



Message From President

The Gap Between Knowledge and Action:

Have you ever wondered why, a lot of times, you just can't seem to make progress in life despite knowing so much about what it takes to succeed? There just seems to be a gap between what you know and what you actually do.

Over the years I have attended many great seminars which gave really useful info. But I noticed that in all likelihood, most people would put the seminar materials on their shelves afterwards and pretty much not act on the information, even though at the time they were very enthusiastic about it. But somehow, as the days go by, the routines of daily life get in the way and the initial zeal just dies out.

It was at a rural healthcare leadership session that I came to realize what exactly that gap was: the missing ingredient is usually "Clarity". Or rather I should say, it is a lack of clarity that keeps us stuck in a certain pattern. By lack of clarity I mean three basic things: Fear, Feeling Powerless, and Lack of Focus

Your Fears

By far the biggest obstacle to taking action is fear. These may be fears that you are aware of, but quite often it is also unconscious fears. For example, you might like to start a business and have a lot of business ideas in this regard, but maybe you find yourself unable to take the next step. Something holds you back. Until you recognize and deal with that issue you may find yourself stuck.

Feeling Powerless

The second obstacle is Powerlessness. Powerlessness occurs when you are living in a state of low power, in which you generally feel less energetic, blame yourself or others, are judgmental and at times even angry. The best way I would describe this state is the feeling of having a weight on your shoulder particularly when you think about your future and your plans. Part of the answer to dropping this weight lies in learning to let go of the negative things in your life. Once you do, you are able to move ahead to a state of higher power. When you are in a state of higher power you let go of blame, judgment, anger and negativity. And drop that weight from off your shoulders. Then you begin to feel refreshed and light. It becomes easier to move ahead without the clutter of negativity. The process of letting go of such judgments, blame and negativity need not be a lengthy or difficult one. It just needs to be focused and deliberate.

Lack of Focus

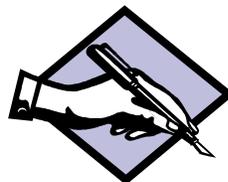
Once you have recognized and let go of your fears and are in a state of higher power, you need to add Focus in order to move from knowledge to action. By focus, I mean your vision in life. What is it that you want to do with your life?

Part of the reason that the knowledge you have is not being put to use may be that there is nothing for you to focus it on. There is nothing pulling you in a certain direction. Acting consistently and towards the right purpose is important. Work out your vision. Work out your purpose. Be clear on what you want in life.

Once you do it becomes easy to say no to things that will not add value to you, that are distractions and easier to say yes to the things that matter.

Let's put our combined knowledge and power together to focus on moving the goals of WSOPP forward. We need each of your talents to gain a foothold and form the ladder of success the each of us desires. The upcoming October meeting will address many fears that each of us have in uncertainty of our profession. I personally invite everyone, member or not, to join us. We will reduce fear and improve our focus and power.

Respectfully,
Andrea Pavlik, CO, CFm
andrea.pavlik@physiocorp.com



Semi-Annual Membership Meeting

October 5, 2012

8:00 to 5:00

Rock Garden/ Comfort Suites
Green Bay, WI

- Eco Friendly orthotic fabrication
- Legislative overview

CEU'S applied for from ABC

Minutes: April 27, 2012 Membership Meeting

April 27, 2012 Meeting Location: Inn of the Park, Madison, WI
Meeting called to order by Andrea Pavlik at 1:45 PM.



1. Andrea extended her thanks to Joe McTiernan, our featured speaker, who spoke in the morning.
2. Andrea touched on an email that Greg Gruman had received from Pam Hoffman.
3. The Treasury report was delivered by Brian Kelsey, WSOPP treasurer. Our account balance as of 4/26 is \$47,992.93. Brian also stated that he is having a CPA audit the books as is per the custom after a change in treasurer.
4. The report on parity and legislation was delivered by Dennis Farrell. He concluded that there has been little action on either the parity bills or licensure bills, mostly due to the toxic atmosphere in Madison. The board had posed a survey to the membership regarding these bills, plus to rank the importance of other issues. There were 29 respondents, and the interpretation of the results is that there is some overall hesitancy and uncertainty in the membership, possibly as people look at the national goings-on. Dennis and Andrea mentioned that they are looking to the meeting of the Midwest Chapter to discuss the bills with other states that had gone through the same procedure, including Illinois and Iowa. A question was posed as to why we were not attempting to work with those holding office right now, and it was deemed that as it was an election year, this would be difficult to undergo, but we would watch for committee assignments after the election to identify who would be candidates for sponsorship. It was reiterated that our original sponsor, Representative Townsend, had retired, and that after the hearing attended by WSOPP members, that our focus needed to be re-shaped towards being able to answer questions with facts and numbers. Joe McTiernan and Jane Wolking discussed the Affordable Care Act, clarifying the difference between allowing coverage with 4 benchmark insurance plans versus parity in the act. Joe mentioned that the national parity bill has been introduced, and is currently in the house. Jack Schultz asked about the survey respondents, being that 29 people responded, but 8 were not members, wondering why we hadn't asked them to be members. There was conclusion that the board would make an effort to define how licensure would benefit the members and patients.
5. The Medicaid committee report was delivered by Andrea Pavlik, as Greg Gruman was not able to attend. The 6 questions that Pam had posed to Greg were in an effort to glean what federal or national standards were regarding:
 - a. What is your protocol for a "first" fitting (timing in post-op weeks)?
 - b. How do you define Preparatory vs. Permanent?
 - c. What do you think are generally accepted components for a Preparatory?
 - d. How long should a Preparatory prosthesis last? Or, at what point in weeks do you fit a Permanent prosthesis?
 - e. Do you routinely provide more than one test socket?
 - f. What is the proper clinical justification for using a second test socket? Why would using only ONE be inadequate?

