

Scam Artists Try to Slip One Past The Goalie During COVID-19

1 message

Independent Physical Therapists of California <membership@iptca.org> Reply-To: membership@iptca.org To: scattolica@scadvocates.com Thu, May 28, 2020 at 9:27 AM

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Scam Artists Try to Slip One Past the Goalie Did They Cross a Red Line?



Practice owners, directors, and managers all know that our billing staffs or billing services are the ultimate DEFENDERS of our interests. They are our eyes and ears, keeping a close eye on our cash flow and anything that might disrupt it, exposing our goals and placing us at risk for losses and business failure..

However, our billing staffs and outside billing services most often do not have the permission to sign payer or middlemen contracts on our behalf. That's why it's so puzzling that Direct Pay, a Nevada company, would try to "slip one past our goalies" and inflict the latest scam on PTs (see images below).

The scam involves a \$15 check, which comes in the mail, just like hundreds of other payments and EOBs do every month. There is a good probability that some clinics might tear it off and scan it directly into their bank account because it looks like an insurance payment. The catch is....by cashing it, the billing staff has just signed you up to a steep discount from your current payment level, oftentimes a 35% discount from your current rate!!

Our members have told us that they will not tolerate this type of behavior in CA.

Perhaps Direct Pay should have done their research to discover that IPTCA has been (or is currently) successful in legal actions against:

- 1. One Call
- 2. Blue Shield
- 3. Anthem (many times)
- 4. Cigna
- 5. MedRisk

and more....

They should probably also check to see if IPTCA leadership has an excellent relationship and connections with the CA AND U.S. Attorney General (Hint= Uh-oh.....).

Will Direct Pay be receiving a legal demand letter from IPTCA soon??? We know you don't need a hint for this question.

But if you'd like to share your opinion with (directly) with Direct Pay, we would encourage you to email and call Lindsay Conrad:

email: lconrad@trpndirectpay.com

phone:702-834-3435

Thanks for keeping CA a NO SCAM ZONE!

IPTCA Board

P.S. Respectfully, we'd suggest that you don't pull your goalie (office manager or billing service) during COVID-19. They have special expertise and do a great job of defending your goal!





PROVIDER PARTICIPATION AGREEMENT AMENDMENT

Endorsement of the attached check shall serve as acceptance of payment for network participation and for all services provided to our membership AND as an authorized signature for the contract below. In return for network participation TRPN DirectPay shall pay provider a licensing fee of 15 dollars. TRPN DirectPay provides its membership and clients access to all terms of this agreement.

Provider agrees that by cashing this check they will accept all terms and conditions of this ongoing settlement agreement. Future payments may be made through electronic funds transfer. All future payments may be made directly to the provider at the lesser of: 35 percent off billed charges, 10 percent off maximum allowable or 200 percent of Medicare with no exceptions allowed. Provider agrees to apply discounts to all services without exception including auto, workers' compensation, and group health claims. If a state, or federal fee schedule, or benefit plan allowable, exists, the reimbursement rates shall be 15 percent below the fee schedule. Provider agrees to the reimbursement rates herein established regardless of

Provider agrees that all out-of-network claims shall be processed through this agreement without exception and that this agreement supersedes any other form of out-of-network reimbursement. A breach of any of the terms of this agreement by Provider shall result in liquidated damages equal to all out-of-network discounts accepted by the provider outside of this agreement.

To secure the TRPN DirectPay's obligations bereauder, the Provider, as debtor, hereby assigns and grants to TRPN DirectPay, Inc. (the Secured Purty), a continuing lien on and security interest in all claims through this agreement as Collateral. If after having cashed this check, provider fails to honor this agreement, all legal costs to defend this agreement shall be to the responsibility of the provider.

Provider agrees not to directly bill the patient for the difference between the billed amount and the amount tendered by TRPN DirectPay or its customer less any applicable co-payments, co-insurance or deductibles.

in the event provider fails to honor these required terms of payment, or balance bills the patient after the agreed-upon payment is deposited by provider, as immediate liquidated damages a UCC-1 shall be granted in favor of Secured PartyTRPN DirectPay in an amount equal to all received payments made through this agreement or any other form of out-of-network payment. Upon the occurrence of any Event of Default and at any time thereafter, the Secured Party may declare all Obligations secured hereby immediately due and payable and shall have, in addition to any remedies provided herein or by any applicable law or in equity, all the remedies of a secured party under the UCC. Such filling shall be removed immediately after proof of fulfillment of all terms of this ongoing settlement and participation agreement.

