



# NEWSLETTER

www.dptaonline.com

Summer 2015

## PRESIDENT'S MESSAGE PHILLIP ALLEN

Summer is here. Our long, cold, and damp winter and spring are behind us and we are now able to enjoy what the warm weather means to our small state. We are blessed with beautiful beaches and outstanding recreational activities. We are also blessed with top rated educational institutions and caring and proficient clinicians. All were on display at the American Physical Therapy Association's (APTA) NEXT Conference and Exposition, recently held in National Harbor, Maryland. In this newsletter, Annalisa Na provides you with a summary of her activities as your Federal Affairs liaison and Cathy Ciolek, your chief delegate, summarizes the activities of APTA's House of Delegates. Please take time to review their important contributions on your behalf.



DPTA President  
Phillip Allen

A highlight for Delaware at NEXT was the delivery of the 46th annual Mary McMillan Lecture by Lynn Snyder-Mackler on June 5. Holding several positions and appointments at the University of Delaware, Snyder-Mackler is academic director for the physical therapy clinic, academic director for the graduate program in biomechanics and movement sciences, a faculty and athletics representative, adjunct professor of biomedical engineering, and a Department of Physical Therapy alumni distinguished professor. Named a Catherine Worthingham Fellow in 2003, Snyder-Mackler has earned many other APTA honors, including the Eugene Michels New Investigator Award, Golden Pen Award, Chattanooga Research Award, Marian Williams Award, Helen Hislop Award, Orthopaedic Section Steven J. Rose Award, and Section on Research John H. P. Maley Award. After the lecture, the University of Delaware hosted a congratulatory social, cohosted by the DPTA, commemorating the Lecture as well as honoring Dr Snyder-Mackler. Please take the time and review the [summary of the lecture](#).

George Edelman has provided you with a summary of the current payer relations directly affecting our practices. George works hard representing your best interests to the different payers in our state. Please take time to review his contribution.

On Wednesday, August 5, you can join fellow members for our 5th Annual DPTA Golf Classic at Maple Dale Country Club in Dover. Join us for some fun, fellowship, and golf. Lunch and dinner are provided. [Visit our website for registration forms](#).

I look forward to another great Delaware summer and hope to meet as many of you as possible at these fun-filled events.

### DPTA ELECTED OFFICERS

**PRESIDENT** Phil Allen  
**VICE PRESIDENT** Stacie Larkin  
**SECRETARY** Chas Barker  
**TREASURER** Douglas Patrick Huisenga  
**CHIEF DELEGATE** Cathy Ciolek  
**PTA CAUCUS REP** Debra Barilone

### APPOINTED COMMITTEE CHAIRS

**ETHICS** Cathy H. Ciolek  
**FEDERAL GOVERNMENT AFFAIRS** Annalisa Na  
**GOLF TOURNAMENT** Phil Allen  
**LEGISLATIVE CHAIR** Glen Brown  
**MEMBERSHIP** Kitt Iffland  
**NEWSLETTER** Chas Barker  
**NOMINATING COMMITTEE** George Edelman  
**PAYER RELATIONS** George T. Edelman  
**PROGRAMS & EVENTS** Rebecca Tinsman & Stacie Larkin

### DPTA EXECUTIVE DIRECTOR

Jamie Blackley  
1055 North Fairfax Street  
Suite 205  
Alexandria, VA 22314  
800/999-2782 ext 3159

### DPTA NEWSLETTER EDITOR

Chas Barker  
cbarker536@gmail.com



**VISIT** [www.dptaonline.com](http://www.dptaonline.com)

# PAYER RELATIONS UPDATE

## FROM GEORGE T. EDELMAN, PT, MPT, OCS, MTC

### SUSTAINABLE GROWTH REFORM REPEAL, THERAPY CAP EXTENSION

On April 16, President Obama signed the Medicare Access and CHIP Reauthorization Act, legislation that repeals the sustainable growth rate (SGR) formula, preventing a 21% reduction in Medicare provider payments, and moves toward payment systems based on quality. Under the bill, the therapy cap exceptions process is extended for 2 years until December 31, 2017. This legislation will also provide .5% payment updates beginning July 1, 2015, through December 31, 2019, with further incentive payments based on quality and movement towards alternative payment models in the future.

