



**American Orthotic &
Prosthetic Association**

2nd Quarter AOPA Staff Report

To: AOPA Membership
From: Thomas F. Fise, Executive Director
Date: July 15, 2010

Subject: Lots of Questions – Fewer Answers!

Front Burner – Implementation of Healthcare Reform

Passing healthcare reform may be the crowning achievement of the current administration but with the implementation date of so many provisions delayed until 2014 and beyond, it's still anybody's guess as to how O&P will be affected.

Writing the regulations will truly be a “the devil is in the details” real life experience for the O&P community. AOPA and the O&P Alliance will be ever vigilant and aggressive in offering regulators the best possible information to make sure any regulations affecting O&P patient care have minimal adverse impact during the cost cutting blood bath that's sure to come.

Somehow, the law and regulations are going to have to miraculously find cost savings. Once again Congress kicked the can down the road by delaying previously mandated physician fee cuts of 21.2 percent which would have been effective June 1, 2010. The President signed into law another temporary “fix” which forestalls those cuts, substituting a 2.2 percent Medicare payment increase applicable from June 1 to November 30, 2010 when the “fix” expires and assuring this entire “doc fix” issue will be raised again during a lame duck session of Congress. The dollar savings in the mandated fee cuts were included in the new law's cost projections by the Congressional Budget Office so while the temporary fix is paid for by reductions in Medicare hospital payments, in the long run there will be a scramble to find the savings elsewhere which puts all providers in peril.

There are two things up front that will cost O&P businesses money—(1) the productivity adjustments across the board, which were expected, whereby all providers beginning in 2011, including but certainly not limited to O&P, will be subject to reductions in the annual Medicare fee schedule updates by between 1 to 1.5 percent per year; and (2) the medical device excise tax, which came as a very late surprise. The Class I exemption which would have protected virtually all O&P devices and which had always been part of both the Senate and House bills was removed in a last minute House deal to peel off a couple of needed “yes” votes. This means that all medical device manufacturers (O&P and all others) beginning in 2013 will be burdened with a 2.3% excise tax on devices sold. AOPA is exploring whether there is a way that O&P manufacturers might qualify for one of the very narrow

exemptions from the device tax. AOPA will make every effort to explore every option – including the retail sales exemption, the component exemption, moves being considered for a small manufacturer exemption or even the very costly option of an outright repeal of the tax – to try to remove the burden from O&P manufacturers.

Then there is the challenge of state budgets overflowing with red ink with governors and lawmakers targeting politically “safe” areas for cuts. O&P naturally gets into the gun sights because of the relatively small impact (less than ½ percent of Medicare reimbursements) meaning a smaller voter populace to cause any backlash. California’s original budget proposal presented by Governor Schwarzenegger would have eliminated O&P and other areas of less utilized state Medicaid services if Federal Medicaid funds were not received. However, the backlash from recipients of O&P and other threatened health care areas was big enough for California legislators to kill the proposed cuts in Committee. AOPA’s letter to legislators on the Committee supported the California Orthotic and Prosthetic Association’s aggressive effort to oppose the cuts.

This problem of state Medicaid cutbacks did not end in California. In fact, the action shifted more recently to Arizona where the results were even more detrimental to our patients and the providers who serve them. A bill was proposed in Arizona to make significant cutbacks in Medicaid payments, including the proposal to eliminate payment for orthotics.

While the new health care reform law has caused many states to anticipate substantial new pressures on Medicaid, recent state budgetary cutbacks have arisen as a more direct result of an election-related budgetary game of “chicken.”

The imminent thing that is driving Calif. and Arizona and could eventually drive other states to look at reducing Medicaid benefits is a political hornet’s nest. The Federal Government has always routinely extended the law called the Federal Medicaid Assistance Payments (FMAP). Virtually every state wants the Feds to kick in their 50 percent or so of the costs of Medicaid, and the members of Congress from those states deliver that for their state constituents. But between now and November, adding anything to the federal deficit is a big bugaboo, so members of Congress are scared to approve the extension of FMAP. My bet is that it gets approved as one of the first actions in a lame duck Congress that convenes after the November election—in which case the major immediate pressures driving state reductions in Medicaid benefits will go away. Nonetheless, AOPA is working to position ourselves as ready to help respond to such state cutbacks. Even if Congress eventually approves the FMAP matching funds for the states, statutes such as the one Arizona ultimately enacted which denies Medicaid coverage for all orthotics, except those for children, and also limits Medicaid payment for microprocessor knees stay on the books. Another wave of cuts may be next in response to perceived higher state Medicaid exposures under health care reform.

