



Hot Topics

Professional Issues Forum

Thursday, April 7, 2022

Noon – 2 pm



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GOVERNMENT RELATIONS

APTA Wisconsin Spring 2022 Conference: Legislative & Political Update

**Annie Early &
Jeremey Shepherd
APTA Wisconsin Lobbyists**



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GOVERNMENT RELATIONS

- ▶ Legislative Update
- ▶ Redistricting, Legislative Shuffles & Retirements
- ▶ Election year: 2022
- ▶ Fundraising & Political Contributions



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Legislative Update

- Medicaid reimbursement rate increase (2021-22 Budget)
- Battery or threat to health care provider or staff (WI Act 209)
- Prior authorization for coverage of physical therapy (AB-972, SB-972)
- Reimbursement for group physical therapy under the MA program (AB-765, SB-737 - awaiting Gov's signature)

Medicaid Reimbursement Rate Increase

2021-22 Biennial Budget Bill

- Republicans on JFC approved an omnibus budget motion that boosts Medicaid spending and reimbursement
- The motion provides \$743,300 in 2021-22 and \$1,486,700 in 2022-23 to increase PT reimbursement rates, effective January 1, 2022
- The funding increase provides a roughly 5% increase to the previous reimbursement rate

Battery or Threat to Health Care Provider or Staff

WI Act 209

- Makes it a Class H felony to commit a battery against a person who is a health care provider, a staff member of a health care facility, or a family member of a health care provider or staff member.
- Passed Assembly 2/23/2022 (voice vote), passed Senate 3/8/2022 (unanimous), signed by the Governor 3/22/2022

Prior Authorization for Coverage of Physical Therapy

AB-972, SB-972

- Requires health plans to issue a decision of reauthorization of coverage within 48hrs for a service which received prior authorization previously
- Health plans are prohibited from requiring prior auth for the first twelve PT visits with no duration of care limitation or for any nonpharmacologic management of pain provided through care related to PT provided to individuals with chronic pain for the first 90 days of treatment

Goal: received Assembly Public Hearing (2/16/22)

Reimbursement for Group Physical Therapy Under the MA Program

(AB-765, SB-737)

- This legislation was originated by PT's at UW Health system
- The bill simply creates and modifies current administrative rules to require group physical therapy to be a covered service under MA.
- Passed Assembly 1/20/2022 (voice vote), passed Senate 3/8/2022 (voice vote) and is awaiting Governor's action

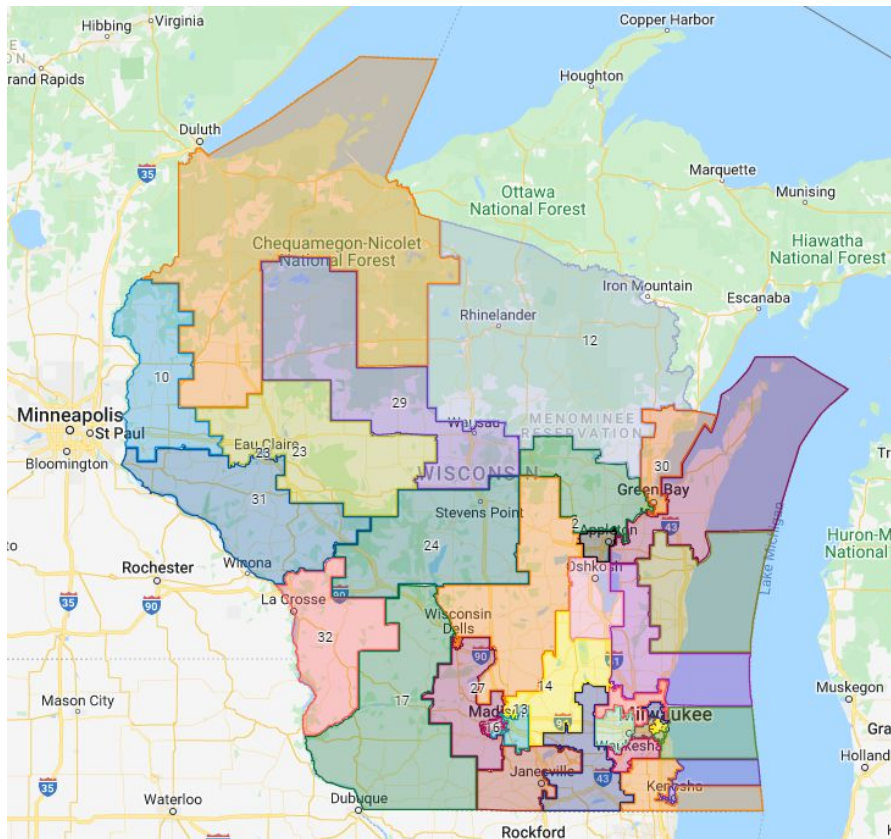


APTA Wisconsin President Dennis Kaster testifying
before the Assembly Health Committee



