

Federal Affairs Liaison Update

In February, the Federal Affairs Liaison Committee discussed recent regulatory and congressional updates.

Regulatory Updates

APTA participated in an in-person home health technical expert panel (TEP) convened by CMS and ABT Associates in Bethesda, MD. The discussion focused on refinements and structural changes to the Medicare Home Health Prospective Payment System. The TEP evaluated all aspects of the payment system in an effort to identify changes that could align payment with high quality, appropriate care, ensure access to services for all beneficiaries, and reduce vulnerabilities.

APTA met with TRICARE to discuss implementation of the National Defense Reauthorization Act regarding PTAs as authorized providers.

Pursuant to the 21st Century Cures Act, providers who furnish items and services to FFS Medicaid, Medicaid managed care, and CHIP beneficiaries are required to enroll with their state Medicaid agency. The enrollment requirements for Medicaid and CHIP providers are effective as of January 1, 2017, and January 1, 2018 for providers in Medicaid managed care networks. APTA is finalizing a fact sheet that outlines the new requirements and will post it on our webpage in the coming days. We are encouraging all physical therapists to apply for a NPI and also 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. For more information: <https://www.medicaid.gov/affordable-care-act/downloads/program-integrity/mpec-6232017.pdf>

Congressional Updates

One of the biggest issues discussed in Congress right now is the opioids epidemic. The Ways and Means, Energy and Commerce, Senate HELP and Finance Committees are all holding hearings and both chambers intend to bring comprehensive packages to the House and Senate floors later this year.

APTA has been talking to key committees and legislative staff to make sure they know that PTs are part of the solution.

APTA met with TRICARE in early February regarding the implementation of PTAs as providers. We were told it will need a proposed rule, which will be released sometime in the fall of 2018 or early spring of 2019. There will be a 60-day comment period. Once this rule is released we will have a much better idea of the timeline on this.

Congress passed The Bipartisan Budget Act of 2018 that funds the US government through March 23, 2018 and sets the spending framework for 2019. The BBA increases both military and domestic spending, and addresses disaster relief along with a host of critical federal health programs, including a permanent fix to the Medicare Part B hard therapy cap. The BBA is a permanent solution to the hard cap and forever eliminates the constant threat it posed to patients. The BBA provides a fix for the hard therapy cap by permanently extending the current exceptions process, eliminating the need to fix this issue from year to year. Therapy claims for outpatient Medicare Part B that go above \$2,010 (adjusted annually) will still require the use of the KX modifier for attestation that services are medically necessary. The threshold for targeted medical review will be lowered from the current \$3,700 to \$3,000 through 2027. While the

threshold amount for medical review will be lowered, CMS will not receive any increased funding to pursue expanded medical review, and the overall number of targeted medical reviews is not expected to increase. Claims that go above \$3,000 will *not* automatically be subject to targeted medical review; only a percentage of providers who meet certain criteria will be targeted, such as those who have had a high claims denial percentage or have aberrant billing patterns compared with their peers.

The budget deal also includes provisions that APTA does not support such as the provision to reduce payment for services in which a physical therapist assistant (PTA) is involved under Medicare Part B. Beginning January 1, 2022, payment for services provided by a PTA, as well as services provided by an occupational therapy assistant (OTA), would be paid at 85% of the Medicare fee schedule.

APTA and our allies responded with alternative proposals to eliminate, reduce, or delay the PTA and OTA payment differential.

To become a key contact to a US Senator or Representative or to host an event, contact SCAPTA Federal Affairs Liaison Cathy Arnot at arnot@mailbox.sc.edu or send a message to our office at southcarolina@apta.rog and follow us on Twitter, Facebook, and Instagram @SCAPTA1.