



THE COPA CONNECTION

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PRESIDENT'S MESSAGE RALPH NOBBE, CPO

Orthotic and Prosthetic Colleagues:

The past few months have been very busy for the California Orthotic and Prosthetic Association (COPA) and the O&P industry as a whole.

COPA's recent success in preserving Orthotic and Prosthetic benefits under Medi-Cal comes at a crucial time for O&P. All other optional benefit categories saw the introduction of co-pays and benefit limitations for DME, pharmacy, physical therapy and hospitalization and ER visits. The very strong statements in support of O&P from both the Assembly and Senate Health Budget Subcommittees will assist COPA in carrying our message into the coming legislative battles. COPA efforts in California are also being closely monitored by several other states with large budget deficits.

During the recent AOPA Policy Forum in Washington, DC, several COPA members met with health-care staff from the offices of Sen. Barbara Boxer, Sen. Dianne Feinstein, Rep. Lois Capps, Rep. Kevin McCarthy and Rep. John Campbell. The legislators were very supportive of COPA efforts on behalf of the Medi-Cal population and were well received. Additionally, COPA member and NAAOP president Tom Guth, CP, met with House Veteran Affairs Committee Chairman Bob Filner in sup-

(Continued on page 2)



Ralph Nobbe, CPO

UNDER THE DOME

BRYCE W.A. DOCHERTY, EXECUTIVE DIRECTOR/LOBBYIST

"COPA SAVES O&P FROM THE BUDGET AXE"



COPA is ecstatic to announce that Gov. Schwarzenegger has **RESTORED** O&P in Medi-Cal via his "[May Revise](#)" Budget for 2010-2011. Major "kudos" go out to all of our members, patients and national partners who helped during the "Call to Action" over the last several months. Gov. Schwarzenegger's original budget proposal would have eliminated O&P as an "Optional" benefit in the California Medi-Cal Program.

However, we all must remain vigilant and com-

mitted to ensure that O&P stays off the chopping block! The real difficult budget negotiations have begun among Gov. Schwarzenegger and the legislative leadership now that the [May Revise](#) has been published. Other benefits that are being eliminated in the [May Revise](#) will be looking to cut services like O&P in order to justify savings that keep their programs alive!

O&P benefits were one of a handful of other "Optional" benefits that were slated to be eliminated. COPA has also been a part of a larger coalition of all optional benefits that was one key to success in addition to our individual efforts. However, some of the other coalition optional benefits did not fare as well as O&P.

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BOARD MEMBERS[Ralph Nobbe, CPO](#)**President**[Lars Jensen, CP](#)**Vice President**[Rick Chavez, CPO](#)**Immediate Past President**[John Crane](#)**Secretary/Treasurer**[Tom Beall, CPO](#)**Board Member**[Gary G. Bedard, CO, FAAOP](#)**Board Member**[Kel Bergmann, CPO](#)**Board Member**[Harry Brandt, CO, BOCO](#)**Board Member**[Mark Conry, CPO](#)**Board Member**[Robert Jensen](#)**Board Member**[Karl Lindborg, CPO](#)**Board Member**[Bryce W.A. Docherty](#)**Executive Director/
Lobbyist*****President's Message, cont'd.***

port of the Injured and Amputee Veteran Bill of Rights.

There are several pieces of national legislation with specific future impacts to California O&P providers. These include:

H.R. 2575 and S. 3223 create federal orthotic and prosthetic parity legislation. These bills are modeled upon CA parity legislation. HR2575 and S. 3223 do not mandate coverage of orthotic and prosthetic services. Rather, they require that orthotics and prosthetics coverage be offered, with no separate caps or limits under the same terms and limitations as major medical coverage. These bills would also apply to ERISA health care plans which represent approximately 45% of the CA insured population. ERISA plans are federally regulated and thus not impacted by state level parity legislation. Failure to pass HR 2575 and S. 3223 could potentially undermine COPA-sponsored AB 2012 (Emmerson) from 2006; particularly when insurance exchanges come to fruition. This legislation is critical to O&P in California!

