



APTA
**State Payment
Advocacy Forum**

Wi-Fi Network: **APTA2024**

Password: **ChoosePT**

Case Studies: Chapter Payment Wins



Meet the Panelist



Tajah "Taj" Franklin
APTA State Affairs
Manager



**Gwen Simons, Esq, PT,
OCS, FAAOMPT**
APTA Maine
Chapter Lobbyist



Tim Guiden, PT, DPT
APTA West Virginia
President-Elect



**Joshua Farley, PT, DPT,
CDNT, OCS**
APTA Mississippi
Legislation &
Reimbursement Chair



**Gabe Freyaldenhoven,
PT, DPT**
APTA Arkansas
Payment Committee
Chair



Questions & Answers



Navigating Value Based Care Models with Commercial Payers



Meet the Panelist



Alice Bell, PT, DPT
APTA Senior Specialist of
Health Policy and Payment



Thomas Howell, PT, MPT
APTA Pennsylvania
Payment Specialist



Barbara Herzog, PT
APTA Michigan Payment
Specialist



Questions & Answers



Break till 10:30 a.m.



Total Worker Health/Direct to Employer Advocacy



Meet the Panelist



**Wanda Evans, PT,
DPT, MHS**
APTA Senior Specialist of
Commercial Payment and
Advocacy



Josh Bailey, PT, DPT
APTA Virginia Private
Practice SIG Chair & CEO of
Rehab Associates of
Central VA



**Kelly Sanders, PT, DPT,
ATC**
President of Movement
for Life PT



Jeff Hathaway, PT, DPT
Founder of Break Through
Physical Therapy &
Founding Partner of
Confluent Health



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#1194654**

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**Which APTA
office/position(s) are you
currently serving in**

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What are your chapter/sections members primary frustrations as it relates to the payment challenges that faces our profession?

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In your clinic setting, do you function or contribute to the decision-making process of the operations of your clinic/facility?

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Are you aware of a clinic/facility/practice currently engaged in direct to employer relations in your community/state?

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**When you hear the phrase
“Total Worker Health/Direct to
Employer” what
do you think of**

① Start presenting to display the poll results on this slide.

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What is your take home message after hearing this panel discussion?

① Start presenting to display the poll results on this slide.

Resources



Direct-to-Employer Services Designation Program

This program is designed for members who are contemplating providing direct-to-employer (D2E) services as well as those just starting down this path. This designation program will help you begin the process with greater confidence and avoid mistakes others have made, therefore increasing your likelihood of success! The Direct-to-Employer Services Designation program consists of **three modules delivered using synchronous and asynchronous virtual formats**

Contact the Panelist



Josh Bailey, PT, DPT
Josh.Bailey@RACVA.com



Kelly Sanders, PT, DPT, ATC
kelly.sanders@movementforlife.com



Jeff Hathaway, PT, DPT
jeffh@proactiveptclinics.com



Additional Contact Information

Private Practice: info@ppsapta.org

APTA Public Affairs: advocacy@apta.org

Questions & Answers



2025 Payment Forecast: MIPS, Medicare Reform, MVPs, & More



Meet the Panelist



Justin Elliott
APTA Vice President of
Government Affairs



Alice Bell, PT, DPT
APTA Senior Specialist of
Health Policy and Payment



Medicare Economic Index (MEI)

- Per CMS, the best measure available of the relative weights of the three components in payments under the PFS—work, practice expense (PE), and malpractice (MP)
- The RVUs used in developing rates should reflect the same weights in each component as the cost share weights in the Medicare Economic Index
- The total RVUs on the PFS are proportioned to approximately 51 percent work RVUs, 45 percent PE RVUs, and 4 percent MP RVUs

Medicare Economic Index (MEI)

- The most recent recalibration was done for the CY 2014 RVU
- In the 2023 and 2024 rule CMS decided to delay the implementation of the finalized 2017-based MEI cost share weights for the RVUs in anticipation of an AMA survey to gather current data on indirect practice expense.
- This survey is underway, and we are encouraging any practice that receives the survey complete it. This is critical in ensuring that the true cost of operating a PT practice is represented in the new reweighting.

Medicare Quality Payment Program Proposed Changes 2025

- MIPS
 - CMS proposes:
 - to allow clinicians to request reweighting for the quality, promoting interoperability, and improvement activities categories if they can't submit data for reasons beyond their control — such as a third-party contracted intermediary failing to submit data on time.
 - to maintain its performance threshold of 75 points and data completeness threshold of 75% through the CY 2028 performance period.

Medicare Quality Payment Program Proposed Changes 2025

- Rehabilitative Support for Musculoskeletal Care MVP
 - For 2025, the agency proposes one additional MIPS quality measure and four qualified clinical data registry, or QCDR, measures for inclusion in the MVP.
 - Q050 would identify whether women 65 and older with urinary incontinence have a documented plan of care related to pelvic floor rehabilitation.
 - MSK6, MSK7, MSK8, and MSK9 measure patients who have neck, upper extremity, back, and lower extremity injuries, respectively, who see an improvement in their pain by the end of treatment.
 - A proposed modified improvement activity related to COVID-19 vaccination status — IA_ERP_6 — would be added to all MIPS Value Pathways.

Adjustments in Practice Expense Values for 19 PM&R Codes

- APTA sought assistance from CMS in 2023 as PM&R codes had an MPPR like formula applied by the RUC Practice Expense Committee and were then subject to MPPR at the point of claim submission.
- In the 2024 final rule CMS advised the RUC that the codes should be re-evaluated for the practice expense adjustments made by the RUC
- APTA and AOTA presented recommendations to the RUC for the standard package clinical labor activities for the 19 codes.
- Although the RUC did increase the clinical labor time for the codes, they continued to adjust for the billing of multiple procedures and reduced equipment minutes for some codes.

