

Arizona



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Date May 11, 2017

Jacqueline Kurth, Manager
Medical Resource Office
Industrial Commission of Arizona
800 W Washington Ave, Suite 305
Phoenix, AZ 85007

Re: 2017-2018 Physician Fee Schedule changes

Dear Ms. Kurth,

As Office Manager to a small therapist owned Physical Therapy practice, it is my job to make sure we are operating on budget while also providing superb care to all of our patients. Our model of patient care brings the patient together with a therapist for 60-75 minutes of direct hands on treatment. If this quality of care was only influenced by our therapist's direct interaction and treatment of patients, then an increase in the fee schedule may not be the answer. Then again that would make us a cash only clinic and inflation is still alive and flourishing. Unfortunately, this is not the case. In our practice today we may spend as much if not more time working on behalf of the patient to verify coverage information, obtain authorizations, work around insurance stall tactics and efforts deny or avoid payment of services. Often time these are services for which the patient has sufficient health insurance coverage as well as their physician's prescription ordering a specific treatment plan. This amount of administrative time and money necessitate reasonable reimbursement rates for patient care to prevent over booking of appointments and/or reducing quality patient care.

The increasing trend of TPA involvement in workers' comp cases and increased Peer to Peer Reviews are driving up administrative costs even further. While communication between therapist and insurer is crucial, the process to do so is lacking and ends up causing redundancies in documentation and often times occur during treatment times.

When each company has its own distinct process to receive information it consumes the support staff's time. They are forced to translate the appropriate information from documents already professionally written and formatted within an EMR system onto generic template forms that are not equipped to handle the specificity of a patient's current functions, limitations and co morbidities. Once completed it is not always a guarantee the information will be received on the first transmission, or processed in a timely matter causing additional follow-up efforts to ensure continuity of care which has been directed by the physician. Once care has been authorized, completed and billed out additional road blocks are often encountered to actually received payment for the quality care provided.

All of these factors directly influence our cost to treat patients with the quality of care deserved. We need to be weary of national conglomerates who offer referral volumes based upon discounted fees and commercial insurances who over burden with paperwork to delay or limit patient care and reimbursement.

Thank you for your time.

Respectfully,

Eric Sanderson

Eric Sanderson
ASPT - Office Manager