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LETTER FROM THE PRESIDENT

As we enter the fourth quarter, our minds turn toward planning for 2021. Planning consultants tell us to “begin with the end in mind.” Being the eternal optimist, I envision a world where patients are living a full and productive lifestyle,

clinical practices are thriving, and innovation provides a continuum of endless possibilities to improve patients’ lives. While this may be more than a bit utopian, we must have a vision and develop plans to bridge the gap between where we are now and where we want to be in the future. There is a high probability our world will return to pre-COVID-19 levels next year. While we would all be happy for that, we would still be confronted with insufficient reimbursement, particularly for Medi-Cal patients and an uphill battle with payors who do not recognize the profession as different from DME providers among other issues.

For COPA, this means we need to develop new legislative advocacy and educational plans as a first step toward our vision. While the respective committees are currently in the development phase of these plans, they will likely include asking California’s legislators to support MediCal fee reform legislation that increases MediCal fees closer to national Medicare levels to ensure access to appropriate care for the 13 million patients on MediCal. Plans will also continue COPA’s commitment to providing quality education programs that keep you informed of the latest clinical research and

outcomes studies to support medical necessity requirements and learning about the latest innovative technologies and industry trends. We will continue providing high-quality educational webinars and plan to return to our traditional in-person fall symposium format. Importantly, we recognize today’s students represent the future of our industry and we will be expanding their participation.

Please remember that COPA is your organization. So before finalizing our plans, we would love to hear from you regarding your ideas and needs. Even better, we encourage your participation in committee



activities. If you are interested in serving or have topics you wish addressed, please contact me directly or send your thoughts to admin@californiaoandp.com.

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ROUND 2021 COMPETITIVE BIDDING UPDATE



According to The Round 2021 Competitive Bidding timeline, CMS had previously stated its intention to announce the single payment amounts in the summer of 2020. Since summer officially ended on September 22, CMS is either running behind schedule or is perhaps considering requests to delay the launch due to the impacts of COVID-19.

Several O&P and DME organizations have reached out to CMS requesting a delay due to the financial impacts of the pandemic. They have made the argument that when bids were submitted a year ago, the Medicare providers that bid were in a stronger financial position. Many providers have experienced a significant

reduction in revenues and new expenses associated with safety measures. Substantially reducing payments for OTS knee and spine braces and/or restricting providers (that didn't bid or didn't win the bid) from dispensing OTS braces will only make the situation worse for providers that are already financially compromised.

So far, CMS has not given any indication it is considering a delay. Some industry experts feel the program will launch on schedule. Others are hopefully suggesting the failure to announce the single payment amounts is a signal CMS is planning a delay.

If the single payment amounts get announced in the coming days or weeks, the businesses that bid will then have to wait for CMS to announce the suppliers that are being offered contracts in each of the 130 Competitive Bid Areas. As such, there is a relatively tight time window for implementation of the Round 2021 contracts and introduction of the price reductions scheduled to go into effect January 1, 2021.

It could be very good news for the O&P industry if CMS delays the launch of Round 2021 until 2022. The existing payment rates for OTS braces wouldn't change and O&P business that didn't bid could continue to bill Medicare for OTS braces until the new launch date. However, given the significant potential savings to Medicare, it is unlikely there will be a delay.

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CMS NATIONAL AUDIT UPDATE

Earlier this year, CMS announced all CMS audits, including SMRC, RAC and TPEs, were put on hold due to the COVID-19 pandemic, to allow providers to focus on servicing their patients.

At the beginning of August, CMS lifted this waiver and said audits would resume. They indicated TPEs would not continue and instead the DME MACs would conduct post-pay reviews. The DME MAC audits that are now active include:

CGS (JD B&C) — Spinal code L0650 and knee codes L1833 and L1851

JD B ONLY — Therapeutic Shoes/Inserts for Diabetics codes A5500, A5512-A5514

Noridian (JD A&D) — Knee orthosis codes L1833 and L1851

Thank you to COPA members for supporting our education and advocacy efforts!



