



American  
Orthotic &  
Prosthetic  
Association

## AOPA In Advance SmartBrief March 31, 2022

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### Prior Authorizariion for Select Orthoses Reminder

If you have patients who reside in California, Michigan, Pennsylvania, or Texas and you will be delivering an L0648, L0650, L1832, L1833 or L1851 on or after April 13, 2022 you must submit a Prior Authorization request as a condition of payment to your DME MAC. Suppliers in those states may begin to submit prior authorization requests on March 30, 2022 in anticipation of a April 13, 2022 delivery.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### Sequestration Reminder

Be advised that the current moratorium on the suspension of the 2% sequestration officially ends on March 31, 2022. Beginning on April 1, 2022 you will begin to see a sequestration amount of 1% applied to your final Medicare payment amounts.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org)

### AOPA Re-Imagined

The American Orthotic and Prosthetic Association today announced its re-imagined brand, vision, mission, and strategic priorities that better align with its work and goals.

To appropriately represent the desired future for the organization, AOPA established the vision that truly embodies what AOPA members do each and every day, *A world where orthotic and prosthetic care transforms lives.*

When it came to the mission, the pillars of advocacy, research, and education were still important, but needed to be better articulated. That led the new mission, A trusted partner, advocating for and serving the orthotic and prosthetic community by:

- Fostering relationships with decision makers to ensure equitable access.
- Providing education that promotes professional excellence.
- Supporting research that informs innovative care.
- Advancing equality to strengthen the orthotic and prosthetic profession and improve the lives of patients.

Although created by the Board and staff the strategic priorities came out of feedback from members and the profession, they set the course for AOPA's future and lay out six areas that AOPA will work to accomplish in the next three to five years:



- Communicating the importance of orthotic and prosthetic care
- Increasing patient access to clinically appropriate, evidence-based care
- Helping members succeed in the changing healthcare environment
- Identifying and influence trends and learning that may impact orthotics and prosthetics
- Enhancing AOPA value, engagement, and community
- Driving collaboration by creating strategic relationships

The Board and staff will be regularly communicating the progress to its membership.

With all of this there became a need to design a visual identity that reaffirms and elevates AOPA's position as the leading voice of a progressive, solutions-oriented industry that is an integral part of enhancing lives and maximizing human potential. Additionally, orthotics and prosthetics are customized to meet the individual's unique needs. AOPA is as committed to meeting the needs of our members as you are to meeting the individual needs of your patients. That's the mark of an O&P professional. And AOPA's new logo\* embodies this and signals a new era.

\*To use AOPA's logo new logo contact [info@AOPAnet.org](mailto:info@AOPAnet.org).

### 2022 Quick Coders

The 2022 American Orthotic and Prosthetic Association (AOPA) Quick Coder is now available!

A speedy reference to the HCPCS codes for all orthotic, shoe and prosthetic codes and modifiers, the Quick Coder also provides references for inpatient billing and OTS vs. Custom-Fit coding.

Changes are now being made to codes on a bi-annual basis. If a change is made during 2022, AOPA will notify you. This will ensure your Quick Coder remains up-to-date throughout the year.

[Purchase the 2022 Quick Coder](#)

If you are looking to purchase the Illustrated Guide, stay tuned for another email that will be sent when it is available. In regard to the Coding Pro, we've listened to your suggestions. We are in the process of developing new and improved AOPA Coding Products that will be available in 2023.

Questions? Contact [info@AOPAnet.org](mailto:info@AOPAnet.org).

### Noridian Correcting Sequestration Error

AOPA was notified by members that Noridian was incorrectly applying the 2% sequestration reduction to claims with a date of service on and after January 1, 2022. AOPA

reached out to Noridian to inquire about the reductions, and they agreed that the reductions were done in error and that they will automatically adjust any affected claims.

As a reminder the moratorium on the 2% sequestration reductions runs through March 31, 2022, and then a 1% sequestration will be applied to claims through June 30, 2022.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **Supreme Court Issues Rulings on OSHA and CMS Vaccine Requirements**

On January 13, 2022, the U.S. Supreme Court issued separate rulings on a case involving regulations that implemented COVID-19 vaccination requirements for employees of the Centers for Medicare and Medicaid Services (CMS) direct surveyed facilities and a second case that required all employees of large employers (100 or more employees) to either be vaccinated or undergo regular COVID-19 testing (OSHA requirement).

