

STUDENT SERVICES AND MEDICARE REIMBURSEMENT

Education Strategies

APTA received an advance copy of the program memorandum on student services under Medicare Part B that was sent to Fiscal Intermediaries and Carriers on Monday, April 11, 2001, with an effective date of April 11, 2001. Program Memorandum Transmittal AB-01-56 is provided in the form of questions and answers. The memorandum is similar to a previous draft that the Health Care Financing Administration shared with the TriAlliance several months ago, which indicated that services provided by students to Medicare Part B patients are not billable to Medicare.

In addition to seeking clarification on student services under Medicare Part B and Part A, APTA has been working to ensure that the policies, which HCFA establishes, are appropriate. Student services provided to patients who are insured under plans other than Medicare may still be covered. Coverage of student services in these cases may vary among individual insurance plans. The current regulation as stated prompts us to provide possible alternative strategies for consideration by academic programs and clinical education sites.

Suggested strategies and considerations are offered below that may serve as an incentive for immediate remedies and as a catalyst for future discussions among the education community. By no means are these strategies all-encompassing. However, they are intended to assist the education community in directing its efforts toward alternative remedies that are pragmatic, feasible, and more immediate in nature. We encourage you to review these possible alternatives and to share any additional ideas that you may have contemplated, discussed, or even implemented with us so that we may continue to expand the list of possible strategies. Please forward any additional ideas or suggested strategies to jodygandy@apta.org. The more collaboratively we can manage this situation, the greater the likelihood that the profession will be able to manage the transition successfully.

Strategies for Clinical Education Sites

- Facilities need to cease seeking reimbursement for services provided by students to patients with Medicare Part-B to comply with the April 11, 2001 HCFA Program Memorandum.
- Clinical education sites need to be appraised of the status of this regulation and be responsible for ensuring that all clinicians at the site are informed of the regulation and its current clarification.
- Patient care provided by students is not reimbursable for patients with Medicare Part-B. However, this regulation only applies to outpatient services, whereas student minutes can count for patients with Medicare Part-A in SNFs where the supervising therapist is within "line of sight." Thus, this regulation does not apply to all types of clinical settings. For information about student reimbursement under Medicare in other practice settings see the reimbursement area of the web site.
- Clinical facilities might consider a different patient mix to provide student clinical learning experiences.
- Consider how to enrich the clinical learning experience to include observation of clinicians performing components of the patient management model at varied levels of clinical experience/expertise.
- Develop skills that students associate with "hand-off" care such as peer review, quality assurance, understanding administrative management, billing procedures, education and documentation, and the review of current research in support of tests and measures and interventions.

- Provide opportunities for students to strengthen their clinical reasoning abilities by seeking evidence to justify care delivered, compare observational learning experiences of similar patient diagnoses, and to develop a systematic approach to patient examination.
- Provide opportunities for students to be exposed to other health providers who cooperate to provide patient care as part of the team.
- Use approaches to scheduling student learning experiences with patients involving the licensed physical therapist that: (1) ensures the licensed physical therapist has contact with the patient on each visit to be reimbursed for patients with Medicare Part-B, and (2) supervision of the student is in line of sight for patients with Medicare Part-A (eg, wave scheduling used with medical students).
- Consider other ways students can be provided with learning experiences such as supplemental clinical teaching strategies, assisting the physical therapist in providing care as a second pair of hands, and assisting in developing a plan of care.

Strategies for Academic Programs

- Reassess where students are being placed for clinical education experiences. Consider removing students from clinics where a high percentage of patients are reimbursed primarily through Medicare Part-B and shift them to settings where there is a more varied patient mix.
- Seek additional clinical sites with non-Medicare Part B patient populations.
- The recent decline in student enrollments might mean that in the aggregate, fewer clinical sites might be needed by academic programs. Thus, academic programs should have sufficient number of clinical education sites to provide students with experiences with patient and clients that are representative of the variety of commonly seen diagnoses throughout the life span, including geriatrics.
- Reinforce with clinics that clarification regarding Medicare Part-B reimbursement and services provided by students would not impact clinical experiences that are primarily observational in nature.
- Provide opportunities for learning "hands-off" care to include management and administration, quality assurance, research, consultation, and education.
- Students can assist the physical therapist by acting as a second set of hands when conducting an examination or data collection and providing interventions or components of interventions.
- Programs may want to consider opportunities for students to be involved in pro bono care. A note of caution: if students provide pro bono care, it is important to examine state regulations and statutes and seek legal counsel regarding possible ramifications.
- The use of mock clinics provides learning experiences for students that allow for hands on patient care with either real or simulated patients.
- Academic programs need to initiate conversations with the clinical community to collaboratively manage clinical education to meet the interests of both academic programs and clinical sites.
- Support needs to be provided to the clinical community to assist them in advocating with administration and colleagues for a continued and strong commitment to physical therapy clinical education.

