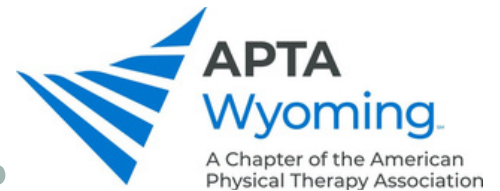


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FALL 2023

# APTA - Wyoming Chapter Newsletter



*The official publication of the Wyoming Physical Therapy Association*



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## IN THIS EDITION:

President's Message  
Vice President's Message  
Treasurer's Report  
Spring 2024 Conference  
Legislation Update  
Cigna/ASH FAQ  
[Get involved](#)

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## Catch up with APTA - WY

Elk are bugling, colors are changing, and temperatures are starting to drop. 2023 has brought many updates to our chapter - this is your one stop source for information.

We continue to work for you! Through legislative actions, insurance coverage updates, and continuing to advocate for our profession, we strive to unify our members and fight for Physical Therapy in Wyoming.

We are excited to introduce new officers this year as well as share the events coming up in the near future!

-Jacob Munger, WY APTA Secretary

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# President's Message

Jamie Everett - Outgoing

Dear Members,

As the outgoing President of the American Physical Therapy Association Wyoming Chapter, I wanted to share some exciting updates with you and weave in a recent personal experience that aligns with our ongoing efforts.

First and foremost, I am thrilled to report that our conference in Buffalo Wyoming this May was a great success. The turnout exceeded our expectations, and the engaging sessions left our attendees feeling inspired and motivated. Building on this positive momentum, we are already eagerly looking forward to next year's conference, which will take place in Cheyenne at Laramie County Community College. Our focus will be on medical screening and radiology, aiming to provide our membership and colleagues with comprehensive knowledge and cutting-edge advancements in these areas as we forge forward with the right for physical therapists to refer for imaging in the state of Wyoming.

Now, allow me to transition to a recent personal story that holds great relevance to our current endeavors. Last month, I had the incredible opportunity to do a backcountry hike. As I embarked on this challenging journey, I couldn't help but draw parallels between the physical and mental fortitude required to conquer such heights and distances and the resilience we, as physical therapy professionals, must exhibit in our daily work. This mountain expedition also served as a reminder of the importance of collaboration and advocacy. Just as climbers rely on one another for support and guidance, we must continue to foster strong relationships within our outpatient clinic community.



To this end, I am pleased to inform you that we had a productive meeting in Evanston in June with our colleague Brent Kaufman, PT of Fremont County, where we represented the interests of outpatient clinic owners. Our discussions centered around the critical topic of CIGNA changes, particularly regarding the utilizations review company ASH. Together, we engaged with state legislators of the labor and health committee to address these concerns and ensure the best possible outcomes for our patients.

Looking ahead, our upcoming legislative meeting in Saratoga on September 21 will be another pivotal moment for us. We will be advocating a bill to decrease prior authorization/medical review for physical therapy, aiming to secure a state bill that guarantees a minimum of 12 physical therapy treatments per patient. This will not only empower us to provide comprehensive care but also strengthen the value we bring to the healthcare system.

In addition to our local efforts, we have also been proactive on a national level. Recently, I had the privilege with Dr. Jamie Gillenwater, PT of Sheridan and Dr. Marissa Wooden, PT of Casper to visit in Washington DC during House of Delegates. Together Jamie Gillenwater and myself had fruitful discussions with the offices of Senator Barrasso, Senator Lummis, and Congresswoman Hagerman. Our primary focus was addressing the Medicare fee schedule and advocating for the EMPOWER Act.

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# President's Message

## Jamie Everett - Outgoing

This act aims to grant physical therapy assistants the right to practice at the top of their license, with general supervision in outpatient clinics. It is with great pride that I share Senator Barrasso introduced this act on the Capitol floor on July 26, 2023, demonstrating the impact of our collective efforts.

As we continue to climb towards our goals and create positive change in our profession, I want to express my heartfelt gratitude for your unwavering commitment and dedication. Together, we are making a difference and shaping the future of physical therapy.

