President’s Message

Lovely fall when the grip of one hundred degree temps and dry weather yield to moderate weather and football! I feel the excitement in the air as successful football weekends lead to happy soaring spirits.

LPTA’s Fall Meeting in Baton Rouge was a rousing success with nearly 300 attendees for the various offerings and informative, eloquent speakers. What a wonderful time to network with colleagues and learn on-site in a great setting. Thanks always to Bland and staff for putting on a great meeting!

Due to time constraints, I was unable to give my President’s Report at the Business Luncheon. Please find it on the member’s-only section of lpta.org. Also, look there for a video of Connie Hauser, PT, DPT, ATC speaking to the Student Special Interest Group on how she has been intimately involved in Kentucky’s establishment of their own Health Care Marketplace. We were blessed to have her visit from Kentucky to educate students. And, if you have not yet checked out the membership-promotional video on the homepage of our website, please do so!

Connie Hauser also came as a representative of the Foundation for Physical Therapy and she presented to LPTA’s Board of Directors regarding the Foundation’s $3.5 million initiative for establishing a Center of Excellence for Health Policy and Health Services Research. This type of research, which helps physical therapists justify that we are an invaluable part of the healthcare team, is vitally important to moving our profession forward. This Center will help train therapists to conduct this type of research. Your Board voted to donate $25,000 over the next five years to the Foundation for this initiative.

(continued on page 5)

Written by: Beth Ward, PT, DPT

Credentialed Clinical Instructor Program

The Credentialed Clinical Instructor Program (CCIP) provides clinicians with the skills and information necessary to provide a structured learning environment and enhanced educational experience for students. Course content reflects an interdisciplinary approach to experiential learning methods, with an emphasis on didactic content related to clinical teaching, supervision, and evaluation. Participants are expected to understand and integrate the behaviors and traits of highly effective educators, role models, and mentors into their performance as a clinical instructor. Successful course participants will return to their clinic with a greater understanding of:

(continued on page 7)
Bayou Bulletin Publisher Information

The Bayou Bulletin is published six times a year by the LPTA. Copy and advertising inquiries should be directed to LPTA. Advertising rate sheets and deadlines for each issue are available upon request.

Newsletter Chairman, Claire Melebeck, DPT
Newsletter Editor, Carrie Broussard
Louisiana Physical Therapy Association
8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809
P: (225) 922-4614 F: (225) 408-4422
Email Carrie at office@lpta.org or Claire at cmeleb1@gmail.com
UPCOMING EVENTS

2013

October 25-27
APTA National Student Conclave
Louisville, KY

November 6-9
PPS Annual Conference
New Orleans, LA
Hyatt Regency New Orleans

2014

February 3-6, 2014
APTA Combined Sections Meeting
Las Vegas, NV

March 14-16, 2014
LPTA Spring State Meeting
Lafayette, LA
Hilton Lafayette

Learn! NSC is an unforgettable weekend of learning and fun—beyond the classroom.

Network! You’ll meet students and practitioners from across the nation that share your interests and your outlook for the profession!

Explore! Job opportunities and new technology await you in the Exhibit Hall.

Encounter! Experienced APTA members share tips to polish both your résumé and your interviewing skills!

Discover! You’ll find your niche in physical therapy through interactive seminars led by the profession’s best and brightest, including sessions highlighting 9 clinical areas!

This year, the 2013 Annual Conference of the Private Practice Section will be held in New Orleans, LA. Registration is now open to all physical therapists and assistants—discounts are given to APTA and Private Practice Section Members!

Please visit www.ppsapta.org and click on the “2013 Annual Conference” tab on the left. Here you will find information about the schedule of events, educational sessions, speakers, exhibitors, and registration.

The Combined Sections Meeting (CSM) focuses on programming designed by all 18 of APTA’s specialty sections.

CSM 2014 will bring together more than 9,500 physical therapy professionals from around the nation for 5 stimulating days of exceptional programming, networking opportunities, and an exhibit hall filled with products and services at the The Venetian, Las Vegas, Nevada.
District/Component Wrap-Up

Amelia Leonardi, Nominating Committee Chair

Elections were held at the LPTA fall meeting, September 13 – 15, 2013 in Baton Rouge. Your new officers are:

- Vice-President: Joe Shine
- Treasurer: Judith Halverson
- Chief Delegate: David Qualls
- Jane Eason and Greg LeBlanc were elected as Delegates to represent Louisiana at the APTA’s House of Delegates next June. Allison Daly will stand in as alternate Delegate.
- The PTAs elected Jason Oliver as PTA Caucus Representative.

Congratulations to our newly elected leaders! I would like to say a special THANK YOU to all those who consented to serve!!

