APTA Indiana | Practice & Payment News

APTA Indiana May 2021 Practice and Payment Newsletter

As a benefit of APTA Indiana membership, the Practice and Payment Specialist and Committee serve as a resource for assisting with practice and payment issues and updates. This includes disseminating updates, educating members, answering questions, and hearing from membership about practice and payment concerns. Please reach out to Andrea Lausch, PT, DPT, APTA Indiana Practice & Payment Specialist, at **andrealausch@inapta.org** with questions or to inform the Committee of payor concerns.

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UPCOMING WEBINAR

Positioning Physical Therapy Services with the Commercial Payors, The Employers
Save the Date: June 23, 2021 7:00 pm
Speaker: Mary Delaney, PT, MS, CWP
President of Vital Incite
Link to Speaker Biography

Musculoskeletal care is a major cost driver leading all stakeholders to seek preventative or non-surgical solutions. Physical Therapy is recognized as high value care, so why is our profession not in the driver's seat and how might we reposition ourselves?

In this presentation we will explore:
- What is considered low vs. high value care and how employers view these services.
- Review what prevention could look like with PTs and how that compares to digital platforms and ATC options.
- Learn how to talk to employers about our services and position PTs as the experts in musculoskeletal care who can lower cost, improve outcomes, and offer long-term solutions.

Additional resources from APTA on Direct to Employer and Population Health Services by Physical Therapists:
How PTs Can Cut Employee Health Care Costs and Improve Well-Being
PT in Wellness Programs
Position on Direct-to-Employer Population Health Services by Physical Therapists
Annual Physical Therapy Wellness Visit
Prevention and Wellness

PATIENT/PROVIDER PAYER/UR/UM COMPLAINT TEMPLATES

Resources are provided below for providers and patients to assist in notifying regulatory bodies of unresolved payer issues, leading to delayed or denied reasonable and medically necessary access to therapy services. APTA Indiana is here to help! If you are not sure where to start in addressing an issue, or when you notice a reoccurring issue, please contact mailto:andrealausch@inapta.org.

Indiana Department of Insurance

- File a web Complaint

Consumer complaints against insurance companies must be received in writing. There are two ways you may submit a complaint to IDOI. You may file a complaint using their online form or you may print off the form and mail or fax to the Consumer Services Division.

- Online Form
- Printable Fillable Form

File a Provider Complaint

Provider complaints against insurance companies must be received in writing. You may print off our form and mail or fax it to the Consumer Services Division. *Note – Please read requirements before filing a provider complaint.

- Online Form
- Printable Fillable Form

Mail Consumer or Provider Complaint Forms to:

IDOI
Attn: Consumer Services Division
311 W Washington Street, Suite 300
Indianapolis IN 46204-2787
Fax to: 317-234-2103

Medicaid Complaint

Letter to Legislator Re: Medicaid Issues with Managed Care Organization/Medicaid

This letter should be used when your patient is a Medicaid beneficiary and they are enrolled in a Medicaid plan administered by a Managed care organization. This letter should be sent to your legislator so they are aware that the company the state contracted with to provide Medicaid services is creating barriers to care.

Letter to State Medicaid Office RE: Issue Managed Care Organization

This letter should be used when a patient is a Medicaid beneficiary and they are enrolled in a Medicaid plan administered by a Managed care organization so, Medicaid may be made aware that the company they contracted with to provide Medicaid services is creating barriers to care.

Medicaid Complaints in Indiana require mailing a complaint to the address below.

The Office of Hearing and Appeals can provide a State Fair Hearing through the Office of General Counsel.
Family and Social Services Administration
Office of Hearings and Appeals
402 West Washington Street, Room E034
Indianapolis, IN 46204

Prior Authorization Issues: Templates Letters

The Patient - Be Your Own Advocate (Know Your Rights)

This document is intended to educate your patients on their rights to health care coverage. If they have been denied services, you should provide this document as an education tool for them to appeal any denials. You should complete as much of the form as possible and indicate to your patient what they need to complete and can serve as a way to help them in writing to their representative or official.