Adjustments in Practice Expense Values for 19 PM&R Codes

- Next Steps
 - CMS has indicated that they still believe these codes need additional review.
 - APTA and AOTA will be meeting to determine next steps on these codes.

Medicare Fee Schedule Reform



Short term: Address immediate cut to 2025 fee schedule.

Long term: Major Structural Reforms

- Implement MEI annual update
- Reform MACRA
- Address Budget Neutrality
- CPT/RUC reforms
- Therapy-specific reforms

CORTEZ MASTO, BLACKBURN, THUNE, BARRASSO, STABENOW, WARNER ANNOUNCE FORMATION OF MEDICARE PAYMENT REFORM WORKING GROUP

Washington, D.C. – U.S. Senators Catherine Cortez Masto (D-Nev.), Marsha Blackburn (R-Tenn.), John Thune (R-S.D.), John Barrasso (R-Wyo.), Debbie Stabenow (D-Mich.), and Mark Warner (D-Va.) today announced the formation of a Medicare payment reform working group. The primary goal of this group is to investigate and propose long-term reforms to the physician fee schedule (PFS) and make necessary updates to the Medicare Access and CHIP Reauthorization Act



July 9, 2024

The Honorable Jason Smith, Chair
House Committee on Ways & Means
U.S House of Representatives
Washington, DC 20510

The Honorable Richard Neal, Ranking Member
House Committee on Ways & Means
U.S House of Representatives
Washington, DC 20510

The Honorable Vern Buchanan, Chair
Ways & Means Subcommittee on Health
U.S House of Representatives
Washington, DC 20510

The Honorable Lloyd Doggett, Ranking Member
Ways & Means Subcommittee on Health
U.S House of Representatives
Washington, DC 20510

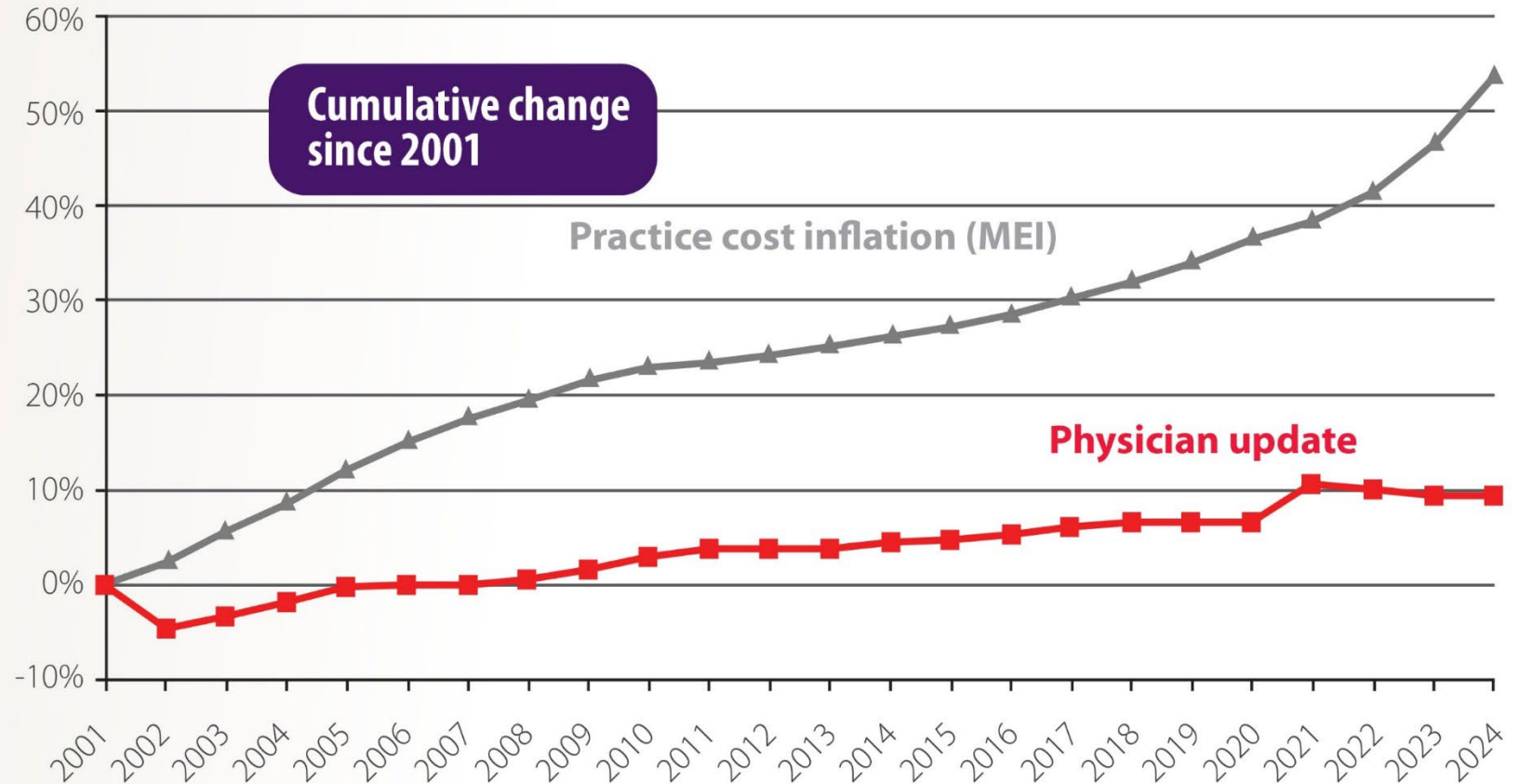
Dear Chairman Smith, Ranking Member Neal, Chairman Buchanan, and Ranking Member Doggett,

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the opportunity to submit comments for the hearing “Improving Value-Based Care for Patients and Providers.”

Medicare physician payment is NOT keeping up with practice cost inflation.