In this spirit, I am pleased to announce that our chapter will soon undergo a transition in leadership. It is with utmost confidence and excitement that I introduce Dr. Craig Hadfield, PT as our incoming President and Dr. Leanne Parks, PT as our Vice President. Both Craig and Leanne have demonstrated exceptional leadership qualities and a deep passion for advancing our profession. I have no doubt that under their guidance, our chapter will continue to flourish and reach new heights. Please join me in congratulating them and wishing them much success in their roles.

As Craig and Leanne take the reins, I encourage you all to offer your support, ideas, and expertise. Together, let us rally behind them and ensure a seamless transition, allowing our chapter to further thrive.

Wishing you continued success and resilience on your own personal and professional journeys.

Warm regards,

Dr. Jamie Childs Everett, PT, DPT, OCS, FAAOMPT  
Outgoing President, American Physical Therapy Association  
Wyoming Chapter

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# President's Message

Craig Hadfield - Incoming



I am grateful for the opportunity to introduce myself to everyone! I grew up close to Logan, UT in the little town River Heights. Playing soccer, camping and backpacking, and art became some of my favorite interests. More recently I've added growing bonsai trees to that list. I highly value family time and life-work balance. For me, it was the combination of art studies of human anatomy, interest in soccer injury recovery, and a desire to serve others that became a heavy influence on pursuing a career in healthcare.

I met my wife Amanda of Pinedale, WY, on a blind date setup by mutual friends. We have been married for 18 yrs and now have 4 children (2 girls, 2 boys) having just welcomed our 2nd baby boy in July this year!

I graduated from Utah State University with bachelors in physical education with kinesiology emphasis. During a break before PT school I worked at Proactive Rehabilitation & Fitness in Pinedale, WY as a PT aide and office staff. I then completed my DPT degree at Touro University Nevada. I remained in Henderson, NV for my 1st job then moved to Kanab, UT for 1 year before being offered to return to Proactive. I've been at Proactive for 8 years now, enjoying the diversity and challenges of working in rural outpatient, home health, and SNF settings. In 2018-19, with great support from Proactive, my family, and the American Academy of Manipulative Therapy (AAMT), I earned credentials of Diploma in Osteopractic and Fellow of American Academy of Orthopedic Manual Therapy (FAAOMPT). Through these programs I gained a passion for increasing value of PT to patients by increasing my skill set and providing the most effective patient-centered examinations and interventions.

I have since enjoyed creating and instructing several continuing education courses, and assisting with a couple others such as dry needling and spinal manipulation. I feel honored and humbled to serve as WY chapter president. Previous presidencies and chapter organizations have done a great job of making WY an excellent place to practice PT. I'm excited to get more involved as they have done. Going forward the main things for which I desire to make contributions are to further support increasing value of PT in WY to patients and referral sources. This includes optimizing our scope of practice, such as gaining privileges and expertise for ordering imaging. Additionally, collaborating with other discipline associations and elected representatives to address broader problems for physical therapy and healthcare at state and federal level. Specifically, minimizing barriers to high value and necessary care for all patients and reducing factors of clinician burnout including inadequate reimbursement and excessive productivity-driven care.

I believe there is enough resources in WY and nationally for healthcare to be a win-win-win for patients, clinicians, and payers. I'd like to see a shift in our healthcare system to where well-being of patients and clinicians are prioritized over all else. While we may yet face some big challenges, I am hopeful some additional positive and meaningful changes can be achieved for patients and PTs in WY. I look forward to meeting you, getting to know you better, and listening to understand how I can best serve you.

Respectfully,

Craig Hadfield, DPT, FAAOMPT, Dip Osteopractic

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# Vice President's Message



Haley Baltz - Outgoing

As I sit down to write this letter, a mixture of emotions flood my mind. The time has come for me to bid adieu to a chapter in my life that has been both fulfilling and transformative. I have appreciated the camaraderie and mentorship given to me as the Wyoming Chapter's Vice President.

During this time, we have seen our profession challenged in a myriad of ways I could not have possibly imagined five years ago. We have goliaths including a global pandemic, to more local battles in protection our practice act, fighting for our rights, and our patients' rights for fair reimbursement.

These uphill battles have provided moments of collaboration and camaraderie that have truly inspired me to continue to fight for our profession. It has also been a great reminder that we have power in numbers and working as a collective team. Our future is bright as long as we are willing to continue to fight for it!