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Redistricting, Legislative Shuffles & Retirements

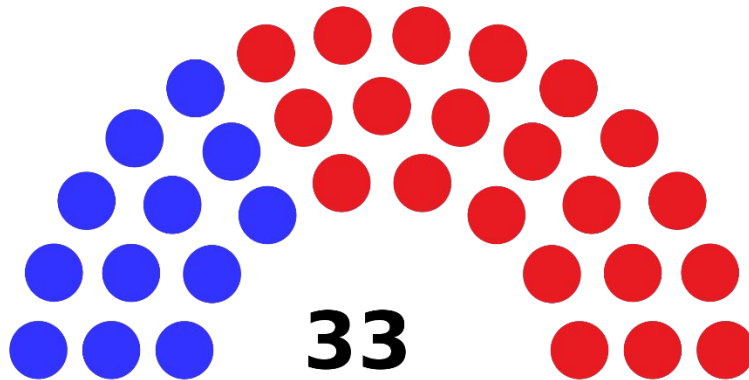


Redistricting: Evers' Least Change Maps Accepted

- Thursday, March 3rd the Wisconsin Supreme Court ruled it would use the 'least changes' redistricting plans submitted by Gov. Tony Evers as Wisconsin's political maps for the next decade.
- On March 23rd, the US Supreme Court overturned the maps and sent them back for further proceedings. The ruling found the state court had erred in approving Evers' proposal to draw a seventh majority Black Assembly district. There are six under the lines that have been in place for the past decade.
- Choosing Evers' maps over competing maps was considered a win for Democrats. However, according to analysis by Marquette research fellow John Johnson, Republicans should still keep strong majorities in the Legislature under Evers' maps.

Wisconsin State Senate

- 33 total seats
 - 21 Republican, 12 Democrat
- Senate Majority Leader: Devin LeMahieu (R-Oostburg)
 - Minority Leader: Janet Bewley (D-Mason)



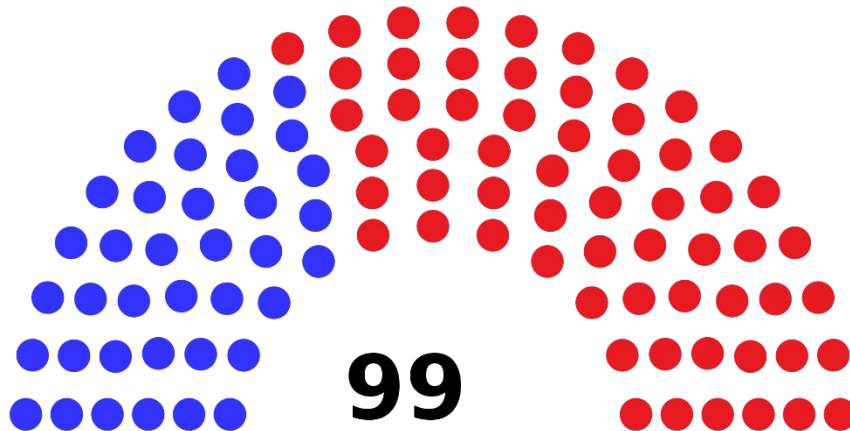
Wisconsin State Senate

- 2022 is Election Year for odd-numbered Senate seats
- Both Democratic Senate leaders are not running for re-election
- 2 Senators are running on a ‘free-pass’, as their seats are not up for re-election until 2024

Legislator	Current District	Movement	Additional Details
Republican-held Senate seats			
Sen. Dale Kooyenga (R - Brookfield)	SD 5	Not seeking reelection	Redistricted out of SD5
Sen. Roger Roth (R - Appleton)	SD 19	Running for Lt. Gov.	
Sen. Kathy Bernier (R-Chippewa Falls)	SD 23	Not seeking reelection	
Sen. Jerry Petrowski (R - Marathon)	SD 29	Not seeking reelection	
Sen. Patrick Testin (R - Stevens Point)	SD 24	Running for Lt. Gov.	TERM ISN'T UP
Democrat-held Senate Seats			
Sen. Janis Ringhand (D - Evansville)	SD 15	Not seeking reelection	Minority Leader
Sen. Janet Bewley (D - Mason)	SD 25	Not seeking reelection	Assistant Minority Leader
Sen. Jon Erpenbach (D-West Point)	SD 27	Not seeking reelection	Joint Finance Member
Sen. Brad Pfaff (D - Onalaska)	SD 32	Running for Congress (3rd CD)	TERM ISN'T UP

Wisconsin State Assembly

- 99 total seats
 - 61 Republicans, 38 Democrats
- Assembly Speaker: Robin Vos (R-Rochester)
 - Minority Leader: Greta Neubauer (D-Racine)