Additionally, as a result of the bill, the manual medical review process at \$3,700 is replaced with a new medical review process. Under this new process, the Centers for Medicare and Medicaid Services (CMS) will determine which therapy services to review by considering 3 factors. These factors include reviewing: (1) providers with patterns of aberrant billing practices compared with their peers; (2) providers with a high-claims denial percentage or who are less compliant with applicable Medicare program requirements; and (3) newly enrolled providers.

For providers who held their claims from April 1–15, APTA recommends submitting those claims sequentially and waiting for the claim with the FLR code to clear before submitting additional claims. For example, if you have not yet submitted an initial evaluation (97001), you should wait for that claim to process before submitting the claims for the subsequent visits. The same would apply if a patient was at the tenth visit, where the FLR code is required. You should wait for the tenth visit claim with the FLR code to process first and then submit any subsequent claims.

APTA will provide further information and resources on the provisions passed in the

SGR bill over the coming weeks and will continue to influence its implementation with CMS.

### MEDICARE ADVANTAGE FINAL CALL LETTER ADDRESSES NETWORKS AND AUDITS

In 2016, payments to Medicare Advantage (MA) Plans will increase by 1.25%, and the plans are expected to update their online provider directories in real time, according to the [Medicare Advantage Final Call Letter](#) released on April 6. CMS clearly expresses its intention to closely monitor the networks of MA Plans for adherence to network adequacy standards. According to the letter, Medicare Advantage Organizations (MAO) are expected to establish and maintain a proactive, structured process that enables them to efficiently assess the true availability of contracted providers, which would include an analysis to verify continued compliance with applicable network requirements. In some instances, provider directories have contained providers who are no longer accepting new patients or are not part of the network. MAOs are expected to communicate with providers on a monthly basis regarding their network status. These steps will help enrollees better understand the providers and choices available to them.

In addition, MA Plans are required to make improvements to the appeals process, which has been a source of frustration for providers. The plans must state clearly the specific reasons for denials, as well as include a reference to the specific Medicare rule or plan policy. CMS also reminds MAOs that they must request supporting information from providers when making decisions on appeals.

In comments submitted in response to the draft of the Medicare Advantage Final Call Letter, APTA urged CMS to ensure the MA Plans provide adequate networks and that coverage is available for specialty services that address the needs of patients with

severe conditions or impairments. APTA also emphasized that provider directors should have published up-to-date, accurate information, so that enrollees can make informed decisions about plan selection.

### HUMANA RUG VALIDATION AUDIT UPDATE

In September 2014, APTA began receiving reports from members that the subcontractors who are conducting the Resource Utilization Group (RUG) validation audits in the skilled nursing facility (SNF) setting on behalf Humana Medicare Advantage Plans were only allowing 15 minutes of electrical stimulation to be counted on the Minimum Data Set 3.0 towards the patient's skilled therapy minutes. The denial of electrical stimulation time beyond 15 minutes was retroactively changing the patient's RUG-IV classification. Per the CMS requirements, SNFs must assess the amount of therapy provided to the patient every 7 days and complete a Change of Therapy (COT) Other Medicare Required Assessment (OMRA) whenever the intensity of therapy changes to such a degree that it would no longer reflect the RUG-IV classification. The retroactive denial of the electrical stimulation minutes by the RUG validation contractors was not anticipated by the SNF facilities, therefore the COT OMRA was not completed, resulting in significant payment and compliance risks for SNF providers.

APTA has been working with Humana to address this issue, and recently Humana agreed to change its policy regarding the COT OMRA. Humana's new policy is as follows:

- The customary missed COT penalty will not be assigned to audit findings if the sole reason for the COT assessment is due to adjustment of daily therapy minutes, resulting from overstated/overbilled electrical stimulation minutes that exceed minutes outside of skilled preparation and set up time

# PAYER RELATIONS UPDATE *CONT'D FROM PAGE 2*

FROM GEORGE T. EDELMAN, PT, MPT, OCS, MTC

without documentation. In these cases, the validated RUG score will be determined based on the minutes supported in the medical record.