Medicare updates compared to inflation in practice costs (2001–2024)

Adjusted for inflation in practice costs, Medicare physician payment **declined 29%** from 2001 to 2024.



Strengthening Medicare for Patients and Providers Act (H.R. 2474)



Position

The American Physical Therapy Association supports H.R. 2474, the Strengthening Medicare for Patients and Providers Act. The bipartisan legislation was introduced in the U.S. House of Representatives by Reps. Raul Ruiz, D-Calif., Larry Bucshon, R-Ind., Ami Bera, D-Calif., and Mariannette Miller-Meeks, R-Iowa. H.R. 2474 would provide an annual inflationary payment update to the Medicare

Solution

Providers under the Medicare Physician Fee Schedule do not receive the annual inflationary update that virtually all other Medicare providers can rely on to better weather periods of fiscal uncertainty. The addition of an inflationary update will provide budgetary stability as clinicians – many of whom are small business owners – contend with a wide range of shifting economic factors, such as



Tuesday, June 27, 2023

Therapist Coalition To E&C: Include Non-Physicians In MACRA Reform

By **Bridget Early** / June 22, 2023 at 7:20 PM

 Tweet

 Share

Physical therapists, occupational therapists and speech-language pathologists are lobbying for the House Energy & Commerce Committee to commit to several legislative reforms – including changes to the Medicare Access and CHIP Reauthorization Act – that would improve reimbursement for non-physician providers as the committee hashes out Medicare payment reform for the first time since 2019.

As a House Energy & Commerce panel stepped up congressional efforts to reform the Medicare physician payment system with [an oversight hearing Thursday \(June 22\)](#), two bipartisan sets of lawmakers are separately pushing bills that would tie physician fee schedule updates to the Medicare Economic Index and mitigate cuts tied to CMS' changes to clinical labor policies.



Policy Principles for Outpatient Therapy Reform under the Medicare Physician Fee Schedule

As Congress begins to consider ways to reform the Medicare Physician Fee Schedule, the below policy principles seek to address long-standing challenges faced by outpatient therapy providers. Over the last three years, therapy providers have received some of the largest cuts of any health care providers as a result of budget neutrality policies. At the same time, therapy providers are subject to legacy reductions to payment for services that date back to the days of the sustainable growth rate formula, excessive administrative costs, and barriers to participation in innovative and value-based programs. Enacting the below policy principles will ensure access to high-quality therapy services now and into the future.



Policy Principles for Medicare Outpatient Payment

- 1 • Eliminate MPPR
- 2 • Authorize Opt Out
- 3 • Simplify POC Certification
- 4 • Standardize Supervision
- 5 • Reform Quality Reporting

The Road Ahead



APTA Legislative Update Bill Status



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Questions & Answers



Lunch





The Honorable Barbara Ballard

Kansas House of Representatives



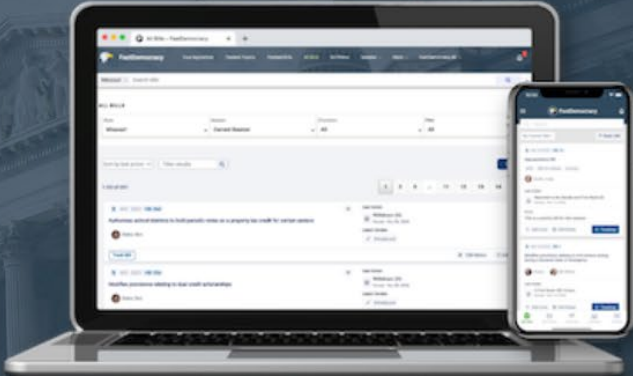
Quick Hits & Payment Resources



APTA's Legislative Tracker – Fast Democracy Professional

Welcome back to FastDemocracy Professional!

You can use the search bar up top to search bills, or go to one of the pages below.



Tracked Bills	Tracked Topics
Hearings	Calendar
Legislator Overview	Committee Overview
All Bills	Bill Filters
Today's Bill Actions	Press Releases
Vote Scorecards	Legislator Statistics
Notification Settings	

A Anatolij from FastDemocracy
Hey there 🤖 Welcome to FastDemocracy 📱 Take a look around...



2024 Legislative Reports

Bill	Sponsors	Title	Last Action	Latest Version	Lists
AK 33 HB 137	WRIGHT Ortiz Prax	An Act relating to an interstate physical therapy licensure compact; relating to the licensure of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants; and providing for an effective date.	House • May 13, 2023: (H) COSPONSOR(S): TOMASZEWSKI	HB0137A AM HB 137. introduced 03/27/2023	
AK 33 HB 138	WRIGHT Ortiz Prax	An Act relating to an audiology and speech-language interstate compact; relating to the practice of audiology and the practice of speech-language pathology; and providing for an effective date.	House • May 10, 2023: (H) COSPONSOR(S): PRAX	HB0138A AM HB 138. introduced 03/27/2023	
AK 33 HB 149	PRAX Tomaszewski Coulombe	An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date.	House • Jan 18, 2024: (H) COSPONSOR(S): FOSTER	HB0149A AM HB 149. introduced 03/31/2023	
AK 33 HB 277	HOUSE WAYS & MEANS	An Act relating to occupational licensing; and providing for an effective date.	House • Jan 18, 2024: (H) Referred to WAYS & MEANS	HB0277A AM HB 277. introduced 01/18/2024	
AK 33 SB 74	WILSON	An Act relating to an interstate physical therapy licensure compact; relating to the licensure of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants; and providing for an effective date.	House • May 12, 2023: (H) Referred to FINANCE	SB0074B AM CSSB 74(FIN). introduced 04/19/2023. passed Senate 05/11/2023	
AK 33 SB 75	WILSON	An Act relating to an audiology and speech-language interstate compact; relating to the practice of audiology and the practice of speech-language pathology; and providing for an effective date.	House • May 15, 2023: (H) Minutes (HFIN)	SB0075B AM CSSB 75(FIN). introduced 04/19/2023. passed Senate 05/11/2023	
AZ 56th-2nd-regular HB 2137	Julie Willoughby	infants; toddlers; developmental delays	House • Jan 16, 2024: House Second Reading	Introduced Version	