The Supreme Court ruled that CMS may move forward with implementation of its COVID-19 vaccine requirements in the 24 states where lower courts had issued injunctions that would have prevented enforcement of the regulation. The states subject to the Supreme Court ruling include Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Utah, West Virginia and Wyoming. All other states, with the exception of Texas were not part of the lower court injunctions and are therefore also subject to the CMS vaccine requirements. Texas remains the only state where the injunction against enforcement remains in place.

As AOPA previously reported, O&P facilities are not directly impacted by the CMS requirement as they are not surveyed by CMS. That being said, facilities that are included in the CMS vaccine requirement (e.g. hospitals, nursing facilities, rehabilitation facilities, etc.) are obligated to ensure compliance with vaccine requirements for not only their direct employees but also any vendors that have access to their facility. This may include O&P providers.

In the second case, the Supreme Court upheld the federal injunction preventing implementation of COVID-19 vaccine or regular testing requirements for employers with 100 or more employees. This requirement would have been implemented by the Occupational Safety and Health Administration (OSHA). This means employers with over 100 employees will not be required to implement vaccine or testing requirements.

A third vaccine requirement that impacts federal contractors continues to move through the court system and is currently under a federal injunction that prevents its enforcement.

AOPA will continue to monitor developments on vaccine requirements that may impact AOPA members and provide guidance as developments occur.

Questions regarding the recent Supreme Court rulings may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org).

**CMS Expands its Prior Authorization Program and Adds O&P Codes to the Master List of Codes Subject to Face to Face Encounters and Written Orders Prior to Delivery**

On January 12, 2022, the Centers for Medicare and Medicaid Services (CMS) announced several updates to the Master List of DMEPOS items potentially subject to face-to-face encounter, written order prior to delivery, and prior authorization requirements. The Federal Register announcement (CMS-6081-N) added the following five O&P HCPCS codes to the Master List:

<b>L0830</b> Halo Procedure, Cervical Halo Incorporated Into Milwaukee Type Orthosis
<b>L1005</b> Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment
<b>L1906</b> Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf
<b>L2580</b> Addition To Lower Extremity, Pelvic Control, Pelvic Sling
<b>L2624</b> Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each
<b>L7368</b> Lithium Ion Battery Charger, Replacement Only

The following O&P code was removed the Master List:

**L3761** Elbow Orthosis (EO), With Adjustable Position Locking Joint(s), Prefabricated, Off-The-Shelf

It is important to note that inclusion of a HCPCS code in the Master List does not mean that it is automatically subject to face-to-face encounter, written order prior to delivery, and prior authorization requirements; inclusion in the Master List only allows CMS to select the code for one or all these requirements in the future.

CMS-6081-N also announced that the following six O&P HCPCS codes will require a Face-to-Face Encounter and Written Order Prior to Delivery as a condition of payment for claims with a date of service on or after April 13, 2022:

<b>L0648</b> Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
<b>L0650</b> Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces

Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf

**L1832** Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise

**L1833** Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf

**L1851** Knee Orthosis (KO), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf

**L3960** Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment

Finally, CMS-6081-N added the following 5 O&P HCPCS codes to the list of codes that will require Medicare Prior Authorization:

**L0648** Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf

**L0650** Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf

**L1832** Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise

**L1833** Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf

**L1851** Knee Orthosis (KO), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf

Medicare prior authorization for these five codes will be implemented in three phases. Phase 1 includes New York, Illinois, Florida, and California and begins on April 13, 2022. Phase 2 adds Maryland, Pennsylvania, New Jersey, Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona, and Washington and begins on July 12, 2022. Phase 3 includes all remaining states and territories and begins on October 10, 2022.

