



FEDERAL AFFAIRS LIAISON UPDATE

American Physical Therapy Association

August 4, 2017

Congressional Update

Affordable Care Act (Repeal and Replace): On Tuesday, July 24th, the Senate voted 51-50 to have 20 hours of floor debate on health care reform bills, specifically the Better Care Reconciliation Act (BCRA). Floor debate opened that evening and a vote on the BCRA was held; BCRA was voted down 57-43. On Wednesday, July 26th, debate continued all day and into the evening with numerous amendments, motions, and the clean ACA repeal bill failed 55-45 that afternoon. In the early morning of Friday, July 28th, the Senate voted down 51-49 a “skinny repeal.” APTA released a statement opposing the BCRA because of the cuts to Essential Health Benefits (EHBs) and continue to work with Senate offices to make sure that nothing regarding EHBs is passed.

Tricare: On July 14th, the House of Representatives passed the FY18 National Defense Authorization Act (NDAA). APTA has been working with several Congressional offices and the Armed Services committees to include language that would compel TRICARE to recognize physical therapist assistants and occupational therapy assistants. Report language was drafted and passed as part of an en-bloc package of amendments and added to NDAA when it was in the full committee in June. The language directs the Secretary of Defense to submit a report to the committee outlining the process used by the departments to include para health professionals as healthcare providers in the military health system by April 1, 2018. This review will look at the feasibility of incorporating PTAs, OTAs, and other para health professionals. This move is an important step forward that we hope will ultimately lead to coverage of PTAs under Tricare.

Initially, Chairman McCain’s absence looked like it would postpone the legislation until September, but with his return this week the Senate will likely move forward soon on its version of NDAA. APTA is working with the Personnel committee members to include language as well. APTA received word that the issue could also be discussed when the House and Senate come together to conference the legislation. In every meeting, even with Chairs of Committees, APTA has received a positive response.

Telehealth and the CONNECT for Health Act: APTA is currently looking for a Private Practice or an individual that participates in telehealth and would be willing to host a Member of Congress to show them what role telehealth plays in your practice and why it is valuable to you, your patients, and others around the country. If you are willing and able to host a Member of Congress, please let contact APTA so they can develop more knowledge around telehealth usage, the need for it in rural areas, and the importance that CONNECT for Health Act legislation would have on patients across the nation.

ESSA and IDEA Update: Congress has made no movement on these issues.

Additional Resources: The following links are excellent resources for tracking bill details, including language, committee activity votes, etc.:

www.govtrack.us ; www.congress.gov

Summer Advocacy – Targeted Districts: Consider inviting your members of Congress to your practices/schools for a visit or to schedule a meeting at their district offices while they are in-district for the August recess (July 29-September 14). Here are a few suggestions for making sure you get on the schedule of your Senator or Representative that you should already be in the process of using:

- Make sure all requests for a meeting or practice visit are made four to six weeks in advance
- Please relay an agenda for your meeting or visit when you have a date and time scheduled so that the Member can be as prepared as possible
- Feel free to send any pertinent documents or studies over in advance on whatever subject you are planning to speak with them about (APTA will be more than happy to get you information, if needed)
- If possible, schedule a meeting at their district office and, while there, ask to get a practice visit on the schedule – the more contacts the better

Further, APTA has developed a list of targeted Members of Congress (78 Representatives and 38 Senators) to make sure that face-to-face meetings or practice visits with them are scheduled during the recess.