Alicia Pruitt, Membership Chair

Hello everyone! My name is Alicia and I’m the new LPTA membership chair. I would like to start off by saying thank you to those who have given me an opportunity to serve in this capacity. As we get the membership committee rolling again, I’d like to know if you are willing to assist with our growth and development. I will be attending some of the district meetings so that I can hear your thoughts, concerns, and ideas about membership and our association. I look forward to meeting and hearing from you! Feel free to contact me at alicia_pruitt@att.net. The LPTA has developed a Membership Video, and it is GREAT! You can watch it on our website: www.lpta.org! Please share this with your co-workers and friends within the profession. We do have DVD’s available for members to use as well. I hope you are having a wonderful PT month!

Danielle Morris, Baton Rouge District Chair

The proud members of the Baton Rouge District are celebrating PT Month by providing education and public awareness about the profession of Physical Therapy and about current legislative efforts that impact patient access to physical therapy. Each participant is encouraged to contact another PT/PTA (LPTA members and non members) and other individuals and organizations within the community. We look forward to sharing our successes, and challenge other districts to join us!

Lisa George, New Orleans District Chair

The NOLA district had an amazing meeting on September 17 at Touro’s Back in Action Center. Dr. Nancy Martin, functional medicine physician, was the guest speaker in attendance. She discussed the importance of treating the WHOLE person and not just the diagnosis. Dr. Martin practices preventative medicine by teaching lifestyle modifications to prevent chronic diseases. It was so refreshing to hear from a physician that treats the way PTs do.

Also, we elected Allison Daly and Claire Melebeck as the new New Orleans district co-chairs as my term will be completed at the end of 2013. Congrats to these gals!
Jeremy Stillwell (Payment Chair), Cristina Faucheux (Governmental Affairs Chair), and I recently returned from APTA’s State Policy and Payment Forum in Omaha, NE where we learned the latest on issues pertaining to reimbursement and state legislative actions. Look for articles from Jeremy and Cristina in this issue. Of import is APTA’s push to reduce fraud and abuse nationally in our profession. This is the ugly side of our profession, and you can learn more about what APTA and the nation are doing toward this objective.

On a brighter note, the competition is underway to raise at least $200,000 in LPTA’s Patient Access Investment Fund (PAIF) to enable us to move forward with legislation for improved consumer access to our services. You have until November 20th to contribute for this competition. It takes only $200 per member for us to reach our goal! Which district will win?

The Career Center on LPTA’s website is now up and running and I direct you to lpta.org and click on the “Career Center” tab on the red toolbar to access this benefit for employers and job-seekers alike. Please post your jobs there if you are looking for quality therapists and assistants, and you can post your resume if you are seeking a job.

Also in this edition, APTA’s new vision and guiding principles are laid out for you as approved by the APTA House of Delegates back in June. Take a quiet moment to really read those guiding principles and I think you will come to find you whole-heartedly support this outward-thinking vision of our profession.

In closing, I thank each and every one of you as paying members of our professional association. Your dollars, your service, your input, your participation help make LPTA one of the strongest small chapters in the larger association. Thank you, and encourage others who are not members to join or renew! We are stronger as we grow.

National Registry on Patient Outcomes Moves Forward

APTA plans to have a national registry of physical therapy patient outcomes ready for widespread use by 2015, as health care requirements for quality reporting and outcomes reporting increasingly dictate payment for services.

APTA says the registry will be an organized system to collect uniform data on patient outcomes that can offer clinical guidance to promote best practices; provide a reporting mechanism that meets regulatory requirements; generate benchmarking quality reports at the individual, clinic, regional, and national levels; and collect data to advance research, inform policy, and contribute to emerging payment models. At the same time, the data collected will demonstrate the value of physical therapist practice and its impact on patients and clients.

The APTA Board of Directors at its meeting last week enthusiastically reaffirmed its stance that the national registry is a top priority. The board voted to proceed with ongoing efforts toward the registry, further clarifying its purpose, structure, and scope. Concerning the sustainability of such a huge undertaking, in terms of financial investment and time commitments by staff and members, the Board agreed that a business plan will be developed by the December 2013 board meeting based on the premise that the registry will be self-sustainable within 10 years.

A new National Registry webpage includes a video dispatch that followed the board’s deliberations; APTA will post updates and further information on the registry there as they become available. To view the entire discussion that led to the board’s decision on the registry, and to see all of the open proceedings from the August meeting, visit APTA’s livestream page, where video of the meeting is archived.
NPTM

National Physical Therapy Month (NPTM) is celebrated each October. APTA members are encouraged to use NPTM as an opportunity to reach out to consumers and educate them about the unique benefits of treatment by a physical therapist.