COPA'S GOVERNMENT ADVOCACY AND EDUCATION EFFORTS BENEFIT MEMBERS

Since 1970, COPA has been the only statewide non-profit organization in California representing O&P patient care clinics and manufacturing companies that fabricate prosthetic and orthotic devices. These are challenging times, and membership in COPA is one positive action that demonstrates your support for our industry and all the employees whose income is associated with O&P care.

"We appreciate the businesses that support COPA through their membership dues, and we are actively reaching out to current and past members to renew their membership while also soliciting new suppliers and providers to join COPA," says Carlo Lueto, COPA Secretary/Treasurer.

Government relations and education are two of the most important benefits of being a COPA member. Like the boards of other professional associations, the COPA board has had to navigate through the challenges imposed by COVID-19. The board had to pivot the association's legislative objectives for this year, with new grass roots activities underway to educate state legislators. The board also had to cancel the in-person annual education meeting due to state regulations and the safety of our members. Still,

education remains a centerpiece of COPA's mission. Webinars every 45-60 days are still enabling members to benefit from COPA's education program.

With revenue from our symposium eliminated, your board made some prudent financial decisions to assure the health of the association. The board also launched this electronic newsletter, which is generating revenue from manufacturers supporting the organization through their advertisements.

"While we recognize the O&P community has experienced reductions in patient visits and revenues, we are hopeful existing members and new members will continue to support the mission of COPA," said board member Trevor Townsend, who heads up the organization's Membership Committee. "I believe in the value of COPA, as well as the national organization that supports advocacy for patients, government affairs, education and the advancement of the O&P profession. COPA is very engaged in activities that benefit our members and all O&P providers and suppliers in California."

When you are asked to renew your membership, or solicited to join COPA, we hope you will invest in the future of our profession.

"COPA is very engaged in activities that benefit our members and all O&P providers and suppliers in California."

ANNUAL COPA BOARD ELECTION IN NOV.

COPA's nominating committee is in the process of completing the board slate for 2021, which includes the potential expansion of the board to 12 members.

The current 10-member board is evenly split between providers and manufacturers. Adding two positions will enable fresh input from new members and help allocate committee duties and responsibilities, as most of the work of the volunteer board is associated with the organization's committee assignments.

Maynard Carkhuff will be ending his term as COPA's board president and will continue in the role of past-president for one year. A new

president will be up for election along with other officers. The majority of the current board members have agreed to continue, and three new board members will be added to the slate that COPA members will be asked to approve in November. The vote will be part of the organization's annual meeting – which will be held via a video call this year since the in-person meeting was cancelled due to COVID-19.

COPA members will receive email notifications about the final slate of candidates and the day and time of the virtual annual meeting.

If you wish to volunteer on our board, please contact us at admin@californiaoandp.com.



UNDER THE DOME

COPA Prevails with CalOptima ... State Budget Next

by Bryce Docherty, COPA Lobbyist

In June COPA petitioned CalOptima on behalf of our Orange County Medi-Cal providers who informed us they were getting reimbursed below the current Medi-Cal allowable rate.

Considering how woefully low the existing Medi-Cal reimbursement is for O&P care in California, COPA was surprised to learn CalOptima had been paying Orange County O&P providers only 80% of the state Medi-Cal allowable rate. As a result, the CalOptima reimbursement for the O&P care provided to CalOptima members was only about 40% of the Medicare allowable — 35% lower than the average payment O&P providers across the country receive for treating Medicaid patients.

Due to the COPA petition, CalOptima re-evaluated its provider network and its contracts, and in August approved an increase to O&P provider reimbursement to at least equal the Medi-Cal allowable rates.

This is a small victory but one COPA will parlay at the state level as we anticipate a rough state budget cycle in 2020-2021. Any new infusion of federal relief seems very unlikely in the coming weeks, significantly diminishing hopes that California will restore billions of dollars in cuts the Legislature and Governor Newsom agreed to back in July. Without a

stimulus package coming to California from Congress, COPA anticipates potential cuts to O&P Medi-Cal reimbursement rates and/or possible elimination of the O&P Medi-Cal benefit altogether.

