

Rehab Net News Update

R E H A B I L I T A T I O N N E T W O R K O F A R K A N S A S

BECKY'S SCHEDULE

- Oct. 13 Timeout Workshop
- Oct. 15 ASBCE Hearing
- Oct. 20 CMSA Meeting
- Oct. 28 UCA Health Career Fair
- Oct. 29 ASBCE Hearing

Important Numbers

Becky's Cell 479-858-2760

Lobbyists Bill Phillips
(501) 329-3111 or
Bradley Phillips
(501) 269-2723

ArklaMed—Rick Pate
(870) 864-8896

AR State Board of PT
Web site <http://www.arptb.org>

ArPTA Web site <http://www.arpta.org>

APTA Web site <http://www.apta.org>

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(479) 264-4623

[Www.rehabnet-ar.com](http://www.rehabnet-ar.com)
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REHAB NET'S FIRST OWNER RETREAT IN 2010

For several years now the Board of Directors have gotten together for a one night retreat in various locations throughout the state. The retreat is a time of socializing and planning. We recently took a survey to see if there were owners in our group that would like to participate in a retreat with the Board to discuss issues pertinent to private practice owners and to plan for the coming year as well. The very first Rehab Net's Owner's Retreat will be held on Feb. 5th and 6th at Winrock Conference Center on Mt. Petit Jean. This is a beautiful facility that the Board has used on several occasions.

The retreat will be for owners and their spouses. The anticipated cost to attend the retreat is \$225 a couple or \$150 for an individual.

The Board will arrive early on Feb. 5, 2010 for a Board meeting and owners will be invited to join the Board at 5pm for a meeting before dinner. Winrock's chef is known for her outstanding menus and we will dine at 7pm followed by social time for our owners to visit with each other.

Saturday morning will begin with a delicious breakfast followed by a round table meeting to discuss problems, concerns and make plans. Our day will end with lunch so that you can have time to enjoy a hike, workout in the gym, or whatever you might enjoy doing before heading home for the remainder of your weekend.

Prior to the retreat, we will be emailing those attending for topic ideas to make our roundtable time as valuable as possible.

Those who serve on the Board or have served in the past know the value of being able to sit down with other private practice owners and discuss what is relevant not only to private practice owners in general, but to Arkansas private practice owners. They do this every other month for approximately 3 hours at their board meetings.

To learn more about Winrock Conference Center visit their web page at <http://www.uawri.org/>.

Go ahead and mark your calendars for Feb. 5th. It's a little too early to start taking reservations as it is still 4 months away but keep it in mind and think about topics you would be interested in covering. I will contact you all in November or December to start getting owners registered for the retreat.





CLINICS IN THE SPOTLIGHT



Searcy Physical Therapy
2921 Hawkins Drive
Searcy, Arkansas 72143
(501) 268-2513

Searcy Physical Therapy and its satellite, Beebe Physical Therapy, are owned and operated by Andrew Abraham, PT. Andrew serves on the Rehab Net Board of Directors as our member at large. Searcy Physical Therapy is mainly an orthopedic practice serving everyone from athletes to geriatrics. Along with regular physical therapy, they offer manual therapy, work conditioning and orthoses fabrication.

Andrew states that his staff believes in the hands on approach of care. "We feel that patients should be treated like loved ones and we place a strong emphasis on listening and serving our patients. It is my opinion that patients are frustrated with being ignored and rushed in and out of medical offices. We feel the patients not only deserve skilled care but also compassionate care."

Andrew's staff continues to grow with the need for good quality care in Searcy and Beebe. His professional staff of physical therapist includes his wife, Trina Abraham, Ryan Nix, Christopher Marshall, Zachary Crow, Tim Chung and Melanie Sisson. Tim and Melanie are both newly graduated DPTs who joined the staff in September.

Andrew's staff is committed to raising the standard for physical therapy in Searcy and Beebe by setting a high standard of care and providing results.



Lonoke Physical Therapy
1515 N. Center St.,
Unit 5
Lonoke, AR 72086
(501) 676-5540

Lonoke Physical Therapy is owned and operated by Matt Jackson, MSPT, and his wife, Zan Jackson, PTA. Matt and Zan specialize in sports, geriatrics and orthopedics. Matt describes their clinic as the hometown clinic and states, "Our patients praise us on the home like atmosphere. We provide that personal one on one attention that keeps our patients coming back."

Lonoke Physical Therapy serves Lonoke and several surrounding small towns. Zan tells us that, "Often, this results in a re-union gathering of sorts where patients enjoy seeing and getting re-acquainted with people they may not have seen in a long time."

Working along with Matt and Zan is Jessica Rae, PT, who recently joined the staff. Kim Parris runs the front desk and is the director of first impressions. Donna St. John has worked for Matt and Zan for several years and handles the billing and collection. Also, new to the staff is Nicole Wagers, Marketing and Patient Representative. Lonoke Physical Therapy just recently relocated their facility two doors down to provide them more space to serve more people and be able to expand their services. Their old location was 1600 square feet and their new location is a huge 4000.