What is your district/clinic/hospital doing for NPTM? If you do not have any ideas at this time, please see Danielle Morris’ “District Wrap-Up” on page 4 for a terrific idea on challenging colleagues to reach out to one legislator or lay person to tell them about what physical therapy can do for them!

Congratulations to our 2013 LPTA Award Recipients!

- Dave Warner Distinguished Service Award — **Billy Naquin**
  “Billy leads by example, has established wonderful relationships with senators and representatives and their aides over these years. He is intimately familiar with issues affecting physical therapy and is respected by peers and legislators alike.” —Beth Ward

- PTA Distinguished Service Award— **Jeannine Decker**
  “I can say with certainty that Jeannine is one of the most caring and compassionate PTA’s I have ever had the privilege of working with...Jeannine’s love for her patients is obvious to those around her...and her love for physical therapy as a tool to create positive changes in her patient’s lives is just as obvious.” —Leah Geheber and Marty Aime

- Friend of Physical Therapy Award — **Dr. Robert Rush**

- Hall of Fame Inductees:
  - **Max McLeod** — “Over his 38 year career, he dedicated his craft to specializing in the foot...Max has given lectures on the foot and use of physical therapy to various community audiences including medical students and residents.” —Jason Oliver
  - **Eugene Noel** — “I consider Gene as the standard for what a therapist in our profession should be...he has been an advocate in promoting physical therapy by exposing the profession to students, physicians, and the public...he showed me on countless occasions that you have to stand up for what you believe in, whether with or against the crowd.” —Brad Foster

- Legislator of the Year Award — **Terry Brown**

- First annual Dave Pariser Student Service Award — **Katie Peaslee**
  “Katie is a great listener...she is patient in gathering information before drawing conclusions...she is collaborative and sensitive to others’ needs and leads through establishing and maintaining positive relationships...Katie is quick with a smile and confident enough to laugh at herself, putting her classmates at ease with a style much like Dave’s...” —Sharon Dunn
- planning and preparing for health care clinical education experiences
- supportive learning through questioning and effective feedback
- identifying and implementing performance evaluation metrics
- managing students with exceptional situations or circumstances
- exploring legal implications for clinical educators, including issues presented by ADA legislation

This course is intended for health care providers in a clinical setting with more than one year of experience serving as a clinician and who intend to provide clinical education in a supervisory role to students, including physical therapists, physical therapist assistants, and health care providers from other professions. Both new and experienced physical therapist and physical therapist assistant educators will benefit from participating in the course. Classroom interaction is emphasized as a means to highlight and discuss different ideas and create a shared learning environment in which each student brings a unique and valuable perspective to the conversation. Physical therapists and physical therapist assistants who successfully complete this course will receive a credential which verifies their status as an APTA-Credentialed Clinical Instructor (CI), as well as 1.5 Continuing Education Units (CEUs) which may be used to satisfy licensure renewal requirements.

The following are dates for the APTA CCIP course through the end of 2013:

| October 11-12 | October 25-26 | November 7-8 |
| West Palm Beach, FL | Sioux Falls, SD | Mequon, WI |
| October 12-13 | October 26-27 | November 8-9 |
| Pittsburgh, PA | North Hollywood, CA | Indianapolis, IN |
| October 12-13 | November 1-2 | November 9-10 |
| Richmond, VA | Mobile, AL | Boise, ID |
| October 18-19 | November 1-2 | November 9-10 |
| St. Augustine, FL | Rochester, MN | Mount Laurel, NJ |
| October 18-19 | November 2-3 | November 15-16 |
| Hudson, OH | Evansville, IN | Mount Pleasant, MI |
| October 18-19 | November 2-3 | November 15-16 |
| Sacramento, CA | Ft. Myers, FL | New Bedford, MA |
| October 18-19 | November 2-3 | November 15-17 |
| Worcester, MA | Jackson, MS | Hillsboro, OR |
| October 19-20 | November 2-3 | November 15-16 |
| Shreveport, LA | Pittsburgh, PA | Spokane, WA |
| October 19-20 | November 6-7 | November 16-17 |
| Seattle, WA | Anaheim, CA | St. Louis, MO |
| October 20-21 | November 7-8 | November 22-23 |
| New York, NY | Troy, MI | Chicago, IL |
APTA’s New (and improved) Vision Statement

VISION STATEMENT OF THE PHYSICAL THERAPY PROFESSION

Transforming society by optimizing movement to improve the human experience.

GUIDING PRINCIPLES TO ACHIEVE THE VISION

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person’s ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.

While this is APTA’s vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.

The principles are described as follows:

- Identity. The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual’s movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

- Quality. The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

- Collaboration. The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.
• Value. Value has been defined as “the health outcomes achieved per dollar spent.” 1 To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient-centered, timely, efficient, and equitable. 2 Outcomes will be both meaningful to patients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.

