



Special points of interest:

- Medicaid Committee
- Licensure Committee
- Parity Committee
- Upcoming Events
- Sponsors

Message From President

“Dog days of Summer end, work resumes”

Webster’s Dictionary defines the “Dog Days of Summer” as follows:

1. The period between early July and early September when the hot sultry weather of summer usually occurs in the northern hemisphere.

2. A period of stagnation or inactivity.

The latter certainly applies to our society over the past several weeks, but it is now time to awaken from our summer slumber. Andrea Pavlik was the first to stir and she has alerted the rest of us that we need to get back to work!

Our semi-annual membership meeting is scheduled for October 22 at Blue Harbor Resort in Sheboygan. In addition to the program of

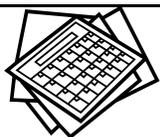
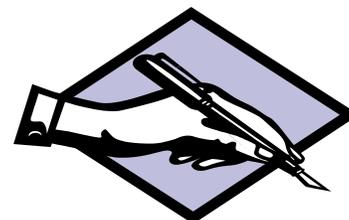
educational sessions, we will be updating you on some very important legislative activities. These include the introduction of our licensure and parity bills in the 2011 legislative session.

The elections in November will have a significant bearing on the direction our bills take, particularly regarding the identification of legislative sponsors to advance and carry our bills. The WSOPP board of directors will be meeting within the next few weeks to begin to map out our strategy and to identify the resources that we will need to advance our agenda.

As we reassess and re-clarify our legislative objectives we will be requesting increased involvement from you, our members. **STAY TUNED!!!!!!**

Please enjoy the rest of your summer, and don’t forget to mark your calendar for the upcoming Fall Membership meeting in October- I hope to see everyone there!!

Take Care,
Dennis Farrell, C.P.
414-259-1950



Calendar of Events

Topics of Discussion:

- WI Medicaid Programs
 - iPecs Alignment System
 - Stance Control Knee bracing
 - Membership Meeting
 - PLUS Supplier Expo
- CEU’S applied for from ABC*

**Semi-Annual
Membership
Meeting**

October 22, 2010
8:00 to 5:30

Blue Harbor Resort
Sheboygan, WI

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Minutes: April 16, 2010 Membership Meeting

Madison, WI

Call to order: 13:50

Dennis Farrell opened the meeting by welcoming everyone.

- Previous meeting minutes: Jack Schultz moved to accept the Fall 2009 meeting minutes; all voted to approve
- History of WSOPP: 6 years ago a group of 5 practitioners gathered to resurrect WOPA; since then there has been good interest in WSOPP. There are currently 65 active members for 2010. WSOPP recognized Dennis Janisse, immediate past president for his roll in advancing WSOPP and the Board of Directors for their time and perseverance in advancing WSOPP.
- Treasury Report: Jim Sadjak reported; Current cash on hand: \$33,327, this is the highest amount on hand to date. Expenditures: insurance, website hosting/maintenance, printing/posting, cost of membership meeting.
- Communications Report: Andrea Pavlik announced Fall 2010 Membership Meeting, October 22, 2010, Blue Harbor Resort, Sheboygan, WI. Newsletter and webpage are active and are updated 2x/ year. WSOPP has mass email capabilities in place for quick dissemination of information.
- Medicaid Report: Greg Gruman reported on a meeting with Medicaid in March to prepare for today's meeting. Lisa Rubrich, Dee (from Lisa's office) and Bob Agard were present for the meeting.

WSOPP received a total for O&P expenditures from the MA program; the goal has been to align the fee schedule with CMS allowables. Currently MA allowables are 16-82% of CMS allowables; this would mean an increase of \$45 million for outpatient services. Due to cost restrictions, this item has been dropped from discussion; we will instead look at individual codes for improved reimbursement. MA is reporting a definite improvement in PA submission and the use of the Portal and commended WSOPP for our efforts to educate practitioners. MA has also been in contact with WSOPP asking our opinion on changes to their programs, which is a great opportunity for WSOPP. They have also agreed to re-visit life expectancy issues.