Provider agrees that by cashing the attached check to be subject to and remain bound to the restrictive endorsement: any overpayment per plan allowable shall be deemed a credit for the benefit of TRPN DirectPay with an accrual rate of 7% per annum; in the event of default: or challenge of payment herein received; provider shall grant as liquidated damages the ownership of an irrevocable UCC-1 Security Interest as lien against both the billing and rendering NPI in the full amount of the check.

In the event provider cashes this check in error a grace period of 20 business days shall be granted in which the provider must notify TRPN DirectPay and return the amount of the check to: TRPN DirectPay at 6970 O'Bannon Drive. Las Vegas NV 89117. The returned amount must be sent by either registered, certified mail or overnighted and received within 20 business days of original endorsement. TRPN DirectPay shall not hold provider to the terms of this agreement in the event membership claims have been submitted during this grace period.

This ongoing settlement agreement begins at the time the check is cashed. The agreement has a 36-month term and will automatically renew unless written notice is provided six months prior to renewal. Either party may terminate this agreement for any reason provided written notice is given 180 days prior to termination and registered receipt of notice is delivered to the other party. All disputes shall be handled through a formal binding arbitration with jurisdiction and venue located in the State of Nevada.

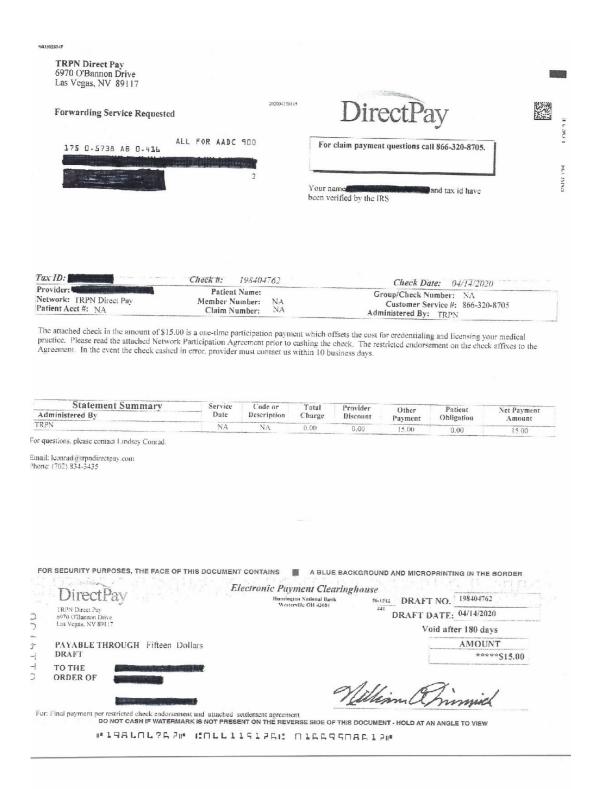
Provider represents that discounts offered to TRPN DirectPay pursuant to this agreement constitute their best rate based on provider's actual collections for the same services. If within thirty days upon written request provider fails to provide a certified copy of collection history, the reimbursement will be defaulted to 120 percent of Medicare.

Provider acknowledges that all necessary licenses are held in good standing, provider adheres to all state and federal laws and maintains minimum liability coverage of \$5,000,000.

TRPN DirectPay is facilitating claims payments for numcrous third parties through this agreement. As such TRPN DirectPay is not an insurance company nor obligor of claims. All payments made including all discounts associated with this agreement shall be deemed the sole property of TRPN DirectPay, Inc.

Scott Smith

Scott Smith President & CEO TRPN DirectPay, Inc PARTICIPATING PROVIDERS Authorized Signature Restricted Endorsement signature affixed



UCSD Orthopaedic Department Hosting FREE Zoom Meeting: Care During COVID-19

UCSD Orthopaedic Surgery Update for the COVID-19 Era

Join us for a virtual event, designed for health care providers, presented by UC San Diego Health Orthopaedic Surgeons.