Wisconsin State Assembly

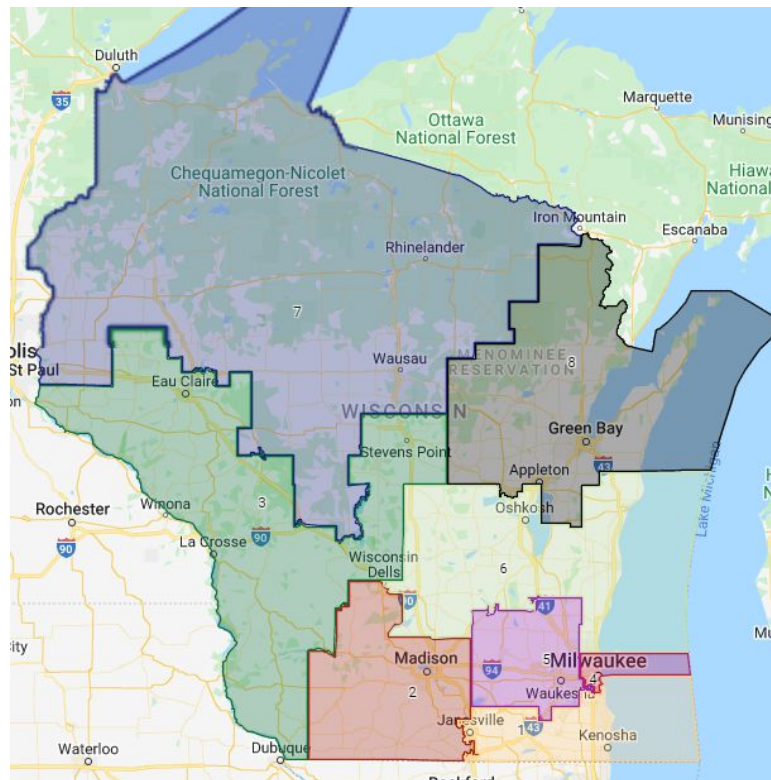
- Redistricting put several members into the same district

Legislator	Current District	Movement	Additional Details
Republican-held Assembly seats			
Rep. Jim Steineke (R - Kaukauna)	AD 5	Not seeking reelection	
Rep. Gary Tauchen (R-Bonduel)	AD 6	Not seeking reelection	
Rep. Amy Loudenbeck (R-Clinton)	AD 31	Running for Secretary of State	
Rep. Jeremy Thiesfeldt (R-Fond du Lac)	AD 52	Not seeking reelection	Returning to education
Rep. Rachel Cabral-Guevara	AD 55	Running for Senate	Running for SD 19, Roth's seat
Rep. Tim Ramthun (R - Campbellsport)	AD 59	Running for Gov.	
Rep. Jesse James (R - Altoona)	AD 68	Running for Senate	Running for SD 23, Bernier's seat
Rep. Ken Skowronski (R - Franklin)	AD 82	Not seeking reelection	
Rep. Mike Kuglitsch (R - New Berlin)	AD 84	Not seeking reelection	
Rep. Cody Horlacher (R - Mukwonago)	AD 33 / AD 83	Post-redistricting both now live in same district	
Rep. Chuck Wichgers (R - Muskego)			
Rep. Barb Dittrich (R - Oconomowoc)	AD 38 / AD 24	Post-redistricting both now live in same district	
Rep. Dan Knodl (R - Germantown)			
Democrat-held Assembly Seats			
Rep. David Bowen (D - Milwaukee)	AD 10	Running for Lt. Gov.	
Rep. Sara Rodriguez (D - Brookfield)	AD 13	Running for Lt. Gov.	
Rep. Mark Spreitzer (D - Beloit)	AD 45	Running for Senate	Running for SD 15, Ringhand's seat
Rep. Gordon Hintz (D - Oshkosh)	AD 54	Not seeking reelection	
Rep. Beth Meyers (D-Bayfield)	AD 74	Not seeking reelection	
Rep. Dianne Hesselbein (D-Middleton)	AD 79	Running for Senate	Running for SD 27, Erpenbach's senate seat



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Election Year: 2022



Governor: Incumbent Tony Evers (D)

- Democrat
- Former head of State Department of Public Instruction
- Elected in 2018, up for re-election in 2022



Governor: The Challengers

- Contested Republican primary to be held on August 9, 2022

Republican Primary Candidates:



Former Lt. Gov. Rebecca
Kleefisch



Waukesha County Businessman
Kevin Nicholson



State Representative Tim
Ramthun

Lt. Governor Partisan Primaries

Top Republican Candidates:



State Senator Patrick Testin
(R - Stevens Point)



State Senator Roger Roth
(R - Appleton)



Ben Voelkel
(Aide to U.S. Sen. Ron Johnson)

Top Democratic Candidates:



State Rep. David Bowen
(D - Milwaukee)



State Rep. Sara Rodriguez
(D - Brookfield)



Peng Her
(CEO of Hmong Institute)

US Senate Democratic Primary

- Crowded Democratic Primary
- Winner to challenge incumbent Ron Johnson

Top Candidates:



**Lt. Gov. Mandela
Barnes**



**Milwaukee Bucks
Exec. Alex Lasry**



**Outagamie County
Executive Tom Nelson**

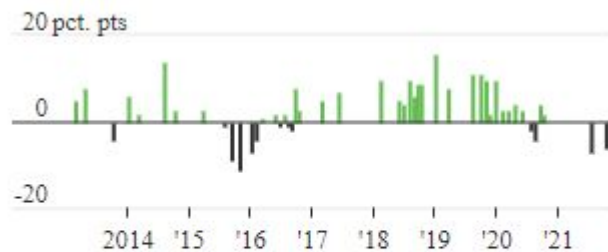


**State Treasurer Sarah
Godlewski**

US Senate Race

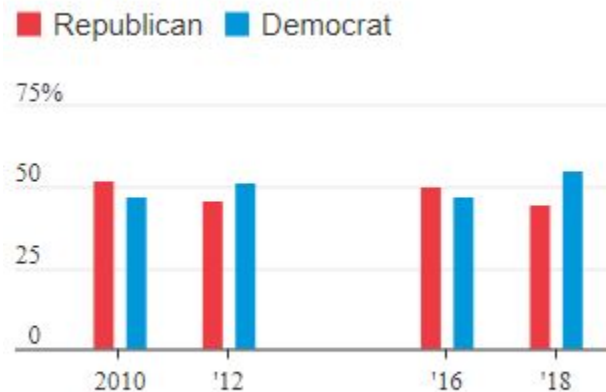
- Incumbent Republican Ron Johnson
 - Senator Johnson's favorability is a little bit more unfavorable than favorable now
 - Has come down over the last three years, sort of steadily, which puts him in a vulnerable position.
 - Campaign performance between now / election will make a big difference.
 - Historically, presidential party performs poorly in midterms

Net favorability



Source: Marquette Law School Poll, most recently a telephone survey of 805 registered voters conducted Oct. 26-31; margin of error of +/- 3.9 pct. pts.

Past Senate race results



Source: Wisconsin Elections Commission



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Physical Therapy PAC Performance

- Recipients include political campaign accounts for both major parties and legislators on both sides of the aisle
- Contributions are targeted to key players who support our issues and are educated about the importance of physical therapy

Wisconsin Physical Therapy PAC & Conduit Performance

Metric	2015-16	2017-18	2019-20	2021-22
TOTAL CONTRIBUTED	\$18,900	\$21,500	\$14,000	\$500
# OF RECIPIENTS	20	30	20	1
% OF INDIVIDUAL RACES WON*	100%	100%	100%	TBD

*Does not include races where APTA-WI gave to both candidates



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THANK YOU!

ANY QUESTIONS?

Payment Updates

Medicare Remote Therapeutic Monitoring

- ▶ **98975** (Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment)
- ▶ **98976** (Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days) **UNTIMED- But minimum of 16 days**
- ▶ **98977** (Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days) **UNTIMED- But minimum of 16 days**
- ▶ **98980** (Remote therapeutic monitoring treatment management services, physician/ other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; **first 20 minutes**)
- ▶ **98981** (Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; **each additional 20 minutes** (List separately in addition to code for primary procedure))

Medicare No Surprises Act:

From APTA: “New “surprise billing” rules that require a good faith estimate of the costs of services for Out of Network (OON) or self-pay patients are in effect as of Jan. 1, 2022.

Expected Charge means, for an item or service, **the cash pay rate or rate established by a provider or facility for an uninsured (or self-pay) individual, reflecting any discounts** for such individuals, where the good faith estimate is being provided to an uninsured (or self-pay) individual; or the amount the provider or facility would expect to charge if the provider or facility intended to bill a plan or issuer directly for such item or service when the good faith estimate is being furnished to a plan or issuer.

Good Faith Estimate means a notification of **expected charges** for a scheduled or requested item or service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested item or service, **provided by a provider and/or facility.**

Period of Care means the episode of care during which the good faith estimate for a scheduled or requested item or service (or set of scheduled or requested items or services) are furnished or are anticipated to be furnished.

See APTA Resource:

<https://www.apta.org/your-practice/payment/cash-practice/practice-advisory-good-faith-estimate-self-pay-patients>

Medicare & Private Payer Audits:

- ▶ There has been a significant influx in Medicare and commercial Post-Payment review letters being sent to Practices. Please be sure you are documenting & billing correctly.
- ▶ Also perform your own internal chart audits to ensure compliance! For more insight/information on documentation, billing see the APTA WI Lectures on Documentation & Billing.
- ▶ To here about Medicare's focus for audits- see these APTA lectures provided by your own Payment Specialist & our current Medicare MAC Medical Director Dr Marc Duerden:
[Centennial Lecture Series: Practice Management: Balancing Compliance and Profit - APTA Learning Center](#)

Your Audit Response:

- ▶ If your businesses audited by Medicare, most practices would carefully assemble the requested medical charts and any other documentation that might be requested. Often, before submitting charts for audit they are carefully reviewed & a cover letter or additional information is attached. Unfortunately, when practices have a similar request for medical charts by Commercial insurers it is not taken as seriously!
- ▶ We are now seeing commercial plans aggressively auditing therapy charts and applying extraordinarily strong extrapolation that multiplies findings by 10 or more!!!
 - ▶ For Example: If you have 50 charts audited and 25 result in findings that require refunds you could go from \$12,500 you owe as much as \$125,000!
- ▶ What to do: Access this WPTA Link to a Webinar on Self-Audits:
<https://aptawi.org/events/webinars/?recID=5935033e-4610-11e7-9f6a-005056a04e37>
- ▶ Perform internal self-/peer audits that look for documentation & billing compliance.
- ▶ Provide constructive feedback or education if deficits are noted.
- ▶ Outline your process for carefully preparing responses to audit requests.

MEDICAID PRIOR AUTHORIZATIONS

Forward Health Updates

- ▶ PA no longer required for evaluation or re-evaluation
- ▶ Submission of current IEP with initial PA no longer necessary
- ▶ Simplified PA Process for PT, OT, ST for recipients under 21 years of age
- ▶ Clarification of community-based versus school-based services and coordination of care: Initial Prior Authorization for an episode of care for School-aged Children no longer requires IEP- Instead evidence of collaboration- Subsequent PAs require documentation
- ▶ Future Issues:
 - ▶ Realtime PA- PORTAL
 - ▶ Collaborative PA (Multi-disciplinary)
 - ▶ Dealing with Medicaid HMO Concerns

Medicaid Telehealth FUTURE

- ▶ Expanded Telehealth Policy Vision The Division of Medicaid Services (DMS) is broadening the definition of what is considered telehealth to include:
- ▶ Interactive services: Telehealth that is delivered using multimedia communication technology that permits two-way, real-time, interactive communications between a provider at a distant site and the Medicaid member or the member's provider.
- ▶ Asynchronous services: An asynchronous service is a mode of interaction used between two or more parties in which the exchange of information does not require simultaneous interactive participation.
- ▶ Provider-to-provider consults: This is when a patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating provider without the need for the patient's face-to-face contact with the consultant. PCPs
- ▶ Medicare parity: Services already covered under Medicare will be covered under Medicaid when possible.

UR/UM Challenges & Advocacy Efforts

- ▶ Who are the Players?
 - ▶ Anthem BCBS-AIM
 - ▶ UHC-OPTUM
 - ▶ Network Health Plan- eviCore
 - ▶ WEA- Magellan
 - ▶ Humana- Cohere
- ▶ What has been done to work directly with insurers?
 - ▶ Meetings & Calls
- ▶ What has been done to assist Providers?
- ▶ What was done in 2021 to Advocate Legislatively



What can YOU do?

- ▶ APTA -WI continues to monitor issues with all of the UR/UM entities
- ▶ APTA-WI is working aggressively with the AIM review process and advocate for improvements with our local Anthem Plan as well as the national Anthem leadership and AIM representatives.
- ▶ Problems persist with the program. I wanted to remind you of your ability to reach out to AIM directly with your questions or concerns: @ rehabprogram@aimspecialtyhealth.com.
- ▶ If you have persistent issues, I STRONGLY encourage you to do the following:
 - Send concerns to APTA-WI Payment Specialist
 - Have your patients notify their HR/Benefits Dept regarding problems with their plan
 - Commercial Insurance:
 - File a complaint through the WI Insurance Commissioner's Complaint Process outlined: <file:///C:/Users/steff/OneDrive/Documents/WPTA/WI%20Insurance%20Commissioner's%20Complaint%20Form.pdf>
 - Medicaid/Medicaid HMOs:
 - Work with the Medicaid Ombud's through the process outlined in the Medicaid Ombud's brochure. See: <https://www.dhs.wisconsin.gov/publications/p1/p12002.pdf>

You Can & Should APPEAL!!!

The course is available on our learning center and can be accessed by any APTA or PPS member using their login information.

<https://pps.learningcenter.apta.org/student/mycourse.aspx?id=1603255c-f8a7-4163-8063-11b0198de0fc>

Sample External Review Request Letter

Date

Your Name

Your Address

Name and Address of the Health Plan's Appeal Department

Re: Name of Patient
Plan ID Number:
Claim Number:
~~Provider Name:~~
Date(s) of Service:

Dear [Appeals Analyst]/To Whom it May Concern:

I am writing to request [a standard/an expedited (select one)] external review of your denial of the claim for assessment, treatment, or services provided by [name of provider on date provided].

The reason for denial was listed as [reason listed for denial on the plan's internal appeal determination], but I have reviewed my policy and/or discussed the treatment with my physical therapist provider and believe the treatment or service should be covered.