AOPA is performing an in-depth analysis of the expansion of these programs but some initial thoughts regarding the potential impact are below:

- The five orthotic codes above represent expansion of Medicare prior authorization beyond the six lower limb prosthesis codes (L5856, L5857, L5858, L5973, L5980, and L5987) that have been subject to prior authorization since 2020.
- The five codes that will require prior authorization as part of the new process (two spinal and three knee orthoses) are all codes that have high utilization patterns and have been identified as having high potential for fraud and abuse
- Four of the five orthosis codes that are included in the expanded list of codes subject to prior authorization are included in the Medicare DMEPOS competitive bidding program.
- A concern about subjecting the five orthosis codes to Medicare prior authorization is that these orthoses often are needed immediately to stabilize an injured and unstable spine or knee. Requiring prior authorization may be challenging due to the acute nature of treatment with these orthoses.

AOPA will work with CMS and the DME MACs to ensure a smooth transition of these HCPCS codes into the Medicare prior authorization program.

Questions regarding this issue may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org)

<p style="text-align: center;"><b>2022 Medicare DMEPOS Fee Schedule Update Confirmed at 5.1%. Medicare Sequestration Delayed Again</b></p>
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On December 2, 2021, the Centers for Medicare and Medicaid Services (CMS) announced the 2022 Medicare Fee Schedule update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The 2022 Medicare DMEPOS Fee Schedule will increase by a net total of 5.1% for claims with a date of service on or after January 1, 2022. The 5.1% increase is the result of a CPI-U increase of 5.4% from June 2020 to June 2021 and a -0.3% productivity adjustment. AOPA previously reported an assumed net increase of 5.1% but it has now been officially confirmed by CMS.

In addition to the 5.1% increase to the Medicare DMEPOS Fee Schedule, on December 10, 2022 Congress passed a bill that will extend the delay of the 2% Medicare sequestration based reimbursement reductions that were scheduled to be re-implemented as of January 1, 2022. The bill, which was signed into law by President Biden the same day, will extend the moratorium on sequestration reductions through March 31, 2022 and reduce sequestration reductions to 1% from April 1<sup>st</sup> through June 30, 2022.

The 5.1% increase to the 2022 Medicare DMEPOS Fee Schedule is the largest annual increase in over 30 years. Questions regarding the Medicare fee schedule or Medicare sequestration may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org).

## **AOPA is Pleased to Introduce the COMET**

The Clinical Outcome Measures Electronic Toolkit (COMET) provides a database of validated outcome measures geared towards prosthesis and orthosis users and practitioners. It was developed by Orthocare Innovations, LLC in coordination with AOPA and with the support of a Center for Orthotic and Prosthetic Learning and Outcomes/Evidence-Based Practice (COPL) Pilot Grant.

COMET simplifies and standardizes the use of outcome measures in daily clinical practice to inform evidence-based clinical care. Practitioners using COMET are able to easily select the appropriate measure, administer a test, and immediately receive the result.

Using COMET, practitioners can:

- Justify and document effectiveness of P&O treatments
- Easily record and score treatment outcome measures
- Export PDFs to include in medical records (See [example](#))

Using it is easy! Start by selecting one or multiple outcome measures for your patient to complete. After your patient completes the measures, COMET instantly calculates the scores and automatically generates a results report that can be exported as a PDF for inclusion in the electronic patient health record or where external documents are supported or needed.

It includes timed metrics such as the Timed Up and Go, patient-reported outcomes such as the Socket Comfort Score and Lower Extremity Functional Scale, and surveys such as the Patient Satisfaction Questionnaire.

**COMET is now available! To use the mobile app, visit the [Google Play store](#) or [App store for iOS](#) to download.**

Questions? Contact Dr. David Boone at [dboone@orthocareinnovations.com](mailto:dboone@orthocareinnovations.com).

## **Impact of Court Rulings on COVID-19 Vaccine Mandates**

AOPA is aware of and is closely following recent state and federal court rulings that will impact the ability of the Federal Government to implement COVID-19 vaccine requirements for large businesses (OSHA), healthcare workers (CMS), and federal contractors. All three Emergency Temporary Standards (ETS) have been challenged in both state and federal court. To date, federal courts have issued temporary injunctions preventing full implementation of both the CMS and OSHA vaccine requirements and several state courts have issued injunctions preventing implementation of the federal contractor requirement.

