



American Physical Therapy Association

PTeam Alert Newsletter

APTA'S GRASSROOTS NETWORK — June 2018 Edition

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2018 Federal Advocacy Forum a Success

Thank you to all of the 2018 Federal Advocacy Forum attendees for making this year's event a success. The event, which took place April 29-May 1, hosted over 270 APTA members from 47 states and DC. The physical therapists, physical therapist assistants, and students of physical therapy participated in several hours of engaging discussions and presentations on Sunday and Monday, followed by meetings with staff of their members of Congress on Tuesday. During the hundreds of congressional meetings, our members advocated on behalf of several different issues from APTA's policy agenda, including [the CONNECT for Health Act](#), [the PROSPER Act](#), and [the sports medicine legislation](#). We also spent a lot of time discussing [the role that physical therapy can play in fighting America's opioid epidemic](#). Through our members' advocacy, we were able to gain new cosponsors for bills, provide valuable insight to congressional offices, and continue to advance our policy agenda.

Now that the forum has concluded and follow-ups are being done by APTA Congressional Affairs staff, we ask that everyone, whether you attended the forum or not, schedule a clinic visit, district meeting, or program visit, or attend a town hall during the August recess. This critical added layer of in-district involvement will allow our issues to remain on the forefront of the minds of congressional leaders; it will also allow for members of Congress to better understand the impact that physical therapy has on improving the lives of our patients—their constituents. If you have any questions or would like help with any in-district advocacy activities, please contact [Jennica Sims](#).

As always, thank you for your dedication and commitment to the physical therapy profession, and thank you for your membership in APTA.

Justin Elliott
Vice President, Government Affairs

Regulatory Advocacy Rolls On

2019 Medicare Payment Rules

In late April, CMS released several Medicare payment rules:

- [Fiscal Year \(FY\) 2019 Inpatient Prospective Payment System \(PPS\) and Long-Term Care Hospital PPS proposed rule](#)
- [FY 2019 Inpatient Rehabilitation Facility PPS proposed rule](#)
- [FY 2019 Skilled Nursing Facility \(SNF\) PPS proposed rule](#)

Note: The SNF PPS proposed rule would replace the existing case-mix classification methodology, the Resource Utilization Groups Version IV (RUG-IV) model, with a revised case-mix methodology called the Patient-Driven Payment Model (PDPM). The new model would go into effect for payments beginning October 1, 2019, to allow all stakeholders adequate time for system updates and staff training needed to ensure smooth implementation. CMS believes the PDPM represents an improvement over the RUG-IV model and the previously proposed (but

then shelved) RCS-I model, because it would better account for resident characteristics and care needs while reducing both systemic and administrative complexity. To better ensure that resident care decisions appropriately reflect each resident's actual care needs, CMS believes it is important to remove, to the extent possible, service-based metrics from the SNF PPS and derive payment from verifiable resident characteristics. For additional information, see [Acumen's SNF PDPM Technical Report](#).

Be on the lookout: Calendar Year (CY) 2019 Medicare Physician Fee Schedule, CY 2019 Outpatient Prospective Payment System, and CY 2019 Home Health PPS are yet to be proposed.

First Quarter Regulatory Advocacy

APTA Meets With National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

APTA, as a member of the Disability and Rehabilitation Research Coalition (DRRC), met with the new director of NIDILRR, Robert Jaeger, PhD. DRRC requested the meeting to learn more about his vision, goals, and objectives. We used the meeting to share our views regarding the future of NIDILRR and the critical role it plays as the flagship disability, independent living, and rehabilitation research agency in the federal government.

APTA Meets With Administration for Community Living (ACL)

APTA met with ACL to discuss ideas on potential collaboration. ACL coordinates efforts of the Administration on Aging (AoA), the Administration on Intellectual and Developmental Disabilities (AIDD), and the HHS Office on Disability on increasing access to community support and resources for older Americans and people with disabilities across the lifespan. During the meeting, we discussed how APTA could help aging and disabled populations, caregivers, and families understand the resources available to them. ACL suggested we connect our state chapters with HHS regional offices and Area Agencies on Aging, as well as share with our members ACL's resources on support to caregivers, assistive technology, and more.

APTA Meets With Center for Medicare and Medicaid Innovation

APTA, together with AOTA and ASHA, met with the Center for Medicare and Medicaid Innovation (CMMI) to discuss alternative payment models and inclusion of therapy providers. We took the opportunity to share our concerns and offer suggestions for future consideration as CMMI designs and tests new alternative payment models that are shifting care delivery from fee-for-service to value-based payment. We look forward to working with CMMI to develop and initiate policies that improve the well-being and quality of life for Medicare and Medicaid beneficiaries.

