



Special points of interest:

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

Message From President

The Many sides of Success:

Never would I have imagined myself with the need to sit down and write a Presidents Address. I am *truly* honored to be following in many great footsteps and to have the support of so many of my fellow colleagues in this field. I truly believe that WSOPP can and will improve the success of O&P in Wisconsin.

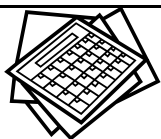
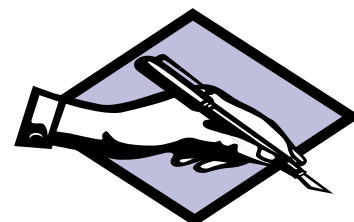
When I think about success, the general consensus is that you can succeed or you can fail, that they are in some way opposites of each other. At first glance that would seem to be true but I choose to look at it this way...

Failure is where we find out how NOT to do something. Failure in itself is a learning experience, it teaches us something about what we are trying to achieve and about ourselves. Failure is simply a step on the road towards

success. The difference between success and failure is the point at which you give up and accept the current outcome. If you give up at any point before achieving your desired outcome (the successful one) then you have failed. Therefore, the difference between success and failure is not that they are polar opposites, but that you did not see that task through to the end and accepted an undesirable outcome over the preferred one. You cannot have success without failure but you can have failure without success. We have not failed in our attempts at passing our Parity bill or growing WSOPP, but rather have had a series of learning experiences, each of which has helped shape our programs, bills and approaches. We will NOT fail, but we WILL take each new experience and learn from it until we reach SUCCESS.

It is only with your continued support, efforts and input that we can continue our successful path. For those of you that have never attended a meeting- I invite you. Please come out and learn from your colleagues, our supportive vendors and learn how WSOPP will be successful. 2012 is starting off with an important session discussing the RAC audit process and will feature Joe McTernan or AOPA. Please join us to learn how you can prepare.

Respectfully,
Andrea Pavlik, CO, CFm
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**Calendar of Events
Semi-Annual Membership**

Meeting

April 27, 2012

8:00 to 5:00

Best Western Inn on the Park

Madison, WI

Topics of Discussion:

- Upper Extremity Prosthetic Design
- RAC Audits

CEU'S applied for from ABC

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Minutes: October 14, 2011 Membership Meeting

October 14, 2011 Meeting Location: Country Springs Resort, Waukesha, WI
Meeting called to order: 1:15



Dennis Farrell opened the meeting by welcoming all

- Announcement of new offices for 2012-2014
 - ◊ President: Andrea Pavlik, CO
 - ◊ Vice President: David Castellanos, CPed
 - ◊ Treasurer: Brian Kelsey, CPO
 - ◊ Secretary: Bob Lotz, CPO
 - ◊ Director 2-year term: Jane Wolking, CP

Treasurer Report: Accounts remain in good standing. Will be organizing an account audit prior to the transfer of authority to new treasure

Parity/ Licensure Committee: Due to the toxic atmosphere in the state capitol since January, there has been very little activity of the licensure and parity committees.

- Both bills have been written and now need to be prepared for review by the Legislative Reference Bureau, and sponsorship for introduction into the current legislative session.
 - Legislative sponsors will need to be identified, current listed sponsor has retired from office.
 - Need to begin outreach to patients and other allies who may be helpful in communicating the merits of parity and licensure as a means to insure patient access to medical services and patient protection from un-qualified providers. This will include involving local media and the concept of 'town hall' style meetings, particularly in key districts of legislators on the Committees that will have responsibility for voting to move the bills to the full legislature.
 - In geographic areas where we do not have a parity or licensure committee member in residence, we will "deputize" WSOPP members to help coordinate these activities. With the assistance of 'Amputee Coalition of America' we will also locate members within these geographic areas that may be helpful in forming patient/ consumer groups. It will be very important to keep the consumer protection aspect of the parity and licensure campaigns at the forefront.
 - We will also be developing fact sheets, partly based on status reports from other states that have already passed similar legislation.

Medicaid Committee: Discussion regarding audits that some companies began receiving. Committee will be looking into these and assisting where possible.

Communication Committee: Due letters will go out early February. We have a new web host due to previous provider closing business. We are working to resolve some issues regarding updating and availability of the site. Next meeting set up for April 17, 2012 at Best Western Inn on the Park, Madison, WI.

