

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

12-4 Rehab Net Board Mtg

12-22 to 12 26 Holiday/
Vacation

Important Numbers

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

HEES (501) 225-8077 for
calibration services

ArklaMed—Rick Pate
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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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For member only section

Highlights of the 2009 Physician Fee Schedule Final Rule

- ◆ CMS announces in the final rule the physician fee schedule update for CY 2008 is 1.1% (instead of a projected 15.1% cut which would have occurred if Congress did no enact legislation).
- ◆ The therapy caps in CY 2009 will be \$1840 for PT and SLP combined and \$1840 for OT. The exceptions process will be in effect through Dec. 31, 2009.
- ◆ Medicare deductibles for Part B providers will remain at \$135 for 2009.
- ◆ In the rule, CMS implements a provision in the MIPPA legislation that allows SLPs to enroll and being billing Medicare for outpatient SLP services furnished in a private practice, beginning July 1, 2009.
- ◆ The SLP private practice benefit is modeled after the PT private practice benefit under Medicare regulations.
- ◆ CMS announces its plans to continue the PQRI and will make incentive payments of 2% for successfully reporting on quality measures under the PQRI program in 2009 and 2010.
- ◆ CMS selects a final set of 153 quality measures for reporting in 2009, which is an increase of 35 measures from 2008. Of the 153 individual measures, the following measures would apply to physical therapists:
 - ◆ Falls: Plan of Care
 - ◆ Falls: Risk Assessment
 - ◆ Health Information Technology: Adoption/Use of Electronic Medical Records
 - ◆ Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation
 - ◆ Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention Evaluation of Footwear
 - ◆ Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
 - ◆ Documentation and Verification of Current Medications in the Medical Record
 - ◆ Pain Assessment Prior to Initiation of Patient Treatment
- ◆ Due to the development of two new falls measures that would be included in the PQRI, CMS removes the Screening for Future Fall Risk from the list of PQRI measures.
- ◆ CMS selects Measures Groups for Diabetes Mellitus, Chronic Kidney Disease, Preventive Care, Coronary Artery Bypass Surgery, Rheumatoid Arthritis, Perioperative Care and Back Pain.
- ◆ With respect to clinical registry* data reporting, CMS has selected 32 registries that can be sued for PQRI reporting. The list includes two (FOTO and Cedaron) that could be used by physical therapists.
- ◆ CMS will begin accepting data from electronic health records for a limited subset of proposed 2009 PQRI measures.

*These qualified registries may submit quality measures information on behalf of eligible professionals who seek to earn an incentive payment using registries in 2009.



CLINICS IN THE SPOTLIGHT



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Joel Sebag, DPT, is the owner of Mountaincrest Rehab Services, Inc., in Harrison with satellite locations in Lowell, Bella Vista and Fayetteville. I am pleased to announce that Joel is now the Vice President of the Arkansas Physical Therapy Association. We are pleased to see a private practice physical therapist who is willing to step up and represent us on the state association. He will be working closely with the new president, Steve Forbush, to protect the interest of physical therapists here in Arkansas.

Joel tells us that, "At Mountaincrest Rehab, our goal is to improve the quality of life of the individuals we serve. Whether that means: physical, occupational, and/or speech therapy—our professional staff assist clients on the road to living better. Mountaincrest Rehab combines a variety of important specialty therapies and techniques within the convenience of one building. Mountaincrest Rehab is dedicated to helping people achieve faster, more lasting recovery using a combination of pool and land therapy."

Joel's facility offers not only physical therapy but fitness and wellness programs too. Mountaincrest Rehab participates in the Silver Sneaker program for Medicare recipients.

Joel's staff includes six licensed physical therapists, one occupational therapist, two physical therapist assistants, one exercise physiologist, and one kinesiologist. The wellness programs offered at the clinic are headed up by a fitness trainer with over 20 years experience, a certified water aerobics instructor and a certified yoga instructor.

Joel tells us that Mountaincrest Rehab Services, Inc. envisions a Northwestern Arkansas Community that has access to the best facilities and services that help its members get on and stay on the road to wellness, so that each person in the community could improve his/her quality of life. It further aims to be the leading provider of quality, reputable, comprehensive and effective rehabilitation and wellness facilities, services and programs in Northwestern Arkansas.

Medicare Advantage Changes

(reprinted from Eli Rehab Report Vol. 15, No. 11)

The recent Medicare Improvements for Patients and Providers Act set some strict standards for Medicare Advantage (MA) plans, and the outcomes could work both for and against your rehab business.