I have appreciated getting to meet physical therapists from across the state at our annual meetings and continue education collaboratives. It has been a pleasure to build these relationships and I look forward to continuing to work with you all! I am excited to pass the Vice President torch to Leanne Parks, as I know she too, has a passion for this profession! I look forward to continue collaboration and teamwork!

Sincerely,

Haley Baltz, PT-DPT  
Board Certified in Orthopedic Physical therapy  
Fellowship Trained in Orthopedic Manual Physical Therapy  
Co-Owner of Sheridan Physical Therapy

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# Vice President's Message

Leanne Parks - Incoming



I am beyond excited to have the opportunity to introduce myself to the wonderful members of the Wyoming Chapter! I grew up on the outskirts of Cincinnati, Ohio where I was involved in a myriad of school sports as well as travel teams, DECA, church youth group and other various clubs. I went on to pursue a Bachelor's Degree in athletic training from Miami University in Oxford, Ohio and graduated in 2004. I then covered sporting events while working my way through PT school at Mount St. Joseph University in Cincinnati. I completed my Master's Degree in 2007 and finished my t-DPT in 2008. My initial background in athletics and orthopedics drove my passion in PT.

Over the years, I came to realize there were missing links in patient care that could be corrected in conjunction with checking the pelvis. I started integrating pelvic health studies to further enhance my love of orthopedic care. In 2010, I started a women's health program for the clinic I was managing. I have been integrating pelvic health and orthopedic interventions into my practice ever since! I continue to grow as a practitioner by staying as up-to-date as possible by attending CEUs and challenging myself. I received my Certification in Orthopedic Manual Therapy in 2021 and recently returned from Pelvicon, a conference by pelvic PTs for pelvic PTs, in Atlanta, Georgia. I am also working towards obtaining my fellowship in Orthopedic Manual Therapy through Maitland-Australian Physiotherapy Seminars.

During my physical therapy studies, I married my husband of 18 years, Adam. Amidst the degrees and training, I have followed him in his own passions of pursuing a career of his own. We moved from Ohio to Georgia where he graduated from the University of Georgia (Go DAWGS!). It was in Georgia that I realized I enjoyed learning about management, administration, and internal leadership. I took on a clinic director role for a private outpatient group for 6 years, prior to us relocating to Wyoming in 2015. Once settled in Wyoming I found another outpatient PT position and obtained the role as clinic director. While managing the clinic in Casper for 5 years, I continued to develop and grow as a leader, both professionally and personally. I was accepted into the Casper Leadership Class of 2022, where I was able to continue learning about strategies to help involve our community as well as learning about legislative practices and procedures. Leaving Casper was a difficult decision for us, but the shift to Pinedale, Wyoming this past December has been one of fulfillment.

Living in Pinedale, Wyoming has afforded me the ability to reflect more on what I want out of life and my profession. It has also allowed me to step away from managerial roles in the clinic, allowing me to focus on my children (I have 3 boys! Pray for me!) and open my availability to take on other avenues of leadership, such as the Vice-Presidency of the Wyoming Chapter. I truly believe that all my prior moves, clinics, backgrounds, and experiences with clinical leadership, community involvement, and administrative exposures will provide more opportunities to grow our profession in serving the needs for Wyoming PTs.

I look forward to meeting as many of you as possible!

Sincerely,

Leanne Parks, PT, DPT, COMT

# Treasurer's Report

Jason Kamm



## 2022 TREASURER'S REPORT

In 2022 the WY-APTA had total income of \$44,296.68 and total expenses of \$29,293.44. The overall net income for the 2022 year was \$15,003.24. The chapter held a spring conference in 2022, with the spring conference generating \$12,065.25 of net income. Please refer to the table below for a detailed breakdown of all inflows and outflows for 2022. The Form 990-N for the 2022 tax year was filed by MHP, LLP. The annual financial compilation, which checks for accounting errors, was also performed by MHP, LLP in Cheyenne. The current balance for the business checking account for WY-APTA as of September 30, 2023 is \$136,485.62.

