



February 24 FAL Call Minutes

February 24, 2015

8:00 P.M., EST

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February Conference Call Agenda:

1. Regulatory Update
2. Congressional Update
3. Utilization Management
4. PT Day on Capitol Hill
5. Key Contact Lists
6. Congressional Calendar/Practice Visits
7. Open Forum

Regulatory Update

- APTA submitted comments on the Health IT Strategic plan issued by the office of National Coordinator. Overall, APTA is supportive of the plan. We emphasized throughout the letter the importance of recognizing the inclusion of all health care providers (including PT) as part of the health IT strategic plan.
- APTA staff is drafting comments on the Interoperability Roadmap <http://www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments> which are due April 3, 2015.
- CMS will be holding an open door forum tomorrow from 1:30 pm to 2:30 pm to discuss the IMPACT ACT on February 25. If any of you are interested, we can send out the information. They will provide an overview of standardized data in relation to quality measures and standardized assessment domains required under the IMPACT Act of 2014. The IMPACT ACT was passed in September 2015 and requires the submission of standardized data using assessments to CMS by long term care hospitals, SNFs, Home Health Agencies, and IRFs. There will be an opportunity to comment. Comments can be sent to PACQualityInitiative@cms.hhs.gov

- CMS sent a list of potential quality measures to be reported as part of the IMPACT ACT to the National Quality Forum which is reviewing the list of measures. APTA submitted comments on these NQF measures, which included the following:
 - E0678 (NQF 0768) Percent of Residents/Patients/ Persons with Pressure Ulcers That Are New or Worsened
 - E0674 (NQF 0674) Percent of Residents/Patients/ Persons Experiencing One or More Falls with Major Injury
 - X4210 (NQF 2502) All- Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities,
 - (NQF 2510) Skilled Nursing Facility 30- Day All-Cause Readmission Measure (SNFRM),
 - (NQF 2512) All- Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs),
 - (NQF 2380) Rehospitalization During the First 30 Days of Home Health

Overall, we were supportive of the measures selected; although we have concerns with risk adjustment.

- CMS has begun limited review by RACs starting around January 31, 2015 of claims that exceeded \$3700 in 2014. The review at this time is focused on facility claims. The process is a stepped up approach to Additional Documentation Requests (ADRs) for outpatient therapy claims over \$3700. The new postpayment review system is a 5-step process under which the first ADR sent to a provider will focus on only 1 claim, but after that, RACs can request a gradually increasing percentage of claims for the second (up to 10% of total eligible claims), third (up to 25%), and fourth (up to 50%) ADR. The fifth ADR issued to a provider can cover 100% of the remaining claims.
- CMS issued a medlearn matters article on January 26 that explains that physical therapists can continue to use the 59 modifier instead of the new XE, XP, XS, and XU modifiers to bypass CCI edits. A link to the Medlearn Matters article is included on APTA's website.

On Friday, February 20, 2015, CMS and HHS issued the following notices:

- Advance Notice of Methodological Changes for CY 2016 for **Medicare Advantage**, Part D, and 2016 Call Letter
- Final Notice of Benefit and Payment Parameters for Qualified Health Plans for Federally-facilitated Exchanges for 2016
- Final 2016 Letter to Issuers in the Federally-facilitated Marketplaces

APTA staff is analyzing these notices to determine the impact on physical therapy.

The FTC is holding an exploratory workshop February 24 and 25. Topics covered include:

- early observations regarding accountable care organizations;
- alternatives to traditional fee-for-service payment models;
- trends in provider consolidation;

- trends in provider network and benefit design strategies; and
- early observations regarding health insurance exchanges.

APTA will be submitting comments which are due by April 30. The webinar is being recorded and will be available if you want to listen to any of the topics.

Congressional Update

Therapy Cap

- Senate therapy cap repeal bill was introduced TODAY by Senator Cardin (D-MD) and Senator Collins (R-ME) (S. 539)
- Members from APTA and PPS Section were on the hill today advocating for SGR, Therapy cap, and locum tenens.
- APTA staff have heard that while the Committees of jurisdiction are still working on a long term solution for SGR and therapy cap, it is becoming more likely there may be a six month extension of these provisions to continue to negotiate offsets to the cost of the legislation. APTA will continue to work with Committees on both a patch and long term repeal to position therapy cap well.

SAFE PLAY Act

- The Supporting Athletes, Families, and Educators to Protect the Lives of Athletic Youth Act (SAFE PLAY Act), S. 436/H.R. 829 was introduced by Sen Robert Menendez (D-NJ) and Reps Bill Pascrell (D-NJ) and Lois Capps (D-CA).
- Calls for school districts to have concussion management action plans that teach students, parents, and school personnel how to prevent, recognize, and respond to concussions, including assistance in the safe return of student athletes to academic and athletic performance. The legislation encourages the development of guidelines consistent with those to be developed by the US Centers for Disease Control and Prevention's (CDC) Pediatric Mild Traumatic Brain Injury Guideline Work Group, a group supported by APTA that includes 2 APTA members. Includes PTs as eligible to make return to participation decision making.
- Brain Injury will be a focus in March with Congressional Brain Injury Day occurring March 18th. APTA will be exhibiting and participating in Congressional briefings on the subject.