The Medicare Orthotic and Prosthetic Improvements Act (H.R. 2479), will ensure that the Centers for Medicare and Medicaid Services (CMS) only pays for quality care that is provided by appropriately credentialed practitioners, operating in appropriately accredited facilities. In states, such as California, that do not require licensure, Medicare payment would be made only to those providers who meet selected certification and accreditation standards.

COPA is now in its membership renewal period. The coming year will present numerous challenges to California. The pending health care federal legislation and expanded eligibility under Medi-Cal will require COPA to maintain a strong voice and presence in Sacramento. Your membership and active participation will be critical to COPA's mission and future success.

Thank you and I hope you enjoy this issue of ***The COPA Connection***.

Under the Dome, cont'd.

To that end, Gov. Schwarzenegger now proposes various utilization controls and cost-sharing measures in Medi-Cal. Key among these proposals are the following:

Limits on Services and Utilization Controls Totaling \$90.2 Million

- Eliminate certain over-the-counter counter drugs (Such as acetaminophen or cough and cold medicine) and nutritional supplements totaling \$13.0 million
- Establish a maximum annual benefit dollar cap on hearing aids at \$1,510, durable medical equipment at \$1,604, incontinence supplies at \$1,659, urological supplies at \$6,435, and wound care supplies at \$391 totaling \$3.8 million
- Limit prescriptions (except life-saving drugs) to six per year totaling \$4.2 million. The proposed limits are consistent with the aggregate utilization of these services at the 90th percentile of Medi-Cal enrollees.

Increase Cost Sharing Totaling \$218.8 Million

- \$5 copayments on physician/clinic/dental/pharmacy (\$3 for the relatively lower cost preferred drugs and \$5 for others) visits totaling \$118.2 million
- \$50 copayment on emergency room visits totaling \$41.5 million
- \$100 per day copayment and \$200 maximum for hospital stays totaling \$59.1 million

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Under the Dome, cont'd.

Much of the blow to the Health and Human Services Agency Budget was spared to due \$4.8 billion in federal funds even though \$6.9 was requested. However, California's budget deficit is nearly \$20 billion. Now is certainly not the time to take a victory lap for O&P but this is for sure a positive step in the right direction. Please stay tuned as this continues to unfold!

Please visit the "Legislation" tab on the COPA website by clicking [here](#) for much more information on our campaign.

"If you miss a day "Under the Dome" – you miss a lot!"

AOPA Announces PECOS Implementation Date Moved Up to July 6, 2010

The Centers for Medicare and Medicaid Services (CMS) has published a change to the date by which referring physicians must have active accounts in the Provider Enrollment Chain and Ownership System (PECOS), from January 3, 2011 back to **July 6, 2010**. According to Jim Bossenmeyer from CMS, the earlier implementation date is a requirement of provisions contained in the Patient Protection and Affordable Care Act (PPACA) passed earlier this year.

In order for a physician's or other qualified healthcare practitioner's referral or order to be considered valid for Medicare claim submission purposes, it must come from a provider with a current PECOS enrollment record.

Originally scheduled for implementation on January 4, 2010, the PECOS requirement has been delayed several times in order for CMS to develop proper system edits to properly enforce it. While Mr. Bossenmeyer stated in a May 26, 2010 CMS Open Door Forum that PECOS system edits may not be fully functional by July 6, CMS reserves the right to reprocess claims that should not have been paid due to an invalid referral once the edits are fully functional. This means that you may still get paid for claims with an invalid referral; however your DME MAC may come back later and request a refund.

The four DME MACs are continuing to generate warning notices when services are referred by physicians who do not have a current PECOS record. If you receive one of these notices, you need to first check that the provider information submitted on your claim included the provider's correct individual NPI number and name. The name must be in all capital letters and match what the physician entered in the NPI registry system. The referral physician's name on the claim information should not contain credentials (e.g. MD), titles, or punctuation, except for the hyphen in hyphenated names, and must not be a nickname (e.g. use Robert, not Bob).

If all the information you entered on the claim was correct, go back to your referral sources to let them know that in order to continue to refer Medicare beneficiaries for services, they must be enrolled in PECOS by July 6, 2010. AOPA has prepared a sample letter that may be used to educate referral sources of this important requirement.