• Innovation. The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient–therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expediently put these discoveries and other new information into the hands and minds of clinicians and educators.

• Consumer-centricity. Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

• Access/Equity. The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

• Advocacy. The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

Developed by the 2013 APTA House of Delegates

Hustle for your Health:
5K Run and Health Walk

The Shreveport District is hosting its 10th annual “Hustle for your Health 5k Run and Health Walk” on October 12, 2013. The race will be held at Bickham Dixon Park. All proceeds will go to “Independence Regained”, a not-for-profit organization focused on building a specialized spinal cord injury and traumatic brain injury rehab in north Louisiana. We hope to see you there!

Register at http://hustleforyourhealth.eventbrite.com
Humana Requests for MPPR Reductions

Members have reported that they are receiving requests for refunds on services rendered in 2012 through 2013. The information we have indicates that MPPR is being applied in an overpayment recovery mode (e.g., you are being paid at your original contracted rate and then they are sending an overpayment recovery notice). Humana’s implementation of MPPR applies to Medicare Advantage plans effective January 2012 (20% for therapists in private practice), and increases to 50% effective April 1, 2013, for non-contracted providers and June 22, 2013, for contracted providers. They also are implementing MPPR with their commercial products effective June 22, 2013.

What can you do?

- The overpayment request that you received should provide information about disputing the request. If you disagree with the recovery, you may call the Provider Payment Integrity Department 1-800-438-7885 and request an extension of the deadline. You should also send a letter to dispute the refund request (most likely for each claim number).
- Review your contract to see if there is any language indicating that you are to be paid at current RBRVS rates (as opposed to a rate relative to the current Medicare allowed amount).
- You should also attempt to verify whether the reduction is being appropriately calculated.
- Disputes might be based on failure to notify you (if you believe you were not notified), not allowed in your contract, recovery amount is incorrect, etc. You might also wish to comment on the administrative burden of the overpayment process, and the additional burden of calculating and refunding beneficiary coinsurance because the Medicare allowed amount is reduced (therefore the beneficiary responsibility is reduced if a % of allowable).
- If you are out of network with Humana, they are required to pay you according to the Medicare fee schedule. Therefore the primary dispute is whether they are calculating correctly.
- Send an impact letter addressed to the LPTA (office@lpta.org or fax 225-408-4422) as soon as possible. You should include the following items:
  1. Name of Your Business
  2. Tax ID
  3. Was notification on this policy received
  4. Total Amount of Overpayment requested
  5. Date Range of visit dates that are impacted
  6. Total number of visits that refunds have been requested
  7. Was the discount applied properly under the notification (may be hard to determine due to the refund request is applied to an entire DOS not per CPT code)
  8. Description of the Administrative/Financial Burden this has caused your business
  9. Description of the impact on your patients
  10. Your Contact Information

(continued on page 11)
The LPTA is working with various parties to discuss the administrative burden placed on providers by the implementation of this payment policy via the overpayment recovery process, rather than on the front end of payment. LPTA is also furthering the discussion on whether the guidelines for proper notification of these changes were followed. If you have any further questions, feel free to contact the LPTA office at 225-922-4614 or office@lpta.org.

LPTA’s Career Center

Please visit www.lpta.org to check out LPTA’s new Career Center, your destination for exciting Physical Therapy job opportunities and the best resource for qualified candidates within the Physical Therapy Industry.

Are you a job seeker? You can search for jobs, browse jobs, sign up for job alerts, and post your résumé for potential employers. Are you an employer? You can post job announcements, view price sheets, set up a New Employer Profile and Login.

As a practice owner, you keep a lot of balls in the air: supervising staff, treating patients, managing finances, looking for ways to grow your business. Need a hand?

For more than a quarter of a century, PTPN has been helping therapists in private practice accomplish more than they could on their own. Our team of experts becomes an extension of your own staff, helping you with all areas of practice management – contracting, marketing, billing and reimbursement issues, compliance, and many more.

Just ask our members. A recent survey revealed that 9 out of 10 PTPN members agree with the following statements:

- “PTPN staff members have a high level of expertise and problem-solving skills.”
- “PTPN provides excellent customer service to my practice.”
- “My PTPN membership strengthens my practice.”

To learn how to access the unprecedented know-how of the nation’s premier network for private practice therapists, contact Kim Bueche Hardman at 225-927-6888 or kbueche@ptpnla.brcoxmail.com.
Government Affairs

“It’s not necessary to change- survival is not mandatory”. – W.E Deming. I have been thinking about this phrase a great deal especially, in regards to how we as a profession can continue to advance and defend our areas of expertise in the legislative arena.