AOPA will continue to follow developments as the courts hear these and other cases and will update AOPA members regularly.

AOPA remains in support of all measures to ensure the safety and well-being of all of its members and their patients, including COVID-19 vaccination.

Questions regarding the status of vaccination requirements for AOPA members may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org).

### **Medicare O&P Fee Schedule Set for its Largest Annual Increase in Over 30 Years**

While the Centers for Medicare and Medicaid Services (CMS) has not officially released it, the 2022 O&P Medicare fee schedule is expected to be increased by 5.1%, this is larger than any annual Medicare increase in the last 30 years.

The annual increase to the Medicare O&P fee schedule is based on the annual change to the Consumer Pricing Index for all urban areas (CPI-U) from June to June of the previous year adjusted by an annual productivity adjustment (MFPA). The CPI-U from June 2020 to June 2021 was 5.4%. While the MFPA has not officially been released for the 2022 DMEPOS Medicare fee schedule, the 2022 MFPA for ambulance services, which is based on the same statute as DMEPOS, is -0.3%. Assuming the DMEPOS MFPA for 2022 will be -0.3%, AOPA is confident that the net increase in the 2022 Medicare O&P fee schedule will be 5.1%.

AOPA is your strongest advocate and will continue to work to ensure fair and reasonable reimbursement for your valuable services. AOPA was instrumental in developing the legislation that tied the Medicare O&P fee schedule to the CPI-U more than 20 years ago and continues to work for you through efforts like the recent introduction of the Medicare O&P Patient-Centered Care Act.

Questions regarding the 2022 Medicare O&P Fee Schedule may be directed to Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **HHS Applications Open for \$25.5B in PRF Phase 4 and APR Funding for Healthcare Provider Pandemic Relief**

On September 29<sup>th</sup>, the Health Resources and Services Administration (HRSA) made available \$25.5 billion in new funding for healthcare providers affected by the COVID-19 pandemic.

Of this total, \$17 billion will be paid out through Phase 4 of the Provider Relief Fund (PRF), based on providers' lost revenues and expenditures between July 1, 2020 and March 31, 2021. To ensure equity, smaller providers will be reimbursed at a higher rate than larger providers, and bonus payments at Medicare rates will be included for providers that serve Medicaid, Medicare, and/or CHIP patients.

The remaining \$8.5 billion will be allocated through the American Rescue Plan (ARP) rural program. Payments will be distributed to providers based on the amount of Medicaid, Medicare, and/or CHIP services they provide to patients that live in rural areas, as defined by HHS's [Federal Office of Rural Policy](#). Like the PRF Phase 4 bonus payments, ARP rural payments will generally be based on Medicare reimbursement rates.

To streamline the application process, providers will apply to both programs through a single application, which will use existing Medicaid, Medicare, and CHIP claims data to

calculate payments. For more information about eligibility, required documentation, and the application process for the PRF and APR rural programs, click [here](#).

Questions regarding this issue may be sent to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org), Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org), or Sam Miller at [smiller@aopanet.org](mailto:smiller@aopanet.org).

### **New HCPCS Code: K1022**

Begging for claims with a date of service on or after October 1, 2021 there will be a new HCPCS code for lower limb prostheses, K1022 (Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type).

This new code is the result of a code application submitted during CMS' First Biannual 2021 HCPCS code application review cycle. The code application was submitted by Ottobock to describe the Ottobock 4R57 Rotation Adapter.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org)

### **Certain Supplier Enrollment Activities to Resume in October**

Beginning October 2021, CMS will resume certain provider enrollment activities that were paused during the COVID-19 public health emergency (PHE), including: Application Fees, Fingerprinting/Background Checks, and Revalidations.

Suppliers who missed their original revalidation date because of the PHE will be notified of their new revalidation due date in two ways, a letter will be sent to the correspondence address on file in the Provider Enrollment Chain and Ownership System (PECOS), and The [Medicare Revalidation Tool](#) will be updated to reflect the new date. The letters and revalidation tool site will be sent and updated at least 3 months in advance of the new revalidation due date.