Anticipating this fight, COPA has gathered data and information to present to state legislators that compares California Medi-Cal reimbursement rates for O&P care to the Medicaid rates across the country. We are able to demonstrate low-income and vulnerable Medi-Cal patients living in California are losing access to quality O&P care.

Medi-Cal reimbursement rates for O&P appliances in California have not increased in over 25 years. On average, Medi-Cal ONLY REIMBURSES 51% of the prevailing Medicare reimbursement rate. Medicaid reimbursement rates across the county AVERAGES 75% of the prevailing Medicare allowable.

Considering there has been two decades of compounded increases to the costs for materials, labor, equipment, clinician education, insurance, utilities and O&P facility rents, the existing Medi-Cal reimbursement often does not even cover the cost of the item, much less the time required for the clinician to evaluate, fit and provide follow-up care to the Medi-Cal beneficiary.

If you miss a day “Under the Dome” – you miss a lot!

COPA monitors government affairs issues, helps members stay advised on regulations that may affect our members and makes sure our voice is heard in Sacramento and Washington. You are part of an active association that is here to help you and your business succeed.

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URGE CONGRESS TO PASS MEDICARE O&P PATIENT-CENTERED CARE ACT

The American Orthotics and Prosthetics Association (AOPA) announced in August that five Senators introduced the Medicare Orthotics and Prosthetics Patient-Centered Care Act (S. 4503) in the Senate. A companion bill, H.R. 5262, was introduced in the House on November 22, 2019.

With bipartisan support from Senators Mark R. Warner (D-VA), Steve Daines (R-MT), Tammy Duckworth (D-IL), John Cornyn (R-TX), and Bill Cassidy (R-LA), the Act has four provisions. This bipartisan legislation, which is identical to H.R. 5262, would improve access to, and quality of, orthotic and prosthetic care while simultaneously combatting fraud and abuse.

The first provision would create separate statutory requirements to

reflect the distinction between the clinical, service-oriented nature of orthotics and prosthetics care and the commodity-based nature of durable medical equipment. Distinguishing O&P from DME would also create a path to billing for telehealth, which is increasingly important during the COVID pandemic.

The second provision would restore Congress' intended meaning of the term "minimal self-adjustment" to more clearly define off-the-shelf orthoses that are subject to Centers for Medicare and Medicaid Services' competitive bidding program. Congress created a definition of OTS orthotics as devices "requiring minimal self-adjustment for appropriate use" that "do not require expertise in trimming, bending, molding assembling, or customizing to fit to

the individual." However, the Centers for Medicare and Medicaid Services (CMS) has changed and expanded the definition beyond Congress' intent. CMS defines minimal self-adjustment as an adjustment the "beneficiary, caretaker for the beneficiary or supplier can perform" – which is clearly not "self-adjusted."

Third, it would prohibit the practice of "drop shipping" custom orthoses and prostheses to Medicare beneficiaries without first receiving direct patient care from a trained, certified or licensed health care practitioner, and prohibit drop shipment of off-the-shelf orthoses.

Finally, the Act ensures patients have access to the full range of orthotic care from one orthotic/prosthetic practitioner rather than requiring patients to visit multiple providers in the case where the treating orthotist or prosthetist does not have a competitive bidding contract.

O&P clinicians, support staff, and employees of companies that supply products and services to the O&P industry are encouraged to reach out to their state Senators and members of the House of Representatives to ask for their support of S.4503 and H.R. 5262. AOPA offers a fast and easy tool for communicating with members of Congress – just go to AOPAvotes.org and input the requested information.

"To move this legislation forward, we need to garner as much support as possible. Please take a few minutes to write to your Representative and Senators and urge them to support this important legislation," said Justin Beland, AOPA's Director of Government Affairs. "Fill out your information on the AOPAvotes.org platform, make personalized edits to the letter template and click send. Then show your colleagues how to use the platform, too."