As a practical matter, there is at least some prospect of relief, via regulations under the health care reform law that will establish the essential health benefit package. While it is not absolutely certain that O&P will be included in that essential health benefit package, Senator Harkin told folks at the AOPA Policy Forum in May that he was very confident that O&P will be included. I think odds are more likely than not that we will be. I think there will be a fair weight to this across the board, meaning that if this is the standard, i.e., if any private health plan must provide these specific benefits,

any state will be very hard pressed to establish a special, lower standard for their Medicaid beneficiaries. Again, this is another new area requiring additional vigilance by AOPA.

AOPA Policy Forum

AOPA members had face-to-face meetings with 20 percent more members of Congress and their staff during the May 25-26, 2010 Policy Forum than they did in 2009. The 232 appointments with their legislators was an added opportunity to educate Congress and came at a critical juncture. The long awaited healthcare reform efforts finally became the Patient Protection and Affordable Care Act (PPACA) which now requires a bevy of implementing regulations. The most pressing need for O&P is to make sure orthotics and prosthetics are clearly documented as being included in the definition of “habilitative and rehabilitative devices” in forthcoming regulations. The language in PPACA is not clear and failure of O&P to be included in the definition could subject O&P to more burdensome procedures or reduced and eliminated reimbursements.

Members also urged support for federal parity (S. 3223 and H.R. 2575) and the O&P Medicare Improvements Act (H.R. 2479) which would curb fraud and abuse at the federal level. H.R. 2479 would also mandate enforcement of BIPA 427 which limits reimbursement to only licensed and qualified providers. Savings if H.R. 2479 were enacted are estimated at \$200 million to \$1 billion over the next four years.

Three receptions during the Policy Forum sponsored by the O&P Political Action Committee for influential legislators provided further opportunities to educate and to cement relationships. Sen. Tom Harkin (D-IA) reiterated his ongoing commitment to parity legislation (co-sponsor of S. 3223) and to not try and balance the budget on the backs of the disabled. Rep. William Cassidy, MD (R-LA) linked the upcoming mid-term elections as being a referendum on the new healthcare law. Rep. Jason Altmire, (D-PA) applauded efforts for O&P parity and reform to fight Medicare fraud and abuse. He also recounted the White House effort to secure his favorable vote on the PPACA. Congressman Altmire was one of the few Democrats to vote against the measure.

An insightful look at what the new PPACA means to O&P was presented by Peter Thomas, counsel to the O&P Alliance. His PowerPoint presentation is available on request.

CMS Acting Administrator, Charlene Brown-Frizzera, provided a preview of the immense challenge faced by CMS in trying to write implementing regulations to the new healthcare law. She also fielded some pretty tough questions on recent CMS actions including the PECOS requirements and heard loud and clear that O&P needs to be excluded from paying any portion of the tab on proposals to eliminate DME competitive bidding.

Licensure and state efforts to reduce O&P state Medicaid payments generated additional “how to” information. Terry Supan, CPO, FAAOP laid out the game plan on jump starting initiatives such as licensure or parity at the state level.

There were several valuable meetings which also occurred in conjunction with the AOPA Policy Forum, taking full advantage of the opportunity afforded by having so many O&P practitioners in Washington for the AOPA event.