APTA Meets With Centers for Medicare and Medicaid Services (CMS) Staff Re: Merit-Based Incentive Payment System (MIPS)

APTA, along with the other nonphysician provider groups currently excluded from MIPS, met with CMS to discuss inclusion of non-physician practitioners in MIPS in 2019. We outlined our concerns and offered recommendations related to the low-volume threshold, certified EHRs, weighting of MIPS categories, and APM options for nonphysician providers. *Note: We anticipate CMS will require physical therapists and other nonphysician providers to participate in MIPS beginning in 2019. Stay tuned!*

APTA Meets With HHS Office of National Coordinator of Health IT

APTA recently met with HHS Office of National Coordinator of Health IT regarding interoperability standards. We discussed the importance of developing consistent standards and incorporating standards applicable and related to physical therapy.

APTA Meets With CMS to Discuss New SNF Case-Mix Methodology

APTA, in conjunction with AOTA and ASHA, attended a follow-up conference call with CMS to share our concerns regarding the skilled nursing facility (SNF) RCS-I model and discuss mechanisms the agency may employ to ensure that Medicare beneficiaries receive adequate levels of skilled therapy services under any future regulatory changes to the SNF payment model. CMS continues to accept comments on the proposed RCS-I model. If you would like to provide feedback, please submit comments to SNFTherapyPayments@cms.hhs.gov. For more information, please visit APTA's website.

Medicaid

Pursuant to the 21st Century Cures Act, providers who furnish items and services to fee-for-service Medicaid, Medicaid managed care, and CHIP beneficiaries are required to enroll with their state Medicaid agency. We encourage all physical therapists to check their state's enrollment policies to determine their state Medicaid agency's provider enrollment requirements, as states have some flexibility in who they are requiring to enroll. We also encourage physical therapists to apply for a NPI. For more information, please visit the [Medicaid website](#); see also APTA's [fact sheet on Medicaid enrollment requirements](#).

Outpatient Therapy Permanent Exceptions Process

On February 28, 2018, CMS released a [summary](#) of the Medicare expired provisions included in the Bipartisan Budget Act. CMS indicated that Medicare administrative contractors (MACs) would be releasing details about the reprocessing and releasing of held claims. Subsequently, CMS issued guidance to the MACs on the reprocessing of therapy claims with the KX modifier (among others) and also released a [provider education article](#). The MACs are instructed to:

- Automatically reprocess therapy claims with the KX modifier that were denied prior to implementation of the Bipartisan Budget Act of 2018.
- Automatically reprocess therapy claims with the KX modifier that were denied due to an error in a Technical Direction Letter attachment dated February 12, 2018.
- Reprocess 2018 therapy claims that cannot be automatically reprocessed only if brought to their attention. (Providers should keep track of any therapy claims with the KX modifier that should be reprocessed but are not). Additionally, CMS instructed contractors to begin reprocessing affected claims within 6 months.

TRICARE

On February 9, 2018, APTA, AOTA, and NARA representatives met with Department of Defense (DoD) leadership to discuss implementation of the National Defense Authorization Act, specifically in regards to including PTAs and OTAs as authorized providers under TRICARE. DoD was very forthcoming with information regarding the timeline of implementation of the PTA change. We were informed the modification will be implemented through the notice and comment rulemaking process. The proposed rule will be released sometime in the fall of 2018 or early spring of 2019. There will be a 60-day comment period, after which DoD will review comments and draft and publish the final rule. However, several factors could impact the length of this process, from the time it takes federal agencies, including the Office of Management and Budget and Office of Personnel Management, to review the rule, to even a change in the administration. We are pushing members of Congress and contacts we have within agencies to help speed along the process.

Note: The rule will not be retroactive, and TRICARE does not consider PTAs authorized providers until the rule is finalized. APTA will keep members informed of the timeline for the changeover to the TRICARE system.