1/1/2022 through 12/31/2022

### INFLOWS

Advertising	2,080.25
APTA-Dues	17,778.61
Spring Conference 2022 Deposit	24,437.82

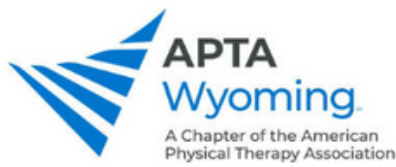
**TOTAL INFLOWS** 44,296.68

### OUTFLOWS

Executive Director Wages	7,500.00
Combined Sections Meeting	500.00
House of Delegates	6910.87
Lobbying	600.00
Office Supplies	600.00
Spring Conference 2022	12,372.57

**TOTAL OUTFLOWS** 29,293.44

**OVERALL TOTAL** 15,003.24



**Presenter:**

Michael Ross, PT, DHSc

## **2024 Annual Conference**

April 27 & 28, 2024

Laramie County Community College  
1400 E College Drive  
Cheyenne, Wyoming

### **Presentation:**

**Are We Lowering the Red Flags Too Soon? Screening for Sinister Medical Conditions in Physical Therapy with Appropriate Medical Screening and Diagnostic Imaging**

#### **Course Description:**

Physical therapists are now commonly looked upon as the provider of choice for musculoskeletal care. Screening for conditions not amenable to treatment by a physical therapist, or that require consultation/referral to other providers is a key skill. Therefore, physical therapists in today's practice settings should have a clear understanding of how to appropriately screen for underlying medical conditions that can present as musculoskeletal conditions so that appropriate medical evaluation and management can be initiated as necessary. Equally important is knowing what one can omit from the examination scheme on a given day while placing the client at minimal risk. This course will explore the physical therapist's role as an interdependent practitioner working within a collaborative medical model. A proposed examination scheme will provide the structure for the course. The main focus of the course will also be on presenting the clinical tools and decision-making processes necessary to efficiently and effectively collect and evaluate the history and physical examination data, including a focus on diagnostic imaging for medical referral. Professional communication with the patient/client and other healthcare professionals will also be a central theme. Interactive patient cases will be presented throughout the course as a means of applying medical screening and diagnostic imaging principles and promoting informed clinical decision-making. This course will focus on clinical decision-making principles in an outpatient, direct-access physical therapy setting. However, the principles presented will be applicable to any clinical setting.

**[Register Here](#)**



# Legislative update

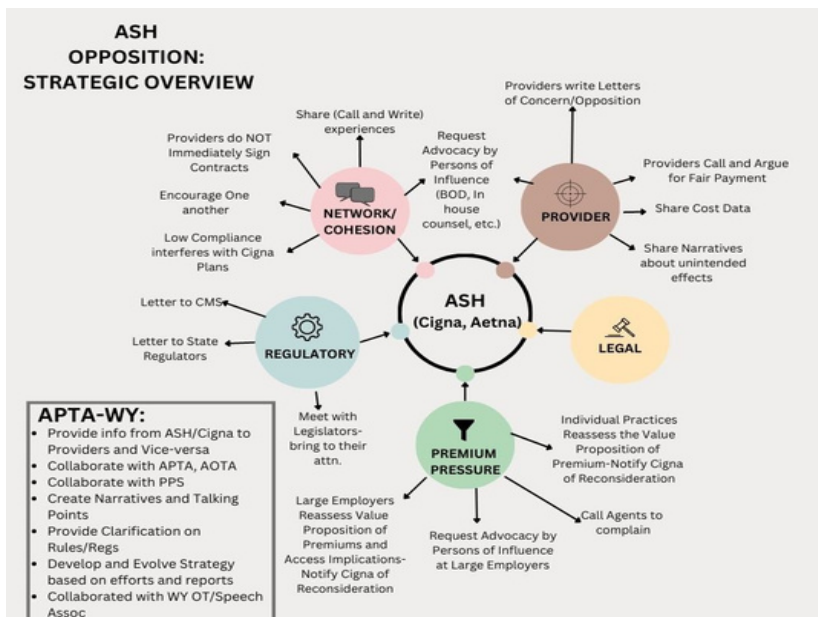
## ASH/Cigna and fair reimbursement

Through our chapter and the efforts of many members within Wyoming we have been working and will continue to be working for the fair reimbursement in our state and prevent unnecessary cuts in visits or added restrictions.