Matt shared with us his most recent case. An elderly lady with lower extremity lymphedema. After using deep tissue oscillation, whole body vibration, and manual therapy, they were able to reduce her lymphedema by up to three inches in circumference. Great job guys!

Letter From the Editor

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We had a great turnout for our combined Shoulder Course this fall with the ArPTA. Seventy two attended the course and even more than that showed up for the ArPTA's business meeting. Rehab Net originally agreed to pick up the cost for the course and let the ArPTA have the profits but because the course went so well the ArPTA insisted on sharing the profits. We are looking forward to doing more joint courses with the ArPTA in the future. We are likely to continue to combine the fall courses.

For those of you who have not heard, I am now working as the ArPTA's executive director along with my duties to Rehab Net. Not to fear this will not change anything with how I serve you but hopefully will help me better serve you and keep me informed even better. So feel free to contact me on any ArPTA business as well

-Becky

Group Health Benefits?

Rehab Net is once again trying to get a group health benefit for our members. If you have not already sent in your list of employees to be considered for a quote, send a list of their names and ages. You can email these to rehabnet@alliancecable.net or fax it to 479-858-2760. Our insurance agent we are working with is very optimistic. She has also suggested that you can send a copy of your bill for your insurance in if it provides a detail list of your employees but that she can work from a list of names and ages too.

Keep your fingers crossed and we will try to make this work this time.

Office Manager's Network

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Tough Economic Times? Try These Innovative Ways to Save

□ Small things add up: for example, buying cheaper stationery.

(reprinted from Eli Rehab Report, Vol. 16, No. 10 pg 73-74)

Economic recession or not, cutting costs is on every rehab manager's mind. Whether or not your rehab practice or facility has felt the recession's impact, take it as an opportunity to get in a money-saving mode. You may be surprised at how favorably your bottom line responds.

Identify Your Biggest Expenses

Need to urgently rescue your bottom line? Then you should target your top expenses first. That's usually payroll and lease payments.

"If you've had a drop in business, you've probably had a drop in need for some staff. You may not need to eliminate a position, but you may need to drop people's hours," says **Michael Weinper, MPH, PT**, president & CEO of PTPN in Calabasas, Calif. "It's very difficult to do, but it's a smart business decision because your highest cost of operation is your wages." You can also consider temporarily suspending certain benefits, such as dental, vision, or 401k matches, he adds.

Important: If you're paying rent, don't assume you have to stick with that rate. "In some cases, we have been able to renegotiate contracts that are more favorable and affordable," says **David Standifer, PT**, president of Oregon Physical Therapists in Independent Practice and owner of TAI Central Point.

"Landlords today often have other places going out of business, so they'll want to keep you and will often work with you, maybe even on a temporary basis,"

Weinper points out.

Tip: Bring creative ideas to the bargaining table. For example, "Offer to clean your own space in exchange for a lower rent so the landlord doesn't have to pay for a janitor," Weinper says. "Or, if the landlord pays utilities, tell him you'll make sure your office is totally 'green' at night (lights off, computers powered down, etc.) to save the landlord in utilities."

Don't miss: As for other big budget zappers besides payroll and rent, keep in mind your capital expenses. "Put off any capital expenditures that can wait," recommends **Ellen Strunk, PT, MS, GCS**, with Rehab Resources & Consulting Inc. in Birmingham, Ala.

Smaller Things Do Add Up

If your budget isn't hurting bad enough to make big cuts, there are lots of smaller, hidden costs you can tackle. For example, don't waste paper or printer/copier toner, Strunk says.

Try this: In addition to talking to your landlord, "review all business contracts (phone, yellow pages, etc.) and see if you can make changes to save money as many [businesses] have lowered rates," points out **Chuck Felder, PT, MBA**, with HCS Consulting Inc. in Corona, Calif.

For example, consider shopping for a new health insurance policy with lower rates. "Since insurance is pretty much a commodity, you should get the most for the lowest price," Weinper posits. And don't look just at your health insurance plan; look at your property and casualty, liability, and malpractice policies for lower rates, he adds.

(Tough Times continued on Page 5)

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You might also “renegotiate credit card interest rates if you have a good payment history, or try getting new cards with lower initial rates,” Felder suggests. And on the subject of credit cards, pay off your loans to save interest expenses, he adds. “Take the cash from reserves, but don’t go too low on reserves.”

For home health therapists, keep cell phone calls to a minimum, Stunk recommends. Home health therapists can also plan routes more effectively and call patients ahead of time to save on gasoline, she adds.

Strategy: Consider going to a four-day, 10-hour week instead of having five eight-hour days, Weinper adds. “You get longer hours of operation, more efficiency, and a chance to save on utilities.”

Other small costs-savers Weinper suggests include buying supplies in bulk, buying supplies from local vendors who offer free delivery, using both sides of paper whenever possible, and collecting and using coupons.

Should You Restrain the Unaffected Limb in Stroke Rehab?