Quick Hits: Recent APTA Comments

- Joint APTA, AOTA, and ASHA letter to CMS Contractor Abt Associates regarding the Home Health Groupings Model
- Joint APTA and National Association for the Support of Long-Term Care letter to Medicare contractors regarding SNF medical review standards
- HHS Office for Civil Rights Protecting Statutory Conscience Rights in Health Care proposed rule
- Statement for the Record: Ways and Means Health Subcommittee Hearing on MACRA
- Senate Finance Committee in response to their request for policy recommendations on health care costs
- Agency for Healthcare Research and Quality Request for Information on patient-reported outcome measures
- Departments of Health and Human Services, Treasury, and Labor Short-Term, Limited-Duration Insurance proposed rule
- Department of Education Equity in the Individuals with Disabilities Education Act proposed rule
- Medicaid Program: Methods for Assuring Access to Covered Medicaid Services-Exemption for States with High Managed Care Penetration Rates and Rate Reduction Threshold proposed rule
- CDC National Occupational Research Agenda on Musculoskeletal Health

Recent Nominations

- HHS Office of the Assistant Secretary of Health Chronic Fatigue Syndrome Advisory Committee
- United States Preventive Services Task Force
- CDC Board of Scientific Counselors
- Yale New Haven Patient-Reported Outcomes Following Elective Total Hip and/or Total Knee Arthroplasty: Hospital-Level Performance Measure(s) Technical Expert Panel

If you are interested in being considered for future nomination to a federal committee or task force, please contact advocacy@apta.org.

Other Regulatory News

Medicare Payment Advisory Commission (MedPAC)

On March 15, 2018, MedPAC released its March Report to Congress. The report evaluates payment adequacy for Medicare fee-for-service providers, discusses the movement toward a unified postacute payment system, reviews the status of Medicare Advantage Plans, and recommends an alternative to the Merit-based Incentive Payment System. The report can be viewed [here](#). MedPAC will release its June Report to Congress in mid-June. The commission will next meet September 6-7. For more information about their meetings, please visit [their website](#).

Coming Up

Insider Intel: Hot Topics

Wednesday, July 18, 2018

2-2:30 p.m. EST

To RSVP: <http://www.apta.org/InsiderIntel/>

Bill Round-up

The 115th Congress is in the second, and last, year, and we continue to stay active in advocating and tracking numerous bills that would advance the profession of physical therapy and provide better access to care. Below is the legislation we are currently advocating to this Congress:

***Medicare Telehealth Parity Act* (H.R. 2550)**

- Legislation would expand the health care providers who are eligible to provide telehealth services to include physical therapists, certified diabetes educators, respiratory therapists, occupational therapists, speech language pathologists, and audiologists.
- Bill was introduced by Reps Mike Thompson (D-CA), Gregg Harper (R-MS), Diane Black (R-TN), and Peter Welch (D-VT).
- Bill was referred to the Energy and Commerce (E&C) and Ways and Means (W&M) committees.
- As of May 22, 2018, H.R. 2550 had 24 cosponsors.
- APTA will continue to work with the sponsors of this legislation and the CONNECT for Health Act (H.R. 2556, S. 1016) to come up with a bill that is more inclusive to physical therapists and more feasible in terms of cost and, therefore, more likely to see progress in the next Congress.

***CONNECT for Health Act* (H.R. 2556/S. 1016)**

- Legislation would expand the use of telehealth services under the Medicare program. Specifically, it would allow PTs to furnish telehealth services to individuals enrolled in Medicare Advantage Plans (MA plans) and include PTs involved in alternative payment models.
- H.R. 2556 was introduced by Reps Diane Black (R-TN), Mike Thompson (D-CA), Peter Welch (D-VT), Gregg Harper (R-MS), Bill Johnson (R-OH), and Doris Matsui, and S. 1016 was introduced by Sens Brian Schatz (D-HI), Roger Wicker (R-MS), Thad Cochran (R-MS), Ben Cardin (D-MD), John Thune (R-SD), and Mark Warner (D-VA).
- As of May 22, 2018, H.R. 2556 had 36 cosponsors and S. 1016 had 23 cosponsors.
- APTA will continue to work with members of Congress to advance this legislation.

Physical Therapist Workforce and Patient Access Act (H.R. 1639/S. 619)

- Legislation would authorize physical therapists to participate in the National Health Service Corps Loan Repayment Program. This legislation would provide greater access to physical therapist services in rural and underserved areas and help meeting the growing demand for physical therapists in the future.
- Bill was introduced by Reps John Shimkus (R-IL) and Diane DeGette (D-CO), and Sens Jon Tester (D-MT) and Roger Wicker (R-MS).
- Bill was referred to the E&C Subcommittee on Health, and to the Senate Health, Education, Labor, and Pensions (HELP) Committee.
- As of May 22, 2018, H.R. 1639 had 47 cosponsors, and S. 619 had 2 cosponsors.