There is currently a new FAQ that has been posted on current changes as of September 1st (see next page) but we still believe more work is needed to prevent increases in unsubstantiated changes and administrative burden.

“Improving 1:1 time with less restrictions from insurances, leads to improved outcomes for patients, decreased costs for patients and decreased administrative burden/costs for providers.”

<https://pubmed.ncbi.nlm.nih.gov/30640238/>



## UHC

United Healthcare has announced that effective November 1, 2023, prior authorization will be eliminated for widely-used PT codes in commercial plans and some CPT codes (97039, 97139 and 97799) in Exchange plans (for commercial plans, see page 12). These changes do not apply the same policy to UHC Medicare Advantage, Medicaid (Oxford Community Health), or ERISA plans.

<https://www.uhcprovider.com/en/resource-library/news/2023/medical-prior-auth-code-reduction-august.html>

See next pages for ASH/Cigna FAQ as well as research of the detriments of increased administrative burden

## Cigna Healthcare Physical and Occupational Therapy Benefit Administration by American Specialty Health For Cigna Healthcare (September 1, 2023, effective date)

### Frequently Asked Questions & Answers State of Wyoming Supplement

The following additional responses are being provided to address recent feedback, questions and concerns from Cigna contracted providers in Wyoming.

**1. The State of Wyoming does not require a referral for patients to receive physical therapy, yet the ASH Group provider agreement appears to require a referral. Is a referral required?**

**No.** The State of Wyoming regulations stipulate that there is no referral requirement. A referral from a medical physician is not required under the ASH Program for Cigna. The language in the ASH Provider Agreement Client Summary was ambiguous on this point and has been updated to be more clear. The following language has been updated in the Client Summary and will be distributed to all providers in Wyoming immediately.

**TYPE OF ACCESS:** No referral required in the state of Wyoming. However, PT must refer to physician or another health care provider if symptoms or conditions require services beyond the scope of physical therapy, or if physical therapy is contraindicated.

**2. Does the ASH Program require Prior Authorization?**

**No.** There is no prior authorization required. Services can be provided to patients without prior authorization and medical necessity review is not required until after the 5th patient visit for an episode of care. The treatment plan can be submitted prior to or after care is rendered (up to 180 days from the date of care). If the treatment plan is submitted after care is provided, patients may not be billed for services that are determined to be not medically necessary. Under the ASH Program, there are no delays or barriers in providing care to your patients.

**3. Can you describe further the ASH Tiering Program and when Medical Necessity Review occurs?**

**Yes.** The ASH Tiering Program is designed to recognize providers that are consistently practicing evidenced-based care for their patients. When initially joining the ASH Network, providers are assigned to Tier 3 which does not require submission of a proposed treatment plan until after the 5th visit provided to a patient during an episode of care. Each year, an assessment is performed, and an annual

clinical performance report card is provided to every ASH contracted provider. Based on the findings of the annual assessment, providers may be moved up a Tier each year if evidenced-based care is provided based on the clinical criteria established for the ASH Clinical Performance System. The clinical criteria used each year is consistent for all Tier designations. It does not vary by Tier level. It is possible for a provider to be moved down a tier also, but this occurs for less than 1% to 3% of our participating providers on average each year.

Tiers 4 through 6 increase the number of visits before a treatment plan is required or not required at all as noted below:

#### **Tier Level Medical Necessity Review Visit Threshold**

- 3: Treatment Plan Required After the **5th Visit**
- 4: Treatment Plan Required After the **8th Visit**
- 5: Treatment Plan Required After the **12th Visit**
- 6: Treatment Plan is **Not Required**

The goal of the ASH Tiering Program is to decrease the need for submission of treatment plans by contracted providers. Over time the percentage of patients subject to medical necessity review decreases substantially. In some states with mature provider networks, less than 10% of patients are subject to medical necessity review and the need for a treatment plan to be submitted. At this time, nearly 40% of the 53,000 PT/OT practitioners contracted with ASH nationwide are in Tiers 4, 5 or 6.