Survey: Membership was provided a survey regarding legislative processes and general operations. Survey was also mailed to all O&P affiliates in the state and total of 29 surveys were collected. Results will be shared at next board meeting.



The Survey Said: Results of Membership Survey

WSOPP recently conducted a Survey of O&P Professionals. Below are the results of the returned surveys.

- **Total # of respondents:** 29
- **Background of respondents:** 13 Podiatrists, 10 Prosthetists, 8 Orthotists, 6 facility owners, 4 fitters, 1 assistant, 1 technician
- **RE: Licensure:**
 - ⇒ *Licensure within the state of Wisconsin for orthotics, prosthetic and podiatric providers is a good idea:*
 Completely agree= 10 Somewhat agree= 11 Completely disagree= 3 Unsure= 5
 - ⇒ *Any effort toward achieving licensure legislation will need to be largely self-funded. To achieve licensure I would be willing to contribute financially:*
 Completely agree= 7 Somewhat agree= 8 Completely disagree= 7 Unsure= 7
 - ⇒ *Any effort toward achieving licensure legislation will require voluntary manpower. To achieve licensure I would be willing to contribute of my time:*
 Completely agree= 6 Somewhat agree= 8 Completely disagree= 7 Unsure= 8
 - ⇒ *A majority of practitioners and facilities in Wisconsin will likely support the licensure effort (your opinion)*
 Completely agree= 2 Somewhat agree= 13 Completely disagree= 3 Unsure= 11
- **RE: Parity:**
 - ⇒ *Parity Legislation for orthotic, prosthetic and podiatric services within the state of Wisconsin is a good idea:*
 Completely agree= 16 Somewhat agree= 11 Completely disagree= 1 Unsure= 2
 - ⇒ *Any effort toward achieving parity legislation will need to be largely self-funded. To achieve parity legislation I would be willing to contribute financially:*
 Completely agree= 3 Somewhat agree= 14 Completely disagree= 5 Unsure= 6
 - ⇒ *Any effort toward achieving parity legislation will require voluntary manpower. To achieve parity legislation I would be willing to contribute of my time:*
 Completely agree= 6 Somewhat agree= 9 Completely disagree= 6 Unsure= 7
 - ⇒ *A majority of practitioners and facilities in Wisconsin will likely support the parity effort (your opinion):*
 Completely agree= 8 Somewhat agree= 16 Completely disagree= 1 Unsure= 6
- **RE: General Operations:**
 - ⇒ *Rank the following issues from 1-10, with 1 being the issue you consider most important*

Avg Score:	3.15	WI Medicaid issues
	3.68	Clinical education programs
	3.70	Payer education programs
	4.90	Parity legislation
	5.06	Clinical outcomes issues
	5.10	WI State legislative issues
	6.06	Technical education programs
	6.78	Other business issues
	7.24	Other clinical issues
	7.28	Workers' compensation issues

 - ⇒ *How many times a year should WSOPP have membership meetings: "One"= 2 "Two"= 25*

“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

The books for Fiscal Year 2011 have been maintained by current Treasurer Jim Sadjak, C.Ped. Current Treasury statement as of the printing of this newsletter:

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

Treasury duties and process turned over to incoming treasure Brian Kelsey on January 30, 2012.



Communication Committee

Just a Friendly Reminder....

Membership dues have been mailed out
Please consider renewing your membership
with WSOPP

or

becoming a member today

Contact Andrea Pavlik, CO with any questions
andrea.pavlik@physiocorp.com

Concealed Carry..... To Post or not to Post?

Previously, Wisconsin law generally prohibited carrying concealed weapons in public. Under the new legislation, Wisconsin residents aged 21 and older may carry concealed weapons upon training and licensing to do so, with few exceptions (such as convicted felons). However, it will remain illegal to carry a weapon into a private residence (not owned by the weapon carrier), school and a few other places. It will also be illegal to carry a concealed weapon into a nonresidential public building (such as a hospital or clinic) that is appropriately posted with signs.

What Should the Signs Look Like?