The O&P Alliance held a meeting with Dr. Peter Budetti, the new CMS Deputy Administrator for Program Integrity. Dr. Buddetti heard first hand about several issues relating to how Medicare fraud could be greatly reduced, and the importance of qualified providers in O&P. Discussions included CMS' failure to enforce the provision of Transmittal 656 which prohibits any payment to unlicensed O&P providers in states that have a licensure statute. He also heard about the provisions of H.R. 2479, and how linking Medicare reimbursement to the qualifications of providers and the specific devices needed by the patient could generate very significant savings by assuring that under qualified providers cannot freely bill with impunity for orthotic and prosthetic devices which they are not qualified to fabricate. Finally, the Alliance reviewed the issue of BIPA 427's mandate for an accreditation standard as a prerequisite to Medicare payments, and the fact that over the past decades no regulations have been finalized to accomplish readily available Medicare savings.

Three of AOPA's Officers: President Jim Kaiser, CP, President-Elect Tom DiBello, CO, and Treasurer Jim Weber, on behalf of the AOPA Veterans Affairs Committee (chaired by Frank Snell, CPO, FAAOP), together with Executive Director Tom Fise and Senior Director of Government Relations Kathy Dodson met with B.J. Randolph and Joe Miller of the Department of Veterans Affairs. AOPA expressed members' concerns about exclusion from VA clinics and the broader concerns about efforts in some parts of the country where veterans may be led to believe that they must receive their care from a VA-employee prosthetist at a VA Center. Ms. Randolph and Mr. Miller reiterated that veterans have the right to select their care from either the VA Center's own staff or from private practitioners. AOPA suggested several ways to make this option more clearly known and actionable to veterans, including reference to the new bill, H.R.5828, the Injured and Amputee Veterans Bill of Rights. AOPA followed up with a written communication to VA officials on these matters. The AOPA letter to the VA officials in Washington, as well as an O&P Alliance letter, signed by the AOPA President, in support of the Veterans Bill of Rights are attached to this report.

Finally, Peter Thomas, the counsel to the O&P Alliance hosted at his law offices a briefing of a number of different patient advocacy groups in the disability community, particularly groups who have a strong interest in orthotics. Common interests on the O&P parity legislation as well as on state efforts to limit patient's Medicaid rights to orthotics were explored.

Continued Public Relations Efforts

Supplementing the personal effort of members to educate lawmakers on O&P public policy, AOPA is putting the finishing touches on paid and public service announcements for utilization at both the state and federal level. The media pieces are hard hitting, dramatic and memorable. Specific announcements are targeted to run at the state level where threatened cuts have been announced and where issues such as licensure and parity may be ripe for legislative action. California and Arizona are two examples of states where these public policy education and persuasion efforts may see action as legislative agendas firm up. A July 8th meeting of the Public Relations Task Force at AOPA headquarters finalized plans for the remainder of the year allocating resources to three major areas: national advocacy issues such as parity (S. 3223 & HR 2575) and the O&P Medicare Improvement Act (HR 2479); a "brand" strategy favorably positioning O&P professionals; state legislative initiatives such as licensure, parity and any needed advocacy to thwart state efforts to cut back on Medicaid O&P services.

Research Projects Moving Forward

The Board of Directors of the Center for O&P Learning and Outcomes/Evidence-Based Practice (COPL) provided a recommendation to AOPA to fund three pilot research projects in areas specified in the Request for Proposal issued and supported financially by AOPA earlier this year.

The projects are: (1) Fan Gao, Principal Investigator, of the University of Texas Southwestern Medical Center at Dallas for \$7,500 for pilot research on Residual Limb and Socket Interface Selection Criteria titled Investigation of Prosthetic Socket Interface Pressure: Effects of Suspension Types and Socket Alignment. (2) \$7,360 for the submission by Christopher Hovorka, MS, CPO, LPO, FAAOP, Principal Investigator, of Georgia Institute of Technology for pilot research on AFO Treatment of Stroke titled Exploiting Lower Limb Orthotic Constraint of Movement as a Strategy for Neuromuscular Recalibration; (3) \$7,478 for the submission by Sam L. Phillips, PhD, CP, Principal Investigator, Tampa Veterans Research and Education Foundation for pilot research on Vacuum Assisted Socket Research titled Outcomes Assessment of Vacuum Assisted Socket Systems.