State Affairs Payment
Advertisements

Administrative Burden
Fair Co-Pay
Medicaid
Prior Authorization

Prior Authorization
Creates Barriers and
Can Delay Access to
Physical Therapist
Services



The Problems With Prior Authorization

Prior authorization began as a cost containment process used by health plans to ensure that costly new medications and treatments were only used when absolutely, medically necessary. Unfortunately, it has now morphed and grown out of control into a system that is required for a wide array of medications and treatments, including routine physical therapy services, with dire consequences including:

- Delays in treatments for patients and time-consuming administrative work for physical therapists.
- Interference with critical decision making when initiating patient treatment plans.
- Interruptions in treatment due to delays in reauthorization.
- Erroneous rejections resulting in further delays and unnecessary additional provider and patient burden.

Remove barriers to physical therapist services.
Eliminate prior authorization.

Learn more about how to reduce prior authorization to improve access to physical therapist services in your state by contacting advocacy@apta.org.



State Payment Legislative Toolkit

State Advocacy for Payment of Physical Therapist Services



An APTA State Advocacy Resource

We have developed these resources to help APTA's state chapters advocate for legislation and regulations that provide for fair payment and reduced administrative burden. You will find background on current issues, examples of positive state legislative actions, and templates for payment-related acts that chapters can use to propose legislation.

Current Trends in Payment

Multiple Procedure Payment Reduction

Under multiple procedure payment reduction, when multiple CPT procedure codes are billed to the same patient on the same day, the procedure with the highest practice expense value is reimbursed at 100%, and the practice expense values for additional codes are reduced, resulting in decreased payment for care provided by physical therapists and physical therapist assistants. APTA has opposed the MPPR policy at the federal level since CMS started applying it to "always therapy" services in 2011. The association continues to assert that it's a flawed policy, because the practice expense values for physical medicine CPT codes already have been reduced to avoid duplication during the valuation process.

We are starting to see the application of MPPR to state programs such as Medicaid, which poses the threat of payment cuts to physical therapy and other health care services. We anticipate that MPPR will continue to be an issue as policymakers seek ways to "bend the health care cost curve."

Legislative action is one way to prevent adoption of MPPR by other payers. Nebraska has passed legislation prohibiting application of MPPR in its Medicaid program:

United Healthcare, an MCO that administers Nebraska's Medicaid program, began applying MPPR to Medicaid claims in 2017. While they agreed to stop applying MPPR beginning in January 2021, APTA Nebraska formed a coalition with the state occupational therapists and speech-language pathologists to advocate for [a bill that prohibits the application of MPPR to physical, occupational, and speech therapy services](#) in the Nebraska Medicaid program, to prevent insurers from applying it in the future.

After a coordinated lobbying campaign by PTs and PTAs, OTs and OTAs, and SLPs; strong legislative testimony; and withdrawal of a controversial amendment, the bill passed Nebraska's unicameral legislature unanimously and was signed into law by the governor in 2021.

For model language on prohibiting MPPR in state Medicaid programs, see Appendix A.

EFT Transactions and Virtual Credit Cards

Some insurance carriers are paying providers via electronic funds transfer or virtual credit cards, both of which can carry up to a 5% fee imposed on the provider. [Alabama requires insurers to allow providers to opt out of payment via credit card](#), and [Georgia prohibits insurers from paying via virtual credits cards](#). However, most states do not have restrictions on fees associated with this method of payment.

virtual credit card payments, consider the following steps:
er contracts and all amendments. At minimum, review all contracts annually.
policies in payer newsletters.
presence or absence of language related to EFT transactions and virtual credit
sion of EFT transactions.
card payments and any associated fees.
garding EFT transactions and virtual credit cards.
for legal counsel and advice.

to delay payment. For example, providers in Maine were put on
g to delays of 9 to 12 months. Thanks to advocacy by APTA Maine, the state
ass legislation that regulates prepayment review. [The law LD 1317](#)
review to be paid or denied within 30 days, prohibits the denial of a claim
ake, and requires commercial carriers to provide a process for appealing

insurance carrier practice- or facility-wide prepayment review, see
so known as the "Medical Loss Ratio," allows insurance carriers to
s medical services spending, which has led to a significant increase in
inistrators to conduct prior authorization, utilization management, and
y response, several states are enacting legislation to put parameters
d other reviews by insurers.

ession, APTA Oregon successfully [advocated for passage of HB](#)
to report the number of prior authorizations requested, the number
ned on appeal; and requires independent prior authorization review
in the same or similar specialty as the requesting provider.
ance carriers clearly post all prior authorization requirements on
ce-based, and that the reason for a denial be written in clear
Association language for prior authorization and step therapy.

on management for therapy visits, see Appendix C.

essions, states including [Colorado \(SB 20-212\)](#), [Connecticut](#)
[re \(HB 1623\)](#) enacted legislation requiring coverage and
livered via telehealth. This ensures that providers are paid for
t the same rate as if the services were provided in person.
in 2021 to provide coverage of telehealth for PTs and other
parity for telehealth, see Appendix D.

contracts, causing increased
enacted an ["Orange Envelope"](#)
s to provider contracts that
nge, an opportunity for the
nts to discuss the proposed
because the notice to
ON! CONTRACT AMENDMENT

contracts, see Appendix E.

action in the Medicaid
means a policy used in the
or outpatient rehabilitation
ighest rate and subsequent units
one unit procedure is provided

nder the Medicaid program as it
r, or speech-language pathology.