Sports Medicine Licensure Clarity Act (H.R. 302/S. 808)

- Legislation would provide certain legal clarifications and protections for physical therapists, physicians, and athletic trainers as they travel across state lines with professional, collegiate, high school, and nationally governed sports teams.
- Bill was introduced by Reps Brett Guthrie (R-KY) and Cedric Richmond (D-LA), and Sens John Thune (R-SD) and Amy Klobuchar (D-MN).
- The bill passed the House in early January 2017 and was introduced at the beginning of April in the Senate.
- Bill was referred to the Senate HELP Committee.
- As of May 22, 2018, S. 808 had 24 cosponsors.

Lymphedema Treatment Act (H.R. 930/S. 497)

- Legislation would ensure the provision of improved Medicare coverage for compression supplies, including compression garments, bandaging systems, and other devices necessary for lymphedema treatment. Currently, Medicare beneficiaries lack this coverage.
- Bill was introduced by Reps David Reichert (R-WA), Earl Blumenauer (D-OR), Leonard Lance (R-NJ), and Janice Schakowsky (D-IL), and Sens Maria Cantwell (D-WA), Chuck Grassley (R-IA), and Chuck Schumer (D-NY).
- On June 8, 2016, Rep Reichert delivered testimony on the importance of H.R. 1608 (bill in last Congress) during a House W&M Health Subcommittee hearing.
- As of May 22, 2018, H.R. 930 had 347 cosponsors, and S. 497 had 58 cosponsors.

Promoting Integrity in Medicare Act (H.R. 2066)

- Legislation would eliminate physical therapy and other services from the in-office ancillary services (IOAS) exception under the Stark laws.
- Bill was introduced by Rep Jackie Speier (D-CA).
- Bill was referred to the E&C and W&M committees. Ideally, this legislation will move with a larger piece of legislation that needs monetary offsets. The Congressional Budget Office estimates that this change could save over \$3 billion.
- H.R. 2066 was introduced on April 6, 2017. As of May 22, 2018, it has 2 cosponsors.
- We have concerns about the viability of this legislation. However, APTA will continue to advocate on its behalf, as we understand how important it is to many members and the patients they serve.

Ensuring Access to Quality Complex Rehabilitation Technology Act (H.R. 750)

- Legislation would establish a separate benefit category under the Medicare Part B program for complex rehabilitation technology.
- Bill was introduced by Reps Jim Sensenbrenner (R-WI) and Joseph Crowley (D-NY).
- Bill was referred to E&C and W&M committees.
- As of May 22, 2018, H.R. 750 had 108 cosponsors.

Improving Access to Medicare Coverage Act (H.R. 1421/S. 568)

- Legislation would require all days spent in a hospital, whether inpatient or on “observation status,” toward the 3-day requirement to qualify for Medicare coverage of a skilled nursing facility (SNF) stay after being discharged from the hospital.

- Bill was introduced by Reps Joe Courtney (D-CT) and Glenn Thompson (R-PA), and Sens Sherrod Brown (D-OH), Susan Collins (R-ME), Bill Nelson (D-FL), and Shelley Moore Capito (R-WV).
- Bill was referred to House E&C and W&M committees and the Senate Finance Committee.
- As of May 22, 2018, H.R. 1421 had 83 cosponsors, and S. 568 had 21 cosponsors.

Save Rural Hospitals Act (H.R. 2957)

- Legislation would stabilize rural hospitals by providing regulatory relief, stopping Medicare cuts that are causing closures, and create innovative delivery models that will ensure emergency access to care for rural patients.
- Bill was introduced by Rep Same Graves (R-MO).
- Bill was referred to E&C and W&M committees.
- As of May 22, 2018, H.R. 2957 had 22 cosponsors.

Medicare Patient Empowerment Act of 2017 (H.R.4133)

- Legislation would permit physical therapists to privately contract with Medicare beneficiaries.
- Bill was introduced by Rep Pete Sessions (R-TX).
- Bill was referred to E&C and W&M committees.
- As of May 22, 2018, H.R. 4133 had 4 cosponsors.

Feel free to contact Jennica Sims, at jennicasims@apta.org or 703/706-3194, with any questions pertaining to the aforementioned legislation.

Opioids Update

Over the last several weeks, the House Energy and Commerce Committee held several hearings and discussed over 70 pieces of legislation. A few bills were introduced that addressed continued education for providers and alternative solutions to opioids. APTA had meetings with those offices and encouraged members of Congress to include language that nonpharmacological and nonopioid therapy can be effective in managing chronic pain and how physical therapists are included in the solution to the opioids crisis. The Subcommittee on Health then announced a mark-up of dozens of pieces of legislation, and most of the bills were changed from the previous form be to narrower in scope. In the Senate, the Health, Education, Labor, and Pensions Committee advanced legislation that addresses the opioids crisis. Other committees of jurisdiction in the House of Representatives and the Senate continue to discuss opioids and may hold their own hearings on packages of legislation.