A Request for Proposals is in the works for research seeking to expand patient access to innovative prosthetic feet, results of which could potentially serve to support a HCPCS coding set and reimbursement for dynamic response compared to non-dynamic response prosthetic feet for K2-K4 level amputees. This project which is expected to cost as much as \$150,000 is funded by a consortium of foot manufacturers in collaboration with AOPA. The AOPA Board will consider the possibility of having the review of submissions and the selection process once again managed by the COPL Board of Directors.

Another RFP for research into expanding patient access to microprocessor controlled prosthetic knees is on the drawing boards and is expected to be issued later this year. This project will also be funded by manufacturers and AOPA.

Further O&P research is being driven by AOPA's consultant, The Winkenwerder Company, LLC, which has been retained to help identify sources of funding for a much expanded research menu. Research projects now under consideration were identified and prioritized by the O&P Outcomes Steering Committee formerly chaired by AOPA Past President, Walter Racette, CPO.

AOPA continues to work with Thomas Jefferson University's School of Health Policy and the O&P patient registry project developed under a contract with AOPA to further refine the framework for gathering patient outcomes data.

Reimbursement Software Denials Dramatically Reduced

After receiving several complaints from members regarding claims denials from private payors based on use of the McKesson claims editing software, AOPA contacted McKesson executives to relay the concerns. McKesson's positive response and the changes made thus far to the software have significantly lowered the incidents of claims denials.

AOPA's Coding and Reimbursement Committee will continue to develop rationale for further matching of the software editing with the Medicare MUE. Once AOPA has concluded discussions with McKesson, there may be a further need to deal with some of the private payors directly.

Practitioners of the Future

Member concerns about whether an adequate number of O&PP practitioners are in the pipeline to serve a growing patient load is being addressed through a proposed AOPA initiative to add five additional schools to the current eleven O&P teaching institutions that are NCOPE approved.

AOPA's Board of Directors will consider retaining a consultant to secure funding for such expanded O&P education through special appropriations from Congress and to also seek out funding for expanded comparative effectiveness research.

New Business Management Lecture Series Honors Sam E. Hamontree, CP

Responding to the growing need for solid management skills and quality education on O&P facility management, the Sam E. Hamontree, CP, Business Lecture Series has been created and endowed by the Hamontree family. The annual lecture series will take place at a general education session during the AOPA National Assembly with the winning paper receiving a \$1,000 award.

Funding for the award was provided by the Hamontree family – Michael and Joelle Hamontree, Marlene Hamontree and Lynn Hamontree and Steve Hamontree, CPO.

In addition to receiving the AOPA Lifetime Achievement Award in 2000, Sam has also been recipient of the Titus Ferguson Award conferred by the American Academy of Orthotists and Prosthetists, served as president of the American Board for Certification in Orthotics Prosthetics and Pedorthics and chairman of the Business and Procedures & Liaison Committee for AOPA. He also spearheaded the Relative Values schedule project which was eventually developed into the HCPCS L-Code system, the AOPA accounting Manual, the AOPA Business Survey and the AOPA Cost Accounting Manual.

The Hamontree Award will recognize the best business education paper submitted for presentation at the AOPA National Assembly each year and is envisioned as a counterpart to the Thranhardt Award given each year for the best clinical paper.

AOPA Endorses Injured and Amputee Veterans Bill of Rights

Legislation (H.R. 5428) introduced by Congressman Bob Filner (D-51st/CA) requires the conspicuous display in every VA O&P clinic reciting the minimum rights available to injured and amputee veterans. These rights include access to the highest quality O&P care; most appropriate technology; best qualified practitioners; continuity of care as veterans transition from Department of Defense to the VA including comparable O&P services; the selection of practitioners that best meet their needs whether a VA or private practitioner; consistent and portable healthcare at any VA health facility; speedy authorization process; and a meaningful role in rehabilitation decisions, including access to second opinions and O&P treatment options.

In a meeting with VA officials and a follow-up letter AOPA cited the legislation as a good starting point to make VA O&P patients aware of their opportunity to choose providers.

Efforts are underway to introduce a companion Senate bill.

PAC Donations Still Miss the Mark

With elections looming in just four months, the pressure is building on all candidates to find financing for the increasingly expensive campaign effort. If AOPA's issues are going to have a fair hearing by the legislative decision makers, the O&P Political Action Committee must play a significant role. Fundraisers for specific members of Congress and contributions to more than eight campaigns this year have helped O&P visibility but much more is needed.