ards beyond the standards set by the
ide prepayment review if those
paragraph does not prohibit carriers
etermine whether a service is a covered
apply to claims submitted by a hospital

E. A carrier may not deny payment of a claim for covered health care services by a provider sole

spelling, use of
ee the opportu

or Facility-wide Prepayment Review
practice or facility-wide prepayment
rier for the purposes of identifying
ropriate or adequate to support a claim
ervices are or were medically necessary
e with the following requirements:

ide prepayment review, the carrier
ted to the carrier electronically for
with time limits in other applicable laws.
be paid or disputed within 30 days. Any
e and subject to interest.

ide prepayment review must be
to performs the practice or facility-wide
ed to an audit, review, denial or
that involves clinical or professional

physical Therapy Association / 5
American Physical Therapy Association / 5

APTA State Medicaid Payment Rate Guide

APTA. APTA State Medicaid Payment Rate Guide

The maximum rate is summarized in the header for each code. To only see maximum rates, right-click on the "CPT or HCPCS Code" header (cell B2) > Expand/Collapse > Collapse Entire Field.

Payer	CPT or HCPCS Code	Document	Modifier	Rate (\$)	Facility Rate (\$)	Non-Facility Rate (\$)
Alabama Medicaid (FFS)	97012			14.8		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	14.8		
	97014			13.35		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	13.35		
	97016			22.24		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	22.24		
	97032			22.24		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	22.24		
	97035			22.24		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	22.24		
	97110			22.24		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	22.24		
	97112			29.66		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	29.66		
	97113			29.66		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	29.66		
	97116			20.01		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	20.01		
	97124			20.01		
		Hospital Outpatient (Medicaid) - Fee Sched	(blank)	20.01		
97140			28.17			
	Hospital Outpatient (Medicaid) - Fee Sched	(blank)	28.17			
97150			19.27			
	Hospital Outpatient (Medicaid) - Fee Sched	(blank)	19.27			
97161			114.81			
	Physician (Medicaid) - Fee Schedule	(blank)	54.35			
	Teaching Physician (Medicaid) - Fee Sched	(blank)	114.81			
	Hospital Outpatient (Medicaid) - Fee Sched	(blank)	71.74			
97162			114.81			
	Physician (Medicaid) - Fee Schedule	(blank)	54.35			

Payer	
Alabama Medicaid (FFS)	Alaska Medicaid (FFS)
Arizona Medicaid (FFS)	Arkansas Medicaid (FFS)
California Medicaid (FFS)	Colorado Medicaid (FFS)
Connecticut Medicaid (FFS)	DC Medicaid (FFS)
Delaware Medicaid (FFS)	Florida Medicaid (FFS)
Georgia Medicaid (FFS)	Hawaii Medicaid (FFS)
Idaho Medicaid (FFS)	Illinois Medicaid (FFS)
Indiana Medicaid (FFS)	Iowa Medicaid (FFS)
Kansas Medicaid (FFS)	Kentucky Medicaid (FFS)
Louisiana Medicaid (FFS)	Maine Medicaid (FFS)
Maryland Medicaid (FFS)	Massachusetts Medicaid (FFS)
Michigan Medicaid (FFS)	Minnesota Medicaid (FFS)
Mississippi Medicaid (FFS)	Missouri Medicaid (FFS)

Code							
97012	97014	97016	97032	97035	97110	97112	97113
97116	97124	97140	97150	97161	97162	97163	97164
97530	97750	97535	97761	97762	G0283		

97012	Mechanical Traction
97014	Electrical Stimulation (Unattended)
97016	Vasopneumatic Device
97032	Electrical Stimulation (Manual)
97035	Ultrasound/Phonophoresis
97110	Therapeutic exercise
97112	Neuromuscular re-education
97113	Aquatic Therapy/Exercise
97116	Gait training
97124	Massage Therapy
97140	Manual Therapy
97150	Group Therapy
97161	PT Eval, low complexity
97162	PT Eval, moderate complexity
97163	PT Eval, high complexity
97164	PT Re-eval
97530	Therapeutic activities
97535	Self-care/home management training
97750	Physical performance test or measure

State Payer Advocacy Resource Center (SPARC)

A joint initiative brought to you by:



APTA and PPS are collaborating to bring you new materials to help you succeed with payer advocacy in your state. These resources are being provided as part of a new joint initiative (the State Payer Advocacy Resource Center or SPARC) to arm you with the tools you need to succeed in advocating for your patients with state-regulated payers.

Watch this space for more resources to help with prior authorizations, utilization management hassles and telehealth, with more to come as the SPARC grows. And always remember that when using these materials, we are here to help! APTA and PPS have developed model payment bills for use in state legislatures to address utilization management, prior authorization, and more at the state level. Talk to your state chapter to get engaged or contact advocacy@apta.org for more details. Please feel free to contact payer advocacy staff at APTA (advocacy@apta.org) or PPS (info@ppsapta.org) to lend a helping hand with your advocacy efforts.

Prior Authorization/Utilization Management

Denials, Internal Appeals and External Reviews

Title and Term Protection Information




Informing Benefit Design for Better Coverage, Payment, Access, and Cost-Effective Care

Highlights of the American Physical Therapy Association Report
"The Economic Value of Physical Therapy in the United States"

