



MPTA Committee News

Summer 2009 *Shorelines*

Reimbursement Committee

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APTA Graham Sessions

I was invited to attend the Graham Sessions which was sponsored by the American Physical Therapy Association and Private Practice Session, APTA in January 2009. This conference was the brain child of APTA PPS member, Patrick Graham, hence it's name. It is an informal group of APTA leaders brainstorming innovative ideas on issues impacting physical therapy. Approximately 75 people attended, including reimbursement chairs, educators, and therapists from private practice with extensive backgrounds and APTA leadership. We discussed a Mega-Issue background paper, which asked some of the following questions:

1. How can we improve clinical education, students, business knowledge, residency/internships and payment for students?
2. What areas of collaboration between physical therapists and other healthcare professionals e.g.: physicians, nurse practitioners, should occur or be enhanced to benefit physical therapy business and patient healthcare?
3. What does the term "Doctors of Physical Therapy" mean?
4. What are the possible alternative practice models for physical therapy?

The attendees worked towards a number of action plans that will be presented at future APTA conferences. Possible motions /action plans may include:

1. A public awareness campaign to educate consumers on what a physical therapist is and that it is now a doctoring profession. We are not competing with physicians; we have our own scope of practice – at the clinical doctorate level.
2. As we work toward Vision 20/20; exploring possible paid residencies in the future attached to education (post-graduation). There was much discussion regarding this issue and the educators will be going over this further at the APTA annual conference.

3. The need for an increased presence via the Internet. Expenditures would be necessary to ensure that when e.g. musculoskeletal, joint disorders and pain are the inquiry, an Internet search engine would automatically send the person searching to APTA resources, including specific state or specific private practice references when appropriate. Right now this does not occur.

4. Further discussion and possible remedies for issues pertaining to self-referring and fee splitting. APTA leadership is aware of these issues and concerns and is taking proactive measures. APTA follows & gives input continuously regarding Medicare rules & Stark laws.

5. Issues of inequality of reimbursement for physical therapy. This is another concern that APTA leadership is aware of and they are also taking proactive measures with the goal of equitable reimbursement for PT services in all settings.

6. The “medical home” model was explored. The patient would have a medical home for example, an internist, and it might include nurse practitioners, PAs, PTs, OB/GYNs, and Pediatricians. All other specialties would be outside of the house but in the neighborhood. It is a rather interesting notion, but apparently this has been presented in the United States Senate and House as a possible change in the delivery of health care, and may benefit the practice and delivery of physical therapy in the future.

APTA Combined Sections Meeting

I also had the pleasure of attending CSM in February, where I took part in Medicare, Medicaid, and private insurance discussions. These discussions were lead by APTA leaders and were a pre-cursor to a round table session with the purpose of reviewing “corporation’s arts”.

There were many issues discussed in these specific sessions that had to do with reimbursement. Essentially, the APTA is working with other groups to try to eliminate the therapy cap, (Medicare) and move towards therapy services that are determined necessary by the practitioner. There have been a number of studies that have been under taken and still some are under way which try to determine which methodology would work the best. To date, it appears as though caps do not necessarily improve care or reduce cost for Medicare. I will keep you posted as information occurs and I urge all of the members of the MPTA to contact their legislators in the US house and senate to help move the bills that would eliminate the Medicare caps on rehabilitation services.

RAC - Recovery Audit Contractors

The Reimbursement Committee will also be involved with RAC, “recovery audit contractors” in Michigan. RAC are private companies authorized by Medicare to identify underpayments & overpayments; recoup overpayments under Medicare Part A & B. Please note, that if the RAC contacts you for charts and chart review, that you need to get these back to them within 45 days. The RACs are reimbursed by an average of approximately 10% of the fees they recover. If you wish to get more information about the RAC program go to www.cms.hhs.gov/RAC

CMS – Centers for Medicare and Medicaid Services

Effective January 1, 2009, CMS eliminated the requirement the rehabilitation agencies provide social and vocational services as well providing 1 or more doctors to be available in case of emergency.

The initial Plan of Care (POC) is now needed every 90 days for Medicare patients. However, rehab agencies remain every 30 days or 10 visits due to a glitch in the final rules. Hopefully this will change and be the same soon for all providers of physical therapy.

Transmittal 88 (change request 5921, originally from the 11/27/2007 Federal Register) also shows that stamped signatures are not acceptable by CMS. CMS will however accept written and electronic signatures.

CMS is also now integrating part A and part B contractors into new entities. Medicare Administrative Contractors or MACs will be replacing current contractors. National Government Services or NGS will continue to work in Michigan regarding the Medicare contracting. For more information on the MAC transition, providers can contact www.APTA.org/medicare and then go to coverage issues.

Also, in a final rule issued by CMS in January of this year, the International Classification of Diseases ICD-10 coding will replace the ICD-9 coding. The compliance date is October 1, 2013. You can again contact www.APTA.org for more information regarding the IDC-10 coding.

Final Thoughts

Further discussion needs to take place regarding marketplace drivers: employers, consumers, providers, and payers. The fact that more shift and risk is going toward the employer and employees, with high deductible health plans (HSAs) low contract rates by payers and therefore consumer driven health care is a concern. We as providers, continue to take ever increasing bad debt risk with these new plans especially with the high deductibles and HSAs. We need to be aware of these and patients also need to be aware of the cost of their care before treatment programs begin. Overall, cost shifting is moving towards the patients and away from the employers and it is of greater responsibility to providers than ever before to make sure we are reimbursed for the services we provide. The reimbursement round table which, was hosted by Carmen Elliott from APTA, encompassed payment challenges, adapting to this changing payment environment, and data collection which will be initiated by the APTA to get baseline cost per visit for physical therapy services initially. This information will then be used for negotiating with insurers to be sure high quality physical therapy care is reimbursed at an appropriate rate to enable the provider to treat those patients. Collaborative initiatives with the APTA will be developed over the next year or two and particularly, a public awareness program of what physical therapy is and the value of physical therapy will be initiated this year by

the APTA. Suggestions were also made during this meeting to the APTA to develop a strategy to educate people that when physical therapy or when they are in need of physical therapy that they can receive their physical therapy at the facility or practitioner of their choice. This is important in the realm of referral for profit issues occurring nationally at this time. If you have questions regarding any of these issues please contact the MPTA and they will forward your questions or concerns to either me or Mark Beissel.