



AMERICAN SOCIETY OF HAND THERAPISTS

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September 10, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G
Attention: CMS-1676-P
Hubert Humphrey Building
200 Independence Ave, SW
Washington, DC 20201

Submitted electronically

Re: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid promoting Interoperability Program [CMS-1693-P]

Dear Administrator Verma,

On behalf of the American Society of Hand Therapists (ASHT), thank you for the opportunity to comment on the proposed Medicare Program Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019. ASHT represents over 3,000 occupational and physical therapists, assistants and students who provide evaluation and intervention services for patients with diseases, conditions, or injuries resulting in upper extremity dysfunction. A large proportion of the patients we serve are Medicare and Medicaid program beneficiaries. We applaud CMS' most recent efforts to update the Physician Fee Schedule and Current Procedural Terminology (CPT) code valuations and believe these actions help recognize the level of expertise required to provide efficient, high quality care.

Quality Payment Program (QPP)

Participation and Reporting

ASHT appreciates CMS' recognition of occupational therapists (OTs) and physical therapists (PTs) as key health care providers under the QPP's Merit-based Incentive Payment System (MIPS). ASHT supports many of the proposal's efforts to provide flexibility to newly recognized professions in the MIPS program, including the creation of an opt-in policy and modifications to the low-volume threshold. While we expect that not many hand therapists will meet the low-

volume criteria, we recognize some practitioners will opt-in. We hope to encourage and support their participation and look forward to working with CMS to mitigate potential barriers to participation.

ASHT commends CMS for granting flexibility to MIPS-eligible clinicians who elect to participate in QPP despite their challenges in meeting applicable measures and activities. However, we remain concerned about first-year adoption among our members due to the complex nature of the program. ASHT therefore recommends that CMS implement a modified pick your pace on-ramp to participation for all non-physician providers participating in the MIPS program in 2019. We also propose that CMS lower the performance threshold to 25 points in the event that OT/PT participation in QPP becomes mandatory in the future. CMS may also consider an alternative performance threshold for all providers participating in the MIPS program for the first time.

Additionally, our industry is distinctively characterized by the fact that the majority of our members operate within small practices and claims-based reporting is limited among these professionals. Should CMS require newly eligible providers to report electronically via certified electronic health records (EHRs) or registries, we respectfully would urge the agency to provide compliance support to small practices, such as by creating an industry pathway to EHR reporting.

ASHT supports CMS' proposal to assess OTs and PTs in the quality and improvement activities categories, weighted at 70% and 30%, respectively. We further recommend that the agency allow providers to report measures relevant to their respective settings and consider training resource and registry cost, in the event that facility-based therapists are added to the QPP in the future.

APMs and Telehealth

Hand therapists are at a unique disadvantage because Alternative Payment Models (APMs) are not feasible alternatives to the MIPS pathway. ASHT believes APMs would be significantly strengthened by the inclusion of therapists and the development of therapy-specific metrics. This approach should ensure that properly qualified professionals deliver coordinated, patient-specific, outcome-based care while incorporating meaningful patient-reported and performance-based outcome measures. We urge CMS to support APM industry participation by modifying the Certified EHR Technology (CEHRT) criterion for the Medicare Advantage demonstration, Medicare Advanced APMs, and Other Payer Advanced APMs.

ASHT supports efforts to modernize Medicare physician payments for communication technology-based services. While Medicare statute does not explicitly identify OTs and PTs as professionals who are eligible to bill for telehealth services, a number of states do permit PTs and OTs to furnish telehealth services. Therapy services via telehealth offer significant innovations in health care that can and have improved patient function and reduced the risk of more costly health episodes, such as surgery or hospital readmissions. ASHT urges CMS to take action to expand telehealth privileges to therapists in order to better demonstrate the cost savings and improved access to care on a larger scale.

Payment Modifier

The CY 2019 proposed rule would implement a reduction in reimbursement for occupational therapy assistant (OTA) and physical therapy assistant (PTA) services in accordance with the Bipartisan Budget Act of 2018 (Public Law No. 115-123). The measure calls for these services to be paid at 85% of the PFS payment rate beginning in 2022. ASHT strongly urges CMS to modify the definition of services furnished “in part” by OTAs and PTAs and to postpone a final definition until the CY 2020 rulemaking. This delay would provide industry and policy stakeholders with needed time to reach a feasible and appropriate determination and resolve key concerns. For instance, ASHT contends that the payment modifier should not apply to evaluations because the judgment of the supervising PT/OT is always primary in the evaluation.

Additionally, ASHT calls on CMS to exempt group therapy from this policy proposal. Applying the modifier to the group therapy code will discourage therapists from providing services under this code, which would impact productivity, limit care plans, and ultimately serve to restrict access.

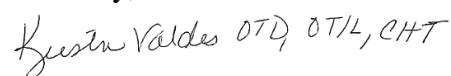
Finally, ASHT strongly contends that the modifier not be required in a collaborative PT/PTA or OT/OTA service. Implementing the policy to apply to “any minute” of outpatient therapy delivered by the OTA/PTA would have enormous repercussions for beneficiary access to care. Further, this policy has many unintended consequences for patient access in rural and underserved areas, and deserves additional close scrutiny. We look forward to engaging with CMS on this issue in order to avoid any barriers to care.

Functional Limitation Reporting (FLR)

ASHT strongly supports CMS’ proposal to discontinue Functional Limitation Reporting (FLR) requirements for services furnished on or after January 1, 2019. In the past, ASHT has asserted that FLR measures are burdensome and insufficient for providing insight into the beneficiary or his/her progress. We instead have encouraged the development of therapy quality measures that reflect domains of function and changes in function. FLR results are not relayed to practitioners in a way that informs their practice and we thank you for your position in this year’s proposed rule.

Thank you for the opportunity to comment on the proposed revisions to the CY 2019 Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019. Please do not hesitate to reach me with questions or concerns at kvaldesotdcht@gmail.com.

Sincerely,

Handwritten signature of Kristin Anne Valdes in black ink, with the text "Kristin Valdes OTD, OTR, CHT" written below it.

Kristin Anne Valdes, OTD, OTR, CHT
President
American Society of Hand Therapists