[Insert detailed information about the situation. Write short, factual statements. You do not need to resubmit documents that you sent for the prior internal appeal. If you are including new documents, include a list of what you are sending. For example:

- Reference and attach letters from the patient's providers, including the treatment plan, statement of medical necessity, provider's progress notes, etc.
- Reference and attach a copy of the internal appeal denial determination and the Plan's EOB, if applicable.
- Provide a copy of the patient's insurance card (if coverage is in dispute).
- Reference and attach proof of the patient's diagnosis (if diagnosis is in dispute).
- Reference and attach published research, if applicable.
- Reference and attach any other new documents you wish to provide to support your appeal.

Please send me a list of the documents being sent to the Independent Review Organization at the address below.

I look forward to receiving your response as soon as possible.

Template: Patient Grievance Letter

*(Insert the applicable information in brackets—leave the **[PATIENT]** **[ADDRESS]** **[DATE]** fields blank—and create a sample letter for your patients to mail or email to their payer, employer, and/or OIC.)*

[PATIENT NAME] [ADDRESS] [DATE]

[NAME OF PAYER CONTACT] [PAYER ADDRESS]

Re: Physical Therapy Utilization Prior Authorization

Dear **[NAME]**:

I am writing this letter in response to **[PAYER]**'s recent prior authorization requirement for my physical therapist (PT) services in **[STATE]**. I understand that **[PAYER]** now requires prior authorization through **[UM VENDOR]** following an initial evaluation to approve my PT.

Prior authorizations make accessing my PT care harder. I want access to the benefits I agreed to in my health insurance policy, but **[PAYER]** has chosen to create a barrier to my access of a medically necessary essential benefit.

Patients have a choice. Some of us have individual **[PAYER]** policies; some are under an employer group plan. I plan to share my frustration with my employer, so that they will consider all options before renewing with **[PAYER]** unless this issue is addressed. I would also think that **[PAYER]** would be concerned about patients receiving the best care that is not delayed or denied based on arbitrary cost considerations that ignore my health.

I am asking you to reconsider your prior authorization policy. My physical therapist works to support my health. However, these requirements make it harder for my PT to help me.

Thank you for your consideration.

Sincerely,

[PATIENT]


cc: Director of Network Management, Provider Network Manager, Ancillary Provider
Engagement & Contracting, Office of the Insurance Commissioner, Local Assembly Member

<https://oci.wi.gov> Filing a Complaint

[Reset Form](#)

INSURANCE COMPLAINT FORM

Complaint Phone Numbers (608) 266-0103 In Madison
1-800-236-4517 Statewide
Fax Number (608) 264-8115



State of Wisconsin
Office of the Commissioner of Insurance
125 South Webster Street
P.O. Box 7873
Madison, WI 53707-7873
oci.wi.gov

The Office of the Commissioner of Insurance (OCI) assists consumers with their insurance problems. In order for us to investigate your complaint, please complete this form as thoroughly as you can and return it to us at the address shown above. A copy of your complaint will be sent to the company or agent with a request to respond directly to you and to advise our office of the action taken. You should hear from the company or agent in about 25 days from the date you send us your complaint. When we receive the information from the company or agent, we will review the file to determine what action we can take. We will notify you of our determination. If our office is unable to obtain the resolution you desired, you may consider contacting a private attorney for advice. If your complaint involved a claim dispute, you may want to contact your county's small claims court.

TYPE OR PRINT CLEARLY WITH A BLACK PEN. COMPLETE BOTH SIDES OF THIS FORM.

1. Your Name <input type="text"/>	
Mailing Address <input type="text"/>	
City <input type="text"/>	State <input type="text" value="WI"/>
Zip Code <input type="text"/>	
E-mail Address (initial correspondence from OCI will be sent via e-mail) <input type="text"/>	
Phone number where we can reach you between 8:00 - 4:30 p.m. <input type="text"/> - <input type="text"/>	
2. Name of Insurance Company Involved <input type="text"/> <small>(Please provide the PRECISE NAME of the insurance company. Incorrect names will delay the handling of your complaint. The name of the company can be found on your insurance policy, usually on the first page.)</small>	
3. I am filing this complaint as: <input type="checkbox"/> Insured <input type="checkbox"/> Agent <input type="checkbox"/> Third-Party <input type="checkbox"/> Provider <input type="checkbox"/> Other (specify) <input type="text"/>	
4. Type of Insurance <input type="checkbox"/> Auto <input type="checkbox"/> Individual Acc/Health <input type="checkbox"/> Business <input type="checkbox"/> Life/Annuity <input type="checkbox"/> Home <input type="checkbox"/> Group Acc/Health <input type="checkbox"/> Other (specify) <input type="text"/>	
5. Name of Insurance Agent Who Sold the Insurance (Not the same as 2., above) <input type="text"/>	
6. Name and Address of Insurance Agency, if Applicable (Not the same as 2., above) <input type="text"/>	
7. Name of Policyholder (if other than 1., above) <input type="text"/>	8. Policy or Certificate # <input type="text"/>
9. Date Policy or Certificate Was Sold <input type="text"/>	10. State in Which Policy or Certificate Was Sold <input type="text" value="WI"/>
11. Claim or File #, if Applicable <input type="text"/>	12. Date Loss Occurred or Began, if Applicable <input type="text"/>