Consumer Letter to Human Resources/Employer

This letter should be used when a patient's health plan implements practices that prevents the beneficiary from receiving medically reasonable and necessary care. The beneficiary may submit the letter to their Human Resources Department/ Employer, so the employer may be made aware that the health plan is impeding or denying beneficiary access to medically necessary services.

Letter to Legislator Re: Subcontracted Company Causing Issue – Outpatient Services
Use this letter when your patient is enrolled in any type of health insurance plan that subcontracts with a utilization management company. This letter should be sent to your legislator to inform them of the issues your patients (their constituents) are having in accessing their healthcare, as well as the challenges your business faces in dealing with this company.

Medicare Complaint

Medicare Complaint Form
Medicare Patients may submit feedback on their Medicare health plan directly to Medicare using this online form.

1-800-Medicare

If you are a physical therapy provider facing challenges or delays in obtaining authorization to evaluate or treat your Medicare Advantage and/or dually eligible Medicare patient with a managed care Medicaid plan you, and/or your patients may contact 1-800-Medicare.

Afterwards, contact mailto:advocacy@apta.org to alert APTA to your complaint and tracking number — you'll help our advocacy efforts with payers and oversight entities, including CMS.

CMS

Comprehensive Care for Joint Replacement (CJR) Model Extension
CMS issued a final rule extending the Comprehensive Care for Joint Replacement (CJR) model through December 31, 2024. This final rule revises certain aspects of the CJR model including the episode of care definition, the target price calculation, the reconciliation process, the beneficiary notice requirements, and the appeals process. In addition, for performance years 6-8, this final rule eliminates the 50% cap on gainsharing payments, distribution payments, and downstream distribution payments for certain recipients. Click HERE for more information, including excluded rural, low-volume, and voluntary hospitals that opted into the model for performance areas 3-5.

Quality Payment Program Exceptions Application
Applications are now open for the 2021 MIPS Promoting Interoperability Performance Category Hardship Exception and Extreme and Uncontrollable Circumstances Exception for the 2021 Performance Year. Those interested must submit their applications to CMS by December 31, 2021.

TELEHEALTH

Senate Bill 3 added licensed physical therapists in Indiana as eligible practitioners to provide physical therapy services via telehealth, effective immediately.

Please click on the related links to see the temporary and/or permanent payer policy revisions on telehealth:

- Commercial Payers (updated Cigna).
- See March 2021 Practice and Payment Newsletter for state and federal related links.
- For the list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth click HERE.

ANTHEM

Updated AIM Rehabilitative Program: Initial Evaluations and Site of Service Reviews
Effective August 1, 2021, AIM Specialty Health® will expand the AIM Rehabilitative program to perform medical necessity review of the initial evaluation service codes and requested site of service (CG-REHAB-10) for physical, occupational and speech therapy procedures for Anthem fully insured members.

AIM will use the Anthem clinical UM guideline, CG-REHAB-10 Site of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services guideline for determination of the medical necessity of hospital outpatient site of care for physical or occupational therapy services, or speech-language pathology services.

Reimbursement Policy Update: Frequency Editing - Professionals
Anthem's retraction of their Frequency Editing Professional Reimbursement Policy. After further review, Anthem has reconsidered their position and have removed the edit for dates of service on or after April 1, 2021.

UNITEDHEALTHCARE (UHC)

UnitedHealthcare Community Plan Reimbursement Policies
Covered and non-covered code policy updated when submitting claims on a 1500-claim form (Professional) and claims on a UB-04 claim form (Facility). The policies list which CPT codes are and are not covered by the different state's Medicaid program.

New Policy: Effective 8/1/21, UnitedHealthcare Oxford has published a new reimbursement policy on NCCI edits that is applicable for therapy providers who submit claims on a 1500-claim form.