Additionally, the House Ways and Means Committee recently asked stakeholders to submit comments and recommendations for lawmakers to consider to prevent and treat opioid abuse. The result is a committee white paper that contains input provided by APTA, including increased provider and patient education, increasing utilization and access to nonopioid treatments of pain, and reducing or eliminating beneficiary copays. The report can be read [here](#). APTA is continuing to educate members of Congress and committee staff on the importance of nonpharmacological solutions and how physical therapy can transform pain management to improve health. The House of Representatives and the Senate both hope to have bills passed out of each chamber early this summer.

On a related note, APTA will release its new white paper titled *Beyond Opioids: How Physical Therapy Can Transform Pain Management to Improve Health* in June. The new white paper will be powerful tool in educating policymakers on the role of physical therapy as part of the solution to this public health crisis.

State Policy and Payment Forum

The 2018 State Policy and Payment Forum will be held September 15-16 at the Westin Crown Center in Kansas City, Missouri.

This event is designed to increase your involvement in, and knowledge of state legislative issues that have an impact on the practice and payment of physical therapy, and to improve your advocacy efforts at the state level. Programming will focus on physical therapy payment and legislative issues at the state level and will include presentations on state scope

of practice issues, payment issues, state legislative advocacy, Medicaid, infringement challenges, effective legislative testifying, state licensure issues, and much more! You will hear from influential public policy makers and other physical therapy advocates, collaborate with colleagues in developing your chapter or section's advocacy efforts, and network with other professionals from across the country. Chapter presidents, legislative chairs, reimbursement chairs, chapter executives, lobbyists, students, and anyone interested in state-level advocacy should attend! Additional information, including online registration, will be available soon at www.apta.org/stateforum.

Payment and Practice Management Update

Humana Coverage Limitations: More of the Same

Humana's latest list of physical therapist services it won't cover may not have changed much, but that doesn't mean the limitations should continue, [according to APTA](#). The association recently voiced its concerns over the ways the health insurer characterizes physical therapy, its imprecise terminology, and its continued noncoverage of aquatic physical therapy and group physical therapy.

One Call Care Management to Change Referral Practices as Result of Court Settlement

A third-party provider network manager in California has changed the ways it works with physical therapists, thanks to a successful settlement agreement stemming from a lawsuit brought forward by the Independent Physical Therapists of California. The original lawsuit alleged that One Call Care Management engaged in a number of unfair business practices around referral for physical therapist services. [Under a settlement](#) reached in late 2017, One Call has been directed to modify its patient referral and authorization process, increase transparency around its scoring of physical therapists, and enhance its electronic billing and payment system.

APTA Contributes to New "Playbook" on Pain Management and Opioid Stewardship

Understanding the link between overreliance on opioids for pain management and the broader opioid crisis in the US isn't difficult: identifying realistic steps to break that link is another matter. A high-profile national partnership that includes APTA is hoping to change that with the release of an opioid "playbook" focused on realistic, patient-focused, and scalable actions to transform health care's approach to pain. You can view the playbook [here](#).

APTA Releases New Resources to Facilitate PT Engagement With Employers

An employer-facing handout has been added to APTA's Employer webpage and can be found [here](#) and [here](#). Members may print, copy and use this document to initiate discussions with employers about the solutions physical therapists can offer to help curb employer spending on health care. APTA staff will also share the handout at varied conferences and meetings where employers are present.

The National Business Group on Health Invites APTA to Present at its 2018 Virtual Opioid Summit, Session II: "Opioids on the Job: A Multi-part Series on Addressing a Crisis in the American Workforce"

[This session](#) will focus on avoiding opioid initiation, understanding alternative therapies, and reviewing data around opioid efficacy and conservative care.

Stay Cool With PT-PAC at NEXT

Support PT-PAC with your friends at PT-PAC's evening event during NEXT. This year the event will take place at the [ICEBAR Orlando](#). The event will be on Wednesday, June 27, 9:30 pm-11:30 pm. Tickets cost \$40 each. The ticket includes drinks, appetizers, and a one-of-a-kind experience in the ICEBAR and Fire Lounge. You can buy your PT-PAC tickets when registering for conference online or call 877/585-6003. All PT-PAC Eagle Club members receive 1 free ticket, but please contact Michael Matlack at michaelmatlack@apta.org to reserve your ticket.

Contributions to PT-PAC are not tax deductible as charitable contributions. Contributions are voluntary. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited. Your contribution will be used to support candidates for federal office who support physical therapy issues.