□ **Effects of forced use on arm function in the subacute phase after stroke: a randomized, clinical pilot study.**

Hammer AM, Lindmark B. *Phys Ther.* 2009 Jun;89(6):526-39. Epub 2009 Apr 16.

Research shows that patients who have arm paresis after stroke initially use only the unaffected side. Avoidance of the affected upper limb is a behavior called “learned nonuse.” But restraining patients’ unaffected upper limbs during the subacute phase following stroke does not appear to generate greater improvements in motor impairment and capacity than standard rehab alone, according to a pilot study published in the June issue of *Physical Therapy*.

Researchers randomly assigned patients, one to six months following stroke, to either a constraint-induced movement therapy (CIMT) group or the standard training group. All patients trained five days per week for two weeks.

Findings: Changes in the restrained group did not differ from the changes in the standard training group for any of the outcome measures — both groups improved over time. Thus, the results did not support forced use as a reinforcement of standard rehabilitation in the subacute phase after stroke.

However, “the patients enrolled in this pilot study did not get the training amount and intensity that patients have received in other studies where a benefit of CIMT was found to be superior to traditional care,” said **Ann M. Hammer, PT, Msc**, researcher and doctoral student at Örebro University in Örebro, Sweden. “The combined results of this pilot study and other studies suggest the need to match the treatment to the level of severity but also indicate a continued need to investigate the optimal timing

of interventions as well as duration and intensity,” Hammer continued. “Our findings will be used to help design future clinical trials that we hope will help us arrive at a definitive conclusion regarding the clinical implementation of forced use for upper-limb rehabilitation.”

CERT Denials Due to Legible Signature or Identifier

PBSI has seen a significant increase of CERT denials related to “legible signature and/or identifier” issues. The CERT reference for the denial of the claim or claim line(s) is stated as, “Disagree per SSA 1833(e) and PUB 100-08, Chapter 3 A§ 3.4.1.1.B, requiring a legible, handwritten or electronic signature for services performed”.

Subsection 3.4.1.1.B, of the Medicare Program Integrity Manual states: Medicare requires a legible identifier for services provided/ordered. The method used shall be handwritten or an electronic signature (stamp signatures are not acceptable) to sign an order or other medical record documentation for medical review purposes.

On March 28, 2008, CMS issued a Change Request (CR) 5971 that provided clarification on signature requirements for the certification of terminal illness for hospice. See <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5971.pdf>.

The CERT contractor is rigorously enforcing the CMS rule that requires a legible signature on all orders, requisitions, procedures and progress notes when submitting supporting documentation to Medicare Contractors/MAC review.

Documentation submitted for review with an illegible signature, an unauthorized electronic signature, no signature, or an unsigned typewritten signature line will be denied and assigned a CERT error.

If the physician’s signature is illegible, CERT will accept a signature card or sheet from the facility or provider. CERT will also accept a confirmation of initials or illegible signature if the provider states, “This is my signature”, and/or shows an example of initials/handwriting with a legible signature.

Points to Remember

- ◆ A legible signature is required on all records to identify who provided/ordered the services billed.
- ◆ Check all records prior to submitting to be sure the beneficiary’s name, the date of service, and the provider signature are on the record.
- ◆ If the provider’s signature is not legible, keep a signature card/sheet on file and send a copy with any requested records.

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APTA APPLAUDS OBAMA STANCE

In his speech before Congress on September 9, President Obama called for the elimination of arbitrary limits on health care services that Americans can receive in a given year or in a lifetime—a policy that the [American Physical Therapy Association](#) (APTA) supports as the nation's leaders work to guarantee access to affordable health care for all individuals through health care reform.

"We're pleased that President Obama has taken a stance against arbitrary financial limits on health care services," said APTA President R. Scott Ward, PT, PhD. "For more than 10 years, APTA has worked with Congress to repeal the Medicare cap on outpatient physical therapy services that restricts access to rehabilitative services for America's seniors. It is time for Congress to deal with this serious health policy problem and repeal the therapy cap. To do less at this time of overall reform would burden the American public with still greater costs down the road by requiring yet additional legislation to protect patients from an arbitrary limit on therapy services."

The Medicare therapy caps were originally adopted by Congress in the Balanced Budget Act of 1997. Since 1999, Congress has acted to prevent implementation of the caps by passing several moratoria and authorizing an exceptions process for rehabilitation services above the financial limitation based on diagnosis and clinician evaluation and judgment. An 18-month extension of the exceptions process was included in the Medicare Improvements for Patients and Providers Act (HR 6331), which passed July 15, 2008. The exceptions process is set to expire December 31, 2009.

The end of 2009 is not so far away and it is time to act to let our legislators know how important it is to do away with the therapy caps and if that is not possible we need to extend the exceptions process yet again. Legislation was introduced back in January 2009 known as the Medicare Access to Rehabilitation Act (S. 46/HR 43) to do away the therapy cap, however nothing has come of it thus far.



**Let Your Legislators know that
the Therapy Caps have got to go!!!**