

# FAL Briefing Memo

## June 2020



**SEQUESTRATION:** Numerous commercial payers, e.g. United Healthcare, Aetna, and Anthem, have suspended 2% sequestration in alignment with the CARES Act for the remainder of 2020. As it relates to commercial payers, providers should be aware of the following:

- Providers that have contracts with Medicare Advantage (MA) plans tied to the amount the providers would be paid under various Medicare payment systems, and/or tied to a portion of the plan's capitation payments, generally should receive a 2% increase from the plans.
- Providers that are not contracted with a MA plan also should receive at least a 2% increase because they are supposed to be paid at least what the provider would have received under original Medicare.
- Some commercial contracts use Medicare-based rates. If the commercial plans using Medicare-based rates are applying sequestration on commercial claims, they may 'forget' to turn off these edits. You'll want to be alert to any applicable contractual appeal deadlines.

**IDEA:** APTA, along with AOTA, ASHA, the Division for Early Childhood of the Council for Exceptional Children and IDEA infant Toddler Coordinators Association convened a work group to address the need for specific, targeted support to early intervention services (EIS) and special education for infants, toddlers, and preschoolers with disabilities. A letter expressing the specific need for funding of IDEA Part C was drafted, signed by 35 organizations and sent to Congressional leadership.

**TELEHEALTH:** On May 27, CMS announced that outpatient therapy furnished via telehealth can be reported on institutional claim during COVID-19 PHE in its updated coronavirus waiver FAQs. On June 3, APTA submitted a letter to United Healthcare requesting permanent adoption of telehealth coverage policies. APTA will be sending a joint letter to HHS signed by approximately 10 other associations urging HHS to work with Congress to make the telehealth policy changes permanent, and in the interim, to temporarily extend the telehealth policy changes after the crisis ends.

### **NOMINATIONS:**

- **Veterans Affairs:** APTA nominated APTA member Dr. Alex Habegger to serve on the Veterans' Advisory Committee on Rehabilitation.
- **CDC:** APTA nominated APTA member Dawn Magnusson to service on the Community Preventive Services Task Force (CPSTF) convened by the CDC which provides evidence-based findings and recommendations about community preventive services, programs, and other interventions aimed at improving population health.
- **NQF:** APTA submitted an organization nomination to the NQF Measure Applications Partnership for consideration.

### **HHS COMMENT LETTERS:**

- APTA submitted comments on three HCPCS code applications to CMS. These applications were for devices including a knee exerciser, hip traction device, and VERA (Virtual Exercise Rehabilitation Assistant).
- APTA submitted its comments to CMS in response to the FY 2021 Skilled Nursing Facilities PPS proposed rule.
- APTA submitted comments to CMS in response to its RFI on rural maternal health.
- APTA signed onto a coalition letter responding to CMS' RFI on coordinating children's care across state lines.
- APTA signed onto a Disability Rehab Research Coalition letter to HHS, urging them include disability status as one of the relevant variables in its report to Congress on testing and diagnosis of COVID-19. We recommended that HHS use the disability categories from the American Community Survey or the definition of disability from the American's with Disabilities Act (ADA).

**ADDITIONAL APTA COMMENT LETTERS:**

- **CMS:** APTA sent letters to 7 federal agencies with our recommendations on policies that should be extended or made permanent in response to the Executive Order issued on May 19, 2020.
- **USPSTF:** APTA submitted comments to the USPSTF in response to their draft recommendation on behavioral counseling on diet and physical activity to prevent CVD in adults with risk factors.
- **OFFICE OF SCIENCE AND TECH POLICY:** OSTP issued an RFI seeking comments on impediments to access to federally-funded peer reviewed research and data. APTA, working with PTJ, submitted comments explaining PTJ unique challenges and suggestions on improving the medical research funding and publication model.
- **CDC:** APTA submitted comments in response to the Centers for Disease Control and Prevention (CDC) request for comment on the management of acute and chronic pain. APTA advocated that CDC should evaluate how payer benefit design can be restructured to promote early intervention to physical therapy.