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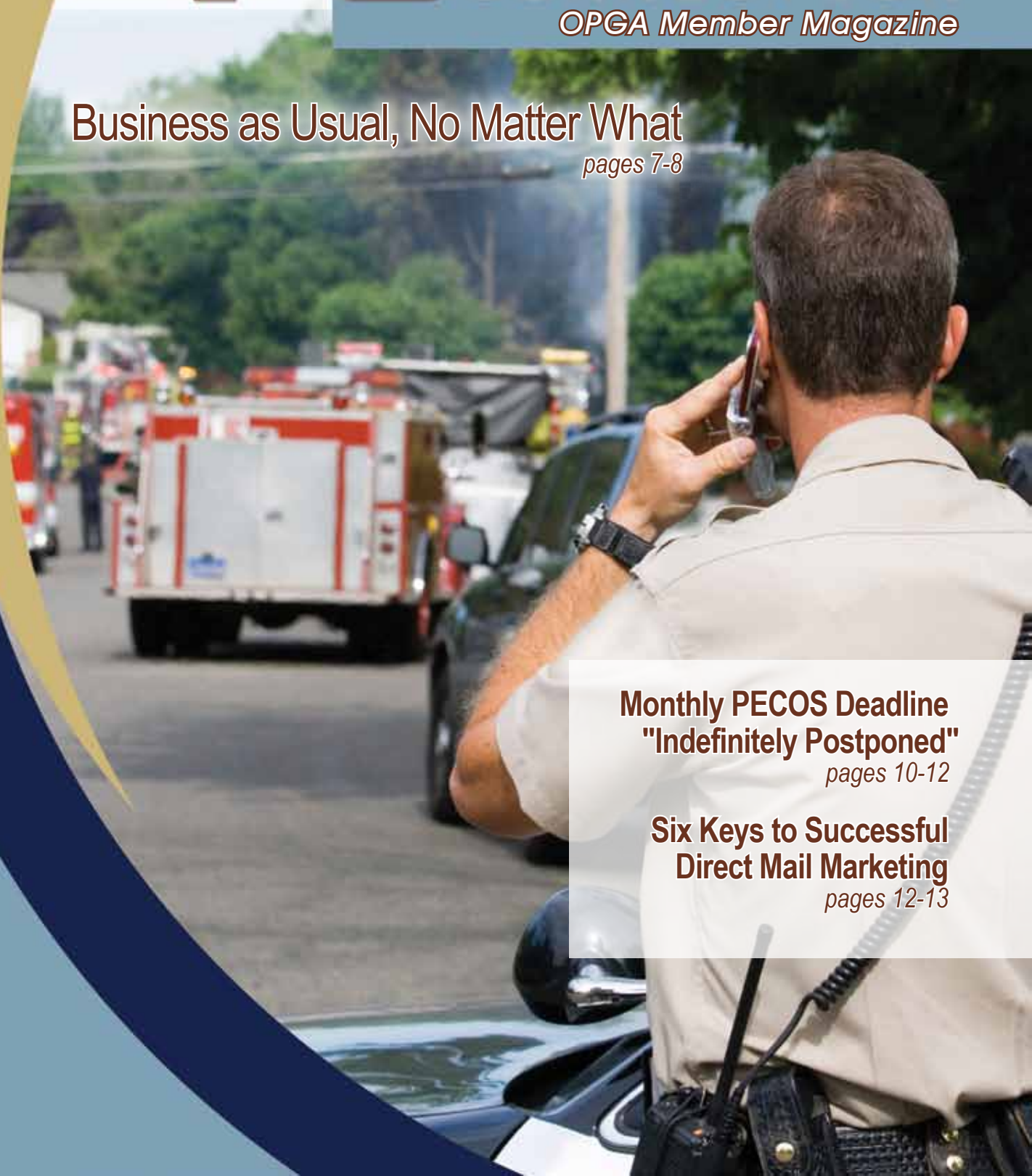
Winter 2010 – 2011

THE
opga:
CONNECTION
OPGA Member Magazine

Business as Usual, No Matter What
pages 7-8

**Monthly PECOS Deadline
"Indefinitely Postponed"**
pages 10-12

**Six Keys to Successful
Direct Mail Marketing**
pages 12-13



By Dennis E. Clark CPO, President, OPGA



This is an effort by our staff to put into your hands an easy-to-read, easy-to-view, guide to specials, discounts and new products from OPGA's Supplier Partners.

