

1055 North Fairfax Street
Suite 204
Alexandria, VA 22314-1488
703/ 299 2410
800/ 517 1167
703/ 299 2411 fax
www.ppsapta.org

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Tell Us How You Arrange for Coverage for Short Term Absences from Your Practice?

Lobbyists for PPS are working hard to build support for a bill which will make it easier for small private practice clinicians to find substitute therapists to fill in for them in cases of short term absences. Under Medicare law, PTs are not allowed to use “Locum Tenens” therapists and bill Medicare for their services under the practice. Naturally, this issue more commonly affects the smallest of practices and those located in more rural areas; however, as private practitioners, I am sure that all of you can imagine a time when you could make use of such a tool.

Currently there is a bill in the House of Representatives, [HR3426](#), which would add physical therapists to the provision known as “Locum Tenens” in the Medicare law. This long overdue technical correction is needed to enable the owner of a small or solo PT practice to continue provide care to their patients who are Medicare beneficiaries—even under unavoidable circumstances when they cannot be present—such as a family emergency, medical treatments, maternity leave, or jury duty. The bipartisan bill has no cost and has no known opposition.

If physical therapists were able to use this provision, Medicare beneficiaries would be able to continue their care uninterrupted when the owner of a small or solo PT practice needs to be away for a short period and the practice could bill for their treatment.

Support for this technical fix is growing. In addition to the House bill which has 10 cosponsors, Senators Charles Grassley (R-Iowa) and Bob Casey (D-Pennsylvania) are going to introduce the Senate version of the bill in early September.

This is where you come in. In order to garner more support and engage additional Members of Congress, we need to be able to describe specifically how this issue affects you as a private PT and the care of your Medicare patients. How have you coped with this situation? Have you had to postpone care for Medicare patients? Have you had to enroll substitute PTs in Medicare and, if so, has there been time or financial delays as a result? What “work-arounds” have you employed to keep your practice operational?

Your lobbyists have a few examples, but we need more Members of Congress want to know how *their* constituents are impacted. Help us advocate for you, your practice and your patients by sharing your experiences with us. Please be as detailed in your description as you can. The more information we have, the stronger our advocacy efforts can be.

One example: A private PT in Iowa had four clinics. One of her clinics in a small rural town in northwest Iowa was doing remarkably well and the local therapist was treating a fairly sizeable Medicare population due to the demographics of the surrounding area.

Despite having five months’ notice that her therapist would be taking maternity leave,

without locum tenens, the practice owner was unable to bring in a qualified substitute.

She attempted to fill the vacancy through an agency, but was unable to use the CMS

certification process because the travel agency was unable to tell her the name of the physical therapist(s) they would be assigning to her clinic during the leave. Nor could they assure her that the same therapist would be assigned for the entire leave. Since she was also a therapist of record for that location, the practice owner's only solution for the problem was to drive 143 miles one-way to ensure the clinic remained open and was able to continue to treat the care for all the patients, including Medicare beneficiaries, during the local therapist's leave of absence.

Another PPS member writes: "My husband and I have a small private physical therapy practice in [Texas]. My daughter is getting married in October and I am currently having to go through major antics to get the clinic covered by another therapist while we both take a few days off to enjoy this event. In fact, my husband, and I have not been able to take a vacation together since Hurricane Ike because of Medicare regulations!!!! See, we are the only therapists here since the storm and we are not allowed to get temporary licensed coverage (locum tenens) in our absence. To get coverage we have to hire a Medicare authorized therapist AND file with our Medicare contractor to get the therapist "assigned" to our group practice number. If this was easy, it might work BUT 6-10 weeks is not uncommon for processing and I have heard of it taking as long as 3 months. Then if the contractor does not use his/her provider number during the following year it goes dormant and we have to start all over. When my husband needed surgery, we had Medicare authorized therapist friends willing to help but didn't have time to go through this ridiculous process and had to close the clinic."

Still another Section member is self-employed and has been working part time for 20 years in both hospital and private practice settings across rural and frontier Montana. Recently, she was working in private practice settings and was unable to serve Medicare beneficiaries because she isn't personally enrolled as a Medicare supplier—something that is not necessary to treat Medicare patients when she cares for them in a hospital setting. While she wants to be able to serve Medicare beneficiaries in any setting, including private practices, she has decided the hassle and cost to pursue multiple location-specific Medicare enrollments is not worth it.

What examples do you have that will help us make our case for this needed legislative change? Please promptly send an email to PPS headquarters with "Locum Tenens" in the subject line. Please help your lobbyists help you.

Sincerely,

Your Government Affairs Committee, PPS