Dennis Farrell suggested forwarding the questions through the prosthetic members, and Andrea was planning to forward the questions through the newsletter and the website. John Mooney suggested emailing the questions to everyone now, then using the newsletter to remind everyone about the questions. Then the Medicaid committee can review the responses, and at the October meeting, we can discuss the committee recommendations. Andrea agreed she would respond to Greg about this plan.

6. New Business: The next meeting will be held at the Rock Gardens in Green Bay, either the 3rd or 4th Friday in October. The topic is to be determined, but insurance, coding, and reimbursement was mentioned as theme.
7. Announcement: Amy Paulios mentioned that the WAGA golf outing would be on the 2nd weekend in August, and she is recruiting participants. She asked if she could email the membership about the outing as she had done in the past, and the membership agreed to this.

Jack Schultz made a motion to adjourn, seconded by John Mooney.

Meeting adjourned at 2:36 pm.

Minutes reported by David Castellanos, CPed

Legislative Corner:

At the next WSOPP membership meeting on October 5th, it has been decided to set aside time to re-visit both the licensure and parity initiatives. You may know that both a licensure and parity bill have already been written, have been discussed in detail by the membership, and approved by the Board of Directors.

To move either of these proposed bills forward, though, will require a new round of legislative activity including a significant commitment of membership time as well as financial investment.

Based on the results of the recent "WSOPP Survey" it appears that there may be some degree of uncertainty within our ranks as to the benefit of this legislation to our profession, and as the level of support within our

association.

The purpose of revisiting our legislative initiatives at our next meeting is to re-open the conversation amongst ourselves in the hope of answering some of your questions. This will also provide WSOPP board members with an opportunity to gauge the level of interest with the society membership.

These are VERY big decisions... and the board of directors cannot and should not make these decisions alone. We look forward to hearing from you in October.

Note: If you are unable to attend the next meeting, I would encourage you to forward your thoughts, questions and opinions to Andrea Pavlik at:

Andrea.pavlik@physiocorp.com
In advance of the meeting.

Thank you,
Dennis Farrell, CP



*"Change is the law of life. And those who look only to the past or present are certain to miss the future."
- John F. Kennedy*

Treasury Report

Treasury maintained by:
Brian Kelsey, CPO
Balance as of newsletter printing:
\$47, 992.

All accounts are in good standing. Books have been officially transferred and accounts updated with new Board personnel names.

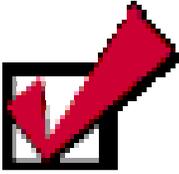
Communication Committee

Do you have a question or concern regarding O&P issues within the state?

www.wsopp.org

offers some information and has an option to contact us easily!





The DHFS seeks WSOPP opinion

Earlier this year Dr Pamela Hoffman, PT, DPT, MS, therapies consultant with the Office of Inspector General contacted the WSOPP Medicaid committee to seek the organizations input on prosthetic protocols in an effort to align DHFS with federal regulations and standards. Six specific questions were posed.

The Medicaid committee is requesting that everyone review the following questions and submit responses and/or comments to **Greg Gruman (ggruman@winkley.com)**. WSOPP is looking to make a final report to DHFS following the upcoming meeting.

Please take some time to think about the following questions focusing on what would meet the needs of most people most of the time, rather than getting side tracked with the variety of cases on sees or what one's office protocols are. Think more on the lines of "policy making" than "business decisions".

Questions posed by Dr Pamela Hoffman:

1. What is your protocol for a "first" fitting (timing in post-op weeks)?
2. How do you define Preparatory vs Permanent prosthesis?
3. What do you think are generally accepted components for a Preparatory Prosthesis?
4. How long should a Preparatory prosthesis last?
 - A. Or, at what point in weeks do you fit a permanent prosthesis?
5. Do you routinely provide more the none test socket?
6. What is the proper clinical justification for using a second test socket?
 - A. Why would using only ONE be inadequate?