- Licensure Report: Mick Batton reported and a copy of the bill was handed out. The bill is written and has been approved by Board. We now need the support of the membership to review the bill and provide feedback. WSOPP is looking for a sponsor for the 2011 session prior to sending the bill to the drafters office. Dennis Farrell indicated that WSOPP will be looking to start a new committee to be assigned "legislative" tasks for both bills.
- Parity Report: Dennis Farrell and Jake Wood reported. Jake announced his resignation from the committee. The bill was stopped in policy process after being introduced in 2009. Our sponsor has now retired and we are in search of a new sponsor. Parity efforts continue to need a large amount of support and time from the committee and membership to push the bill through. Items identified as needed: a patient advocates to speak, financial statistics supporting why O&P items

should be covered in terms of decreased cost of care, impact on public assistance programs. WSOPP needs to be able to show cost shifting to prove that Parity can decrease state expenditures on O&P services. We will continue a grass roots effort prior to hiring lobbyist.

- Wisconsin Representative presentation: Matt Pulda, Research Assistant for Rep. Townsend reported. He provided an overview of the political process and thanked WSOPP for introducing AB 331. In 2009 we had 10 co-sponsors: 2 republicans, 8 democrats. The bill went to the insurance committee hearing on 9/10/09. The following concerns to the bill were voiced by the opposition: could expose enrollees to non-contracted suppliers; may increase cost to commercial insurance. Matt provided a list of major groups influencing the insurance committee and their views of the bill. Podiatrists and WPTA requested inclusion in the bill which was amended to include podiatrists; however the PT's approached the committee too late for inclusion. AB 331 has been dropped from the current session at this time. WSOPP can re-introduce the bill in the 2011/2012 session, however we need to obtain a new sponsor. Matt suggested that we concentrate on identifying a party majority sponsor; since O&P is not party specific, so we have several months to seek new a sponsor. Matt highly suggested that we need to work on clearing any

misconceptions of the bill regarding cost by providing statistics from other states with Parity laws and the total costs they have incurred. Matt complemented us on the grass roots effort and stated that we need to build on past accomplishments to continue to move forward. He suggested several steps to take to help us continue. He suggested that we determine cost risks from other states and provide this to current co-sponsors and the insurance committee and to also draw on states that have approved bills. Russ Hornfisher indicated that 14 states have passed a parity bill with an average of 4 years to do so

- Call for new Business: Dennis Farrell asked for any new business. No new business presented
- Motion to adjourn: Jack Schultz moved to adjourn, followed by a unanimous vote
- Meeting Adjourned: 14:50



“Let us never forget that government is ourselves and not an alien power over us. The ultimate rulers of our democracy are not a President and congressmen and senators and government officials, but the voters of this country.”

Franklin D
Roosevelt

UPDATE: Parity Committee

The Parity Committee is being reorganized in anticipation of reintroducing the parity bill in the 2011 legislative session.

AB 331 was previously introduced in June 2009 by Representative Townsend and cosponsored by Representatives Berceau, Nerison, Richards, Soletski, and Turner, and by Senators Hansen, Taylor and Wirsch. The bill was referred to the Committee on Insurance and a public hearing was scheduled and held in September 2009. No action was taken on the bill before the conclusion of the session.

Parity Committee activities over the next few months will include:

- Address issues raised during the previous public hearing;
- Improve our presentation of relevant facts supporting parity including formal reports from other states already having implemented similar parity laws;
- Update our list of patients and caregivers who would be interested in attending and testifying at future legislative hearings;
- Contact associations and agencies who advocate for people with disabilities and may serve as allies in the parity campaign;
- After the elections in November, identify and contact potential legislative sponsors for the bill;
- Consider the creation of a website dedicated to parity activities;

I look forward to updating you again at the membership Meeting on October 22nd.

