



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

October 17, 2017

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Watch on Facebook Live: AOPA's RAND Report and Disability Tech Gap Presentation

AOPA will be live-streaming on Facebook the RAND's Report and Disability Tech Gap Presentation at the National Press Club, on October 19 at 11:00 am. Technology for prosthetic limbs is improving at a breakneck speed, but not all amputees can access this technology. Roughly half of U.S. amputees never receive a prescription for a replacement limb. The RAND Corporation will be presenting its study and 10-year simulation model showing a pathway to safer outcomes for amputees that will cost Medicare little more in the long run to provide the right technology, with improved outcomes and fewer injuries and deaths. Learn about different aspects of this technology from scientists, healthcare providers and amputee patients who will be attending.

Watch the live Facebook feed on Thursday at 11 am, EDT

Be sure to "like" and "follow" both the AOPA and Mobility Saves Facebook pages- this will ensure you receive a reminder when the Newsfeed is about to begin. [See the Facebook event.](#)

<https://www.facebook.com/AmericanOandP/>

<https://www.facebook.com/mobilitysaves/>

Short-Term Health Insurance, End of Subsidies Paid to Health Insurers—What Does It Mean to You and Your Patients?

On October 12, President Trump undertook a non-legislative overhaul of the country's healthcare insurance program, and some significant administrative 'repeal' of the Affordable Care Act. Two major executive actions comprise this effort:

(1) clearing the path for sale of "short-term" insurance plans that do not have full ACA essential health benefits and other rules, at lower rates for healthy individuals, as well as clearing the path for sale of insurance through 'association plans' that will include sale of insurance across rate lines without meeting state license laws (parity laws from one state may not apply to plans sold by an out-of-state carrier who operates in a state that does not have parity rules). At peak, there were only about 100,000 Americans enrolled in these short-term plans, so immediate effect will probably not be dramatic. That said, this does initiate a segmenting of the market, incentivizing some healthy persons not to participate in the state-level insurance exchanges under ACA, but to gravitate to these cheaper, less robust short-term plans. If this snowballed to having much larger number of people in short-term plans it would tend to shift the risk pool in the exchanges in the direction of the unhealthier Americans, likely de facto giving them some characteristics of higher risk pools. Indirectly, persons with pre-existing conditions could find themselves relegated to the exchanges and their insurance rates would probably increase across the board without the balance of exchange participation by healthier individuals.

(2) The administration will stop providing the \$7 billion in annual, so-called CSR subsidies to health insurers to help cover the co-pays and deductibles of lower income individuals. This is facilitated because of legal challenges where one federal district court deemed these subsidies illegal. Ending the subsidies creates some hard decisions for insurers. They may: (1) continue the credits for co-pays/deductibles without collecting any off-setting subsidy payments which would result in little change in policyholder experience in the short run (some insurers already issued major hikes in 2018 rates, likely anticipating that the subsidy payments would end); (2) thirty-two states will allow insurers to levy a surcharge to offset the loss of subsidies and thereby increasing the premiums (low cost insureds will be eligible for larger tax credits essentially offsetting these larger premiums so they won't have too much pressing them to drop coverage), or (3) with subsidies unavailable, insurers are permitted to withdraw from the 2018 ACA insurance exchanges in each state over the next few weeks before annual enrollment in the ACA plans begins.

There is a timing disconnect. It will take a substantial amount of time for folks at HHS and CMS to write and implement the many new rules that will be needed to effectuate the short-term plans and association plans. So, these short-term plans will probably not be available for months or perhaps up to a year, even as the subsidy situation could push many folks from their current plans. Providers will want to take more special care that patients are enrolled and paid in their plans before delivering care. It's important to recognize that, at least in the near term, these changes will impact only a portion of the health insurance market. In the short term; employer-based plans, Medicare, Medicaid, and VA, will remain unaffected—though in the longer term the premiums for these plans may change.

There are likely to be lawsuits challenging both of these steps. Both hospitals and health insurers will oppose these steps—hospitals because it will shift many more uninsured folks into

emergency rooms, and increase uncompensated care (the expense of which falls on the hospitals), and insurers because, obviously, they want the subsidies. Look for attempts at legislation to stabilize insurance premiums.

Clearly, a time of change has been initiated that will impact providers over coming months. Depending on how health insurers respond, the results could have our health care looking more like it did before the ACA was enacted: more lower income people uninsured; sicker people potentially paying higher premiums, no assured universal essential health benefits, more people seeking care in hospital emergency rooms listed as uncompensated care, but actually with the cost of their coverage subsidized by higher costs for paying patients and cost-shifting. Can the President do this on his own? We will need to wait through a few years and watch the results on a likely bevy of litigation that will begin to unfold. One enduring fact will be that so long as the Affordable Care Act remains the law, any executive actions taken and regulations enacted by one President will be subject to the prospect of complete reversal by another President. We'll continue to keep AOPA members informed of significant developments.

Veteran's Administration Proposed Rule Includes Troubling Provision Restricting Veterans' Ability to Receive Care from Their Chosen Provider

The October 16, 2017 *Federal Register* included a proposed rule published by the Department of Veterans Affairs (VA) that intends to "reorganize and update the current regulations related to prosthetic and rehabilitative items, primarily to clarify eligibility for prosthetic and other rehabilitative items and services, and to define the types of items and services available to eligible veterans. While the 48 page proposed rule will require some time to be reviewed completely, there is a provision in the proposed rule that is of immediate concern to AOPA. Page 29 of the proposed rule includes a provision regarding how prosthetic, orthotic, and other rehabilitative services will be delivered to veterans. The proposed language states the following:

"VA will determine whether VA or a VA-authorized vendor will furnish authorized items and services under § 17.3230 to eligible veterans. When VA has the capacity or inventory, VA directly provides items and services to veterans. However, VA also may use, on a case-by case basis, VA authorized vendors to provide greater access, lower cost, and/or a wider range of items and services. We would clarify in regulation that this administrative business decision is made solely by VA to eliminate any possible confusion as to whether a veteran has a right to request items or services generally, or to request specific items or services from a provider other than VA, and to clarify for the benefit of VA-authorized vendors that VA retains this discretion as part of our duty to administer this program in a legally sufficient, fiscally responsible manner."