- NOTE: As with normal processes, in the instances where the missed COT assessment is required and not solely

due to the adjustment of electrical stimulation minutes, then the missed COT penalty will be implemented and default level of payment assigned to the applicable days.

If Humana has imposed a penalty due to a missed COT OMRA as a result of the de-

nial of electrical stimulation minutes, you should appeal and cite the above change in policy.

APTA is continuing to work with Humana to clarify the denial of the electrical stimulation minutes and will provide additional information in the future.

## CHIEF DELEGATE UPDATE: ANNALISA NA



**Back:** Eugene Paulus, PT, DPT, OCS; Cathy Ciolek, PT, DPT, GCS; Stacie Larkin, PT. **Front:** Annalisa Na, PT, DPT, OCS; Joseph Lucca, PT, DPT, PhD, GCS; Caitlin Roxby, PT.

On June 3, 2015, approximately 1,000 participants from all over the United States conducted over 400 meetings with members of Congress or their staff on Capitol Hill in Washington, DC. Delaware physical therapists (PTs), Cathy Ciolek, PT, DPT, GCS, Stacie Larkin, PT, Joseph Lucca, PT, DPT, PhD, GCS, Annalisa Na, PT, DPT, OCS, Eugene Paulus, PT, DPT, OCS, and Caitlin

Roxby, PT, met with offices of Congressmen John Carney, Chris Coons, and Tom Carper to discuss the importance of repealing the Medicare Therapy Cap, adding PTs to the National Health Service Corps Loan Repayment Program (HR 2342/S. 1426), allowing PTs to enter into locum tenens agreements under the Medicare program (HR 556/ S. 313), and the value of concussion management programs in nationwide schools (HR 829/S. 436).

Here are the synopses, in case you missed it:

### MEDICARE ACCESS TO REHABILITATION SERVICES ACT (HR 775/S. 359)

This legislation would end an arbitrary cap on outpatient therapy services. With the therapy cap in effect, it reduces Medicare beneficiaries' access to rehabilitation services by forcing them to bear 100% of the cost of care once they exceed the cap, or rationing their care to avoid exhausting their benefits. The cap couples physical therapy and speech-language pathology services under 1 cap. Since 1997, Congress has acted 13 times to prevent implementation of the cap, including the 2006 creation of an exceptions process allowing patients to receive medically necessary services exceeding the annual cap amount. Historically, Congress has passed short-term extensions of the therapy cap exceptions process along with the sustainable growth rate (SGR) extension. In the 2015 Medicare Access and CHIP Reauthorization Act (MACRA), the SGR formula was permanently repealed, while the therapy cap only received an extension through December 31, 2017. Recently, this legislation enjoyed a bipartisan majority of support in the House, with 225 cosponsors, and garnered the support of more than one-third of the Senate. This amendment was offered to permanently repeal the therapy cap once and for all and provide an appropriate alternative policy along with MACRA. This amendment received a majority of 58 votes in support in the Senate, just shy of the 60-vote threshold needed. Passing this legislation after 18 years provides an opportunity to end the pattern of yearly extensions that puts access to medically necessary therapy for 1 million Medicare beneficiaries at risk. Both Senators Coons and Carper cosponsored this bill.

## THE PREVENT INTERRUPTIONS IN PHYSICAL THERAPY ACT (HR 556/ S. 313)

Under current law, private practice PTs who participate in the Medicare program are not able to bring in another licensed PT to their professional practices when they are temporarily absent due to illness, pregnancy, vacation, or continuing medical education. The ability to bring in a temporary provider is known as a locum tenens, an arrangement available to some other Medicare providers. For many PTs in private practice, this means that they may be unable to take these absences, or they must interrupt patient care. Locum tenens arrangements under Medicare must meet regulatory standards, including the identification of these services through a modifier on the claim form and a 60-day limitation on the use of a temporary provider. This legislation is being considered a technical fix. Senator Coons cosponsored this bill.

