I am writing to comment on the Alabama Medicaid Agency’s Section 1115 Demonstration Waiver. As a citizen of Alabama and a beneficiary who uses the services of a licensed orthotist or prosthetist, I am requesting that “prosthetics and orthotics” as defined by Section 1861(s)(9) of the U.S. Social Security Act be exempted from the proposed Regional Care Organization and capitated payment systems for the following reason:

* the capitated payment system described in the Medicaid proposal will catastrophically endanger and potentially disable beneficiaries who have traditionally benefited from appropriate orthotic and/or prosthetic intervention.

Prosthetics and orthotics (artificial limbs and orthopedic braces) account for less than 0.1% of Alabama Medicaid’s total appropriation in 2013. So as a preliminary matter, moving to a capitated or bundled payment system for these devices will not result in material cost-savings to the state. In addition, these devices provide incalculable benefits to the individuals using them.

Orthotic and prosthetic care involves an ongoing series of clinical services provided by licensed professionals. Under our care and training, amputees and individuals with other mobility impairments retain and gain the ability to walk and function independently.

The present Alabama Medicaid structure allows beneficiaries with limb loss or limb impairment choose a licensed health care professional who works at an accredited facility. Since limb loss is a permanent condition, this patient-provider relationship continues for the patient's entire life. Expecting a risk bearing entity to choose long-term savings over short-term savings in this structure is not logical. The incentives and structure favor short-term thinking while attempting to manage a long-term condition. This approach will have a negative effect on both the patients that Alabama Medicaid serves and the State of Alabama as these currently mobile individuals find themselves deprived of quality prosthetic care, or indeed, of prosthetics entirely.

Alabama’s licensed prosthetists and orthotists possess unique knowledge of O&P devices and provide related clinical services of a unique nature. The complexity of the work we perform is not appropriately captured by a system that relies purely on short-term comparisons between what only seem to be similar or substitute items and services.

To include O&P in the capitated payment system would have a catastrophic effect on amputees and mobility-impaired individuals by disrupting existing patient care relationships and by denying beneficiaries the basic right to choose or access their prosthetist/orthotist.

The solution is simple: exempt custom O&P care from the proposed capitated payment system; preserve the licensed prosthetist/orthotist relationship; and promote early O&P intervention to return amputees and the mobility-impaired to a fully-functional, independent way of life. That would be the safest way to protect these beneficiaries.

For all of the reasons listed in this letter, I respectfully request that the Alabama Medicaid Agency exempt "prosthetics and orthotics" as defined by Section 1861 (s)(9) of the U.S. Social Security Act from the Alabama RCO and capitated payment systems.

Sincerely,