Nonresidential buildings (including hospitals and clinics) may prevent individuals from carrying concealed weapons into the building by posting signs. The signs will constitute notice to specific individuals and to the public at large. The signs must be at least 5 by 7 inches and posted in a prominent place near all of the entrances to the part of the building to which the restriction applies so that any individual entering the building can reasonably be expected to see the signs. Even if a sign is posted, the legislation does not make it illegal for individuals who are carrying weapons in their vehicle to drive into the parking lot and park there. However, the fact that it is not illegal to have a weapon in your car does not mean that you as a private entity can't make a rule that you do not allow weapons anywhere on your premises, including the parking lot. Basically, it is a crime if a person walks into a hospital carrying a gun if the hospital entrances bear appropriate signs, but it is not a crime for that same person to have their gun in the parking lot, in their car. You could call the police in the first instance because the behavior is illegal. In the second instance, you would have to enforce your rule yourself.

“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

Reminder: Forward Health Coverage of Orthopedic Shoes

Forward health has recently started conducting audits on payments made for orthopedic shoes and foot orthotics and recouping payments made due to finding items dispensed not meeting their administrative code on coverage criteria. Following is a reminder of the policy:

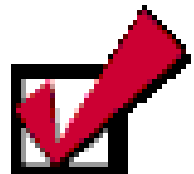
- DHS code 107.24(5)(a) as to their justification for non coverage of foot orthotics.
 - (5) NON-COVERED SERVICES. The following services are not covered services:
 - (a) Foot orthoses or orthopedic or corrective shoes for the following conditions:
 1. Flattened arches, regardless of the underlying pathology;
 2. Incomplete dislocation or subluxation metatarsalgia with no associated deformities;
 3. Arthritis with no associated deformities; and
 4. Hypoallergenic conditions

(continued →)



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

- For coverage for orthopedic shoe (copied verbatim from Update 96-13)
 - The request must indicate at least one of the following diagnoses or clinical conditions
 - 250.0 Diabetes without complications
 - 355.6 Morton’s neuroma
 - 700 Corns/ calluses-pre-ulcerative
 - 707.1 Foot ulcer
 - 713.5 Charcot's joint
 - 735.0 Hallux Valgus $\geq 35^\circ$
 - 735.3 Hallux rigidus
 - 735.4 Other hammer toe with dorsal callous
 - 735.5 Claw toe
 - 735.8 Other acquired toe deformity (overlapping toes)
 - 736.71 Acquired equinovarus
 - 736.72 Equinus deformities
 - 736.73 Cavus foot
 - 736.74 Claw foot, acquired
 - 736.75 Cavo cavus, acquired
 - 736.81 Acquired leg length discrepancy $>1/2$ inch
 - 754.50 Congenital talipes varus
 - 754.51 Congenital talipes equinovarus
 - 754.52 Congenital metatarsus primusvarus
 - 754.53 Congenital metatarsus varus
 - 754.71 Congenital talipes cavus
 - 755.30 Congenital leg length discrepancy $>1/2$ inch
 - 895 Traumatic toe amputation
 - 895.0 Traumatic toe amputation with complications
 - 895.1 Traumatic toe amputation without complications
 - 896 Foot amputation
 - 896.0 Foot amputation, unilateral without complications
 - 896.1 Foot amputation, unilateral with complications
 - 896.2 Foot amputation, bilateral without complications
 - 896.3 Foot amputation, bilateral with complications
 - * *Other diagnosis which would require an AFO (ankle foot orthosis) or KAFO (knee ankle foot orthosis)
 - One of the following must be documented:
 1. Orthopedic shoes are needed for ambulation and/or transfers
 2. Orthopedic shoes are used with orthotics (Wisconsin Medicaid does not consider arch supports as orthotics)
 3. Orthopedic shoes are required to accommodate a leg length discrepancy of $1/2$ inch or more.
 4. There are bony deformities of the feet and mismatched shoes of one full size or greater are required.
 - Shoe must be chosen based on medical need; activities of the recipient and recipients environment. Documentation must reflect medical need; activity level; Environmental conditions; age, condition, brand and type of current shoes. Coverage for replacement orthopedic shoes is allowed or medical reasons.
 - The request must include brand, model number and size (s)
 - Codes L3216 and L3221, for female and male respectively, are allowed when all other listed criteria are met and ankles are stable. Hightop orthopedic shoes, codes L3217 and L3222, for female and male respectively, are allowed when criteria are met and ankles are unstable. When the criteria for mismatched shoes are met, the additional charge (L3257) is allowed.
 - Shoes/orthotics to treat flat feet are not covered regardless of underlying cause.





WSOPP

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

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2012 WSOPP Members (current as of date of publishing)

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Reichert & Kelsey

Wisconsin P&O

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