



Rehabilitation Today

Michigan Association of Rehabilitation Professionals

Winter 2006

In this Issue:

- President's Letter
- Zonta International
- What Providers Need to Know About Medicare Managed Care

President's Letter

The MiARP annual fall conference was held on September 16, 2005. This year we offered a half day conference which was approved for three continuing education credits in ethics. Dianne Simmons-Grab, an expert in the field of ethics, gave an interactive presentation that fostered insight into the decision-making process. The CCM ethics guidelines were reviewed and applied to sample cases. The conference was offered free to MiARP members, with a minimal fee charged to non-members. It is not too early to start thinking about next year's conference so please submit your suggestions for topics to any of the board members.

The IARP conference will be held May 19-21 in Minneapolis, Minnesota. The conference theme is *Opening the Windows, New Opportunities for Rehabilitation Professionals*. Mark your calendars to attend as it promises to be a good discussion on the trend of medical and vocational management and how to create new income sources.

In other news, MiARP is announcing that it will provide a \$50.00 reduction in the cost of the CBIS training and testing. Please contact one of the board members if you are interested in the CBIS training.

Finally, congratulations are in order for Deb Holmes, a MiARP member who has been appointed to the IARP Board of Directors. Deb will complete the one year term of the At-Large Position formerly held by Ron Schmidt. Congratulations Deb!!

I hope you enjoy this issue of *Rehabilitation Today*, which includes some interesting articles on Zonta International and Medicare Managed Care. As always, please feel free to share your thoughts and ideas about this newsletter as well as topics you would like to see covered in future issues.

Karen Starr, President
MiARP

Zonta International

by *Glennnda Stephens*



“Over the decades, Zonta International has grown into a worldwide service organization of executives in business and the professions working together to advance the status of women. There are nearly 33,000 members in more than 1,200 clubs in 68 countries and geographic areas”

Founded in 1919, Zonta International is a global service organization of executives in business and the professions working together, across political and social boundaries, to advance the status of women worldwide. Zonta International members volunteer their time, talents and money to local and international service programs, as well as scholarship and award programs aimed at furthering women's education, leadership and youth development.

The International Service Program enables Zontians to address some of the most crucial and pressing issues affecting women, issues like HIV/AIDS, trafficking for sexual exploitation, maternal and neonatal tetanus, female genital circumcision and more. Since 1956, the International Service Fund has provided more than US\$6 million for projects in more than 25 countries, reaching to the causes, not just the symptoms, of the primary barriers to equality.

The founding of Zonta International occupies a unique moment in women's history. Established in Buffalo, New York, early members were among the first generation of college-educated women, the first generation of North American women to vote, and a part of the growing, though still comparatively small, legion of women entering the workforce. Over the decades, Zonta International has grown into a worldwide service organization of executives in business and the professions working together to advance the status of women. There are nearly 33,000 members in more than 1,200 clubs in 68 countries and geographic areas.

Amelia Earhart Fellowships were established in 1938 in honor of Amelia Earhart, famed pilot and Zontian. At the time, few women were active in aeronautics, science or engineering. In

fact, no qualified applicants were found in the first two years the Fellowship was offered. Since then, Zonta has awarded 1,122 Fellowships totaling over US\$5.7 million to women representing 57 countries. As a result, doors have been opened for women to become astronauts, aerospace engineers, astronomers, heads of companies, geologists, business owners, even the Secretary of the US Air Force.

Jane M. Klausman Women in Business Scholarships are helping women pursuing undergraduate degrees in business management overcome gender barriers, from the classroom to the boardroom. Jane M. Klausman, knew first-hand the challenges faced by young women pursuing careers in business and understood the importance of helping women become business leaders. With this in mind, she left a generous bequest to Zonta International out of which the Jane M. Klausman Women in Business Scholarship Program was established. Since 1998, 157 scholarships have been provided to women representing 32 countries, enabling women to find their place in the business world.

Zonta International recognizes the international need for increased participation of women in public affairs at all levels. The Young Women in Public Affairs Awards encourage young women to pursue careers in government, public policy and community organizations. The Young Women in Public Affairs Awards recognize pre-university and pre-college women students committed to leadership in public policy, government and volunteer

Continued on page 3...

Zonta International, continued

organizations. Since 1990, 367 Awards have been presented to young women in 36 countries.

In the state of Michigan there are 46 clubs with approximately 1500 members. You can find them through their websites and local listings of service organizations. Nearly all clubs offer scholarships for women locally. They also sponsor all types of mentorships for women who are returning to the workforce, returning to school, leaving an abusive relationship, and etc. These may include funds for babysitters or business suits, assistance with contacts in the community for available employment opportunities and many other services. Zonta especially tries to reach women who have “fallen through the cracks” and can’t get services from other agencies.

This group can be another community resource that we can use as case managers when we need to go that “extra step” to make our clients successful in their rehabilitation process. Please feel free to contact me with any questions about the Zonta organization in your area. I will be glad to refer you to someone from your local group.

Glennnda Stephens is the President of Occupational Consulting Services (OCS) and has been a case manager for 20 years. She is the administrator for nurses and counselors who work all over the state of Michigan, including the UP. OCS has been in Michigan for 18 years. Glennnda is also the president-elect of MiARP and has served on the board for 3 years. Please contact her with questions at gjstephans@chartermi.net



“Managed Medicare plans recently got a “shot in the arm” in the form of significant increases in rates they are paid. These rate increases have encouraged them to once again seek to enroll more Medicare beneficiaries.”

