

AOTA and State Associations: Collaborating on Local Reimbursement Issues

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For many occupational therapy practitioners, getting reimbursed for services is an important and often time-consuming process.

Reimbursement can also be complicated because of varying state and local payment policies, as is the case with reimbursement through Medicare, which is run by the federal government's Centers for Medicare & Medicaid Services (CMS). With Medicare, claims are reviewed and paid for by Medicare administrative contractors, who can develop their own payment policy—local coverage determination (LCD)—when Medicare does not have a national coverage policy on an item or service.

AOTA's Reimbursement and Regulatory Policy Department advocates with agencies, contractors, and other groups that establish payment rules for therapy. Although many regulations come from federal agencies, there are often federal contractors that establish payment policies on the state or local level that can affect reimbursement.

One such case occurred in early May, when the New York State Occupational Therapy Association (NYSOTA) notified AOTA that the Medicare contractor in New York—National Government Services (NGS)—had invited it to attend a meeting about a draft LCD. NGS also contacted the Connecticut Occupational Therapy Association (ConnOTA) to attend a similar meeting.

The draft LCD included some provisions that would make documentation requirements more cumbersome for occupational therapy practitioners. The proposal would change “supportive documentation recommendations” to “supportive documentation requirements” that exceed national standards from CMS. Upon learning about the

proposal, AOTA met with both NYSOTA and ConnOTA to develop a strategy to raise concerns. Staff worked with volunteer leaders to develop comments and talking points to discuss during the meetings with NGS.

“LCDs impact payment at the local level, so it is important for a state association to attend meetings and submit comments,” says Jennifer Bogenrief, manager of AOTA's Reimbursement and Regulatory Policy Department. “AOTA can help develop comments and provide other assistance.”

At the invitation-only meeting, the state association representatives told NGS their concerns about the draft LCD and provided written comments. With feedback they received from NGS during the meeting, the state associations and AOTA developed the final comments due in late June. All three associations submitted comments to NGS, and are waiting to see the final LCD.

GET INVOLVED

Being aware of and getting involved in local and state reimbursement issues is an important aspect of advocacy for individual practitioners, too, Bogenrief notes. Comments on draft LCDs do not only have to be from associations—individuals can and should submit comments, especially when providing clinical insights on how the draft LCD would affect Medicare beneficiaries.

“If you find a problem with a draft LCD, contact AOTA,” says Bogenrief. “Even if you don't understand the issue completely, we will help you develop comments. Sometimes we've actually worked on a similar issue in another state and can provide you with resources, materials, and past comments.”

AOTA posts information about LCDs in the Reimbursement News section of its Web site (www.aota.org/reimb), and individuals can also join the e-mail listservs of their local Medicare contractors. To see the CMS list of LCDs, visit tinyurl.com/cms-state-lcd.

“Bad LCD policies can affect access to occupational therapy services, restrict what treatment interventions an occupational therapy practitioner may provide, or impose unreasonable and burdensome documentation requirements,” says Jeffrey Tomlinson, OTR, MSW, FAOTA, the NYSOTA Legislation and Government Relations coordinator.

How do you develop comments? “My advice [when working on comments] is to be prepared,” says ConnOTA President Susan Goszewski, MSM, OTR. “Review what is being proposed and what is written in the Medicare Benefit Policy Manual, Chapter 15. Have written comments reviewed by AOTA, along with experts in the field from your state organization.”

Goszewski also recommends networking with your state's physical therapy association because both groups often have common goals, and it can be beneficial to have a consistent message about delivering therapy services.

State and local issues can affect access to services and whether clients receive appropriate coverage.

“Decisions are being made every year by state legislatures, local governments, and school districts about how occupational therapy services will be paid for and who will get our services,” says Tomlinson. “In today's economy, we can't assume that occupational therapy will be adequately mandated as a covered service for all of those in need.” ■

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