AOPA In Advance SmartBrief
July 7, 2022

AOPA Headlines:

Reminder: Sequestration Amount to be Increased to 2%

Be advised that the current partial 1% sequestration reduction applied to your final Medicare payment amounts officially ends on June 30, 2022. Beginning on July 1, 2022 you will begin to see the full sequestration amount of 2% applied to your final Medicare payment amounts.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Prior Authorization Phase II Begins July 12

As a reminder Phase II of Prior Authorization for the following five orthoses:

- 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

Will begin in Maryland, Pennsylvania, New Jersey, Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona, and Washington for all claims with a date of service on or after July 12, 2022. Prior Authorization requests for patients in these states maybe submitted starting on June 28, 2022 in anticipation of the July 12 implementation date.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org .

Participants Needed: 2022 National Survey on Health and Disability (NSHD)

Share how access to health care and the COVID-19 pandemic have affected your life.

The University of Kansas Institute for Health & Disability Policy Studies (KU-IHDPS) is looking for adults with disabilities to complete the National Survey on Health and Disability

(NSHD). The NSHD is an annual, online survey about your health, quality of life, access to health care services, and the COVID-19 pandemic, as a person with a disability or health condition.

Adults aged 18-64 with any type of disability, chronic illness/disease, mental or physical health condition are encouraged to complete the survey

- The survey should take about 20 minutes to complete
- Responses are anonymous
- Survey opens May 2, 2022

Go to: https://rockcha.lk/2022NSHD

Whether or not you complete the survey, you can choose to enter a drawing to win one of ten $100 gift cards. If you prefer to take the survey over the phone or have any questions about participating, please call toll-free 1-855-556-6328 (Voice/TTY) or email healthsurvey@ku.edu.

This survey may look familiar to you. This is the 4th time this survey has been done. It was first done in 2018 and each year since. We welcome participation from those who completed it before and those who have never done it before. Thank you!

The NSHD is funded by the National Institute for Disability, Independent Living and Rehabilitation Research (NIDILRR, #90IFRE0050-01-01).

OIG Releases Report on Medicare Advantage Plan Denials of Prior Authorization Requests

On April 28, 2022, the Department of Health and Human Services Office of Inspector General (OIG) released a report entitled *Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care.* The report indicated that in many instances, the OIG determined that Medicare Advantage Organizations (MAOs) inappropriately denied prior authorization requests that impacted Medicare beneficiaries' access to medically necessary care. The OIG highlighted the following key takeaways in its report.

"MAOs denied prior authorization and payment requests that met Medicare coverage rules by:

- using MAO clinical criteria that are not contained in Medicare coverage rules;
- requesting unnecessary documentation; and
- making manual review errors and system errors."

The OIG report included a sample of five hundred prior authorization requests denied by various sized MAOs across the full spectrum of Medicare covered services. The report included a representative sample of some of the prior authorization denials that were identified including several examples of claims involving DMEPOS services. While no O&P prior authorization denials were specifically identified in the report, the findings and recommendations of the report remain significant. The OIG reported that of the prior authorization denials that were reviewed, 13 percent met Medicare coverage requirements and 18 percent met both Medicare and MAO coverage requirements. In both scenarios, the OIG reported that the prior authorization requests should not have been denied by the MAO.

As a result of its investigation the OIG made the following three recommendations to the Centers for Medicare and Medicaid Services (CMS).

- issue new guidance on the appropriate use of MAO clinical criteria in medical necessity reviews;
- update its audit protocols to address the issues identified in this report, such as MAO use of clinical criteria and/or examining particular service types; and
- direct MAOs to take steps to identify and address vulnerabilities that can lead to manual review errors and system errors.

CMS concurred with all three OIG recommendations.

AOPA is encouraged that the OIG and CMS remain committed to ensuring Medicare beneficiaries have access to medically necessary, clinically appropriate care, including O&P services and supports the recommendations in the OIG report. Medicare beneficiaries will benefit from increased oversight of MAOs and additional guidance from CMS regarding MAO adherence to Medicare coverage policies.

Access the OIG report.

Questions regarding the OIG report may be directed to Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org.

Written Order Prior to Delivery & Face-to-Face Encounter Reminder

As a reminder, effective for dates of service on or after April 13, 2022 CMS requires a Written Order Prior to Delivery (WOPD) and documentation of a Face-to-Face encounter with a qualified practitioner within 6 months prior to delivery to be on file for the following HCPCS codes: L0648, L0650, L1832, L1833, L1851 and L3960.