Healthcare Reform will be a hot topic over the next few years. We should be prepared to move the favorable bills or defend the ones that threaten our livelihood. To accomplish this, we must continue to build strong relationships with our legislators. If you do not know who your legislators are, take some time to visit the website www.legis.la.gov. Building relationships can start small such as inviting your legislators to your workplace, your district meetings, your PT Community Events or visiting them at their office. This is a great opportunity to educate them about the physical therapy profession. (If you do not feel comfortable reaching out to your legislator, feel free to contact the LPTA office and guidance will be offered). At the end of your visits, offer to be a resource to them regarding legislative topics that impact physical therapy. It is very important that we visit with our legislators on various occasions, not just when we need a favor or their vote. Strong relationships and the ability to network with others in the political arena are crucial to our success in moving this profession forward.

During the most recent LPTA survey, the majority of the membership reported that unrestricted consumer access was a top priority. Last session, we pursued a bill to decrease restrictions on referral requirements to physical therapy services. Our attempt raised awareness of the issue and gave us valuable information on how this topic was perceived. The take home message was multifaceted but very CLEAR: the community knows very little about our profession, funding is needed to move our bills forward, our legislative relationships are extremely valuable, patient involvement is key, and timing is everything!

Before a bill of this magnitude can move forward, we need to have a strong foundation.
1. Funding: Our goal is to raise $200,000 in the PAIF (Patient Access Investment Fund). These funds will be used for a media campaign and print materials. A contribution form is located in this issue of the Bayou Bulletin.
2. Legislative Relationships: Volunteers are needed from each district to meet with legislators. Please contact Cristina@moreaupt.com, if you are willing to meet with your Legislators.
3. Patient Involvement: Now is the time to get your patients involved. Start gathering patient written testimony describing the obstacles they faced trying to obtain physical therapy services and how it impacted them. If they are willing to be an advocate, encourage them to contact their legislators as well.

Being a member of the LPTA is the first step in demonstrating your commitment to the advancement of the Physical Therapy Profession. I challenge you to take your commitment to the next level and increase your involvement by either volunteering your time or donating funds. Changing your current level of involvement will be necessary as we face healthcare reform measures and defend ourselves from other professions that want to encroach upon our areas of expertise. Collaboration from Physical Therapists representing each Legislator’s district will provide a network of support to ensure we can continue to make an impressive impact.

Respectfully Submitted by: Cristina Faucheux, Government Affairs Chair
LPTA Patient Access Investment Fund (PAIF) Contribution Form

Yes, I want to contribute to the PAIF.

Name:____________________________________________________________

Address:___________________________________________________________

City:________________________________ State:_______ Zip:______________

Work Phone:___________________________Fax:__________________________

Home Phone:_________________________ email:_________________________

I enclose my contribution of:

☐ $50.00      ☐ $100.00      ☐ $250.00      ☐ Other $___________

Please make checks payable to LPTA with “PAIF” in the memo line.
Mail checks to Louisiana Physical Therapy Association
8550 United Plaza Boulevard, Ste. 1001
Baton Rouge, LA 70809

OR

Please charge my (circle one): American Express    Discover    Visa    MasterCard

Card Number:___________________________________ Expiration:__________

Printed Name on Card:_________________________________________________________________

Signature:_________________________________________________________________________

Billing Address:_____________________________________________________________________
__________________________________________________________________
LPTA Spotlight on Alicia Pruitt, PT, DPT

It is an honor to put the spotlight on our new membership development chair, Dr. Alicia Pruitt. I have had the pleasure of knowing Alicia since we started physical therapy school together in Shreveport in 2006. This young lady has blossomed into a confident and passionate clinician. Alicia is very eager to take our membership team to the next level, and we are lucky to have her as a part of this LPTA Board.

Alicia grew up in south Louisiana, a sweet and shy southern gal with the voice of an angel. After graduating from Crowley High School, she moved to Lake Charles to attend McNeese State University. Alicia felt a calling to work with people and was accepted into the Physical Therapy Program at LSUHSC in Shreveport, LA. She showed an immediate interest in patients with neurological conditions and found her footing in in-patient rehab. Today she works at Lafayette Physical Rehabilitation Hospital and loves the opportunities to connect with her patients. She states that her favorite thing about being a physical therapist is being able to get her patients back to pre-morbid level of function, giving them hope and their life back.