Dennis Farrell, CP
DennisFarrellCP@aol.com
414-259-1950



Parity Committee Members

Following are WSOPP members that are active on the Parity committee:

Chairman:

Dennis Farrell, CP

Committee Members:

Tom Flatley, Jr
Glen Goranson
Jerry Henderson
Jack Schultz

If you would like to join the Parity committee, or have questions, comments or concerns regarding this committee, please contact the chairman:

Dennis Farrell, CP
414- 259-1950
dennisfarrellcp@aol.com

Treasury Report

The books for Fiscal Year 2010 have been maintained by current Treasurer Jim Sadjak, C.Ped.

Current Treasury statement as of the printing of this newsletter:

\$34,197.02

Account is in good standing and there are no outstanding bills at this time.



Communication Committee

NEWS RELEASE!!!!!!!

All registered WSOPP members are invited to bring one physical therapist as their guest to attend the October 22, 2010 Stance Control Knee bracing presentation. PT's will be allowed to attend only this segment of the semi-annual membership meeting. WSOPP invites PT's to gain knowledge of this technology to aide our members in patient treatment and training.

Please contact Andrea Pavlik, CO for more information and to pre-register your physical therapist.

(920) 803-9610 or Andrea.Pavlik@physiocorp.com

UPDATE: Medicaid Committee- Q/A

Following are the questions submitted to Medicaid at the Spring membership meeting followed by the responses from Pam Hoffman.

Q1: How are fees determined for new CMS codes? If CMS established allowables are acceptable, why not use all CMS allowables?

A1: ForwardHealth determines fees for new codes by reviewing a number of resources- product/ manufacturer's info, utilization review and claims review from MMIS, and CMS pricing. I believe there are some Administrative Code restrictions as well, in certain cases.

Q2: What is the relationship between MA and HMO-MA providers: are they required to follow the same policies as MA? Who are they responsible to and with whom do we file a complaint?

A2: When answering this question, we must be mindful of who is asking, a Provider or a Member.

1. The HMO must cover the same covered services as FFS (sometimes the HMO has stricter PA requirements, sometime the HMO has less strict policies/ guidelines). Bottom line, if a provider appeals (or members grieve), we follow FFS rules.
2. HMO's can find other treatment (I call it going over and beyond) if other treatment methods may be more appropriate, or result in better outcomes. FYI: This statement is in the HMO contract and we encourage it (e.g. paying for an extended wound vac. Vs staying in hospital).
3. Keep in mind, we have a contract with the HMOs. Providers have a contact with the HMOs to be a part of their network and follow the HMO rules. We don't per say, have contracts with providers, other than the fact they have to be Medicaid certified in order to be in an HMO network.
4. Providers should FIRST appeal to the HMO, if still not happy, they appeal to the DHS (via HP's address). This is typically for claims related issues, etc. It usually happens after the service was provided.
5. Members should grieve to the HMO FIRST, if still unhappy, the appeal to the DHS (vi HP's address). This is typically for a PA related denial like a medical benefit (e.g. gastric bypass was not medically necessary).

Q3: Clarify the policy for coverage of compression hose

A3: The policy for coverage is in the DME handbook. Please explore the handbook using the drop down menu's.

Q4: What is the proper procedure when client coverage changes after a prior is received?

A4: Reimbursement for that service is only available if the member is eligible for that benefit on the date the service is delivered to the member. ForwardHealth recommends providers check eligibility on every DOS.

Q5: Differences exist between CMS and Medicaid with code E1340. We can't bill CMS for that code but MA requires it. The same problem exists with L7510 and L7520, prosthetics parts/labor

A5: MA discontinues code E1340 as of 12/31/09. K0739 is the code used for repairs as of 1/1/10. L7510 is reimbursable by ForwardHealth and includes parts/ labor, L7520 is not and has never been reimbursable by MA as WI Admin Code states reimbursement as labor as a separate service is not reimbursable. This may be different from state to state.