If you were originally scheduled to revalidate your location(s)/PTAN(s) during the PHE you will want to keep an eye out for your revalidation letter and begin checking the revalidation tool website starting in October, because a failure to respond to the revalidation request by the revalidation due date, will result in the deactivation of your Medicare billing privileges.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **We Need Your Help, Ask Your Members of Congress to Support the Medicare O&P Patient-Centered Care Act**

The Medicare O&P Patient-Centered Care Act (S. 2556) [was introduced](#) in the Senate. This bipartisan legislation would improve access to, and quality of, orthotic and prosthetic care while simultaneously combating fraud and abuse. The bill is identical to legislation introduced in the House in March.

To move this legislation forward, we need to garner as much support as possible for it. Please write to your Senators and urge them to support this important legislation – simply enter your information on the AOPAvotes platform, personalize the letter as you see fit – it’s important to tell YOUR story – and click send.

In addition to asking your Senators to sponsor the Medicare O&P Patient-Centered Care Act, please also take a few minutes to reach out to your Representative following the same steps and ask them to support H.R. 1990 if they aren’t already.

Finally, as you are using the AOPAvotes platform to send letters to your Senators and Representatives, be sure to utilize the automated Twitter campaign. Every Member of Congress has a Twitter account making it a great way to ask for their support.

Doing these three things will take just a few minutes and will go a long way in securing passage of this legislation. If Members of Congress do not hear from you, they will not know how important this legislation is to your businesses and more importantly, your patients

If you have any questions, contact Ashlie White AOPA’s Director of Health Policy and Strategic Alliances, at [awhite@AOPAnet.org](mailto:awhite@AOPAnet.org).

Thank you for your efforts, they really do make a difference!

### **TAKE ACTION**

#### **Introducing AOPA Connection**

Welcome to AOPA Connection, your one-stop-shop for all things AOPA.

Logging into AOPA Connection you will instantly have access to all your AOPA benefits, including:

- AOPAversity
- Your Membership Record
- Your Individual Profile
- Event Calendar
- Bookstore (including past purchases)
- Co-OP



But, it doesn’t stop there! We are pleased to introduce a new benefit accessible through AOPA Connection, My O&P Community. In this online community of your O&P colleagues you can get guidance, share advice, have one-on-one and group conversations, and access resources.

#### **For Primary/Principal Member Contacts:**

- For security reasons, we couldn’t bring over passwords during conversion from our old database, so you get to start fresh. To access AOPA Connection click [here](#) and

enter your unique email address to reset your password. Then, just follow the instructions for logging in. Note: accounts are tied to email addresses.

- If for some reason you are told your email is not found, create an account [here](#).
- If, you had multiple emails addresses in the old database and receive this email to all accounts please contact us at [info@AOPAnet.org](mailto:info@AOPAnet.org) and we will help you reconcile your accounts.
- Once logged in be sure to complete your profile, this will help us better meet your needs as well as allow others to connect with you. Once you do this, play around with all the features, re-familiarize yourself with all the AOPA benefits, check out the discussions happening in My O&P Community.
- You can set all your employees up with their own credentials so they too can access all the AOPA member benefits. Spread the word, send them [here](#) and tell them to setup an account using their unique email and follow the instructions to link to your organization's name.

#### **For Employees of Members:**

- Accessing AOPA Connection is simple, all you need to do is set up your account [here](#) using your unique email and follow the instructions to link to your organization's name.
- Once logged in be sure to complete your profile, this will help us better meet your needs as well as allow others to connect with you. Once you do this, play around with all the features, re-familiarize yourself with all the AOPA benefits, check out the discussions happening in My O&P Community.

To learn how to access and use AOPA Connection, watch Betty Leppin, Senior Manager of Membership demo AOPA Connection [in this recording](#).

Questions? Check out these [Tips for Logging In](#). Still have questions? Contact Betty Leppin at [bleppin@AOPAnet.org](mailto:bleppin@AOPAnet.org) or 571-431-0876.

### **Upcoming Events**

#### **April 4 & 5**

Virtual Coding and Billing Seminar

[Register](#)

#### **April 13**

Clinicians Corner-Techs/Fitters

[Register](#)

#### **April 21**

AOPA Advocacy in Action

[Register](#)

[See AOPA's Education Calendar](#)