## PHYSICAL THERAPISTS WORKFORCE AND PATIENT ACCESS ACT (HR 2342/ S. 1426)

This legislation would authorize PTs to participate in the National Health Service Corps (NHSC) Loan Repayment Program. The NHSC addresses the health needs of more than 9.7 million underserved individuals across the nation. This legislation would ensure that patients in both rural and underserved areas have access to physical therapy services. Currently, rehabilitation services are not offered through the NHSC. The inclusion of PTs in the NHSC Loan Repayment Program will help to ensure that rehabilitation services are available to underserved communities.

## SAFE PLAY ACT (HR 829/ S. 436), SUPPORTING ATHLETES, FAMILIES, AND EDUCATORS TO PROTECT THE LIVES OF ATHLETIC YOUTH ACT.

This legislation would promote safety in youth sports, including provisions related to concussions, heat stroke, and sudden cardiac arrest. In particular, this legislation would allow for the development of concussion management guidelines that address the prevention, identification, treatment, and management of concussions in school-aged children and include PTs in return to participation decision-making. Most states have passed laws on youth concussions in sports with varying provisions and standards. This inconsistency can be detrimental to the quality of care and other considerations necessary if we are going to effectively respond to the complexity of concussion injuries in student athletes. This legislation would also provide student athletes with information about how to prevent and manage concussions while helping them return safely to academic and athletic pursuits. The initiatives proposed in this legislation are crucial to establishing concussion management guidelines, supporting the treatment of concussions by licensed qualified health professionals such as PTs, and providing resources for state and local entities who are engaged in this issue within the youth sports and academic communities.

We are continuing work on our congressmen to cosponsor and/or vote in support of these bills.

## HOUSE OF DELEGATES UPDATE



**Back:** Caitlin Roxby, PT; Stacie Larkin, PT; Cathy Ciolek, PT, DPT, GCS. **Front:** Annalisa Na, PT, DPT, OCS; Joseph Lucca, PT, DPT, PhD, GCS; and Eugene Paulus, PT, DPT, OCS.

The House of Delegates (House) is an APTA policy-making group that is composed of chapter delegates from each state who vote on motions that shape the direction of the physical therapy profession. The House meets on an annual basis, during which time delegates make decisions on issues that affect the profession. Business of the House is conducted through the introduction of motions that may

amend APTA's bylaws, direct a course of action, or define a goal or attitude of the association. Delegates develop motions that are then reviewed by the Reference Committee prior to undergoing discussion during the House. Motions are typically revised multiple times before being voted on. Any APTA member may attend the House by sitting in its gallery (behind the ropes of the House proper).

The 2015 House of Delegates was held June 1–3 in National Harbor, Maryland, prior to NEXT 2015.

Actions taken by the House this year supported:

- The PT's role in prevention, wellness, fitness, health promotion, and management of disease and disability (RC 14-15).
- APTA's role in collaborations to fight obesity (RC 20-15).
- The profession's support for designation of individuals with intellectual/developmental disabilities as a medically underserved population (RC 23-15).

Other actions taken by this year's House included:

- The support of APTA to promote standardized elements pertaining to physical therapy into electronic health records (RC 21-15).

- Adoption that PTs should be identified by “their professional title (physical therapist or doctor of physical therapy and not by generic terms such as allied health, nonphysician provider, or physician extender” (RC 17-15).
- Allowance for APTA chapters and sections to grant a full vote to PTA members at the component level (RC 3-15).

Final language for all actions taken by the House will be available by September after the minutes have been approved.

Each spring, prior to the House of Delegates, the DPTA presents the motions that will be discussed and asks for feedback to guide the voting of our state. More information about the House of Delegates may be found [on APTA's website](#) or by contacting Chief Delegate, Cathy Ciolek, or Delegate, Lynne Sturgill.