As we move forward, we hope you will find solutions to many of your patient care needs within these pages. OPGA's role is to connect quality supplier partners with the nation's largest network of independent orthotic and prosthetic facilities. With this combination in place, our goal is to create maximum benefit to the people we serve and maximum success for the people providing the service.

We hope you enjoy the Winter 2010 – 2011 OPGA Connection Magazine and we look forward to communicating with you as we continue to expand our member services.

A handwritten signature in black ink that reads "Dennis Clark CPO".

Dennis E. Clark, CPO
President, OPGA

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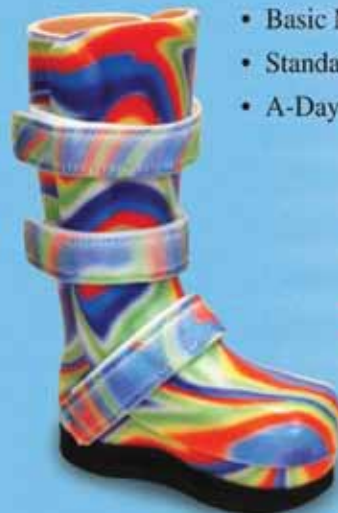


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1. Huxford J, et al. 2006. J Neuro Phys Ther. 30(4):198.

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What constitutes a breach of Protected Health Information?

The Health Insurance Portability and Accountability Act (HIPAA) and the recently enacted Health Information Technology for Economic and Clinical Health Act (HITECH) govern protected health information (PHI) privacy and security provisions. In summary, Covered Entities, such as orthotic and prosthetic practices, have a duty to mitigate, to the extent practical, any harmful effect known to the Covered Entity and/or Business Associate of a use or disclosure of PHI in violation of its policies and procedures or the requirements of HIPAA, HITECH and applicable regulations. If the Business Associate alone is aware of the breach, the Business Associate must report unauthorized uses, disclosures and security breaches to the Covered Entity. Many states also require notice to the affected individual in the event of improper use or disclosure of PHI.

A breach of PHI is defined as the unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of the PHI. "Unsecured PHI" refers to PHI that is not secured in accordance with certain technology or methodology specifically identified by the Department of Health and Human Services that makes the PHI unreadable, unusable or indecipherable to unauthorized individuals. At this time, "secured" involves either encrypting or destroying the PHI.

What To Do If A Breach Of PHI Occurs

If a breach does occur, the Covered Entity and/or the Business Associate must notify the affected individual (and the Business Associate must notify the Covered Entity if the latter is unaware of the breach) within a reasonable amount of time but no later than sixty (60) days after the discovery of the breach.

Individuals must be notified promptly by first-class mail at the last known address of the individual or by electronic mail if the individual has agreed to such means. Notification must be ongoing in one or more mailings as information about the breach becomes available.

If there is out-of-date or insufficient contact information regarding the individual whose PHI has been inappropriately used or disclosed, a substitute form of notice is deemed to be acceptable. For example, if there are 10 or more such individuals, a posting must be placed on the home page of the website of the Covered Entity and/or Business Associate involved or notice must be placed in major print or broadcast media in geographic areas where the affected individuals of the breach most likely reside. A toll-free telephone number should also be included in the media or Web notices. Individuals can then call to determine if their PHI is included in the breach. Telephone calls may also be used to communicate notice to affected individuals if time is of the essence. If more than 500 individuals have been affected by the breach of unsecured PHI, notice must be provided to major media outlets serving the geographical area affected.

The Covered Entity must notify the Department of Health and Human Services (DHHS) of unsecured PHI that has been acquired or disclosed in a breach. If 500 individuals or more have been affected, then notice to DHHS must be immediate. If less than 500, then the Covered Entity may maintain a disclosure log and submit such a log annually to DHHS.

The notice of breach must include the following:

- A brief description of what happened including the date of the breach and the date of discovery of breach
- A description of the types of unsecured PHI involved in the breach
- Steps individuals affected by the breach should take to protect themselves from possible harm from the breach
- A brief description of what the Covered Entity and/or Business Associate is doing to investigate the breach, mitigate losses and protect the individual from repeated breaches
- Means for the affected individual to ask questions or gather additional information including a toll-free telephone, a website, mailing address or e-mail address.

