



Practice & Payment News

Dear APTA Indiana Members:

I want to update you on actions taken since I last wrote to you in February, regarding the ongoing issue with Anthem's utilization management program for physical therapy, administered by AIM Specialty Health.

Many of you, at that time, participated in a survey or provided other anecdotal evidence that greatly helped APTA Indiana better understand how the AIM program is impacting you and your patients. Thank you for your participation! Survey findings found:

- Insufficient authorized visits, particularly occur for pediatric, post-surgical, neurological, and complex chronic patient conditions.
- On average, 6 visits are authorized for initial authorizations, 4 visits second authorizations, and 2 for third and subsequent authorizations.
- On average, 30-60+ minutes is common for providers to wait to schedule a peer-to-peer review.
- The authorization process is delaying access to care, an average of 1-2 weeks.
- There are many patient examples of how these issues led to patient regressions and other negative effects.
- All three Anthem products are impacted, but Anthem Medicaid patients represented half of the case examples.

APTA Indiana sent a letter to Anthem on April 2, 2021. This letter outlined survey findings, survey results as well as a request to meet to discuss the issues and collaborate on patient centric solutions. Indiana Medicaid also received a letter to notify them of the ongoing issues as many of their beneficiaries are being impacted.

APTA Indiana met with Anthem and AIM on June 11. Anthem appreciated the insight provided through the survey and acknowledged the need for improvement in the AIM program. During this meeting, discussion focused on the following:

- The need for greater visit allocation, particularly for the vulnerable patients the survey identified.
- AIM portal recommendations to facilitate better visit allocation at the initial prior authorization.
- improvements to reduce administrative barriers to high quality and timely care due to:
 - Long wait times scheduling peer to peer reviews and frequent authorization requests.
 - Delayed care, awaiting authorization, when adjunctive therapy codes are requested.

During the meeting, AIM shared:

- Changes to the telephone tree have been made to allow the provider to reach a reviewer.
- It is important that providers understand the [AIM Guidelines](#), as some denials and delays occur due to the guidelines not being applied by providers.
- When a case is denied, a peer-to-peer call can help to facilitate discussion about the case, provide more documentation, etc... Otherwise, AIM encourages providers to check the portal for authorization status to reduce the need to call into AIM.
- Functional Outcome tools are strongly considered and they encourage providers to use the same outcome measure on subsequent authorization requests that was used at the evaluation.

APTA Indiana will continue to work with Anthem and AIM through these issues. Please continue to reach out to me at andrealausch@inapta.org with payer issues that arise, so steps may be taken to remedy the issues as they occur.

Given the challenges with payers, I would also like you to consider attending the upcoming webinar "Positioning Physical Therapy Services With The Commercial Payors, The Employer". Click [HERE](#) to learn more about this webinar opportunity and to register.

Thank you again for being a valued member and helping to advocate for proper payment and access to our profession.

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