## WELCOME, NEW MEMBERS!

Mary Ellen Himes, PT  
Sarah Lynne Kearney, PT  
John Daniel Murphy, IV, PT  
Lauren M. Brush, SPT  
Stacey M. Willoughby, PTA  
Heather Michelle Sobasky, SPTA  
Alyssa Bianca Reyes, SPT  
Kurt Ellis Fedors, ATC  
Tarin Jennifer Gentile, SPT  
Alyssa Marie Vogel, SPT  
Mathew John Hilton, SPT  
Ryan Eric Green, SPT  
Robert Emmet Cowley, IV, SPT  
Mackenzie Chrisco, SPT

# Student Corner

## NEWS FROM UNIVERSITY OF DELAWARE DPT PROGRAM-CLASS OF 2016

It sure is an exciting time for the UDPT program. We recently had the great pleasure of listening to our very own Dr Lynn Snyder-Mackler present the 46th Mary McMillan Lecture at the APTA NEXT Conference! Our class recognizes what an honor and a privilege it is to be able to learn from one of the best clinical researchers in physical therapy during our Musculoskeletal Evaluation and Treatment course this summer.

The University of Delaware was also honored at the 2015 Foundation for Physical Therapy Gala with the Award of Excellence, the award for the Biggest Stretch School, and with an induction to the Philanthropy Circle for raising a cumulative total of over \$50,000. Our total raised this year was \$15,000, and we hope to raise more for next year's Pitt-Marquette Challenge! We have already begun our fundraising efforts in planning to host our 2nd Annual Family Fun Day in August as well as running our “Rent-a-PT” program, where students are hired for various jobs ranging from manual labor to dog sitting. If you live near the Newark area and are interested in having us do some work for you, please contact Danielle D’Onofrio at [dnd@udel.edu](mailto:dnd@udel.edu)!

We have had to say goodbye to the class above us, as they will be away on clinical affiliations until graduation in January. On

behalf of the Class of 2016, I would like to thank the class of 2015 for all of the support and mentorship they have afforded us throughout this past year. I wish them all enjoyable and invaluable experiences throughout their clinical affiliations! A great focus will be placed on offering the incoming Class of 2017 the same level of guidance as they transition into the UDPT family!

*Nicholas Milton  
President, UDPT Class of 2016*

## DTCC PTA PROGRAM WELCOMES NEW STAFF!

James Porcelli, DPT, is now faculty and academic coordinator of clinical education (ACCE) for the Christiana Care/Delaware Technical Community College PTA program. Jim joined the program after 9 years of working with Maryland Sports Care & Rehabilitation, and most recently, Christiana Care Rehabilitation Services. Jim completed his undergraduate education at the University of Wisconsin and went on to earn his DPT with the University of Delaware. Jason Dougherty, formerly the ACCE for the PTA program, is now the program coordinator.

## CALENDAR OF EVENTS

Please be sure to check out the DPTA website for the most updated information about DPTA meetings and activities

### August 5, 2015

**Title:** Fifth Annual Golf Outing  
**Location:** Maple Dale Country Club  
Dover, DE  
**Time:** 11:30 am- 8:00pm

### September 23, 2015

**Title:** September Meeting  
**Location:** Sussex  
**Time:** TBD

### October 2015

**Title:** Fall Lecture Series  
**Location:** TBD  
**Date:** TBD

### November 4, 2015

**Title:** DPTA Chapter Meeting  
**Location:** TBD  
**Time:** 6:00 pm–8:00 pm

## ADVERTISE WITH DPTA

DPTA has several advertising opportunities available on the website and in the chapter newsletter. These were created to increase your facility's reach and communication to chapter members.

Our current opportunities include:

- E-Newsletter (published 3 times per year)
- Website banners
- Continuing education course listings
- Job listings
- Mailing labels

- Sponsorship (please contact the section for current opportunities)

If you are interested in advertising, visit the DPTA website and navigate to "Advertise with Us." Contact us at [delaware@apta.org](mailto:delaware@apta.org) or call 800/999-2782, extension 3159 with questions.

## CONFIRM YOUR E-MAIL ADDRESS WITH US!

If you are not currently receiving e-mail communications from us and would like to, please contact us at

[delaware@apta.org](mailto:delaware@apta.org) and confirm your e-mail address.