This language, if finalized, will significantly restrict the ability of a veteran to see the VA contracted provider of their choice for prosthetic and orthotic care and must be addressed immediately. AOPA, its Board of Directors, and its VA Committee are reviewing this proposed change in VA policy, which appears to be almost completely contrary to longstanding VA policy regarding veteran provider choice and the intent of the Veteran's Access, Choice, and Accountability Act of 2014 which empowered Veterans to take a more active role in assuring their ability to receive convenient and timely care, whether through the VA directly or through the private sector.

Anticipating an AOPA position in opposition to this proposal, look for instructions as to how AOPA members can engage and mobilize patients on this important new proposed direction for prosthetic and orthotic care for Veterans. [Read the full text of the proposed rule.](#)

Join AOPA for Compliance & Ethics Week – November 5-11

Sign up for Webinars. Plan to order lunch and have all your employees gather in the conference room. ([Learn more and register](#))

Gift Giving: Show your Thanks & Remain Compliant	Nov. 8	\$99 AOPA members \$199 non members
"Three Amigos" of a Compliance Program- Compliance Officer, Legal, and Human Resources-Can Work Together to Support and Advance an Effective Compliance Program	Nov. 9	FREE for members \$50 nonmembers
Teaching Professionalism and Ethics during Residency	Nov. 10	FREE for members \$50 nonmembers

Update your Compliance plan.

If you don't have one yet, order the Compliance Handbook for help. This newly updated Compliance Handbook helps patient care facilities follow the fraud and abuse prevention guidelines recommended by the OIG. This product will assist you in developing a compliance plan, including guidelines for developing a standard of conduct, billing policies and procedures and more. AOPA Members: \$159/Non Members: \$318.00. [Order.](#)



Order fun giveaways for your staff

- Pens and tumblers with the text "Make Good Choices"
- Posters with the text, "In any moment of decision, the best thing you can do is the right thing", Theodore Roosevelt. [Shop now.](#)



Sign up to use the [AOPA Co-OP](#)

- Get tips on Compliance
- Information on FDA, OSHA, audits and more

Attend the AOPA Coding & Billing Seminar, Nov. 6-7 in Phoenix, AZ. Send multiple employees for a group discount. [Learn more.](#)

How can you spread the news of your participation?

- Customize our sample [Emails or a Newsletter](#) to send your staff - tips on Compliance, how to announce your daily activities
- Send a [Press Release](#) to let your community know you are celebrating.
- Sign the [Celebrating Wall](#) for your colleagues to see

[Access more resources on www.AOPAnet.org.](http://www.AOPAnet.org)

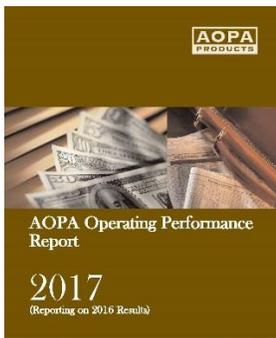
AOPA Polo Shirts – Now for Sale

Celebrate AOPA's Centennial with us by ordering AOPA polo shirts for your office! The shirts are black with a white AOPA logo. Moisture wick, 100% polyester. Rib knit collar, hemmed sleeves and side vents. The polos are unisex but the sizes are men's M-2XXL. \$25 plus shipping. [Order in the bookstore.](#)



AOPA Releases Results from Member Benchmarking Survey

Now Available: 2017 Operating Performance Report and 2017 Compensation and Benefits Report



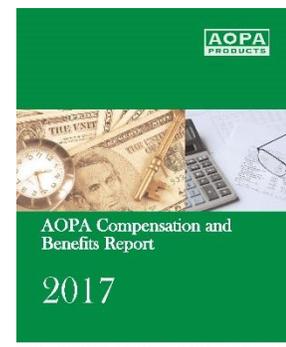
Do you need to know how your compensation and benefits compare with similar sized O&P companies or those in your geographic region? As a forward thinking manager, do you want to know how your company's financial performance compares with O&P industry leaders?

There is no better industry resource for this type of information than AOPA's annual Operating Performance Report and bi-annual Compensation and Benefits Report. Results of these member surveys are now available electronically in

AOPA's bookstore. To order your copy, [visit the bookstore.](#)

2017 Operating Performance Reports member/nonmember
\$185/\$325

2017 Compensation and Benefits Report member/nonmember \$285/\$425



Promote your Brand with AOPA's new Apparel Program



AOPA is partnering with Encompass Group, a leading provider of health care apparel to offer members special prices on customized polos, scrub tops and lab coats. Customized embroidery is available.

For more information on products and available colors, go to www.iconscrubs.com. Enter access code: ICON-AOPA. Then enter your AOPA member id, and create your user profile.

Contact bleppin@AOPAnet.org for additional information or call 571-431-0810.

Upcoming AOPA Events

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| November 6-7, 2017 | <i>Coding & Billing Seminar</i>
Phoenix, AZ
Learn more and register here |
| November 8, 2017 | <i>Gift Giving: Show Your Thanks & Remain Compliant</i>
AOPA Webinar
Learn more and register here |
| Save the date:
January 5-7, 2018 | AOPA Leadership Conference (Invitation Only)
Palm Beach, FL |