Strategies for Components

- Education Section/AASIG – The fall meeting of AASIG on October 13-15, 2000 in Chicago, Illinois provided an opportunity for physical therapist and physical therapist assistant academic faculty and clinical educators to be updated on the status of HCFA regulations, implications of these regulations on the education and practice communities, and to further develop and refine workable strategies. Additional strategies developed by participants during this conference are provided below.

More Education Strategies from the Academic Administrator Special Interest Group (AASIG) Fall Meeting Participant Suggestions

Strategies for Clinical Education Sites

Strategies for addressing “line of sight” supervision of students when patient/client services are covered by Medicare Part-A

- Use open treatment areas and gyms
- Use alternative means of clinical education that do not involve patient care such as solving evidenced based patient problems or interacting with other professions.
- Student performs a portion of the examination and/or interventions under the supervision of the physical therapist and/or physical therapist/physical therapist assistant team when involved with multiple patients.

Strategies for student learning when patient/client services are not covered by Medicare Part-B

- Students conduct comprehensive chart audits/reviews
- Students participate in patient satisfaction interviews
- Student conducts screening
- Student provides a case study presentation to demonstrate critical thinking processes.
- Students provide prevention/screening for specific patient populations or groups
- Students conduct ergonomic assessments for office staff on campus
- Students provide an aquatics program for children in public school with developmental disabilities.
- Student and CI switch roles. Student directs CI in patient examination/intervention, demonstrates clinical decision making, and student “checks” CI. Ensures that the licensed physical therapist provides direct patient care.

Other Strategies

- Clinical site conducts research on different types of clinical education experiences to determine most effective approaches and models.
- Use clinical specialists to provide clinical education experiences in the community and to teach in the didactic curriculum.
- Use of student/clinician teams that include various combinations such as physical therapist/patient team, teams comprised of more health care professionals with students.
- To maximize space and provision of services, provide part-time clinical education experiences late in the day (ie, 4-7 PM) in settings such as outpatient clinics.
- Provide internships with mentors/students as employees after graduation and have students complete their licensing examination like the medical model.
- Use of areas of clinical practice that may be externally supported and funded (eg, pediatric respiratory care) to broaden patient/client learning. For example, physical therapist assistant students could be provided a better understanding of pediatric respiratory care through such an exposure, without performing as PTAs to broaden their understanding of pediatric diseases.
- Provide early clinical experiences that are shorter in duration and rich in observational experiences.

Strategies for Academic Programs

Curricular Strategies

- Instruct student in 1st semester of the program about Medicare Part A and Part B reimbursement regulations.
- Consider other professions that students could be exposed to as part of the clinical learning experience or mentorship (eg, student observes patients/clients in different situations, completes a written assignment, discusses and reviews observations with didactic and clinical instructors).
- Re-orient students to value of “hands-off” learning experiences

- Provide clinical experiences or internships that are not necessarily hands-on and could include administration/business management, protocols/programs, materials/survey tools, and research.
- Integrate early clinical education experiences with limited time duration and very specific learning objectives.
- Have students complete clinical education experiences at the end of didactic component
- Conduct focus groups in the clinical community to determine what the issues and needs are of clinical educators and the community.
- Correct misinformation in the clinical community regarding the oversupply of students and provide current information on student enrollments.
- Emphasize problem solving in the didactic portion of the program and reconsider the notion that students need experience across the continuum of care in clinical education.
- Educate clinics as to appropriate ways to involve students in clinical education with patients who are Medicare Part-B such as data collection for examination, use of the PT/PTA CI model for PTA students, and increased use of clinical sites with patients with Medicare Part-A.

Practice Setting Options

- Develop relationships with small/single physical therapy practices that do not take Medicare patients. Ensure that an alternate supervisor/clinical site is provided for students in those situations where the physical therapy supervisor will be unavailable (eg, vacations, illness, emergency).
- Use alternate sites (eg, community based programs where we involve our students that are integrated for pedagogical reasons – might be faculty practice clinics) where “hands-on” patient care is not possible by involving students in chart review, patient interview, practice documenting, problem solving and reflective practice.
- Use “atypical” clinical settings to provide student experiences for strong pedagogical reasons including settings such as:
 - Assisted Living Facilities
 - Hippotherapy
 - Public service screenings (ie, mall, schools, SNFs)
 - Continence Center
 - Administration>
 - Wellness Center
- Consider underserved markets for clinical education experiences:
 - Prison/Correctional facilities
 - Nursing homes, Elder centers
 - Community Centers
 - Hospice
 - Meal Sites
 - Homeless Shelters
 - Uninsured population
 - Disabled students, adults with chronic disabilities, and other special sites
- Service Learning/Pro Bono Activities
- Additional treatment session performed by student pro bono within appropriate supervisory structure.
 - Students provide follow-up wellness programs for patients
 - Pro bono activities – case review, interact with other disciplines
 - Involvement in Special Olympics, gymnastics, pediatric camps
- Use patient population from local associations (MS, CP) to provide student opportunities in management.
- Develop international clinical education learning experiences.
- Select and use “best practice” clinical site(s), even if that precludes experiences with patients with Medicare beneficiaries.