Regulatory Update

CY 2018 Physician Fee Schedule Proposed Rule

- On July 13, 2018, CMS released the proposed CY 2018 Medicare Physician Fee Schedule.
- Of the 19 CPT codes identified by CMS as potentially misvalued, CMS is proposing increases in several of the codes' work RVUs, including 97112: 0.50 (increase from 0.45); 97113: 0.48 (increase from 0.44); 97116: 0.45 (increase from 0.40); 97533: 0.48 (increase from 0.44) ; 97537: 0.48 (increase from 0.45); 97542: and 0.48 (increase from 0.45).
- Keep the existing CY 2017 practice expense (PE) inputs for the 19 codes.
- Keep the current values for the supervised modality services reported with CPT codes 97012, 97016, 97018, and 97022, and HCPCS code G0283 (97014) and not accept the HCPAC's proposed values.
- For the management and/or training of patients with orthotics and/or prosthetics, CMS proposes the HCPAC recommended work RVU of 0.50 for CPT code 97760 (increase from 0.45), a work RVU of 0.50 for CPT code 97761 (increase from 0.45), and a work RVU of 0.48 for CPT code 977X1 (NEW CODE).
- CMS proposes to maintain the current PE inputs for CPT codes 97760, 97761, and 977X1.
- Note: CPT codes 97760 and 97761 were previously used to report both the initial and subsequent encounters. For CY 2018, CPT codes 97760 and 97761 are intended to be reported only for the initial encounter, and CPT code 977X1 is intended to be reported for all other orthotic and/or prosthetic services for an established patient that occur on a "subsequent encounter" or a different date of service from that of the initial encounter service
- Note: In 2017, the eval codes saw a slight increase in practice expense as a result of the RUC's recommendations and varied based on geography. We should expect to see small increases in 2018 as well. So that means, in a 2 year period, we're seeing an increase in payment for the services we provide.

- APTA is drafting supportive comments on the proposed code values. Comments are due September 11th. APTA will provide additional comments on the practice expense determination and on the O&P code 977X1. Get involved by submitting a letter of support for CMS's proposals. APTA will have a template later available in early August.

Hospital Outpatient PPS proposed rule:

Proposals include:

- updating OPPS rates by 1.75 percent;
- reinstating the non-enforcement of direct supervision enforcement instructions for outpatient therapeutic services for CAHs and small rural hospitals having 100 or fewer beds for CYs 2018 and 2019; and
- removing total knee arthroplasty from the IPO list, as well as whether partial and total hip arthroplasty should also be removed from the IPO list. (The Medicare inpatient-only (IPO) list includes procedures that are only paid under the Hospital Inpatient Prospective Payment System.)

Comments are due September 11th.

CY 2018 Home Health PPS Proposed Rule

CMS finalized the delay of the effective date of the CoPs to January 2018.

- CMS projects that Medicare payments to HHAs in CY 2018 would be reduced by 0.4 percent, or \$80 million, based on the proposed policies.
- *Sunset of the Rural Add-on Provision:* Section 210 of the MACRA extended the rural add-on, which is an increase of 3 percent of the payment amount otherwise made for home health services furnished in a rural area, to episodes and visits ending before January 1, 2018. Therefore, for episodes and visits that end on or after January 1, 2018, a rural add-on payment will not apply.
- Home Health Grouping Model (HHGM): This rule proposes case-mix methodology refinements, including a change in the unit of payment from 60-day episodes of care to 30-day periods of care, to be implemented for 30-day periods of care beginning on or after January 1, 2019. CMS is not proposing a change to the split percentage payment approach in conjunction with proposing to change the unit of payment from a 60-day episode to a 30-day period of care; however, CMS is soliciting comments on the phase-out of the split percentage payment approach in the future.
- HHGM relies more heavily on clinical characteristics and other patient information to place 30-day periods of care into meaningful payment categories. The HHGM also eliminates therapy service use thresholds that are currently used to case-mix adjust payments under the HH PPS.
- The proposed HHGM includes changes to the episode timing categories, the addition of an admission source category, the creation of six clinical groups used to categorize 30-day periods of care based on the patient's primary reason for home health care, revised functional levels and corresponding OASIS items, the addition of a comorbidity adjustment, and a proposed change in the Low-Utilization Payment Adjustment (LUPA) threshold. The LUPA add-on policy, the partial payment adjustment policy, and the methodology used to calculate payments for high-cost outliers would also be revised to be consistent with the proposed 30-day period of care.

Comments are due September 25th.

Quality Payment Program Proposed Rule

- Last week, CMS released the Quality Payment Program proposed rule for CY 2018.
- CMS did not notify PTs of our participation, so we will have to wait until next year.
- To view the proposed rule: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-13010.pdf>
- APTA will submit comments on the proposed rule, which are due on August 21, 2017

Orthotics & Prosthetics Proposed Rule

- APTA met with CMS staff a couple weeks ago, during which time we learned that they are still reviewing comments and if they end up finalizing it, it will take close to the 3 years they are allotted to address all comments. If not addressed within 3 years, they would be required to start all over. The final rule, if finalized, could potentially be very different from what was proposed.

If you have any questions, please e-mail me at mjones1@okcu.edu.