September 2023

APTA Legislative Update Bill Status



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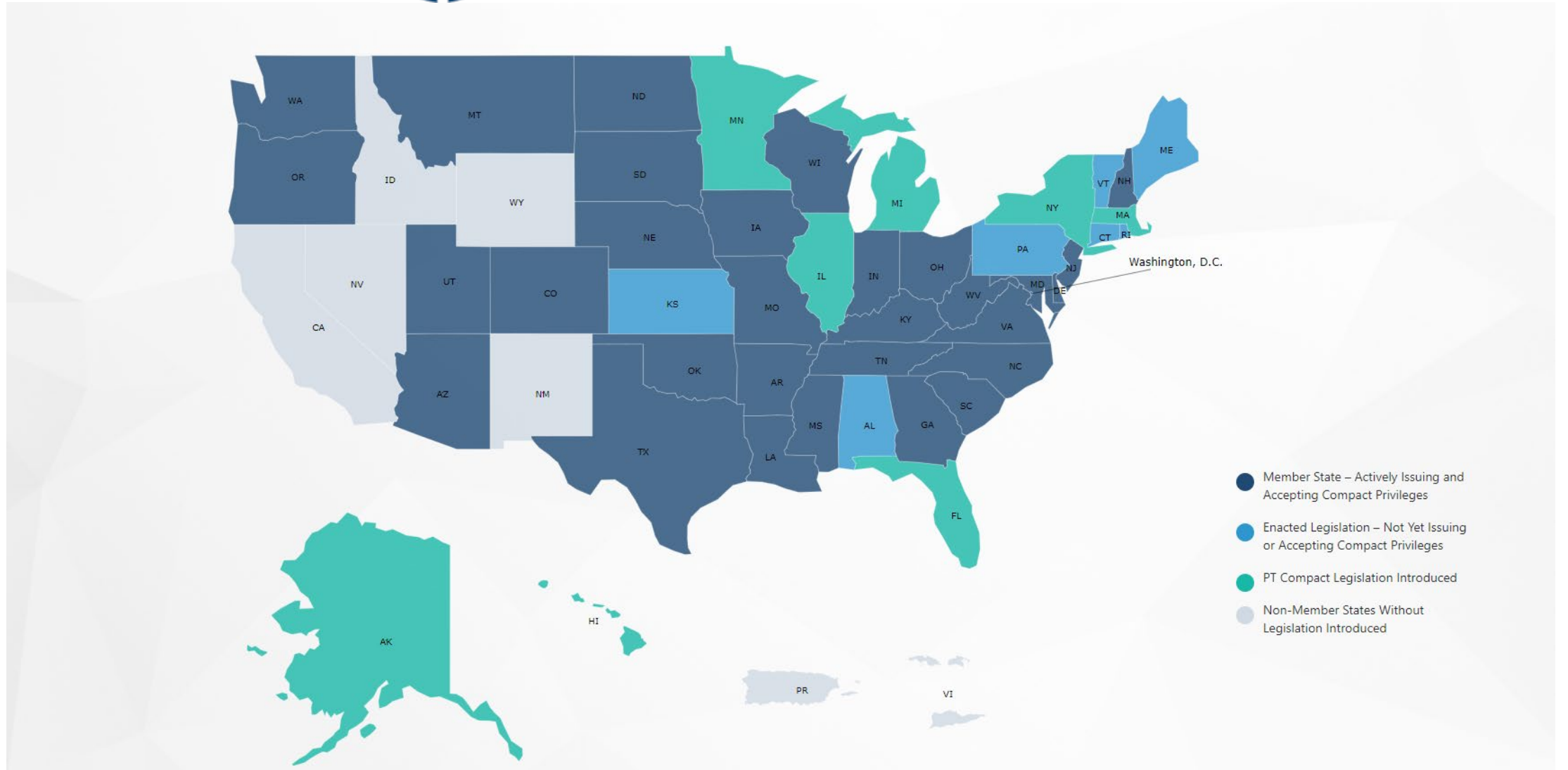
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PT · COMPACT



Questions & Answers



State Payment Consortium



Meet the Panelist



**Bob Rowe, PT, DPT, DMT,
MHS, FAPTA**
Academy of Orthopaedic
Physical Therapy
President



Mike Horsfield, PT, MBA
APTA Private Practice
President



Robert Hall
APTA Private Practice Senior
Payment Consultant





The Payment Consortium Journey

July 23, 2024

Mike Horsfield, President, APTA Private Practice

Bob Rowe, President, AOPT

Robert Hall, Senior Consultant



Mike Horsfield, APTA Private Practice President





How Did
We Get
Here?

Medicare Cuts Over a Decade

HCPCS	Description	2014 Payment	2024 Payment	Change
97110	Therapeutic exercises	\$32.24	\$28.82	-11%
97112	Neuromuscular reeducation	\$33.67	\$33.08	-2%
97116	Gait training therapy	\$28.66	\$28.82	1%
97140	Manual therapy 1/> regions	\$30.09	\$26.53	-12%
97530	Therapeutic activities	\$35.11	\$36.02	3%

Medicare Payment Increases Won't Happen Any Time Soon

CMS and Medicare

- CMS spent \$1.484 trillion on Medicare, Medicaid and other programs in FY 2023
- Total does not include Obamacare tax credits or state Medicaid/CHIP contributions
- *For comparison, the defense budget is \$0.776 trillion*

US Debt and Deficit

- Deficit is mismatch; debt is what we owe
- Deficit projected to be \$2 trillion (7% of GDP) in 2024
- Debt skyrocketed to \$34.9 trillion (99% of GDP) this year



Why Did We Get Here?



How Do We
Get There?



“In the long history of humankind (and animal kind too) those who learned to collaborate and improvise most effectively have prevailed”

– Charles Darwin

All Aboard the Consortium Bus



Tom DiAngelis - Chair
Gabe Freyaldenhoven
Cristina Faucheux
Rick Gawenda
Marcia Spoto
Matt Hyland
Terry Brown
Julie Fritz
APTA
AOPT
PPS
You
Us

The Destination

Mission

- Everyone in every community has access to the physical therapy services they need

Charge

- Enhance access to quality physical therapy care by developing, implementing, and scaling strategies that improve payment and reduce administrative burden

How Will We Know When We Arrive?