Alicia is very special young lady with a solid faith and a gentle spirit. She is patient, she listens openly and without judgment, and she is extremely humble (she put up a fight about being put in the "spotlight" ;)). She has been working behind the scenes on the membership committee for a few years now, but is hungry for more. Alicia was inspired by the excitement and passion that Beth (Ward) has for the LPTA and the profession. She notes it was Beth’s encouragement and confidence in her ability to lead the membership development team that led her to accept the position. Alicia’s goals for her new position are to open up conversation from the membership so that non-members can be more knowledgeable about what our association can do for us and for our profession. I think we will find Alicia to be a quiet yet strong leader, one who leads by example and one who guides from within. Be on the lookout for this gal who will move the LPTA forward.

Respectfully submitted by: Claire Melebeck

LPTA Members!
The Louisiana Physical Therapy Association now has a YAHOO GROUP to discuss current “hot topics” in Physical Therapy!

Have something to say? Join now!
http://health.groups.yahoo.com/group/LPTA/
LPTA Contest to Raise Money for the PAIF

Patient Access, formerly known as Direct Access, is on the front burner for the 2014 Legislative Session. To make Patient Access a reality, we must put our money where our mouth is. It has been estimated that we need roughly $200,000 to proceed with legislation that will lift the restriction of physician referral for consumer access to physical therapist services. This Patient Access Investment Fund (PAIF) will be used for legislator and consumer education in a public relations campaign, subscription to Voter’s Voice, and other important initiatives in order to move this legislation forward. Members will receive weekly emails from the LPTA October 7 through November 22 encouraging district competition in raising money for the PAIF. If each member contributes, the contribution will be as little as $200 per member. The winning district gets recognition in the Bayou Bulletin, at Spring Meeting, and in their District Meeting.

Tell your colleagues and friends to quit monkeying around, it’s time to join the LPTA!
Medicare Program Integrity &
APTA’s Asserting Professional Integrity Campaign

In 2009, the OIG and the Department of Justice investigated a provider from the Detroit area who pled guilty to defrauding Medicare of $18 million. The provider paid kickbacks to hundreds of Medicare beneficiaries in exchange for their Medicare identification numbers. Prior to that in 2004, the OIG obtained a $325 million settlement from a provider for alleged fraud, in which services lacked a certified plan of care and services were allegedly provided by inappropriate personnel. These are some examples that have led Center for Medicare and Medicaid Services (CMS) to develop approaches to minimize healthcare fraud and abuse in outpatient therapy services.

In 2009, the Department of Health and Human Services, Office of Inspector General (OIG), did an investigation of Medicare billing for outpatient therapy services. Based on this report, CMS began taking steps to minimize improper payments for outpatient therapy services due to identified factors, such as excessive volume, ineffective documentation to justify medical necessity, and other data points like KX modifier use and provider specific daily billing reasonable time/day, etc. The report was released in December 2010.

Some historical statistics also have put a spotlight on outpatient therapy. CMS identified that its expenditures for outpatient therapy services increased 133% ($2.1 billion to $4.9 billion) from 2000-2009, yet the number of Medicare beneficiaries receiving outpatient therapy services only increased by 26% (3.6 million to 4.5 million). In the 2009 investigation, the OIG identified 20 counties as “high-utilization”, meaning the counties had “(1) the highest average Medicare payments per beneficiary and (2) more than $1 million in total Medicare payments for outpatient therapy.” These high-utilization counties had the following questionable billing characteristics that differed from national levels and might indicate fraud: “(1) services for which providers indicated the annual therapy cap would be exceeded, (2) beneficiaries whose providers indicated that an annual therapy cap would be exceeded on the beneficiaries’ first date of service, (3) payments for beneficiaries who received outpatient therapy from multiple providers, (4) payments for therapy services provided throughout the year, (5) payments for services that exceeded an annual cap, and (6) providers who were paid for more than 8 hours of outpatient therapy provided in a single day.”

Miami-Dade County, FL was the number one county with questionable billing for outpatient therapy services. The Medicare per-beneficiary spending was 3x the national average, at $3,459 per beneficiary, compared to $1,078 nationally. Miami-Dade also had 3x the national levels for 5 of the 6 questionable billing characteristics aforementioned. The other 19 high-utilization counties averaged payment of $1,852 per beneficiary, 72% higher than the national average of $1,078. The 19 counties as a group also had at least 2x the national level for 5 of the 6 questionable billing characteristics. As such, the OIG recommended additional review as part of CMS’s ongoing Medicare antifraud activities.

The OIG made 4 recommendations, which CMS has adopted. First, CMS should target outpatient therapy claims in high-utilization counties for further review. Second, CMS should target outpatient therapy claims with questionable billing characteristics. Third, CMS should review counties in geographic areas susceptible to fraud prior to payment to ensure they are legitimate. And fourth, CMS should revise the current therapy cap exceptions process.