Learn and discuss:

- Elective surgeries in the outpatient and inpatient settings with the highest standards for patient safety
- Telehealth appointments, as well as face to face appointments as appropriate
- Opportunities to participate in clinical trials and research through the School of Medicine Department of Orthopaedic Surgery

Hosted by: Reid Abrams, MD Chief of Hand and Microvascular Surgery Interim Chair of Orthopaedic Surgery

And featuring a good friend of our profession, Sam Ward, PT, PhD!

Event Details Thursday, May 28, 2020 5:30 to 6:30 p.m.

Click this Zoom link to register: https://bit.ly/3dCAeMs

You will receive a confirmation via email as well as details on how to join by computer or mobile device.

Questions? Contact Kimberly Rudolph at 858-265-3091 or kdrudolph@health.ucsd.edu

Orthopaedic Surgery Participants:

R. Todd Allen, MD, PhD Chief of Orthopaedic Spinal Surgery
Scott Ball, MD Chief of Arthroplasty Surgery
Douglas Chang, MD, PhD Chief of Physical Medicine and Rehabilitation
David Dalstrom, MD Chief of Foot and Ankle Surgery
William "B.T." Kent, MD Orthopaedic Trauma Surgeon
Matthew Meunier, MD Orthopaedic Hand Surgeon
Gregory Middleton, MD Rheumatologist
Catherine Robertson, MD Chief of Sports Medicine Alexandra
"Sandy" Schwartz, MD Chief of Orthopaedic Trauma
Sam Ward, PT, PhD Vice Chair for Research

Here's What to Do to Apply for the Second HHS Stimulus Payment

Many of you received emails within the last few days entitled: "ACTION REQUIRED: Important Message Regarding General Allocation Fund"

The email details another round of funding that is coming from HHS (\$20B) and if you received the email, it is because "we believe you qualify for additional general distribution funds; however, we do not have sufficient revenue information on file".

Please see the attached FAQ document from HHS regarding the General Distribution Portal. The document is located here:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&c d=2&ved=2ahUKEwirkKrH0o7pAhXXGTQIHT3KA-sQFjABegQIARAB&url= https%3A%2F%2Fwww.hhs.gov%2Fsites%2Fdefault%2Ffiles%2F20200425-generaldistribution-portal-faqs.pdf&usg=AOvVaw1 2CnNwquMV szwGgrs XL

Moving on there are two actions required to become eligible for consideration for this next round.

Action #1 - Per the email excerpt below, if you have not already completed the task, please take the following steps to formally accept the first round.

What action should I take?

If you have not already completed attestation confirming receipt of previous funds, begin by doing so on the CARES Act Provider Relief Fund Payment Attestation Portal, including agreeing to the Terms and Conditions.

The Provider Relief Fund Application Portal has been deployed in order to collect information from providers who have already received General Distribution payments prior to April 24th 2020 at 5 pm EST.

The Provider Relief Fund Application Portal is collecting four pieces of information for use in allocating remaining General Distribution funds:

- 1) a provider's "Gross Receipts or Sales" or "Program Service Revenue" as submitted on its federal income tax return;
- 2) the provider's estimated revenue losses in March 2020 and April 2020 due to COVID;
- 3) a copy of the provider's most recently filed federal income tax return;
- 4) a listing of the TINs any of the provider's subsidiary organizations that have received relief funds but that DO NOT file separate tax returns.

HHS is collecting the revenue loss information to have an understanding of COVID impact-- NOT TO MAKE DECISIONS REGARDING ALLOCATION OF PAYMENTS. THAT WILL BE DONE BY YOUR SHARE OF 2019 MEDICARE PAYMENTS.

As you may remember, the Terms and Conditions contain some confusing language regarding COVID and the use of the funds. It is your individual responsibility to carefully read the T&C's and to decide whether or not to accept the funds. Here is the last communication from APTA/PPS on the topic: https://ppsapta.org/sl_files/F9AE9DD2-B2FF-D016-9274FA10C15BA428.pdf Anecdotally, a vast majority of practice owners with whom I have spoken are accepting the T&C's and the funds but again, it is your choice.

Action #2 - Follow the next step which is to report company info, tax info, revenue info, etc via the portal

Next, submit your revenue information to the General Distribution Portal for consideration to receive additional general distribution funds. All providers are required under the Terms and Conditions to submit revenue information to the provider portal for later verification.

