

Marquette Project White Paper

Purpose: Insurers and their affiliates establish medical policy upon which payment and clinical decisions are rendered. These policies should be transparent and available to physical therapists treating patients enrolled in the plan. The purpose of this project is to determine the ease or difficulty in finding these policies and if they are available to providers.

Objective: Twelve Doctorate of Physical Therapy Level Students at Marquette University were assigned by Professor Bridget Morehouse, MPT, MBA to work with Mary Daulong, PT and James Hall, CPA to review physical therapy medical policies for five national payers and three additional payers in each of the fifty United States (an exception was the state of Wyoming, where only one additional payer was studied). Thirty attributes were identified for the students to locate within the payment policies. Examples would include the payers' definition of medical necessity, use of coding edits, and use of the eight-minute rule. Students were asked to verify whether or not websites (URL's) used in previous Marquette Projects were still valid and if websites required logins or passwords. Additionally, students were asked to time (using a military scale) how long it took to locate policy items. Finally, the thirty policy items selected are those discussed within CMS's Medicare Medical Policy. The members concluded that Medicare's policies were most transparent in relaying to providers what is needed to justify payment for services. In keeping with this assessment, CMS policy was used as the basis for comparison when reviewing commercial payers' policies.

Tasks: Using a subjective scoring system, students were asked to grade thirty individual attributes of payment policy on the ease in locating them-see scorecard on page 4. If the students deemed the policy easy to find, they assigned a score of 1 and if difficult, a score of 5. If the students were unable to locate items, they were asked to score the item as NA-Not Applicable and this was assigned a score of 10. The intent of assigning a score of 10 was to skew the average to help us understand if a scorecard item was truly difficult to find (meaning the average would be closer to a 5 score), or whether it was even addressed by the insurance company. Anything scoring an average of 7.5 or higher illustrated the scorecard item likely is not addressed at all by the payer. Students were also encouraged to share their observations regarding each insurer's website. Each student was asked to complete a scorecard on the following national insurers: Aetna, Cigna, Humana, Tricare and United Healthcare. The students were also assigned four states with three payers from each state to review. The remaining two states (Wisconsin-3, Wyoming-1), with four total policies, were assigned to Mary Daulong for review. Overall, a total of 153 insurance websites and medical policies were reviewed with a scorecard completed for each during the course of the project.

Findings: Locating a payer website seemed to be the easiest thing for the students to complete (which makes sense because websites were documented in previous studies and supplied to the students). Of the 153 total payers, students were provided with 95 website addresses

from the previous studies. The remaining 58 payers were left for the students to locate and document the website. In addition, students were asked to document whether website addresses had changed from the prior studies. Out of those 95 payers, 26 or roughly 27% had changed where their website or the location of medical policy. Also, approximately 8.5% of the 153 total payers had login or passwords which were barriers to accessing policy information. Finally, terminology varied from insurance company to insurance company on the same or similar items, which resulted in a greater investment of the students' time.

The overall score and time to locate items was 6.84 and it took students approximately 42 minutes to search for all thirty attributes of the payment policy. For those websites where a URL was provided, the average score was 6.46 versus a score of 8.17 where it was not available. There was not a significant difference in the amount of time it took students to locate the scorecard items when a website URL was provided versus when it was not. HOWEVER, it took 9 minutes on average to resolve the first three attributes on the scorecard when a URL was provided and nearly 20 minutes when one was not. Conversely, it took 32 minutes to find the other attributes on the scorecard when the URL was provided versus 21 minutes when one was not provided. Overall the students indicated that when a URL was not provided, information seemed to be lacking in all categories. This meant it took the students less time to locate the remainder of the items on the scorecards because they did not exist. The summary scores on all 153 plans is located on page 5.

Student Observations: The national payers seem to have policies that were more readily available to the physical therapy providers. Those policies were more transparent and were located by the students with greater ease. State-based payer policies were, in general, more difficult to access. With an average score for all payers of 6.84 and an average time to locate items of 42 minutes, students expressed concern about how much time might be consumed chasing policies that may or may not exist.

Instructor's editorial comments: There are approximately 20,000 Commercial, Worker's Compensation, Auto Liability and ERISA (Employer Self-Funded plans) nationwide, all of whom have different medical policy provisions and requirements. In addition, State and Federal Regulations may impact those policies which can create variations in medical policy for an individual payer as a result of where care is provided. All three instructors of this project have had an opportunity to actively lobby legislators at the local, state and federal level. Jim Hall shared the following from a conversation with one U.S. Senator's Health Policy Advisor, "Jim, I hear these anecdotal stories about how medical policies and the administrative nightmares/burdens they create within the healthcare profession, but where is the research?"