What Providers Need to Know About Medicare Managed Care

By Elizabeth E. Hogue, Esq.
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Managed Medicare plans recently got a “shot in the arm” in the form of significant increases in rates they are paid. These rate increases have encouraged them to once again seek to enroll more Medicare beneficiaries.

In addition, managed Medicare plans have stepped up their marketing efforts in conjunction with the availability of prescription drug coverage. They are, for example, “cross selling” managed Medicare plans in conjunction with the prescription drug benefit.

These developments can spell trouble for providers. They may, for example, have difficulty determining whether patients are fee for service or managed Medicare upon admission. In addition, patients who are already admitted to agencies may enroll in a managed Medicare plan

may be unable to bill for services provided after enrollment and may be unable to convince managed Medicare plans that they should pay for services after provided after enrollment.

While it remains unclear whether the efforts of managed Medicare plans to increase enrollment will succeed, there are practical steps that agencies need to take in the meanwhile in view of these developments. These steps include:

1. Agency personnel must verify the status of Medicare patients as either fee for service or managed care preferably before admission and on a regular, periodic basis thereafter. Agencies cannot afford to learn weeks or months later that patients were managed care, not fee for services, and that, if they do not have a contract with the patient’s managed Medicare plan, they will not be paid for services they rendered.

Continued on page 4...

Managed Care, continued



“Medicare beneficiaries have “voted with their feet” in the past and have not enrolled in managed care plans in the numbers that were originally anticipated. It remains to be seen whether current strategies will influence patients to enroll.”

2. Agency staff members need to be alert for problems in marketing Medicare managed care plans. There are limitations on the marketing activities of managed Medicare plans. The following activities are, for example, prohibited:

- Door-to-door solicitation prior to receiving an invitation to a beneficiary’s home
- Requests for personal information such as social security numbers and bank account numbers
- Paying cash inducements to beneficiaries to sign up or providing cash gifts to encourage beneficiaries to sign on
- Providing inaccurate or misleading information during sales presentations

Violations of the rules should be reported to both the Managed Care Group at the Centers for Medicare and Medicaid Services (CMS) and the insurance commissioner in the state in which the inappropriate marketing activities occurred.

3. Agency staff members should also be alert for problems with access to home health services. Managed Medicare plans are required to provide home health services. They may say, however, that the agencies currently serving patients cannot continue providing services after patients enroll in their plans because the plans have their own home health agencies or have a limited number of preferred providers of home health services. In at least one (1) instance, the managed Medicare plan did not have a certificate of need (CON) to provide services in the county in which the patient resided. Problems with access to home health services should also be reported to CMS.

4. In addition, agency personnel should try to identify and document

problems with utilization of home health services. Beneficiaries who enroll in managed Medicare plans are entitled to at least the same home health services they would receive if they remained fee for service patients.

Since managed Medicare plans are paid a fee per member per month, there are incentives to skimp on care. As soon as beneficiaries enroll, managed Medicare plans may reduce their services significantly or perhaps altogether. The “classic” example occurs when patients are receiving home health services from an agency when they enroll in a managed Medicare plan. The home health agency was providing skilled nursing services, home health aides and therapies. The home health agency had no denials for care rendered. There was no significant change in the patient’s condition after enrollment. Yet the managed Medicare plan reduces services or discontinues them altogether. Again, problems with underutilization, a form of fraud and abuse, should be reported to CMS.

Medicare beneficiaries have “voted with their feet” in the past and have not enrolled in managed care plans in the numbers that were originally anticipated. It remains to be seen whether current strategies will influence patients to enroll. In the meanwhile, agencies should be vigilant about the issues described above.

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MiARP Sponsorship Opportunities

The Michigan Association of Rehabilitation Professionals (MiARP) is now offering interested parties the opportunity to access the members of our organization at several levels. We invite you to help support our efforts to provide education, training, political action and professional enrichment to all in the field by participating as a sponsor.

There are two levels of sponsorship. They include:

Corporate Sponsorship (\$1500) all of the items below:

1. Newsletter Ad –\$75 - \$200 depending on size – posted on the website quarterly.
2. Presentation Sponsor – \$100 -opportunity to give a brief presentation on your company to members during lunch at a state conference.
3. Mailing List –(\$2.50 per name)
4. Conference exhibitor –\$400.00
5. Conference co-sponsor – \$500.00--recognized as a sponsor of a coffee break or afternoon break at one of MiARP's state conferences
6. Keynote sponsor – \$500.00--recognized for sponsorship of the keynote speaker at the state conference.
7. Website Link – \$200-- link on our website to your company website for one year.

Program Sponsorship (\$1000) all of the items listed below:

1. Newsletter Ad –\$75 - \$200 depending on size – posted on the website quarterly.
2. Mailing List –(\$2.50 per name)
3. Conference exhibitor –\$400.00
4. Conference co-sponsor – \$500.00--recognized as a sponsor of a coffee break or afternoon break at one of MiARP's state conferences

You may also purchase items individually at the amount indicated.

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