PAC Chair Rick Fleetwood in presentations at the National Assembly has reminded everyone that O&P is a generous profession and people give from their heart, give to their place of worship, give to various charities but one of the most important causes to support is their own business. The O&P PAC is the vehicle that can keep the profession capable of delivering quality patient care by impacting the public policy decisions that could adversely affect that care.

As of July 6, 2010 the O&P PAC has raised \$24, 065.

The O&P PAC has contributed to the following campaigns in 2010:

- Congressman Jason Altmire (D-PA), 4th Congressional District
- Congressman Henry Waxman (D-CA), 30th Congressional District
- Congressman Bill Cassidy (R-LA), 6th Congressional District
- Senator Blanche Lincoln (D-AR)
- Senator Michael Bennet (D-CO)
- Senator Tom Harkin (D-IA)
- Congressman David Camp (R-MI)
- Congressman Glenn Thompson, Jr. (R-PA)

AOPA Government Affairs Activity – Super Active!

GR State Presentations

During the second quarter AOPA staff made presentations to the New York State Academy Chapter meeting, the Oklahoma Association for Orthotists and Prosthetists and PrimeFare East on Medicare medical policy and administrative rule changes, PECOS, competitive bidding, Red Flag rules and other events impacting O&P. Staff will also make an updated presentation at the Ohio Orthotic and Prosthetic Association in October.

Medicare Medical Policies Changes

LSO/TLSO Policy

Effective for dates of service on or after July 1, 2010, CMS has implemented a requirement that products described by most LSO and TLSO HCPCS codes are listed in the PDAC product classification list. The codes that are subject to PDAC product classification are L0452, L0480-

L0486, L0629, L0632, L0634, L0636, L0638, and L0640. Manufacturers and central fabrication facilities must submit their products to the PDAC for review and classification. Providers who custom fabricate their own spinal orthoses in their facilities are exempt from this requirement.

The PDAC has also published height standards that should be used when determining how to properly code a spinal orthosis. The PDAC has adopted the CDC standards for male height (5'9.4") and female height (5'3.8") as the benchmark to use when determining the proper classification of a LSO or TLSO.

External Breast Prostheses Policy

The Medicare external breast prosthesis policy was updated effective January 1, 2010. While a new HCPCS code was added to describe a silicone breast prosthesis with an integral adhesive (L8031), policy was updated to indicate that there was no indication of a clinical advantage of an integrated adhesive. Therefore, Medicare will only reimburse for standard silicone breast prosthesis regardless of whether an integral adhesive is used.

The policy was also updated to indicate that suppliers may not dispense more than a three month supply of mastectomy bras at a time.

Knee Orthoses Policy

The Medicare knee orthosis policy was updated to include coverage criteria for orthoses described by L1810 and L1820. A4466 was also added to the policy for use to describe non-covered, elastic style knee garments. These are deemed non-covered by Medicare because they do not meet the rigidity requirements necessary to meet Medicare's definition of an orthosis.

The policy was also updated to include a requirement that when billing for codes L1832, L1843, L1845, and L1850, knee instability must be documented through examination of the patient and an objective description of joint laxity.

Lower Limb Prostheses Policy

The Medicare Lower Limb Prosthesis policy was updated to clarify that the use of the ultralight material codes (L5940-L5960) should only be used to describe features of components of the prosthetic socket. Previous policy had indicated that these codes should be used to describe features of components other than the socket. AOPA has verified that the current policy statement is accurate that L5940-L5960 is only to be used to describe ultralight materials used in construction of the prosthetic socket.

L5973 was added to the HCPCS code set and describes a microprocessor controlled dorsiflexion/plantarflexion feature of a prosthetic foot and ankle system. L5973 has been designated for use by K3 or higher functional level amputees.

Therapeutic Shoes Policy

The therapeutic shoe policy has been updated via a policy bulletin that was effective July 1, 2010. This policy bulletin implemented a requirement that suppliers must personally evaluate the patient prior to them selecting a pair of shoes and also must fit the shoes in person to ensure an appropriate fit. While the information in the bulletin has not yet been incorporated into published policy, it is expected to be included in the next Therapeutic Shoe policy revision.