Q6: Life expectancy revisited. Are exceptions allowed for young children/ How can we suggest changes to life expectancy tables? Example: Life of an extended steel shank is 2 years, but it is placed inside a pair of shoes that have an expectancy of 1 year.

A6: Exceptions are not allowed for young children and different policies are not developed for young children as a code (such as L1970) can be used throughout the life span. The policy is written to meet the medical needs of 98% of the population that will need an L1970. Most people who receive a L1970 are not young children in this example. You can suggest changes to life expectancy tables by calling Matt Fanale, Pam Hoffman, or Mary Chuck.

Q7: Are the Core plans to be administered by HMO's? Is this the long term plan?

A7: HMOs have been service Core members since 4/1/09. Keep in mind however that some people stay in FFS, if they receive and exemption or if there aren't 2 or more HMOs serving in that county, therefore making it not a mandated HMO county. A majority of counties ARE mandated HMO counties however.

"In the book of life, the answers are not in the back"

Charlie Bown

Q8: Is the State open to changing the PA policy on Therapeutic Shoes to be in line with CMS?

A8: No. Administrative code does not allow ForwardHealth to reimburse MA providers for “Therapeutic Shoe”, which is a Medicare program reimbursable by Medicare. Medicare only covers shoes that meet the criteria of the “Therapeutic Shoes” program/ policy. Coverage for “orthopedic shoes” is allowable in ForwardHealth when it meets the criteria clearly described in the DME handbook. Please explore the handbook using the easy to follow drop down menus.

Q9: Please explain why L3020 is not covered when the patient has diabetes and an acceptable primary diagnosis?

A9: L3020 is covered when the patient has diabetes and an acceptable primary diagnosis. We may disagree about what an “acceptable primary diagnosis” is. The DME online handbook has a list of the “acceptable primary diagnoses” that are allowable. Please explore the handbook using the easy to follow drop down menus.



UPDATE: Licensure Committee

Here we are more than half the year is gone and we are getting ready for the Fall WSOPP Conference.

The Licensure Bill has been fully completed and is ready for submission, all we need is a sponsor to have it sent in for drafting. WSOPP is considering joining the Parity Bill with the Licensure Bill as this could simplify the political process having both committees combining their efforts. As is the case for all of us, this is new territory that we have embarked upon and we seeking guidance from any and all members the WSOPP. The new Legislative calendar begins in January 2011 so there is little time

left to ponder the decision process. We need the members of WSOPP to step up with their thoughts and insight to stimulate enthusiasm and eagerness. As a Board we ask all members of the society to become a part of the process- it will affect all of us throughout our careers and future practitioners to come.

I have been a working member since the inception of our organization and I ask all of you to join with WSOPP on this vital journey.

WSOPP belongs to the future of our profession but with everyone’s cohesive help we can be a strong body that speaks to and for all Practitioners.

The Licensure committee is chaired by:

Mick Batton, CO
920-725-6200

Mick.Batton@physiocorp.com

Please contact Mick should you have any questions regarding the committees work to date



Life’s battles don’t always go to the stronger or faster man. But sooner or later the man who wins, is the man who thinks he can.

- Vince Lombardi

Licensure Committee Members

Following are WSOPP members that are active on the Licensure committee:

Chairman:

Mick Batton, CO

Committee Members:

Ken Crooker

Tom Current

Mark Gilles

Jeremy Janisse

James Lewallen

If you would like to join the Licensure committee, or have questions, comments or concerns regarding this committee, please contact the chairman:

Mick Batton, CO
920-725-6200

Mick.batton@physiocorp.com



WSOPP

**Wisconsin Society of
Orthotists, Prosthetists &
Pedorthists**

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2010 WSOPP Members (current)

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Alan Burke, CPed
Erv Class, CPed
Tom Current, CPO
Dennis Farrell, CP

Mark Gilles, CO
Glenn Gorenson, CO
Greg Gruman, CP
Dennis Janisse, CPed
Julie Jordan- Brown, CCA
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