This requirement is independent of the Medicare prior authorization requirement that also began in New York, Illinois, Florida and California on April 13, 2022. As a condition of payment, claims for L0648, L0650, L1832, L1833, L1851 and L3960 that are submitted without the WOPD and Face-to-Face encounter will be denied.

Questions? Contact Joe McTernan (jmcternan@AOPAnet.org) or Devon Bernard (dbernard@AOPAnet.org)

AOPA Impacts CMS Guidance Regarding Medicare Prior Authorization for Emergent Need Orthoses

In January 2022, the Centers for Medicare and Medicaid Services (CMS) announced the expansion of the Medicare prior authorization program to include the following five spinal and knee orthosis codes, L0648, L0650, L1832, L1833, and L1851.

While the existing Medicare prior authorization program for select lower limb prosthesis codes has been very successful to date, AOPA heard significant concerns from members regarding challenges that will occur obtaining Medicare prior authorization in situations where there is an immediate need to provide an orthosis to stabilize an injured or unstable spine or knee.

To address these concerns, AOPA immediately engaged the DME MACs and high-level CMS officials regarding the negative impact Medicare prior authorization for emergent need orthoses would have when there was an immediate need for an orthosis and suggested potential solutions to allow Medicare beneficiaries access while ensuring adequate protection of Medicare funds.

On April 12, 2022, CMS released guidance consistent with AOPA's recommendations. The CMS guidance stated that if the two-day expedited review process would delay care and risk the health or life of the beneficiary, the Medicare prior authorization requirement will be suspended. Claims for emergent need orthoses that would otherwise require Medicare prior authorization must be submitted with a "ST" modifier. While the ST modifier will allow claims to be processed and paid, all claims submitted with the ST modifier will then be subject to pre-payment review.

View the full guidance released by CMS.

As a reminder, Phase I of the expanded Medicare prior authorization program is in effect in New York, Illinois, Florida, and California for dates of service on or after April 13, 2022.

If you have any questions, contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org

DME MAC/PDAC Correct Coding Bulletin on Upper Extremity Prostheses

On Thursday, March 31 the DME MACs and the PDAC released a comprehensive correct coding bulletin for all Upper Extremity Prostheses (UEP). In the bulletin they stated that the correct coding of an UEP base code, and addition codes, are dependent on two main factors: the level of amputation and the prostheses' power source.

The bulletin incorporates information from previous DME MAC/PDAC correct coding reminders, such as the one for Articulating Digits and Prosthetic Hands ,but also includes additional information on the proper coding of all aspects of the UEP including: cable systems, suspension systems, and test sockets.

You may review the full UEP coding reminder here.

AOPA with the help of its Coding & Reimbursement Committee and prosthetic manufacturers is currently reviewing this bulletin to determine how it will impact our membership and will provide all appropriate comments and feedback to the DME MACs and the PDAC.

We would also appreciate you sharing your feedback and concerns with us via My O&P Community or info@AOPAnet.org.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard dbernard@AOPAnet.org.

OTWorld 2022

OTWorld 2022 might be over but you can still benefit from the great amount of expertise that we were able to gather at the event.

We have prepared a variety of videos that you can now watch in our Media Library.

You get free access to videos of:
--> the Opening Ceremony of OTWorld 2022
-->Digital Innovation Talks of exhibitors
-->contributions of the Branch-Policy Forum
-->the programme of the Massive Open Online Course (MOOC)

A "Congress-On-Demand ticket" will give you access to the following:
-->more than 40 contributions of the congress programme in German and English including keynote lectures
-->selected highlights of the Open Forum

The Media Library will only be available until 31st July!

Prior Authorizarion 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 or Devon Bernard at dbernard@AOPAnet.org.

American Orthotic & Prosthetic Association

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.

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 or Devon Bernard at 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 or Devon Bernard at 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:

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

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
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 or Devon Bernard at dbernard@aopanet.org

2022 Medicare DMEPOS Fee Schedule Update Confirmed at 5.1%. Medicare Sequestration Delayed Again

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 1st 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 or Devon Bernard at 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.

Upcoming Events

July 11 - 12
Coding and Billing Seminar
Register

July 13
Clinicians Corner- Orthotics
Register

July 21
AOPA Advocacy in Action
Register

August 10
Roadmap to Appeals
Register

See AOPA's Education Calendar