Supervisory Approaches/Clinical Education Models

- Provide faculty appointments for clinicians who provide didactic instruction and clinical instruction for students in the program.
- Use of faculty practices and faculty as supervisors for early clinical experiences, where billing does not involve Medicare patients or other reimbursement regulations (eg, Dental school model, Barber and Beauty School Models)
- Use of on-campus student managed clinic
- Consider more faculty/student clinical opportunities
 - Athletes
 - Other faculty on campus
 - Mock clinics - use drama and theatre department students to be trained as simulated patients for mock clinics and practical exams.
 - Ergonomics evaluations for office staff
 - SNF (follow-up with patients discontinued from PT)
- Use of a swapping/rotational CI model – Clinical instructors lecture to students while academic faculty supervise students in the clinic.
- Use of collaborative clinical placements with PT/PTA student paired with PT/PTA clinical instructor team to foster better understanding of the role, relationship, and utilization of the physical therapist and physical therapist assistant.
- Provide activity-based clinical experiences for ½ day, every 2 weeks.
- Consider physical therapy education as a 3-step process
 1. Curriculum with clinical observation and hands-on treatment where allowed.
 2. Full-time clinical experience provided after graduation and completion of step 1.
 3. Allowed to sit for license examination only after successful completion of steps 1 and 2.
- Explore the use of alternative clinical education models for full-time experiences
 - Students graduate from the program ½ way through a year-long internship, then sit for the licensure examination and successfully obtain their license, and subsequently practice as a licensed physical therapist for the final 6 months of the internship and are able to bill for services. (eg, similar to the medical model)
 - Students become licensed and then complete full time “clinical residencies” post-degree. Student is paid, involved in rounds, peer review, QAI, and physical therapy education.
 - Use of self-contained model where academic and clinical faculty are paid by the academic program to supervise students during clinical education.
 - Use of standardized patients (eg, patients/clients with actual impairment or who simulate disability) for learning
 - Use model of 2 clinical sites to 2 students
 - Need to determine the payer mix of the practice settings in combination
 - Assess whether or not a student should be placed in the two different settings
 - Students obtain hands-on experiences between the two clinical sites
 - Not limited by pay or mix, increase patient experiences across the life span to expand learning opportunities that may be limited by patients with Medicare
 - Include ethical and legal considerations in the experience
- Explore the use of alternative clinical education models for part-time experiences
 - Allow students to go part-time even if it takes longer to complete the experience overall (ie, complete 4-week clinical experience in 8 – 12 weeks).
 - Allow students/faculty to provide learning experiences at practice settings that are not necessarily open 40 hours a week.
 - Use of part-time experiences provides a “breath of fresh air” for clinicians
 - Reimbursement issues may differ in the part-time clinical experience

Benefits Offered to Clinical Educators

- Negotiate between clinical facility and academic programs for services/benefits to provide student clinical education experiences.

- Bring the clinical educators working with the program's student in as a group to meet with students and to network with each other.
- Seek out or develop fee for service clinical placements.
- Offer discounts, free continuing education units, graduate course discounts, professional services, small grant funding, and other educational programs for clinical educators
- Medline searches and library access and privileges
- Academic program pursue offering state-based CEUs for persons who serve as clinical instructors (eg, Georgia uses this model)

Strategies for Learners

- Learners take the initiative to check patient's method of reimbursement
- Value observational and "hands-off" learning experiences - record observations, analyze patient/client movement, hypothesize diagnosis, suggest interventions, ways to provide more efficient care, evidenced-based literature in support of interventions
- Consider the internship as a job opportunity to assess performance expectations, send resumes to the clinical facility and consider an interview prior to leaving the experience
- Conduct student projects that benefit the clinical site/clinicians (eg, track reimbursement process for a PT from admission to discharge)

Strategies for APTA

- Continue to advocate for change in Medicare rulings and pursue legislative action
- Enhance clinical instructor credentialing program content to include creative teaching strategies for providing clinical experiences