¹ A business associate is anyone who performs or helps perform a function or activity involving the use or disclosure of PHI, transmitted or maintained in any form, including electronic media, when that function or activity is performed on behalf of a covered entity or an organized health care arrangement in which the covered entity participates. As such, the definition of a business associate relies on what the entity does, not what it is. A business associate's functions and activities are likely to include claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management and practice management. Business associates need not be businesses traditionally associated with health care services. Any individual or entity that receives PHI from a covered entity while providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services may be a business

associate. For example, an O&P practice that hires a consultant to review its billing practices enters into a business associate relationship with that consultant. Not all of a covered entity's contracting parties are business associates under HIPAA. A contracting party that does not have access to PHI is not a business associate. For example, a practice that uses a courier service to deliver medical records to a lab does not have a business associate relationship with that courier service, provided that the courier does not view the records in the course of its services. Incidental access is permitted if the covered entity has reasonable safeguards in place to prevent unauthorized disclosure of PHI. A janitorial service, for example, is not a business associate as long as the covered entity has taken reasonable precautions to limit disclosure. Although the service is performed on behalf of the covered entity a janitor's access to PHI would be incidental to the job of cleaning.

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Disaster planning and preparedness can be your lifeline to staying in business. With proper education, planning and disaster assistance, you will be able to stay in business through any interruption and beyond. If you have a plan, review it at least once a year. If you don't have a plan, get started. A little planning is better than none at all.

Business Continuity (BC): Planning must account for all hazards (both man-made and natural). You should plan in advance to manage any emergency situations. Assess the situation, use common sense and available resources to take care of yourself, your employees and your business's recovery.

Be Informed: Know what kinds of emergencies might affect your company. Do a risk assessment for your business to identify the highest, medium and lowest risk threat. Know what kinds of emergencies might affect your company both internally and externally. Find out which natural disasters are most common in the areas where you operate. You may be aware of some of your community's risks; others may surprise you.

Continuity Planning: Carefully assess how your company functions, both internally and externally to determine which staff, materials, procedures and equipment are absolutely necessary to keep the business operating. Review your business flow chart (if you don't have one, this is the time to create it). Identify operations critical to survival and recovery. Include emergency payroll, expedited financial decision making and accounting

systems to track and document cost in the event of a disaster. Establish procedures for succession of management.

Emergency Planning: Your employees are your business's most valuable asset. Plan to make sure you will all be safe, both in your business location and employees' homes. Define crisis management procedures and individual responsibilities in advance. Make sure those involved know what they are supposed to do. Train others in case you need back-up. Develop a communication plan for your business; determine who will declare an emergency and who is going to contact who.



Review Insurance Coverage: Understand what your insurance covers and what it doesn't. Understand what your deductible is, if applicable. Consider how you will pay creditors and employees. Plan how you will provide for your own income if your business is interrupted. Find out what records your insurance provider will want to see after an emergency and store them off-site in a safe place.

Emergency Supplies: Think first about the basics of survival: fresh water, food, clean air and warmth. Keep a NOAA weather radio with tone-alert feature on site. Also keep a battery-operated radio that will pick up your local stations. Keep a box stocked with flashlights, extra batteries, a first aid kit, whistles to signal for help, moist towelettes, a wrench or pliers (in case you have to turn off utilities), can opener, plastic sheeting, duct tape and plastic garbage bags with ties.

Deciding to Stay or Go: Develop your plan to shelter-in-place or evacuate. Plan for both possibilities. Decide who has the authority to order an evacuation. Make sure maps are readily available and in open view for evacuation and shelter-in-place. If possible, plan two ways out of

Continued from page 7

your building or office. In any emergency, local authorities may or may not immediately be able to provide information on what is happening and what you should do. However, you should monitor TV or radio news reports for information or official instructions as they become available. If you are specifically told to evacuate or seek medical treatment, do so immediately. Use common sense and available information to determine if there is immediate danger.

Fire Safety: Fire is the most common of all business disasters. Have your office or facility inspected for fire safety; ensure compliance with fire codes and regulations. Install smoke detectors and fire extinguishers in appropriate locations. Develop a system for warning your employees of a fire. Put a process in place for alerting the fire department. Plan and practice how people will evacuate in a fire.

Cyber Security: In today's growing Internet environment, you need to evaluate your risk/exposure on the Internet. Check data back-ups regularly, verify your firewall and security software is functional and up-to-date.