#### **4. What is the typical turnaround time for a Medical Necessity Decision?**

Upon receipt of a complete treatment plan for medical necessity review, peer-to-peer clinical decisions are typically made and communicated to the provider in one business day or less. The toll-free phone number of the ASH clinician that made the clinical decision is also provided in the Treatment Plan Response Form in case there are any questions you may have to address. The ASH Program is designed so that there are no delays in providing care to your patients.

#### **5. Why is there a deadline of July 17th to submit my application? What is the effective date of the ASH Program.**

The initial materials were mailed to all Wyoming providers by Cigna on May 19, 2023 followed by an ASH mailing on May 23, 2023 with a target deadline to submit your application by July 17th. The effective date of the ASH Program for Cigna is September 1, 2023. During the period of time between July 17th and September 1st, ASH will be working to complete the credentialing and contracting process with our providers and to work with Cigna to ensure the provider network is completed and communicated to eligible members. This process minimizes patient disruption and allows for a smooth implementation on the effective date.

#### **PLEASE NOTE:**

- If your application is submitted before the effective date, you will be able to continue to see your patients as a contracted provider for Cigna by signing a Memorandum of Understanding with ASH which allows you to treat and be reimbursed under the terms and conditions of which you will be contracting with ASH. This transition process supports not disrupting care during the credentialing process. Once a provider is credentialed, the Memorandum of Understanding is terminated, and the ASH Provider Services Agreement takes effect. Submitting your application by July 17th permits ASH and Cigna to update all operating systems and network directories by the effective date to avoid any disruption in patient care.
- If you submit your application after September 1, 2023, you will be required to begin the ASH Credentialing process and will be considered an Out-of-Network Provider until credentialing is completed and you are approved for participation as an In-Network contracted provider.

## 6. What type of organization is ASH?

American Specialty Health Incorporated (ASH) has been in business for 36 years and now serves more than 49 million eligible members through more than 200 health plans across the country, through its subsidiary companies (collectively, "ASH Companies"). ASH Companies are delegated by health plan clients to develop and manage contracted specialty provider networks and to administer HMO, PPO, Open Access, Exchange benefit plans for Fully Insured, Self-Funded and Individual Commercial, Medicare, Medicaid, and Dual Special Needs member benefits plans.

To do so, ASH Companies maintain licensure or certifications as an Insurance Company, TPA, and Utilization Review organization as required in all 50 states. ASH Companies are subject to regulatory oversight in many states (Limited Knox-Keene Plan in CA, Independent Provider Association, Organized Delivery System, etc.). ASH is not just a Utilization Management company or TPA.

## 7. How will ASH address questions and concerns regarding Fee Schedules and Reimbursement?

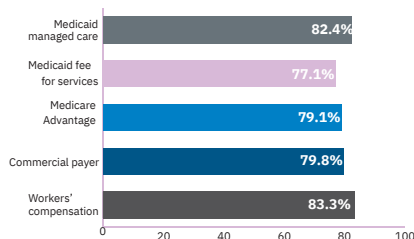
ASH has listened carefully to providers in Wyoming regarding the initial proposed levels of reimbursement and appreciates the feedback, including but not limited to feedback received in a recent session with the State of Wyoming Joint Labor, Health and Social Services Committee regarding current levels of provider reimbursement that, in some cases, is significantly greater than most other states where ASH has developed PT/OT networks successfully.

In response to this feedback, the ASH Network team of telephonic and field recruiters will continue their process of discussing fees with each provider group or individual providers to address these concerns as part of the contract negotiation process. Please note that ASH only discusses specific reimbursement rates proposed and agreed upon with the providers considering participation in the ASH network for Cigna, so as to adhere to confidentiality provisions in the agreement and to avoid anti-trust issues.