OCI 51-005 (R 07/2015) (OVER) [Go to Page 2](#)

- ▶ Before reaching out to OCI about your dispute, contact the [insurance](#) company and ask them to resolve the issue.
- ▶ State your dispute to the company's representative.
- ▶ Ask them what you need to do to submit your dispute (e.g., write a formal letter of complaint, file any specific forms, provide supporting documentation, etc).
- Keep records of all your communications with the insurance company regarding your dispute. When calling, note the phone number you called, the name of the person you spoke with, the date of the call, and write a brief summary of the conversation. Keep copies of all correspondence between you and the insurance company regarding the complaint, including all emails you send and receive.
- Gather and send all of the required documentation to the address provided by the insurance company. Note: you should send copies (*not the originals*) of all your personal supporting documentation, such as invoices, notes, canceled checks, notices, etc.

OCI Actions



- Send your complaint to the [insurance](#) company and require them to provide an explanation for their actions (**insurance companies/agencies have 20 days plus mailing time to respond**).
- Review the company's response to make sure they followed Wisconsin state laws and your [policy](#).
- Work with the company to resolve your problem or help you and the company communicate with one another.
- Help you understand your insurance policy.
- Recommend places you can go for help if we don't have the legal right to resolve it.

Filing Medicaid Complaints

Ombuds

Who are the Ombudsmen?

If you have questions or concerns about your Wisconsin BadgerCare Plus or Medicaid SSI Health Maintenance Organization (HMO), the Ombudsmen (pronounced "Om-budz-men") or Ombuds may be able to help you.

What do the Ombuds do?

- Research and resolve enrollee grievances about the care or services provided by BadgerCare Plus or Medicaid SSI HMOs.
- Help BadgerCare Plus or Medicaid SSI HMO enrollees with grievances, whether informal (telephone calls) or formal (written).
- Help BadgerCare Plus or Medicaid SSI HMO enrollees understand their rights and responsibilities.
- Represent enrollee rights with BadgerCare Plus or Medicaid SSI HMOs.
- Act as a fair and impartial go-between.

When would you contact the Ombuds?

As a BadgerCare Plus or Medicaid SSI HMO enrollee, you may call the Ombuds anytime during your HMO enrollment.

Why would you call the Ombuds?

- Your BadgerCare Plus or Medicaid SSI HMO is billing you for services during the time of enrollment.
- You are unsure of your rights as an enrollee.
- You are unable to get a BadgerCare Plus or Medicaid SSI-covered service from your HMO.
- Your HMO has denied, reduced, or stopped BadgerCare Plus or Medicaid SSI-covered services.
- You feel you were treated unfairly or disrespectfully.

BadgerCare Plus or Medicaid SSI HMO enrollees have the right to:

- Voice complaints.
- Be treated with respect and dignity.
- Be treated fairly and impartially.
- Receive interpreter services during the grievance process.

How do you file a grievance?

- Call us at 1-800-760-0001, and ask to speak with an Ombud.
- Write a letter to the Ombuds explaining your problem and send it to:

BadgerCare Plus or Medicaid SSI HMO
Ombudsmen
P.O. Box 6470
Madison, WI 53716-0470



Remember: Your health care benefits will not be affected because you file a grievance. All information will be kept confidential.

Legislative Model UR/UM Asks

- ▶ #1 No Prior authorization requirement for the first twelve visits. This will significantly reduce the burden and delays on prompt PT care. It will also save money for the third-party payers and increase the likelihood that extended prior authorizations will be completed in a timely fashion!
- ▶ #2 No prior authorization for 90 days of PT care for patients with chronic pain- which will enable these patients to have prompt, uninterrupted rehab that is essential to managing pain without reliance or with reduced reliance on pharmaceuticals- especially opioids.
- ▶ #3 **No prior authorization for PT following approved surgeries or procedures where PT is essential to the success of the surgery or procedure to return the patient to function!**
- ▶ #4 When prior authorization for PT is required- responses be required within 48 hours or the authorization is assumed approved. After all, providers are held to strict standards of timely prior authorization submission, or they are subject to denials. Payers should have comparable standards.