Medical Emergencies: Take steps that give you the upper hand in responding to medical emergencies. Develop a list of medical responders in your office, educate employees on reporting procedures and how to call local medical authorities (911).

Influenza Pandemic: The federal government, states, communities and industry are taking steps to prepare for

Business Continuity and Disaster Planning websites:

www.sba.gov
www.preparemybusiness.org
www.us-cert.gov
www.readyrating.gov
www.floodsmart.gov
www.staysafeonline.org
www.disastersafety.org
www.irmi.com
www.fema.gov
www.ready.gov

and respond to an influenza pandemic. The anticipated 2009/2010 influenza pandemic did not materialize as anticipated, but government sources indicate it is still a strong possibility in the future.

Test Your Plan: Don't let an actual emergency show you the holes in your business continuity planning.



continued from page 13

can save . . . on your car insurance” is Geico’s long slogan, but it works. Like design, text has an attitude and an image it portrays in your recipient’s mind. Casual, formal, business-like, fun, edgy – all these can be conveyed through text. Be sure your design attitude matches your text attitude. And of course, ALWAYS spell check.



5. Timing: This does not mean what day of the week is the best to receive mail. Simply put, will the timing of your direct mail campaign talk to the client at the right time according to what you’re conveying? Discussing the need to look at AC units in the winter may not be the way to go – unless you’re using the cold weather to show a special opportunity. Attempting to sell ice cream products through the winter may not make sense. Ask yourself if the timing is accurate to your list, text, design and concept. Are you arriving to your client too early? Or showing up after your competitors with a “me too” mailer? Have you given the recipient enough time to react or too much time to forget?

6. Relevance: This is the final “umbrella” key that most people forget. Does this offer (everything above) apply to the people receiving it? Is the information relevant enough to the recipient for them to give it a couple extra seconds? Does the recipient recognize the value (to them) in the pitch? Essentially, relevance is proving you

understand their specific wants/needs and have a solution for their specific challenges.

The next time you open your mail, I challenge you to watch how you sort your mail. If you work in an office that has someone sorting the mail, ask them what they look for. You’ll quickly notice that the final key of **relevance** is what you are looking for when you sort your mail. With variable data, you have the ability to build relevance to the **least common** denominator of differences in your clients – rather than design for the **greatest common** denominator.

We use the following analogy to explain relevance. If you had to speak to 1,000 people in the O&P industry all at once about billing, you would need to generalize the message. If you categorized them by the type of services they offered, you could speak to the specific challenges that face them in their area of expertise. Flashy may get attention – but relevance causes people to listen.

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Monthly PECOS Deadline “Indefinitely Postponed”

The Centers for Medicare & Medicaid Services has once again delayed the implementation of a Medicare enrollment policy that has threatened the timely payment of thousands of Medicare claims. The new deadline gives physicians more time to make sure they are signed up with PECOS, the Provider, Enrollment, Chain and Ownership System. CMS reports that PECOS edits have “been indefinitely postponed” and there is no new target date for the implementation of front-end rejections.

Background

This is the third time CMS has pushed back the deadline. CMS originally said physicians and group practices – with few exceptions – had to be enrolled in PECOS by April 5 if they wanted to continue having Medicare claims accepted. That deadline was extended to Jan. 3, 2011. The agency said its new enrollment system speeds up the application process, reduces paperwork and helps cut down on fraud and abuse. But the American Medical Association and other physician organizations pushed for more time, estimating that thousands of doctors still need to enroll in PECOS. Many of these doctors did not know that they needed to re-enroll because they first signed up for Medicare before 2003, when CMS began using the new system. The announcement from CMS came as a relief to the AMA and other physician organizations. They had



been asking the agency to recognize the constraints that doctors were already under, including preparing for a 23 percent cut¹ in Medicare pay and facing uncertainty over the ongoing health system reform debate. The AMA said it would continue to work with CMS to educate physicians on an enrollment process that many consider complex. One particular point of confusion centers on the Medicare requirement that referring physicians, not just treating physicians, must establish a current enrollment record in PECOS for claims to go through. Essentially the “performing physician” would not get paid if the referring physician was not in the database. Also in the loop: dentists and those who see or refer patients through the Department of Veterans Affairs and Tricare, and group practices that need to enroll multiple physicians.

