



APTA FAL Call Briefing Memo

October 2019

MEDPAC: The Medicare Payment Advisory Commission (MedPAC) met October 3-4, 2019 and discussed updates to the methods used to assess physician and other providers' payment adequacy, population based outcome measures, avoidable hospitalizations and ED visits, and aligning benefits and cost sharing under a unified post acute payment system. APTA will closely review the transcript of the meeting, which will be publicly available the week of October 7: <http://medpac.gov/-public-meetings->

FEE SCHEDULE ADVOCACY RECAP: APTA Fee Schedule advocacy included two APTA comment letters ([1 focused on the PTA/OTA modifiers](#), [1 focused on the proposed 8% cut and other features of the proposed rule](#)). A templated comment letters that helped generate more than 10,000 letters to CMS from individual PTs, PTAs, students, and patients. APTA met in-person with CMS representatives on Monday, September 30. A [Joint letter](#) opposing the cuts from APTA and 9 other professional associations; [Congressional sign-on letter](#) opposing the cuts that includes 55 members of the House of Representatives.

FRAUD & ABUSE: CMS released a final rule intended to prevent providers and suppliers who have been sanctioned by CMS from re-entering Medicare, Medicaid, or CHIP by using different names or by joining up with different companies. Although CMS has issued this final rule, many of the details of how it will be operationalized have not yet been worked out. APTA will be submitting comments on the interim final rule urging CMS to ensure this rule's administrative burden does not outweigh its intended good. We are particularly concerned future iterations of the rule will require providers to conduct an unreasonable amount of research on their affiliates and provide documentation they may not possess.

PDPM: PDPM was implemented on October 1 prompting thousands of layoffs, cuts in hours, and salary decreases for therapists and therapist assistants. APTA, AOTA, and ASHA have been in communication with CMS officials, and on October 2, the three therapy organizations issued a [joint statement](#) voicing our concerns. In addition to updating the APTA post-acute webpage, APTA is working on drafting 1-pager explaining what has changed (and what hasn't) as a result of PDPM.

MEMBER ENGAGEMENT:

- Upcoming QPP: MIPS and Advanced APMs live webinar and Q&A for Pay Chairs and Practice Chairs w/ CMS experts: October 23 at 1:00 pm EST. Note: It will be recorded and made available to members after the live webinar concludes.
- APTA staff participated in the annual meetings of the National Association of Rehab Providers and Agencies (Oct. 8-11), the National Association for Home Care & Hospice (Oct. 13-15), and the National Association for the Support of Long Term Care (October 13-15).

SENATE REPORT CALLS FOR MORE EMPHASIS ON FALLS PREVENTION

The US Senate Select Committee on Aging has released a [report on falls prevention](#) that presses for more concerted efforts to prevent falls among the elderly—including wider access to physical therapy and community-based programs. APTA's comments submitted in advance of the report helped to shape the committee's final recommendations.

The report calls for improvements in 4 broad areas: raising awareness, screening and referrals for preventive care, addressing modifiable risk factors such as home safety, and better understanding of the impacts of drugs—and drug combinations—on falls risk. Specific recommendations include a call for the Centers for Medicare and Medicaid Services (CMS) to better incorporate falls risk screening and medication review in its Annual Wellness Visit benefit, more research into the effects of polypharmacy on falls risk, and "continued investment in the development of and expanded access to evidence-based falls prevention programs."

To read more, visit: <http://www.apta.org/PTinMotion/News/2019/10/21/SenateCommitteeFallsPrevention/>