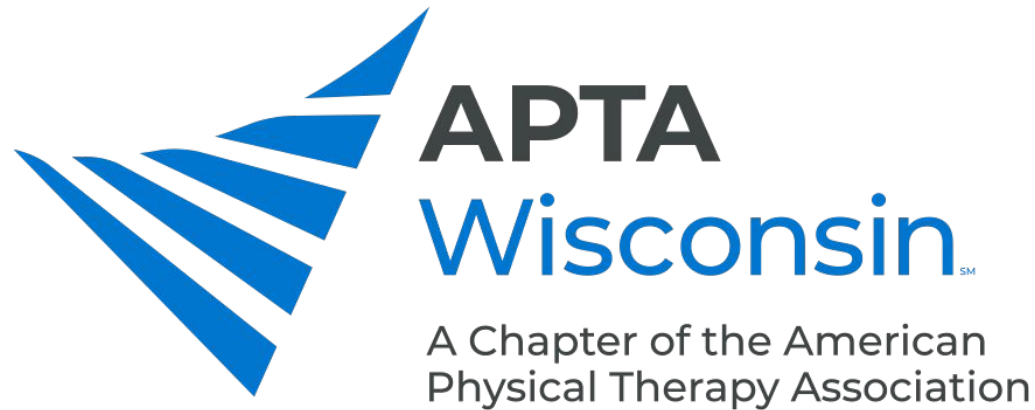
More...

- #5 When prior authorization is denied, there should be clear and transparent communication to both the provider and the patient including information on the basis for the denial.
- #6 When prior authorization is denied, the basis for decisions must have references to their evidenced-based reasoning as opposed to applying irrelevant claims references.
- #7 When utilizing UR/UM organizations, evidence should be provided that reviewers who manage these services be properly credentialed in Wisconsin as PTs.
- #8 That if the UR/UM company requires the provider to do all the data entry for them over and beyond the extensive evaluations, outcomes tools, progress reports, and daily notes already completed by providers, there be a consideration for the costs of adding that administrative burden. Either increase reimbursement to providers to cover their costs or add payments for providers doing the additional data entry for the UR/UM.
- #9 **Realign copays for physical therapy services to be consistent with primary care copays rather than specialists.** PT is not a onetime consult visit – like a neurologist but instead a multiple visit service that should not be disincentivized by charging unreasonable copays.

Next Steps...

- Initiating a discussion between the new WI Anthem BCBS in-house lobbyist and Lynn Steffes, facilitated by our lobbyists
 - Presenting to the Wisconsin Hospital Association (WHA) in May 2022 at their public policy council to seek their support
 - Meeting with additional stakeholder groups in preparation for the next legislative session with the intent to build a bigger and broader coalition
 - Follow-up discussions with Senator Mary Felzkowski (Chair of the Senate Insurance Committee) and other legislative leaders key to this initiative
 - Prioritizing this legislation during campaign season when legislative members adjourn from session (adjournment tentatively March 2022) and are open to hearing about priorities from their voters
 - Creating new and creative ways to raise political action (PAC) dollars to support legislators who are pro-PT
 - Continuing the “grassroots” efforts to generate letters from PT’s, patients and others negatively affected by the current URUM process
- ▶ As a reminder, the State Legislature is adjourned and will not return until next session which will span from January 2023 through March 2024.

APTA Wisconsin Advocating for You!





Federal Advocacy Update

Consolidate Appropriations Act of 2022

- On March 11, 2022 Congress approved a \$1.5 B spending package to fund the govt through Sept 30.
- Of note for physical therapy:
 - PTA Differential (SMART Act) was not included in the package. This legislation aims to address the PTA/OTA payment differential. The House Bill Still exists (HR 5536).
 - The package also includes a provision that allows PTs to continue providing services via telehealth under Medicare for an additional 5 months past the end of the pelvic health emergency.
 - Sequestration Moratorium was not extended

Workforce Diversity

- On March 15, 2022 the PREVENT Pandemics Act was passed in the Senate HELP Committee
- Legislation focused on strengthening the nation's public health and on medial preparedness and response systems following the Covid-19 pandemic
- Of note – Language from APTA's Allied Health Workforce Diversity Act (S 1679) is included in this package

Social Determinants of Health

- The Prevent Pandemics Act also includes language from the Improving Social Determinants of Health Act (S 104)
- This legislation requires the CDC to establish a program to improve health outcomes and reduce inequities by coordinating activities across the CDC.
- The CDC must award grants to eligible organizations to build capacity to address social determinants of health.

Long Covid

- On March 2, new legislation Comprehensive Access to Resources and Education (CARE) For Long COVID Act was introduced (S 3726)
- If enacted the legislation would:
 - centralize data regarding long Covid patient experiences
 - expand research to provide recommendations to improve the health care system's response to long Covid
 - Require the CDC to develop and provide the public with information on common symptoms, treatment and related illness
 - Facilitate interagency coordination to education employers and schools on Long Covid

Questions

- Please reach out to your senators and representatives with concerns regarding the legislation on the APTA Legislative Action Center:
<https://www.apta.org/advocacy/take-action>
 - You can do this on your cell phone right now!
- If you have other questions or legislative concerns for the national level please reach out:
 - SarahMStineman@gmail.com

THANK YOU FOR ATTENDING

Questions or comments?