Objectives

- People will have unfettered access to high-quality physical therapy
- Payment that results in healthy patients, professionals and businesses
- Low-income people will have access to physical therapy in their communities

Milestones Along The Path (End of 2026)

- Prior auth legislation passed in 10 states
- Change prior auth policies with local payers in 25 states
- Fair co-pay legislation in > 3 states
- Private payers utilize MC credentialing process and timelines
- Eliminate MPPR payment policies with 20 payers
- Medicaid payment > 90% MC in 10 states





“As a member of the social species, success is not the ability to go alone, success is measured by being someone on whom others can depend.”

– John Cacioppo

Rules of the Road

What Can You Count On Us Doing?

- Deliver tools and resources
- Assist with strategy
- Share best practices
- Fail fast so we can learn faster
- Always be there for you

What Are We Counting on You Doing?

- Build local payer relationships
- Share wins and celebrate losses
- Contract thoughtfully
- Practice ethically
- Lean on us for support

The First Stop...

Contracting 101

- On-demand webinars
- Knowledge, tools and resources to assess when to negotiate
- Always available but will be promoted each time a bad payer policy gets released

Six Modules

- Contracting Basics
- Crunching the Numbers
- Hire or Fire?
- Saying No
- Lawyers Suck
- Playing by the Rules



Bob Hall, APTA Private Practice
Senior Payment Consultant



Advocacy is Essential!

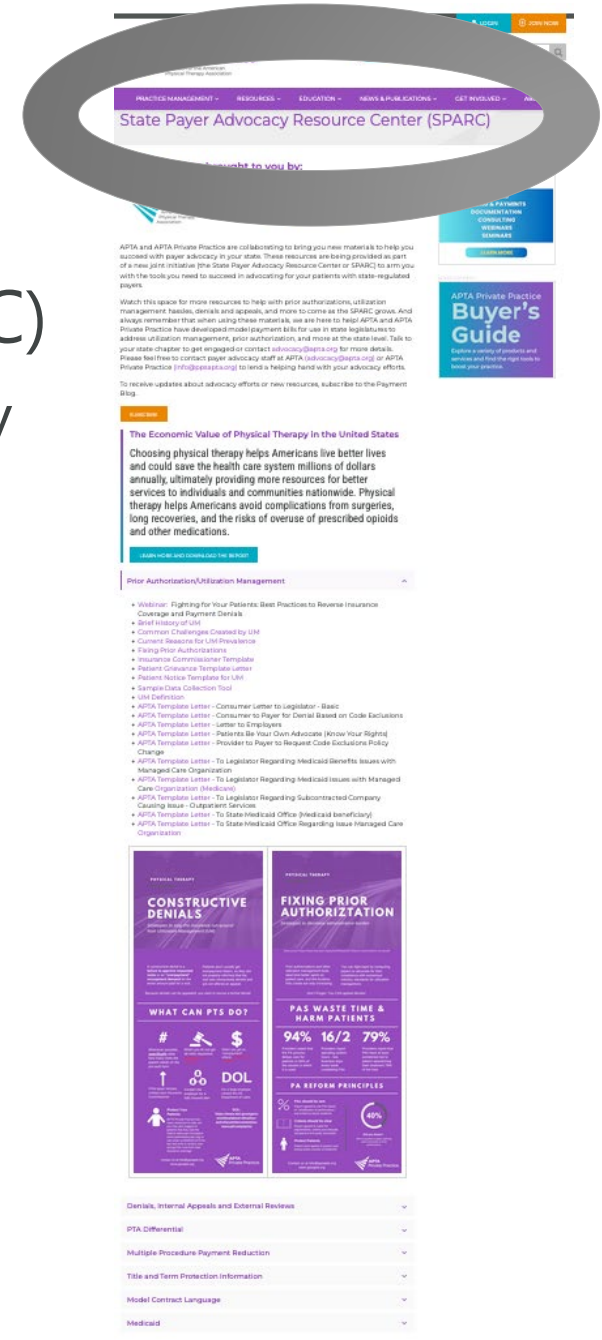
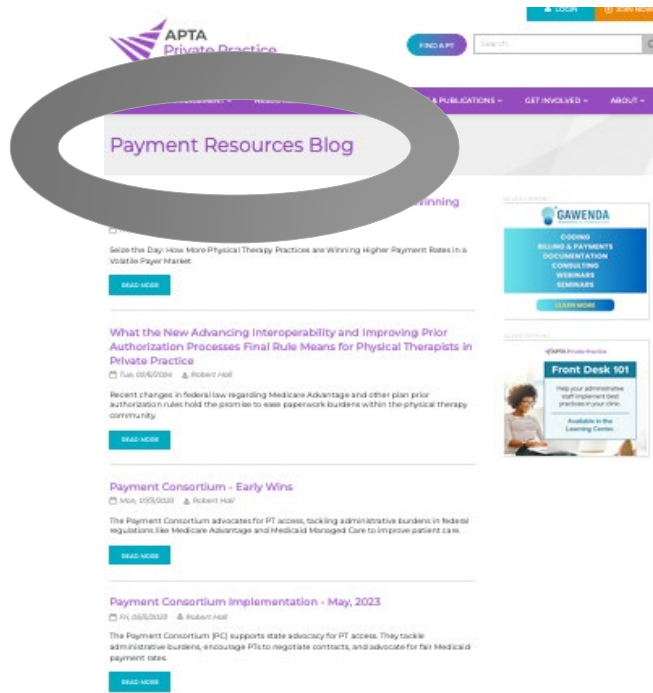
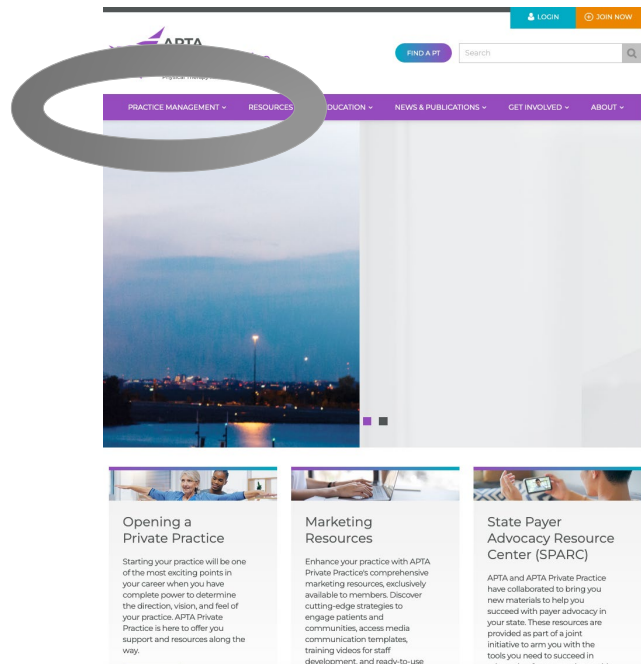
Advocacy Hub: State Payment Advocacy Resource Center

