Federal Affairs Liaison Update

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

Regulatory Updates

The Center for Medicare and Medicaid Innovation (CMMI) is seeking broad input on direct provider contracting (DPC) between payers and primary care or multi-specialty groups to inform potential testing of a DPC model within the Medicare fee-for-service program (Medicare Parts A and B), Medicare Advantage program (Medicare Part C), and Medicaid. A DPC model would aim to enhance the beneficiary-physician relationship by providing a platform for physician group practices to provide flexible, accessible, and high-quality care to beneficiaries that have actively chosen this type of care model. To provide feedback go to: https://innovation.cms.gov/initiatives/direct-provider-contracting/ Comments are due May 25, 2018.

CMS released the Fiscal Year (FY) 2019 Inpatient Prospective Payment System (PPS) and Long-Term Care Hospital PPS proposed rule. Highlights of the IPPS rule include –

Projected increase of 3.4% of operating payments or an increase of $4 billion to acute care hospitals, beginning in CY 2019. CMS is requiring all eligible hospitals and critical access hospitals under the Medicare and Medicaid EHR Incentive Programs to use the 2015 Edition of certified EHR technology, and CMS is requesting information from the public regarding barriers preventing providers from informing patients of their out of pocket costs.

X Modifier update: Modifiers XE, XS, XP, XU were developed to provide greater reporting specificity in situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible. Because payers are unclear in whether they want physical therapists to use the 59 modifier or an X modifier, PTs should ask payers whether they are moving towards the use of the X modifiers in place of the 59 modifier and which X modifier payers expect physical therapists to use when billing timed codes.

Congressional Updates

Opioid Update: The House Energy and Commerce Committee held hearings to broadly discuss over 70 pieces of legislation addressing the opioid crisis. APTA met with a few offices that introduced bills and suggestions were sent regarding changes to be incorporated into the bills. Unfortunately, the suggestions were not in the final text of the bills. APTA will continue to educate staff on the role that physical therapists play when it comes to pain management.

The Senate HELP Committee advanced legislation that addresses the opioid crisis. Among other things, the legislation: reauthorizes funding for the 21st Century Cures Act State Response to the Opioid Abuse Crisis grants, addresses research and innovation, provides flexibility to NIH to approve projects addressing opioids, enhances FDA authority regarding expedited pathways for non-addictive pain or addiction treatments, and addresses privacy issues, including health information sharing with families during emergencies and display of opioid abuse history in electronic health records.
House of Representatives have written the higher education act reauthorization bill known as the PROSPER Act. APTA is working with four other groups to get rid of a capped aggregate loan amount a student can take out from the federal government, to get rid of the graduate loan amount they would cap at $28,500 a year, and other provisions.

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.org and follow us on Twitter, Facebook, and Instagram @SCAPTA1.