The three instructors recognize the study data collected to date is lacking. However, it clearly illustrates a problem that healthcare providers encounter when their treatment is somehow

flagged for review or denied for coverage. Finally, when a provider does attempt to appeal these decisions, the time spent gathering information from an insurance company website is not likely to justify the financial return for their efforts. In other words, 42 minutes (on AVERAGE) to locate medical policy items plus the additional time spent to read, digest and appeal the claim is likely going to cost a therapy provider's office somewhere around 1.5-3 hours of time. Stated in another manner, it will likely take an hour and a half to locate, review and digest a medical policy to address an insurers concern regarding a patient's care. Once the policy is understood, the healthcare provider will then have to review the denial in conjunction with the insurer's appeal process instructions. They then must incorporate the policy into their appeal and coordinate any additional documentation that is required. Assuming there is more than one date of service involved, it becomes more cost effective to follow up as the return on investment becomes more financially viable.

Conclusion: Studies of physical therapy medical policy will continue. At this point we believe that establishing standardization at the state and federal levels (even with defining terms) would go a long way toward alleviating the administrative burden it presents to healthcare providers. While HIPAA creates standards that most insurance companies and healthcare providers are required to follow, there is still too much latitude/variation in payers' medical policy terminology and availability.

Subject Matter	1	2	3	4	5	N/A	Time
Rating Scale: 1– 5; 5 being the most difficult or problematic							
Time: in Military rounded to 5 minutes.							
1. Locate the website for the payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
www.unitedhealthcareonline.com							
Was website at this address? Yes ___ No ___							
Login/Password Required? Yes ___ No ___							
2. Locate the provider policy manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Locate physical therapy policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Locate the following physical therapy policies							
• Medical Necessity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Documentation guidelines/standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Requirement of a referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Requirement of a Plan of Care (P of C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Requirement of signed P of C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Frequency/duration of P of C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Report(s) content guidelines (Eval, PR, DC, Daily Note, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Use of CCI Edits (59 modifier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Use Waiver of Liability Form or Provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Functional Limitation Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Locate utilization management/billing policies							
• Limitation of units/visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Limitation of billable units per CPT code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Non-covered services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Specific CPT code(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Experimental/investigative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Due to a financial cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Scope of practice limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Guidance of coding per CPT code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Start & Stop time for 1:1 codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• 8' Rule or AMA > 50% for billable units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• ICD-10 to CPT Code coding requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Audits & Appeals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Precertification/Pre-Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Locate supervision & delegation policies							
o Supervision of PTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Supervision of PT Aides/Techs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Supervision/delegation per practice act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Non-eligible providers enumerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Time: Is total amount of time to accomplish 1-6 but also note time for # 1,2 & 3							
Military Time				Comments:			
5 = .08	35 = .58						
10 = .17	40 = .67						
15 = .25	45 = .75						
20 = .33	50 = .83						
25 = .42	55 = .92						
30 = .50	60 = 1.00						

Marquette Project 3				
Final Results-All Scorecards				
Fall 2017				
		Y	N	
Was URL Provided?		95	58	153
Had URL Changed?		26	XXX	
Login/Password Required?		13	135	148
		Aggregate Scores		
Scorecard	Scorecard			
Item	Item			
Number	Description	Total		
1	Locate Website	1.74		
2	Locate Provider Policy	3.61		
3	Locate PT Policies	4.41		
Locate the following Physical Therapy Policies				
4	Medical Necessity	4.53		
4	Documentation Guide/Stand	6.06		
4	Referral Required	5.57		
4	Plan of Care Required	6.10		
4	Signed Plan of Care Required	7.47		
4	Frequency/Duration of POC	7.31		
4	Report Content Guidelines	6.99		
4	Use of CCI Edits Required	8.34		
4	Use of Waiver of Liability Reqd	8.13		
4	Functional Limit Reporting	8.28		
Locate Utilization Management/Billing Policies				
5	Limitation of Units/Visits	6.25		
5	Limitation of Billable Units/CPT Code	7.59		
5	Non-Covered Services	5.19		
5	Specific CPT Codes	7.07		
5	Experimental/Investigative	7.28		
5	Financial Cap on Services	9.22		
5	Scope of Practice Limitation	8.42		
5	Guidance of Coding per CPT Code	6.74		
5	Start/Stop Time for 1:1 codes	8.51		
5	8 Minute Rule or AMA > 50% for billable units	8.80		
5	ICD-10 to CPT Code Coding Requirements	7.24		
5	Audits & Appeals	6.78		
5	Precertification/Pre-Authorization	5.31		
Locate Supervision & Delegation Policies				
6	Supervision of PTA	7.11		
6	Supervision of PT Aides/Techs	8.51		
6	Supervision/Delegation per practice act	8.13		
6	Non-Eligible Providers Enumerated	8.50		
Total Score		205.18		
Total Average Score		6.84		
Timing by Section of Scorecard				
1		0.05		
2		0.08		
3		0.09		
Items 4-6		0.48		
Total		0.70		