Have your Medicare claims been targeted for greater scrutiny than you have experienced in the past? In the OIG report, 6 of the top 20 high-utilization counties/parishes are in Louisiana: Lincoln Parish, Ouachita Parish, Avoyelles Parish, Acadia Parish, Iberia Parish, and St. Mary Parish. Interestingly enough, the southern United States is home to 16 of the 20 counties: 6 in Louisiana, 4 in Texas, 3 in Mississippi, 2 in Florida and 1 in Georgia. The remaining four include 2 each from Indiana and New York. So, this is why you should understand CMS’s structure for benefit integrity.

As you may know, CMS is responsible for oversight of the Medicare and Medicaid programs. CMS hires contractors to assist with the oversight. Over the past few years, significant contractor reform has taken place creating potential for confusion in recognizing a particular contractor and knowing its oversight role.

Respectfully submitted by: Jeremy Stillwell, Reimbursement Chair

(continued on page 17)
CMS contracts with companies for three purposes: claim payments and provider education, review claims for payment errors, and investigate fraud, waste and abuse. The contractors that perform one of these three roles all perform medical reviews and thus may request documentation. Understanding who is requesting the documentation will help you to manage the audit process more effectively. There are five types of contractors: MAC, CERT, PERM, RA (RAC), and ZPIC.

The MAC performs claims payment functions, Provider Outreach and Education (POE), develops Local Coverage Determinations, Provider Audit, and Medical Review that may include Probe reviews (wide spread, provider specific) or Targeted review for data analysis and error rates. The MAC medical review is guided by five areas: 1) error rates that are produced by the CERT Program, 2) vulnerabilities discovered through the Recovery Audit Program, 3) Analysis of claims data, 4) Evaluation of other information e.g. complaints or referrals from ZPIC, and 5) RA/MAC identifying suspect billing practices. The current MAC for Louisiana is Novitas.

The CERT (Comprehensive Error Rate Testing) Contractor produces a national improper payment rate for Medicare fee for service that is based on a statistically valid random sample of claims. The CERT will review medical documentation to support the claim and determine if the claim was billed and paid correctly. “Improper Payment” is any payment that should not have been made or an incorrect payment amount was made (including overpayments and underpayments). Examples would be payments to ineligible recipient, payment for an ineligible service, duplicate payment, payment for services that were not received, and payment for an incorrect amount. The “improper payment” rate for 2011 was reported to be 8.6%, totaling $28.8 million.

There are two types of CERT Contractors: CERT Documentation Contractor and CERT Review Contractor. The Documentation contractor has oversight to solicit medical records and the contractor is Liventa. The Review contractor performs the medical review and helps to calculate error rates for Medicare benefits. These Error Rates are reported to Congress, help to devise the Error Rate Reduction Plans, and the CERT findings guide the MACs in identifying areas of program risk and possible medical review focus. The Review contractor is AdvanceMed.

The PERM (Payment Error Rate Measurement) Program measures improper payments in Medicaid and CHIP, calculating error rates for each program.

The RA (Recovery Auditor) Program’s mission is to decrease improper payments by Medicare. The RA contractors identify and detect overpayment and underpayments, prevent future improper payments and recoup overpayments. Vulnerabilities identified by the RA contractors are utilized by CMS to develop an Improper Payment Prevention Plan to prevent future similar overpayments. The Recovery Auditors perform data analysis to determine areas of possible overpayment, perform medical review, and are charged with recovering payments determined to be paid in error. The RA is paid a contingency fee. This fee is paid if a recovery is upheld through the Administrative Law Judge level of the appeals process. This program has been successful and will be expanded to include Medicaid and also to prepay medical review for Medicare fee for services. In FY 2011, Recovery Auditors recovered $939.4 million in improperly paid claims. The RA for Louisiana is Connelly, Inc.

The last type of Contractor is the ZPIC and its primary goal is Benefit Integrity. The ZPIC (Zone Program Integrity Contractor) focuses on fraud, waste and abuse. The contractor identifies cases of suspected fraud, develops the case thoroughly and timely, and takes action to safeguard Medicare Trust Fund monies. Actions that may be taken are suspension or denials of payments or recovery of overpayments. The ZPIC refers all cases of potential fraud to the Office of Inspector General, Office of Investigations Field Office for determination of civil or criminal prosecution, civil monetary penalty, or administrative sanctions. ZPIC activities may include onsite visits announced or unannounced, Medical Review, Overpayment analysis, refer providers back to the MAC or RA, referral to law enforcement, or recommend provider suspensions and revocations. The ZPIC for Louisiana is AdvanceMed.
The ADR, or Additional Documentation Requests, may be made by MACs, CERT, RA, or ZPIC. APTA recommends providers respond by including the information requested by the letter, but also other information that will support your claim. In a Prepayment ADR, the documentation must be submitted within 30 days of the request and the reviewer may deny the claim if the documentation is not received by day 45. In a Postpayment Review ADR, the documentation must be submitted within 45 days, except ZPICs in which it should be submitted within 30 days. MACs, CERT, and ZPICs have authority to grant extensions to providers that request more time to comply with the request.