[Click here to download the sample letter.](#)

In addition, you should be checking on a physician's PECOS status when you receive a prescription from a new referral source, to make sure that he/she is in PECOS before treating the patient. If the physician is not in PECOS, your claim will either be denied or will be subject to later recoupment.

CMS has published a directory of PECOS enrolled physicians that may be used to verify that your referral sources are indeed eligible to prescribe services for Medicare patients. This directory may be found by [clicking here](#), although it is difficult to use since it is not easily searchable. However, Paul Prusakowski of [oandp.com](#) has created a PECOS search engine that will greatly aid in searching the PECOS directory released by CMS. He has made it available and given free access to all of O&P for its use.

[Click here to access the searchable version of the PECOS database.](#)

Questions about this issue should be directed to Joe McTernan at jmcternan@AOPAnet.org or (571) 431-0811; Devon Bernard at dbernard@AOPAnet.org or (571) 431-0854; or Kathy Dodson at kdodson@AOPAnet.org or (571) 431-0810.

ANNOUNCEMENTS & ALERTS

COPA Board of Directors and Officer Announced for 2010-2011

COPA is pleased to congratulate the following members who have been elected to the BOD and the Officers. These elections took place at the COPA Annual Business Meeting on Saturday, May 15, 2010, at John Ascuaga's Nugget in Reno, NV. The other six BOD seats are set to expire on July 1, 2011.

BOD Terms Expire July 1, 2012

Thomas Beall, CPO
Rick Chavez, CPO
Mark Conry, CPO
Robert Jensen, CPO
Ralph Nobbe, CPO

Officer Terms Expire July 1, 2011

President: Ralph Nobbe, CPO
Vice President: Lars Jensen, CP
Secretary-Treasurer: John Crane
Immediate Past President: Rick Chavez, CPO



According to the California State Auditor: The California Department of Health Care Services Needs to Streamline Medi-Cal Treatment Authorizations and Respond to Authorization Requests Within Legal Time Limits

California State Auditor Elaine Howle recently released an audit of the administration by the California Department of Health Care Services of Medi-Cal's treatment authorization request (TAR) process, evaluating its costs and benefits. Click [here](#) to review the audit.

California June Primary Election Results

Long-time friend of the O&P industry Assembly Member Dave Jones has just won the Democratic Primary Election to challenge Republican Brian Fitzgerald in the November General Election for California Insurance Commissioner. Click [here](#) to see all results from the Primary Election. COPA priorities, attending monthly board meeting conference calls and serving on COPA committees.

Did You Know?

ADJUSTMENTS TO THE DMEPOS SECTION OF THE OFFICIAL MEDICAL FEE SCHEDULE TO CONFORM TO CHANGES IN THE MEDICARE PAYMENT SYSTEM ARE POSTED ON THE DWC WEBSITE

The Division of Workers' Compensation has posted an order adjusting the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) section of the Official Medical Fee Schedule to conform to changes in the Medicare payment system as required by Labor Code section 5307.1. The update includes all changes identified in change request number CR 6945. The order is effective for services on or after July 1, 2010.

The order adopting the adjustments can be found [here](#). You can click [here](#) to review the actual fee schedule.

MEMBERSHIP APPLICATION

MISSION

Promoting the art and science of Orthotic and Prosthetic practice to create and communicate innovative solutions for a positive patient experience.

CORPORATE MEMBERSHIP CATEGORIES: \$1,200 Annual Dues (please check applicable category)

- Corporate – Patient Care:* Any firm or corporation that is principally engaged in the business of providing O&P direct services is eligible for this membership category.
- Corporate – Supplier:* Any firm or corporation that is principally engaged in supplying O&P businesses is eligible for this membership category.
- Corporate – Allied Health:* Any organization, firm or corporation that is engaged in the allied health field that serves O&P clients and businesses is eligible for this membership category.
- Corporate – Associate:* Any organization that represents consumers of orthotic and prosthetic care or other professionals who may also provide services to orthotic and prosthetic consumers is eligible for this membership category.