Therapeutic Shoe Documentation Requirements

AOPA is working with a coalition of the National Community Pharmacists Association and the Pedorthic Footwear Association to try and ameliorate the overly stringent documentation requirements that went into effect last September for therapeutic shoes. This policy requires that documentation of the patient's diabetes and other contribution conditions be found in the certifying physician's records or in records that he has obtained from a podiatrist, MD, DO, etc., prior to signing the certifying statement. Documentation through simply signing the certifying statement is no longer adequate to meet Medicare requirements.

AOPA Coding Products

The 2010 *Quick Coder, Illustrated Guide* and *Coding Pro* were released for sale during the 2010 American Academy of Orthotists and Prosthetists annual meeting in Chicago, IL. They continue to be top sellers in the AOPA bookstore. Staff is available to provide technical support for the *Coding Pro* product.

AOPAversity

AOPA has just launched a new web page devoted to education, not only does it feature all of your favorite AOPAversity programs, but also includes a series of new videos, white papers and monographs. View educational videos from last year's National Assembly (Available FREE as a temporary introductory offer at <http://www.aopanetonline.org/education> to AOPA Members for a limited time.

AOPAversity is your one stop resource for quality O&P education developed explicitly for orthotic, prosthetic and pedorthic professionals. Most education has been approved for continuing education (CE) credits. Questions? Contact Ann Davis at adavis@AOPAnet.org or (571) 431-0876 for more information.

Mastering Medicare: Advanced Coding and Billing Techniques Seminar

AOPA has presented the Advanced Coding and Billing Techniques Seminar twice in 2010 with a third seminar scheduled for October in Las Vegas. The first seminar of 2010 was held in Atlanta, GA and the second in Pittsburgh, PA from May 24-25. The popularity of the Advanced Coding and Billing Seminar continues to grow. The final seminar, October 14-15, will be at the Mandalay Bay Resort in Las Vegas, Nevada.

Mastering Medicare: Basic Coding and Billing Techniques Webcasts

The Mastering Medicare Webcast Series, which took the place of the previous Coding & Billing Seminar, has been produced and is available for purchase. The Webcast series consists of 9 modules that may be purchased individually or as a series for a discount. The webcasts are approximately one hour in length and once purchased may be downloaded and viewed from www.AOPAnet.org as an "On Demand" educational resource. Each module has been approved for 1.5 continuing education credits by the American Board for Certification in Orthotics, Prosthetics, and Pedorthics.

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. Feedback from the audio conferences indicates that they are a valuable resource to the AOPA membership.

LCodeSearch.com

The popularity of www.LCodeSearch.com continues to grow as manufacturers populate the program with new products and AOPA members register to use the site. It is quickly becoming an invaluable reference tool for O&P practices. AOPA staff approves most user registrations within 24 hours and quickly process and approve the coding of products that are entered into the program by manufacturers.

AOPA Foot Manufacturer Coding Project

The work of the AOPA Prosthetic Foot Manufacturer Workgroup is nearing completion. It is expected that AOPA will publish the results of the project to CMS and the PDAC, as well as the AOPA membership, in the near future.

PECOS

PECOS is an acronym for Provider Enrollment, Chain Ownership System and is the preferred method for physician enrollment in the Medicare program. In 2009, CMS announced that they would no longer consider referrals from non-PECOS enrolled physicians as valid orders. This would result in the rejection of any Medicare claims where the referring physician did not have a valid PECOS enrollment record. In 2009, Medicare remittance notices included a warning message when this was the case but the claim was still processed. CMS set several implementation dates for the rejection of claims, including an implementation date of January, 2011. This date was recently changed to July 6, 2010, but unfortunately, CMS neglected to inform the DME MACs of this changes, which resulted in conflicting information being given out by the DME MACs.

AOPA has followed this issue very closely and has continued to advise its membership as information is updated. As of the publication of this report, CMS has indicated that the official implementation date is July 6, 2010, but that system edits will not begin rejecting claims until a review of the use of the PECOS system occurs.