For now, if a Medicare claim lists a treating or referring physician who is not properly enrolled in PECOS, Medicare will approve payment but will send back the claim with informational edits warning that it has been marked for nonpayment because of the enrollment issue. After the policy implementation (finally) kicks in (on a date to be

determined), Medicare will start denying payment for claims on which physicians are still not PECOS-compliant. A current enrollment record is one that has been entered in the PECOS database since 2003 and that contains the physician’s National Provider Identifier.

The effect on O&P

Under the Patient Protection and Affordable Care Act (PPACA), only Medicare-enrolled physicians or eligible professionals can certify or order orthotics and prosthetics, in addition to home health and HME/supplies for beneficiaries. These physicians are allowed to refer Medicare patients to O&P if the physician is enrolled in PECOS (by the deadline) or officially opted out of Medicare. This includes physicians who are currently enrolled in Medicare and are able to bill for physician services. Eventually all physicians must register through PECOS in order to refer Medicare patients to O&P practices even if they are currently enrolled via Medicare. All claims submitted for services must contain the physician's name and NPI number. This information must exactly match the files in the PECOS database, and O&P practices will no longer be permitted to use their NPI in place of the physician's NPI in regards to claims.²

Both DMEPOS suppliers and the physician groups were concerned that claims submitted after Jan. 3 would be rejected, and also that they would be

OPGA will continue to monitor these events and will provide updates as changes occur. If you have concerns or questions relative to the PECOS enrollment program, please contact Mark Higley at 800.642.6065 or e-mail mark.higley@vgm.com

subject to recoupment if the certifying or ordering physician was not enrolled in the online system. Some suppliers said they may even face false claims act liability in addition to non-payment by Medicare for billed services if they knowingly or unknowingly bill Medicare services from a physician not enrolled in PECOS.

Recent Events

In July, in a joint call to physicians across the country, the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA) urged doctors to enroll or update their record in PECOS. NACDS and NCPA recently faxed yet another plea to more than 62,000 doctors' offices, asking them to enroll or update their enrollment in PECOS to ensure that Medicare beneficiaries can continue receiving diabetes testing supplies and other DMEPOS from local pharmacies. According to CMS, there are 26,000 pending PECOS enrollment applications for physicians and a few thousand more for non-physician providers. The American Association for Homecare (which represents home medical equipment suppliers that also must become PECOS-compliant) estimates that some 18 to 25 percent of those who refer DMEPOS are not yet registered in PECOS.

In its statement, CMS encouraged physicians and other eligible professionals who are not enrolled³ to do so "sooner than later" and referred them to an FAQ website on the system.

¹ In a bipartisan voice vote on November 29, the House approved legislation already enacted by the Senate that postpones the 23 percent reduction in Medicare reimbursement for physicians from Dec. 1 to Jan. 1. The bill awaits the signature of President Barack Obama. Delaying the pay cut just until Jan. 1, 2011 will cost \$1 billion over 10 years, according to the CBO. The American Medical Association estimates that extending the effective date of the Medicare rate reduction from Dec. 1, 2010 to Jan. 1, 2012 will cost the US treasury roughly \$1.5 billion.

² AOPA had put together a draft letter appropriate for educating referring physicians about PECOS. It contains a brief description of PECOS and why they need to re-enroll through this system. It also gives a link to a CMS website where they can learn more and enroll: http://www.aopanet.org/PECOS_Physician_Letter.pdf

³ How to enroll in PECOS: With few exceptions, physicians need to be enrolled in PECOS if they want to continue seeing or referring Medicare patients after the end of this year. Many who are not in PECOS enrolled in Medicare before the system's launch in 2003 and have not changed their information since then. CMS offers an online enrollment process. Applicants must:

- Have or obtain a National Plan and Provider Enumeration System user ID and password. This is the same system that physician practices use to sign up for an NPI.
- Complete, review and submit an electronic enrollment application on the PECOS website: <https://pecos.cms.hhs.gov/>
- Print, sign and date the two-page certification statement; mail it and all supporting paper documentation to the Medicare contractor within seven days of electronic submission.

OPGA Announces **New Partnership** with **FRIDDLE'S ORTHOPEDIC APPLIANCES, INC.**



Friddle's Orthopedic Appliances has become an official supplier partner of OPGA, the **largest network of independent orthotic and prosthetic patient care facilities** in the nation.

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Friddle's provides O&P practitioners with orthotic and prosthetic supplies including plastics, paper transfers, pedorthic materials, the Friddle MRI Halo System, fasteners, tools and equipment at very reasonable prices.