Essential Health Benefit under the Affordable Care Act

The following except is from the AOPA Drat Report on Compilation of Coverage in Essential Health Benefit Benchmark Plans

Background

On December 16, 2011, the U.S. Department of Health and Human Services (HHS) released a Bulletin describing the approach it intends to take in future rulemaking to define the essential health (EHB) under the Affordable Care Act. There are ten areas of care that must be covered by plans sold within the health insurance exchange in each state. Benchmark plans can be one of the three largest small group plans in the state; one of the three largest state employee health plans; one of the three largest federal employee health plan options; or the largest HMO plan offered in the state's commercial market. HHS released the three small-group insurance plans in each state that could provide a benchmark and the three Federal Employees Health Benefit Plans that could be used. This report is based on that information.

Under the HHS approach, a state would select only one of the benchmark options as the applicable EHB benchmark for individual and small group markets inside and outside of the exchange. In addition, the benchmark selected in the third quarter of 2012 would apply for plan years 2014 and 2015. HHS will revisit this approach for plan years starting in 2016.

If a state were to choose a benchmark plan that does not include all state mandated benefits, the Affordable Care Act requires the state to defray the cost of those mandated benefits in excess of EHB as defined by the selected benchmark. Generally insurance plans sold in the small group market must comply with state mandates to cover benefits. The default benchmark plan for each state is the largest small group market plan in the state. Therefore, if a small group market benchmark plan were the selected plan, these mandated benefits would most likely be part of the state-selected EHB. If the state mandates did not apply to the small group market,

*"Never doubt that a small group of thoughtful, committed people can change the world. Indeed it is the only thing that ever has."
- Margaret Mead*



“People who work together will win, whether it be against complex football defenses, or the problems of modern society.”- Vince Lombardi



the State would need to defray the costs of those mandated benefits not covered by the selected benchmark. However, HHS has proposed a transition period through 2015, during which states would not be forced to pay for benefits that are state mandates, but not included in the benchmark. HHS has clarified that under the proposed approach any state mandated benefit enacted after December 2011 could not be part of the EHB for the 2014, 2015 cycle unless it was included within the benchmark plan.

HHS has found three categories of benefits not included in most insured plans. They are pediatric oral services, pediatric vision services, and habilitative services. Thus, the Bulletin described special rules to ensure meaningful benefits in those categories. For habilitative services those rules are:

- o A plan would be required to offer the same services for habilitative needs as it offers for rehabilitative needs and offer them at parity.
- o A plan would decide which habilitative services to cover and report the coverage to HHS. HHS would evaluate and further define habilitative services in the future. Under either approach a plan would be required to offer at least some habilitative benefit.

However, with less than a year until states must demonstrate to HHS that they can operate an exchange; there are substantial questions about the benchmark plans. First, because the information is proprietary, HHS released only the names of the benchmark plans, not the benefits covered. This makes it difficult and in some cases impossible to compare plans' coverage. Second, there is no current common language between insurance companies and across states regarding benefits. Often insurance policies refer to Durable Medical Equipment, but not prosthetics. Only by reviewing medical policies of plans, can it be confirmed that Durable Medical Equipment includes or does not include prosthetics. Not all plans were specific about limitations – either in terms of coverage or cost sharing. HHS has not yet released guidance on cost-sharing for EHBs.

Summary of State Benchmark Plans:

WISCONSIN

Plan 1: UnitedHealthcare Insurance Company, Choice Plus POS

Coverage: United Healthcare has announced that the company's current interpretation of Essential Health Benefits considers Durable Medical Equipment and Prosthetics a 'mixed' health benefit, meaning that some prosthetics are essential and some are not. United Healthcare gives the example of standard lower and upper limb prostheses as essential, and eye, nose, ear, and facial prostheses as non-essential. They have also defined orthotic braces as non-essential. Plan-specific information is not available.

Link: http://www.uhc.com/live/uhc_com/Assets/Documents/MixedBenefits.pdf

Plan 2: Compcare Health Serv Ins Co (Anthem BCBS) POS

Coverage: In general, Anthem plans cover prosthetics so long as the prosthetic has been prescribed by a physician and certain medical criteria and rehabilitative goals can be met. Coinsurance and deductibles may differ from plan to plan. Plan-specific information is not available.

http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a053672.htm

Plan 3: Medical Associates Health Plans HMO

Coverage: Plan-specific information is not available.

The three Federal Employee Health Benefit Program plans in this state are the Blue Cross Blue Shield Standard Option PPO, the Blue Cross Blue Shield Basic Option PPO, and the Government Employees Health Association (GEHA) Standard Option PPO. All three provide coverage for prosthetics and orthotics.

(The full report can be found at www.AOPAnet.com)



WSOPP

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

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2012 WSOPP Members (current as of date of publishing)

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Actra Rehab

Farrell Prosthetics

National Pedorthic Services

O&P Associates

Reichert & Kelsey P&O

Wisconsin P&O

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Chad Bieri, CP

Alan Burke, CPed

Tom Current, CPO

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Gregory Gion, CCA

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