APTA members report that medically necessary physical therapist services are delayed – ultimately impacting patients’ clinical outcomes – because of the amount of time and resources they must spend on documentation and administrative tasks. The volume of these tasks also leads to dissatisfaction and burnout. APTA urges policymakers and third-party payers to advance policies that streamline documentation requirements, standardize prior authorization and payer coverage policies, and eliminate unnecessary regulations. Distributed in the fall of 2022, the APTA Administrative Burden Survey received responses from 773 APTA members across various facility and institutional settings. The objective, measurable survey results offer important insight into how administrative burden impacts patient clinical outcomes

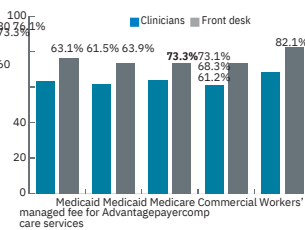
## Prior Authorization

Percentage of front desk staff who spend more than 10 minutes to complete a prior authorization for each patient enrolled in these health plans



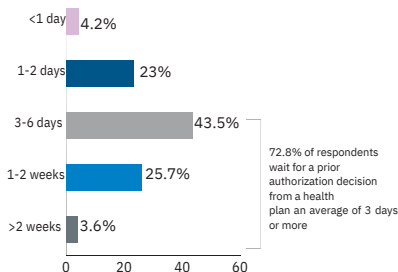
## Continued Visits

Percentage of clinicians and front desk staff who spend more than 10 minutes when requesting approval for continued visits for each established patient enrolled in these health plans



**Nearly 3/4 of respondents indicated that prior authorization requirements delay access to medically necessary care by more than 25%**

## Average Wait Time



# 25% or more

Amount of clinician and staff time most respondents indicated would be saved if Congress constructed legislation that requires standardization of prior authorization forms and processes

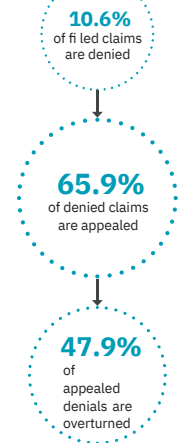
**80% of Respondents** agreed or strongly agreed that prior authorization requirements negatively impact patients’ clinical outcomes

**More Than 8 out of 10** respondents say administrative burden increases by more than **25%** when a third-party administrator is involved



**2 in 5 Respondents** say that even after a payer has said prior authorization isn't required, more than 25% of claims are later denied for that reason

Ultimate Outcome of Denied Claims



**65%** of respondents say **more than 30 minutes** of staff time is spent preparing an appeal for one claim

**Top 5** items that would reduce administrative burden (numbers represent percentage of respondents)

- 52%** Standardization of documentation requirements across all stakeholders
- 37.4%** Elimination of requirement for Medicare plan of care signature and recertification
- 36.8%** Standardization of coverage policies across payers
- 34.4%** Standardization of prior authorization process
- 33%** Unrestricted direct access per payer policies

**86.3%** of providers agree or strongly agree that administrative burden contributes to burnout

**80.9%** of facilities have added nonclinical staff to accommodate administrative burden

Data is from a web-based survey administered Oct.-Nov. 2022. Sample size: 15,000 | Respondents: 773

Respondents were screened to ensure that every participant met at least one of these criteria:

- Is an owner/partner of a physical therapy practice.
- Is an administrator/supervisor.
- Provides at least some direct patient care.

Of these:

- 74% practice in outpatient settings.
- 26% are owners/partners of a practice.
- 53% are administrators/supervisors.
- 93% provide at least some direct patient care.

# Get Involved!

Follow, like, and connect with us for reminders, announcements, updates, and other important information!

Join our Basecamp list to get the latest emails and updates - ask a board member how to be added or email our executive director Christa Lombardo  
Ploof : [APTAWyomingchapter@gmail.com](mailto:APTAWyomingchapter@gmail.com)



**Without our member participation, we would not be able to fight and advocate for our profession!**

**We need YOU!**



<https://www.facebook.com/WyomingPTA/>

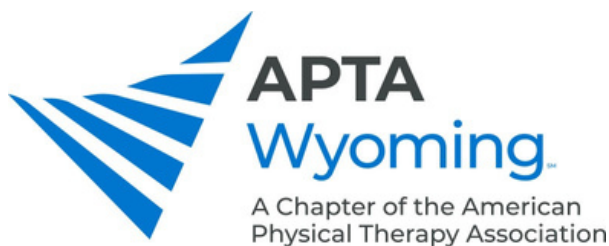


Basecamp

## APTA Action Center



<https://www.apta.org/advocacy/issues>



<https://www.wypta.org/>



<https://physicaltherapy.wyo.gov/>