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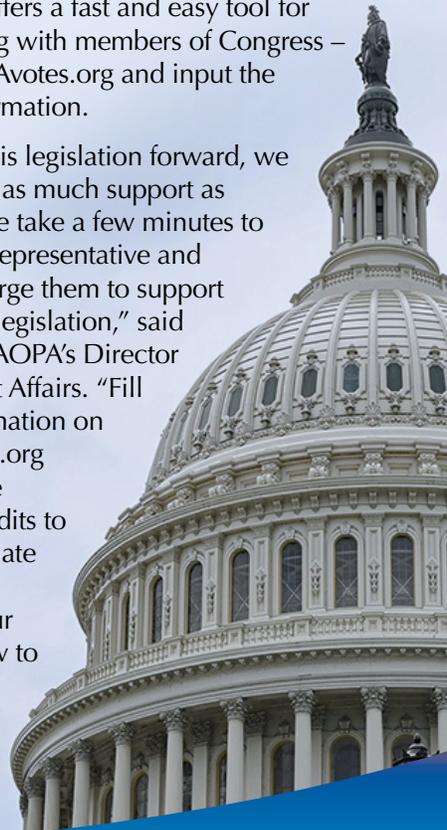
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Due to the pandemic, the 2020 American Orthotic and Prosthetic Association's National Assembly was held virtually during the second week of September. Registered attendees can continue to access the recorded education sessions and earn CE credits through the end of December. There is also continued access to the virtual Exhibit Hall for the rest of 2020.

While COPA also considered the possibility of hosting a virtual education event, the costs and technical challenges to provide six or eight hours of CE courses led to the cancellation of this year's one-day seminar. Knowing AOPA was offering over 100 credits (with extended access to the recorded courses) gave COPA confidence that its members had other options for continuing education this fall.

COPA members who registered for the AOPA assembly may want to watch one or both sessions that were related to Medicare and DME MAC policy updates. The topics covered content related to required prior authorization for lower limb prostheses; post payment reviews; a new review of HCPCS L0650 due to the allowed dollars being significantly more than expected (along with increases in the use of other spinal brace codes); improper payments due to errors for lower limb orthoses, LSOs, diabetic

shoes, and breast prostheses; and the most common errors that lead to denials and improper payments.

Another interesting session was presented by keynote speaker Michael Lovdal, PhD, who focused his presentation on the pandemic's impacts on US Healthcare. Still available for registered attendees to watch, Dr. Lovdal talked about the crisis in our public health system, the projected pandemic-related revenue losses to hospitals and health systems (\$223 billion in 2020), and the emergence of telehealth that accounted for only 5% of patient visits pre-pandemic and then rose to an estimated 69% in the peak months before settling in at about 20-25%. He also spoke about the continued shift to value-based healthcare

reimbursement. While movement to new value-based care models has been slower than expected over the past decade, Dr. Lovdal predicted the shift will accelerate, leading to new revenue models where control and distribution of payments will create winners and losers.

There are dozens of other courses related to prosthetic care, bracing, pedorthic care and business operations during COVID; courses for fabrication technicians; outcomes and evidence-based practice; treating aging patients; wound healing and diversity in O&P education.

If you didn't register for the AOPA Assembly, but now have an interest in registering to gain access to the recorded sessions (with opportunities to earn up to 100 CE credits before the end of 2020), you can still register now. The registration fee is \$395 for AOPA members or \$695 for non-members). To register, go to: <https://www.aopanet.org/2020-aopa-national-assembly/registration-2020/>. Also, if you have any questions regarding credits and or the registration process, please email assembly@aopanet.org.

WEBSITES RELATED TO PANDEMIC'S IMPACT ON USA HEALTHCARE

Visit these useful websites:

www.health.oliverwyman.com

www.healthcare.mckinsey.com

www.kff.org

www.fiercehealthcare.com