing RAC audits, the clawback of payments for denied claims and then the subsequent years of delays for Administrative Law Judge review - somehow the resilience of our community continued to prevail and more importantly, survive. AOPA is here to provide the leadership to make that survival possible and with your help and support, we hope to help make your future a brighter experience so you can continue providing the mobility for which people depend on you.

Sincerely,



Thomas F. Fise
Executive Director