President's FY 2016 Budget

- Marks a starting point in negotiations of the FY2016 budget process and indicates some of the priorities and initiatives of the administration for the coming year
- Congress must act before September 30th to fund the government for FY 2016
- Inclusion of elimination of self referral (6.0 billion in savings over 10 years).
- Increased funding for the National Health Service Corps with language including *“explore the feasibility of expanding the eligible disciplines in high need specialties in the NHSC program”*
- The FY 2016 Budget requests \$31.3 billion for the National Institutes of Health (NIH), an increase of \$1 billion, or 3.3 percent, over FY 2015.
- Includes reforms of post acute care including bundling and site neutral payments.

Utilization Management

Third Party Administrators (TPA): Utilization Management & Utilization Review

As payers explore ways to cut health care costs and reduce utilization, APTA has witnessed an increase in the use of third party administrators (TPAs) by private payers. Payers are contracting with TPAs to perform utilization management (UM) and utilization review (UR) services of the physical therapy benefit. As a direct result of this contracting shift, members are reporting an increase in issues related to reimbursement, authorization of visits, denials and delays for medically necessary services, increased administrative burdens, and more.

The increasing use of UM/UR services is due in part to a provision of the Patient Protection and Affordable Care Act (PPACA) called the medical loss ratio (MLR), which is intended to limit insurer profit by requiring that a minimum percentage of premium dollars be spent on medical care (as opposed to administrative costs). Under this provision, midsized insurers (individual insurers and businesses with 1 to 100 employees) are required to maintain an 80/20 ratio—meaning that at least 80% of premium dollars must be spent on medical care, and no more than 20% may be spent on administrative costs. Large-group plans (employers with more than 100 employees) must maintain an 85/15 ratio. If an insurer does not achieve the medical-care ratio target, it must pay a penalty in the form of customer rebates.

While rebates to consumers may be viewed as beneficial, the MLR also has produced unforeseen consequences, such as the outsourcing of UM/UR. Traditional UM/UR performed by payers is considered an administrative expense under the MLR. If, however, the payer outsources the UM/UR function to an external vendor that offers quality-improvement services, UM/UR is considered a medical expense, and thus is included in the medical care portion of the MLR. Given the ability to transfer the cost of performing UM/UR services to the medical care portion of the MLR, the trend toward outsourcing management of the rehabilitation benefit can be expected to continue.

To combat these issues, APTA has developed a utilization management feedback form to collect information from members who are experiencing issues with UM/UR companies. This data will be used to facilitate APTA development of short- and long-term UM/UR strategies based on clinical outcomes. APTA will also use the information to work with insurance companies and ensure patients have access to medically necessary physical therapist services. Members can access the form on APTA's new Third Part Administrators webpage.

PT Day on Capitol Hill

PT Day on Capitol Hill will occur on June 3 and 4 during the same week of APTA's House of Delegates and NEXT conference at National Harbor outside of Washington, DC. There will not be a traditional Federal Advocacy Forum in April this year. APTA will fund all FALs for airfare and hotel. We expect most individuals to be able to fly-in on Wednesday, June 3 before the Hill

Prep session begins in the afternoon. All participants will hit the Hill for the rally and Hill visits on June 4. An outside vendor will schedule all appointments and the last appointment will be scheduled for 1:00 PM. Last bus back to National Harbor will leave at 1:45 PM.

Registration information for PT Day on Capitol Hill is on [APTA's website](#). Individuals who will be attending the NEXT conference can sign-up at the same time as they register for conference online. Those who are just coming for PT Day on Capitol Hill can also sign-up online without registering for NEXT conference. All individuals must sign-up online to be able to attend PT Day on Capitol Hill as this information is crucial for setting up meetings with Members of Congress and have the correct number of buses to take everyone to Capitol Hill that day.

Housing information is also at the above link. Airfare for FALs will be done through APTA's travel portal. I hope to have this information to you next week.

Action Items for FALs Right Now Concerning PT Day on Capitol Hill

- Register
- Secure Housing
- State FALs – get delegates from your state to stay one more day to attend
- Promote on Your Components Website/Newsletter (attached)

Please contact Mike Matlack if you have any questions (michaelmatlack@apta.org)

Key Contact Lists

APTA staff will be sending to all state FALs the current list of Key Contacts in their respective state the first part of March. Please make sure current Key Contacts want to continue in this role and please fill vacancies with help from APTA. Attached is the Key Contact Role and Responsibilities form to provide people who are interested.

Section FALs please use the Key Contact job description to help recruit individuals for this program either on your website or e-newsletter and provide any interested individuals to Michael Matlack.

Congressional Calendar/Practice Visits

The next opportunity to see Members of Congress back home is March 28-April 12. Please encourage Key Contacts to set up practice visits, district meetings, attend town hall meetings, or go to a campaign event on behalf of PT-PAC. This is the last long break for Members of Congress until the August recess. There are many new Members of Congress that need to be educated about physical therapy and also Members of Congress that need to get back on as cosponsors of our legislation since we had to reintroduce our legislation again because of a new Congress. Let's take advantage of this opportunity.