Medicare Consignment Closet Regulations

Late last year, CMS published significant changes to the rules governing the use of Consignment closets to provide services to Medicare beneficiaries. Consignment closets have been identified as a potential fraud and abuse risk area by the Office of Inspector General (OIG). CMS proposed new rules that would 1) require the transfer of title to any equipment that suppliers stocked in a physician's office 2) require devices to be fitted and provided by the physician or his staff and 3) encourage patients with questions or problems with the device to return to their physician.

After this rule was announced, AOPA members expressed concerns with the rule's provisions and the one month implementation schedule. AOPA protested to CMS and eventually CMS rescinded the change in order to perform a more comprehensive review of the consignment market. No further

clarification regarding consignment closet arrangements has been released by CMS. AOPA is continuing to monitor this issue and will report any new information to its membership.

Red Flag Rules Postponed

The Red Flag Rules, published by the Federal Trade Commission to help prevent identity theft, have once again been postponed. The new implementation date is January of 2011.

Member Inquiries

Through June, our call/email numbers have increased 11 percent over this same period last year. This is partially due to the significant confusion over PECOS implementation among AOPA members.

AOPA and Haitian Relief Efforts

The O&P community did itself proud in responding to the terrible tragedy in Haiti that left in its wake unknown numbers of amputees and limb impaired victims needing professional O&P care. The list of AOPA members who volunteered services, gave componentry and money goes on and on. To help facilitate services and contributions AOPA and AAOP created a joint web site that enabled members to donate cash, services, time and talents. AOPA contributed \$15,000 divided among the Amputee Coalition of America, Doctors Without Borders and Healing Hands for Haiti.

Everyone realizes the ongoing needs of those injured, especially the children needing orthotics and prosthetics as their body outgrows the devices furnished after the tragedy. AOPA will continue efforts to coordinate and work with organizations committed to serving this need. A special two hour program at the AOPA National Assembly on the O&P Haitian relief efforts will provide an opportunity for the entire community to receive an update on what's happened and what's next.

AOPA Goes International

Sewing the seeds for hosting on U. S. soil an international conclave of the global O&P community, AOPA was active at the Leipzig, Germany Orhopadie + Reha-Technik 2010 trade show in late May. AOPA was represented by incoming president Tom DiBello, CO, FAAOP, Tina Moran, senior director of membership operations and meetings and executive director, Tom Fise. In addition to serving as the official host of the U.S. Pavilion, designated by show officials as the "AOPA Pavilion," AOPA conducted meetings with the leadership of the German Society, ISPO officials and sponsored a reception and participated in the U. S. exhibit booth organized under the joint auspices of NCOPE, ABC, AAOP and AOPA.

And Finally – Don't Miss the AOPA National Assembly

Registration is now open for the 93rd AOPA National Assembly. The AOPA National Assembly is the place to be (Sept. 29 - Oct. 2, Orlando, FL) for excellent clinical and business education programming for the entire orthotics, prosthetics and pedorthics community.

Check out the enclosed program and if you have any questions call us at (571) 431-0876.

The 2010 AOPA National Assembly will be held at the luxurious Rosen Shingle Creek Resort. This beautiful property features an on-site golf course, spa, fine dining as well as more casual eateries.

Enjoy golf, walking and nature trails, fish, hike or just enjoy the beautiful surrounding. All of the famous Orlando attractions are just a short ride away.

Why you should not miss this meeting:

- Earn over 34 CE Credits
- The most timely education topics presented by the best speakers from around the world
- A luxurious resort in the heart of Orlando
- Two keynote speakers to inspire you
- New program format features more specific education for more specialties
- Dedicated lounge areas inside exhibit hall to enjoy lunch, network & relax
- More special events than ever before
- Specialty education hosted by ISPO, OPTA, AABCP, COPL, the German BIV and more
- Opportunity to win \$10,000
- Specialty programming for Floridians providing credits for Florida State Licensure

That's all for now but as we go forward please watch for the AOPA In Advance and the AOPA Insider electronic newsletters for the latest in events that affect your business and how AOPA is trying its best to do a great job for you.