- Patients need you to fight the system and how it interacts with PT
- State-regulated payers are generally largest revenue stream for PT practices
- Patients need you to fight back against roadblocks to PT access that are wasting PTs' time and gumming up the chance to provide PT care



Resources for You

- State Payment Advocacy Resource Center (SPARC)
- Joint APTA website to support state payment advocacy



SPARC Example: Contracting

- Contracting Requires Advocacy
- SPARC Resource:
 - Model Contract Language
 - Webinar
 - Article

CHECKLIST OF KEY ISSUES FOR MANAGED CARE PROVIDER AGREEMENTS

INTRODUCTION

This Checklist of Key Issues for Managed Care Provider Agreements ("Checklist") was developed as a tool to assist PPS members understand and negotiate key terms in third-party payer agreements. The Checklist offers guidance, Payer-Friendly provisions, and Provider-Friendly provisions which can serve as a reference point during the review and negotiation of these agreements. Please note that this checklist does not address many issues governed by state and/or federal laws and regulations applicable to third-party payer agreements. Please consult with a qualified health lawyer for guidance concerning any legal and regulatory compliance issues.

CHECKLIST OF KEY ISSUES FOR MANAGED CARE PROVIDER AGREEMENTS | PAGE 27

GENERAL GUIDANCE	COMMON PROVISION(S)	PROVIDER-FRIENDLY PROVISION(S)	PAYER-FRIENDLY PROVISION(S)
<p>Optimally, the Agreement should be governed by the laws of the state in which the Covered Services are provided. This is generally the state in which Provider is licensed and Provider is, thus, subject to this state's laws, regulations, and oversight.</p> <p>Likewise, any litigation or arbitration arising under the Agreement should be conducted in a court in the country where Covered Services are provided. Otherwise, Provider could incur considerable expense and inconvenience by having to pursue or defend an action in another state.</p>		<p>"This Agreement will be governed by and construed in accordance with the laws of the state of [the state in which Provider renders services], and any claim related to this Agreement shall be resolved in the courts located in [the county and state in which Provider is located]."</p>	<p>"This Agreement shall be governed by, and construed in accordance with, the laws of [the state in which Payer's principal office is located], and any claim related to this Agreement shall be resolved in the courts located in [the county and state in which Payer's principal office is located]."</p>
WAIVER OF LEGAL PRESUMPTION			
<p>In the event of a contract dispute, there IS A LEGAL PRESUMPTION THAT an ambiguous provision should be construed against the party who drafted it. Many Payers insert a provision that results in the waiver of this presumption. Unless Provider has had the benefit of meaningfully negotiating the terms of the Agreement, Provider should not agree to waive the presumption.</p>	<p>See Payer-Friendly Provision.</p>		<p>"This Agreement shall not be construed against the Party preparing it but shall be construed as if both Parties jointly prepared the Agreement, and any uncertainty and ambiguity shall not be interpreted against any one Party."</p>

Other SPARC Tools

- Link to APTA Value of PT Report
- Utilization Management/Prior Authorization
- Denials, Internal Appeals and External Reviews
- Title and Term Protection
- PTA Differential
- Medicaid
- MPPR

The screenshot shows the APTA Private Practice website's SPARC page. At the top, there is a navigation bar with links for Practice Management, Resources, Education, News & Publications, Get Involved, and About. Below this is a search bar and a 'Find a PT' button. The main heading is 'State Payer Advocacy Resource Center (SPARC)'. A sub-heading reads 'A joint initiative brought to you by:' followed by the APTA and APTA Private Practice logos. The text explains that APTA and APTA Private Practice are collaborating to provide resources for payer advocacy. A 'SUBSCRIBE' button is visible. Below this is a section titled 'The Economic Value of Physical Therapy in the United States' with a 'LEARN MORE AND DOWNLOAD THE REPORT' button. At the bottom, there is a list of resources with dropdown arrows: Prior Authorization/Utilization Management, Denials, Internal Appeals and External Reviews, PTA Differential, Multiple Procedure Payment Reduction, Title and Term Protection Information, Model Contract Language, and Medicaid. On the right side, there are two advertisements: one for GAWENDA (Coding, Billing & Payments, Documentation, Consulting, Webinars, Seminars) and another for APTA Private Practice Buyer's Guide.

Contact Information

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Please Reach Out!



Bob Rowe, Academy of Orthopaedic
Physical Therapy President



Bob Rowe
President, AOPT



Collaboration Exercise

- Find three people you don't know; get with them
- Discuss actions you can take to rev up payment advocacy in your State
- Write down **Three Commitments** you will make to advocate for reduced paperwork, improved commercial payment, and Medicaid reform in Your State
- Report out; we will follow up
- *Get Fired Up to Change the World!*

Questions & Answers



Wrap Up & Key Takeaways



Susan Appling, PT, DPT, PhD
APTA Vice President