The Good News: Although some MA plans pay fair rates, the new requirements will help address bad plans and overly aggressive salespeople who provide dishonest marketing, points out Bob Wardwell, vice president of regulatory and public affairs for the Visiting Nurse Associations of America.

Congress' decision to "go after" MA plans also helped finance the Medicare Physician Fee Schedule payment fix, adds William Dombi, vice president of law for National Association for Home Care and Hospice.

The Bad News: You may see an impact on the negotiation of payment rates between the MA plans and the provider, notes Dombi. "If plans are getting less money, they may be willing to pay less money—but that's going to be up to the rehab providers to decide the stance they'll take in negotiations and when to say no to a particular contract."

If private fee-for-service (PFFS) plans still want to participate in Medicare Advantage, they'll have to play by some new rules. Beginning in 2011, these plans will have to measure and report on their providers' quality of care. But the kicker is that they'll also have to form provider networks with contracts.

In counties where there are two or more non-PFFS plans, PFFS plans will no longer be able to simply "deem" providers into the plan without a contract. Under current law, PFFS plans don't have to prove they can meet access standards if they allow any willing qualified Medicare provider to participate, and they pay as traditional Medicare would pay.

One argument is that the network requirement would provide better access to care because there would be contracts between the providers of service and the plan. On the other hand, "private PFFS plans may limit the number of providers who are eligible to participate," creating poorer access to care, Dombi says. And don't forget some provider types may not be willing to participate, he adds.

Other downsides: From the beneficiary's view, the networking requirement could also discourage poor MA plans from entering the field purely for high profits, Wardwell says, and that's a good thing.



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Letter From the Editor

The year is coming to an end and there is change in the wind all around us. A new president of our country, a new president of our state association and a new president of Rehabilitation Network of Arkansas. I will miss working closely with our outgoing president, Seth Coulter. He is the reason I came to work for Rehab Net 10 years ago. He has been a good boss and a good leader for this organization. Even though I hate change, I feel optimistic about our new leader, Bo Renshaw. I hope you will all make him welcome as he gets his feet wet next month.

I am happy to report that ArPTA President Steve Forbush has already shown his willingness to work with Rehab Net to effect positive changes in Arkansas. Congratulations to Joel Sebag as the new vice president of the state association.

Chiropractors at it Again

Many of you may remember that last session one of the chiropractic groups proposed legislation to include physical therapy under their scope of practice. The bill failed due to the fact that the chiropractic groups were divided on the issue. They still appear to be divided according to our lobbyist but they are once again planning to introduce similar legislation. We will be watching this very closely as the 2009 legislative session gets under way next month and we may call upon you at sometime to aid in contacting the Public Welfare and Labor Committee members as noted on the back of this newsletter.

We were made aware of this legislation by another lobbyist who was contacted by the opposing chiropractic group because they are not in agreement with the proposed legislation. Last session the committee had warned the Chiropractors not to come back unless they could come to a compromise.

Arkansas Physical Therapy Association is also watching to see where this goes.

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Things are starting to pick up as the session grows closer and closer. One of the first items of business after the election is always selecting committees for the next two years. The House of Representatives and the Senate have both already met and I must say that we are very excited to be working with two great groups on House and Senate Public Health Committees.

In the senate we will be working with six of our friends who are previous members. Two members, Gilbert Baker and Cecile Bledsoe, are new to the committee.

You may notice that the House Chair and Vice Chair have not been selected yet. That is because the Speaker of the House, Robbie Wills of Conway, will select his committee chairs the first day of session. There are a lot of new members on House Public Health this year and we know they will all do a great job.

Take a look at the committee list and familiarize yourself with the members. You may be called on at any time to contact your friends in the legislature to be a steward of your profession.

Senate Public Health, Welfare and Labor:

Percy Malone – chair
Tracy Steele - vice chair
Bill Pritchard
Gilbert Baker

Jack Crumbly
Randy Laverty
Cecile Bledsoe
Barbara Horn

House Public Health, Welfare and Labor

TBD, Chairperson

TBD, Vice Chairperson

Curren Everett
George Overbey, Jr.
Willie R. Hardy
Stephanie Flowers
Mike Burris
John Paul Wells
Billy W. Gaskill
Johnny Hoyt
Jon Woods
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