The South Carolina-based company also offers central fabrication services. They currently specialize in scoliosis and offer many different types of orthoses and are the exclusive manufacturer of the GOSS orthoses developed by Dr. Miguel Gomez. Friddle's has more than 17 years of experience with Canfit CAD/CAM and also has a urethane division offering carving blocks for CAD carvers.



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Do your homework for successful mail marketing: Focus, planning and relevancy are key

Marketing is two parts art, two parts psychology and one generous part of luck. There may be some additional ingredients in each of these, but you get the idea. The most consistent question I receive about direct mail is, “How do I create a successful direct mail campaign?” Quite simply, there are six keys that will help determine how successful your direct mail campaign will be.

Before discussing keys, the most important question is, “What do I want to accomplish?” Be sure it’s specific and measurable. “Get more sales” is not specific enough. You wouldn’t begin a golf game without knowing where the pin is, would you? Why would you treat your marketing any differently? Any of these could be considered adequate goals:

- Increase the number of referral sources we receive
- Improve frequency of visits and improve follow-up on current patients
- Increase the number of new patients with custom-created hand restoration prostheses

To start, the strength of each key needs to be considered *early in the creative process* because each item will affect the other. In addition, your direct mail will only be as strong your weakest link, so be sure to continually attempt to improve the weakest point of your campaign. You’ll also need to place yourself in your recipients’ situation and attempt to remain objective (in fact, I’d

recommend being critical and quick to dismiss your own marketing). When you can begin to better understand the recipient, you’ll be better able to get their attention.

Any marketing with a poor call to action (or none) is doomed to fail. Why? You haven’t encouraged the recipient to do anything – and therefore they won’t . . . Your call to action must be clear, concise, timed and significant.

- 1. List:** My experience with list management and direct mail makes me always start with the list. My reasoning for this is that everything else hinges on who is receiving the mailing. If you are marketing to senior citizens, each of the following five keys will change to reflect what will best impact that audience. The same is true for other demographics, products and locations. In choosing a list, you must know the approximate accuracy of the list (do you trust the list regarding Jane Doe’s financials?). Where does the list come from and how are you allowed to use it? Does the list have other information that can improve the mail piece? What is acceptable “collateral damage” (unqualified recipients)? How many people do you want to contact? How many leads can you manage at a time? Selecting the right list for your needs helps you to determine how each of the following keys will need to be shaped.

- 2. Call to Action:** You *must* understand and recognize your call to action. Like the list, this will help determine the rest of the keys. *Any marketing* with a poor call to action (or none) is doomed to fail. Why? You haven’t encouraged the recipient to do anything – and therefore they won’t! “Call for more

information” is about as strong of a call to action as a wet noodle. “Call this week to see how we can save you \$500 a week” is much stronger. Your call to action must be clear, concise, timed and significant. You need to weigh the **recipient’s perceived value** of your offer against the time and energy it will take them to act. The other thing to keep in mind is performance tracking. It is impossible to track what you can’t measure – so be sure your call to action is something that can be measured (how many calls, how many website hits, how many replies, etc.). Ask yourself if you think there is enough incentive to take the action, *based on the information you’ve given them – not what you know!* There is one caveat to add here. If you’re simply looking for name recognition and turning public opinion in your favor, (think political candidates) there may not be a structured call to action past “vote for me!”

Does the wording make sense to the recipient? Are you using jargon, insulting their intelligence or killing them with copy? The amount of text does not correlate to the quality of text. The “Got milk?” campaign was a success on two words.

- 3. Design:** Does the piece have a design that will make sense to the recipient? Will it offend, inspire, bore, excite, challenge, turn off or engage? Is the piece confusing to follow? Is the writing too small, too squiggly, too boring, too large or too overbearing to read? Look at the design to make sure the piece conveys the attitude and image you are looking for. Make sure it is appropriately designed for the audience that is receiving it as well. The things to analyze within design include the layout, paper, colors, images, fonts, size and style. You wouldn’t use an edgy design with white type on a black background if you’re marketing to seniors. However, a sterile design won’t catch anyone’s attention.
- 4. Text:** Does the wording make sense to the recipient? Are you using jargon, insulting their intelligence or killing them with copy? The amount of text does not correlate to the quality of text. The “Got milk?” campaign was a success on two words. “Fifteen minutes

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