There is a section of the form that asks for <u>estimated</u> lost revenue for March and April but there are no calculation guidelines (shocker) which leads to some ambiguity. The

challenge in reporting the most straightforward method of looking year-over-year is that the actual revenue impact to Mar will be relatively low because that month's cash flow is based on visits from late Jan/Feb/early Mar so minimal COVID impact. April begins to show the impact of COVID but again this month's gap is understated because of visits for the first 2-3 weeks of March paying in April. The real impact is in mid to late April, all of May and some or all of June and beyond depending on when the patient funnel reopens. The question on the portal does not take into account timing differences between billing and payments.

Therefore, it is our opinion you have two options to report lost revenue. Your monthly reports or accounting data can likely be the basis for either option, but please remember to include any cash services or carve-outs if you have them.

Option 1 - Calculate the impact of your lost visits. How many visits have you lost since the March 13th stay in place order? What is your average payment per visit? Use your system to get visits and payment/visit data (WebPT, AMD, etc). Again, this is the <u>visit shortfall impact</u>, which in all likelihood is mostly a Apr/May/Jun revenue shortfall and the true impact to your practice. Option 1 may be the best method to use, particularly if your business had been growing, as compared to last year at the same time.

Option 2 - Compare your monthly revenue year-over-year Option #2 only works if you are stable practice that has not added locations or providers, otherwise you will understate your revenue loss. Please refer to your April Payment Coversheet or your accounting data/bank account to see how Apr payments are tracking. Remember....if you have a high DSO/AR, you may not see a large drop in revenue until May.

Important Q and A:

What information do I need to have before you start the application process?

To enter the Provider Relief Fund Application Portal you must meet 2 criteria:

- 1. You must have already received a Provider Relief Fund Payment by 5:00 pm EST, Friday April 24th
- 2. You must attest to having received the payment via the Provider Attestation Portal, and you must agree to the Terms and Conditions on the attestation portal.

Will I be penalized if I take several days to collect the necessary information? No. We will be processing applications in batches every Wednesday at 12:00 noon EST. Funds will NOT be disbursed on a first-come-first-served basis, which is to say, an applicant will be given equal consideration regardless of when they apply.

How long does it take for HHS to make a decision on additional funding?

For providers submitting tax and financial loss information, HHS intends to distribute additional funds within 10 business days of the submission. We highly suggest you do this BEFORE next Wednesday....maybe this weekend???

How do I estimate lost revenue in March or April?

You may use a reasonable method of estimating the revenue during March and April compared to the same period had COVID-19 not appeared. For example, if you have a budget prepared without taking into account the impact of COVID-19, the estimated lost revenue could be the difference between your budgeted revenue and actual revenue. It would also be reasonable to compare the revenues to the same period last year. Option

One above, calculating lost visits after March 13th and multiplying by your payment per visits seems reasonable as well.

Where do I find my Medicare ID?

Applicants may find their Medicare ID number by logging into the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).

Can I apply without having received the recent email from HHS? It appears you can apply for round two via the General Portal without having received the "round two email notice." Here is the portal link: https://covid19. linkhealth.com/docusign/#/step/1. For those of you who still cannot apply, it may be because you did not accept the T&C's from the first round. That is step one so please complete it (if you choose too!) and check back on the portal in a couple of days.

Also, per the portal FAQs yesterday, HHS is performing <u>batch processing of these</u> <u>applications every Wednesday at 12pm ET</u> so you have some time before the next round is collected.

GOOD LUCK!!!

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to outpatient Physical Therapy practices across the U.S. We are a full service billing company including, billing and collections, fully integrated cloud-based software including integration with WebPT® and OptimisPT®, contracting and credentialing assistance, compliance training and billing education, advanced practice reporting and analytics. They have been one of iPTCA's most loyal sponsors!

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specifically with your success in mind. You'll get easy-to-use Scheduling, Billing, Reporting, Outcomes, Referral Management and the fastest, most flexible Clinical Documentation in the business. With features such as auto ASH forms and electronic Worker's Comp submission, Practice Pro leads the industry in developing cutting edge technology to handle all your compliance needs.



PT Central Business Office

PTCBO wants to be your partner! We are dedicated to providing the best revenue cycle services covering billing, collection and payment for PT providers. We only work with PT and our focused experts can help you get the revenue you deserve! In addition, we provide small business management

support to improve the business aspects of your practice. Our mission is to provide exceptional customer service to our clients and their patients.

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