Finally, On-Site Audits may be announced or unannounced. In addition to the medical record documentation, the auditor may request copies of licenses, signatures, contracts, equipment records, and interviews.

So, if you have been selected for an audit, the above information may help you to identify who is doing the audit and what their role is. It may also help you to understand what it is they are looking for so that you may better collect valuable information to assist in your support of the claim(s). The APTA has recommended that if you have been selected for RA audit of documentation and you receive a denial(s), you should proceed through the appeals process if you do not agree with their judgment. PTs have been successful in the appeals process. Lastly, recognizing that greater scrutiny of the Physical Therapy profession is at hand, APTA has developed a new campaign called “Asserting Professional Integrity.” This campaign was developed with the focus on preserving and improving the profession and providing members with the tools to assert their professional integrity and preserve their freedom to practice. While the first two examples of fraud/abuse I gave at the beginning of this article were more along the lines of criminal fraud/abuse, the Physical Therapy profession has a high improper payment rate (unintentional abuse/waste), for example incorrect coding, insufficient documentation, providing medically unnecessary services (skills of therapist not needed), or plans of care missing signatures. CMS has a “Bell Curve” for just about anything outpatient billing related. Their antennas go up when they find items that fall at either end of the bell curve, thus a target is acquired. APTA’s Asserting Professional Integrity campaign aims to provide members with the tools to know how to stay within the bell curve. This campaign effort has been seen by Policymakers as a positive step asserting our position as an Association that wants to promote efficient and proper use of the Medicare Trust Fund monies. APTA is going to be promoting this campaign in the near future. APTA anticipates this campaign and member participation will demonstrate OUR commitment to Professional Integrity with the ultimate outcome being to minimize Regulation and Enhance OUR Reputation.


1. 2010 OIG report, Questionable Billing for Medicare Outpatient Therapy Services

ENCOURAGE YOUR COLLEAGUES TO JOIN THE APTA and LPTA!

Every man owes part of his time and money to the business of the industry in which he is engaged. No man has the moral right to withhold his support from an organization that is trying to improve conditions within his sphere. – Teddy Roosevelt
**Student Say**

This past June as the SSIG Student Delegate Companion, I had the opportunity to accompany the Louisiana delegation to the APTA’s House of Delegates in Salt Lake City, Utah. Getting to see how our profession gets shaped and molded was a truly rewarding and enlightening experience. The hottest topic of the week was the new vision, and it was inspiring to see such a passionate and purposeful discussion take place as the leaders of our profession created this new statement. But the biggest lesson I took away from the entire experience is the importance of involvement.

During my time as a student I have been a part of numerous discussions with both students and practicing Physical Therapists who have thoughts and opinions on the profession as a whole and the directions they think it should move towards. However, the one element missing from these conversations is what they intend to do about it or what actions they plan to take. Without member involvement there would be no associations and Physical Therapy would become stagnant instead of the strong and growing profession it has become. Getting involved in the profession’s state and national associations is as easy as becoming a member and letting someone know you want to help. I learned at the House of Delegates that we have a very friendly profession. Everyone is very inviting and welcoming, especially to newcomers and students. I had the opportunity to meet and speak with Physical Therapists from all over the country. Everyone was willing and eager to take the time to explain to me everything that was taking place during the week and to introduce me to people they thought I should meet. As students, we have tremendous opportunities to interact with and learn from those who are leading our profession. It’s up to us to take advantage of the opportunities and let them know we want to be involved.

Respectfully submitted by: Brandon Page, SPT

---

**A Dave Pariser Memorial Scholarship Fund** has been set up in memory of Dave at the LSUHSC – New Orleans campus. We anticipate using this fund to provide one student scholarship a year to a student who demonstrates exceptional professional behaviors as well as personal characteristics of empathy, compassion and goodwill.

To make an online contribution to the Scholarship fund, go to the Foundation website and at the top right hand side of the page, there is purple box with the words “Donate Now”. Choose the amount of the donation and choose the designated fund, the Dave Pariser Memorial Scholarship Fund.

[http://www.lsuhealthfoundation.org/?dt=1360008523433](http://www.lsuhealthfoundation.org/?dt=1360008523433)

You can also make donations by mail. Make sure to indicate on the memo line that the donation is to go to the Dave Pariser Memorial Scholarship Fund:

The Foundation for the LSU Health Sciences Center
450A South Claiborne Avenue
New Orleans, LA 70112