(Name, Company)

(Address, City, State, Zip)

(Phone, Fax, Email)

NOTE: Please check here ___ if you decline to have 25% of your annual dues dedicated to the COPA Political Action Committee. Contributions or dues payments to COPA or COPA PAC are not deductible as charitable contributions for Federal income tax purposes.

COPA estimates that 10% of your membership dues will be allocated to lobbying expenditures for the fiscal year 2010/2011, and are not deductible as business expenses.

Please make checks payable to: **COPA**

SHARE this membership application with your colleagues so they can become a member of the premier orthotics and prosthetics association in California.

Click here to view:
[Membership Registration Online!](#)

POLITICAL ACTION CONTRIBUTIONS

COPA POLITICAL ACTION COMMITTEE *CORPORATE* CONTRIBUTION FORM

MISSION

To help elect and reelect members of the California Legislature that believes in the unique skills and knowledge base of Orthotists and Prosthetists and also understands the business climate in California for orthotic and prosthetic companies.

OPPORTUNITIES FOR THE CORPORATE SPONSOR:

- ❑ ***President's Club (\$2,500-\$6,500)***: These prestigious members include manufacturers, patient care businesses and individuals who want to be constant and consistent actors in the issues surrounding the O&P industry. In addition to receiving all of the benefits provided to Leadership Board and Golden State Club members also receive a specially designed President's Club lapel pin; complimentary admission to all COPA events and Complimentary admission for one guest to attend a President's Club event. In addition, President's Club members may be included in "invitation only" receptions and functions with legislators whenever possible.
- ❑ ***Leadership Board (\$1,000-\$2,499)***: These members receive a specially designed Leadership Board lapel pin; invitations to legislative briefings and receptions featuring key legislators who are active in healthcare policy and special recognition throughout the year at events and in COPA publications.
- ❑ ***Golden State Club (\$500-\$999)***: These members receive a specially designed Golden State Club lapel pin and special recognition throughout the year.

STATE LAW REQUIRES THE FOLLOWING:

(Name, Company)

(Employer or Occupation)

(Address, City State, Zip, Phone)

NOTE: The California Political Reform Act (Prop. 34) places limits on contributions to candidates for state office and imposes certain prohibitions. This request does not seek a contribution in excess of applicable limits from prohibited sources. Contributions to the COPA Political Action Committee are voluntary and shall not exceed \$6,500 per calendar year. Contributions are not deductible for tax purposes.

Please make checks payable to: **COPA PAC (ID#791961)**

Click here to view:

[*COPA/PAC
Corporate
Contribution
Pledge Form*](#)

*Click here to
view: [*COPA/
PAC Individual
Contribution
Pledge Form*](#)*

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We're on the web!
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COPA'S MISSION...

Promoting the art and science of Orthotic and Prosthetic practice to create and communicate innovative solutions for a positive patient experience.

A PLACE FOR EVERYONE AT COPA...

Strength is measured by numbers. COPA has galvanized support from the O&P business community by encouraging businesses of all sizes to join as corporate members. Today the organization is moving forward in representing the needs of the individual practitioner in all areas of career development, including educational seminars and a renewed commitment to licensure for California. In order to facilitate individual contributions to support COPA, new membership categories have been added to allow students, technicians and practitioners at all levels of the career path to join COPA and share in the march toward professional recognition in California.

STANDING ON SUCCESS...

COPA has a proven track record in legislation, association governance and membership responsiveness. Representing the field since 1970, COPA is an organization that has the resources to bring the community of O&P together as one voice to strengthen and solidify the unique characteristics that typify O&P professionals today. An Uncertain Future Without Your Support... For many years, the few have supported the many while all have prospered. The burden has now become too great and the pool of resources must be widened to ensure continued success.

The threats to the O&P community are real. This year alone, practitioners have been sanctioned by the Board of Pharmacy and the Physical Therapy Licensing Board. Individual lawsuits have been brought against practitioners who now stand in legal limbo with no statutory scope of practice.

Limited state resources to treat the poor and those injured on the job are being bargained away to those with stronger voices and wider support.

What will history say about your commitment to O&P?