



HIGHLIGHTS FROM THE STATE PAYMENT ADVOCACY FORUM 2024

It's no secret that one of the largest concerns to the profession is workforce sustainability and payment/reimbursement which are addressed in both APTA WA and APTA National's strategic plans. Across the country, states are advocating for fair copays, direct access, increasing Medicaid payments, and prior authorization, to address issues of administrative burden, utilization management, and stagnant reimbursement rates.

A potential revenue stream presented by Confluent Health founder, Jeff Hathaway, President of Movement for Life PT, Kelly Sanders, and CEO of Rehab Associate, Josh Bailey, is to form partnerships with employers to provide musculoskeletal and wellness services including but not limited to workplace injuries, implementing a walking program, and diabetes management. The APTA Private Section has released a course for [Direct-to-Employer Services](#) for those interested in pursuing this path.

National Payment & CMS Updates

Per the Centers for Medicare and Medicaid Services (CMS), the beat measure available of the relative weights of the three components in payments under the PFS include work (billed codes), practice expense (PE), and malpractice (MP). Each CPT code has a Relative Value Unit (RVU) assigned to it which is then multiplied by the conversion factor (CF) and geographical adjustment (GPCI). The total RVUs on the PFS are proportioned to approximately 51% work RVUs, 45% PE RVUs, and 4% MP RVUs. The most recent recalibration was done in 2014 for the RVUs. In the 2023 and 2024 rule, CMS delayed the implementation of the finalized 2017-based MEI cost share weights for the RVUs in order to collect data on indirect practice expenses. A survey conducted by Mathematica for the American Medical Association was sent out to practice owners in a variety of healthcare professions. If this survey was sent to you, please complete it to show the cost to operate a PT practice in the new reweighting.

For 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, and to maintain performance threshold of 75 points and data completeness threshold of 75% through the CY 2028 performance period. 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
- 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.

In 2023, APTA sought assistance from CMS in 2023 as PM&R codes had an MPPR like formula applied by the RUC Practice Expense Committee and 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. The RUC did increase clinical labor time for the codes, they continued to adjust for the billing of multiple procedures and reduced equipment minutes for some codes. The APTA and AOTA will continue to meet to determine next steps on these codes as CMS has indicated that they still believe these codes need additional review.

To address the Medicare Fee Schedule a healthcare coalition including AMA, AOTA, ASHA, has been formed with short-term and long-term goals. In the short-term to continue to address the immediate cuts to the 2025 fee schedule. Long-term goals are to implement and MEI annual update, reform MACRA, address budget neutrality, CPT/RUC reforms, and therapy-specific reforms. A U.S Senator-led bi-partisan [Medicare Payment Reform Working Group](#) has been formed to investigate and propose long-term reforms to the physician fee schedule and make updates to the Medicare Access and CHIP Reauthorization Act. The APTA supports the bipartisan bill [H.R. 2474](#) the Strengthening Medicare for Patients and Providers Act to provide an annual inflationary update.

The APTA has formed a coalition with the other therapy providers (AOTA, ASHA) to lobby for the House Energy and Commerce Committee to include non-physicians in MACRA reform. Goals for policy principles are to eliminate MPPR, authorize Opt Out, simplify POC certification, standardize supervision, and reform quality reporting. These will take some time and will be on deck until after the Election season.

Resources

- For quarterly updates, subscribe to the [APTA Advocacy Newsletter](#) to receive updates and Legislative Action Alerts for federal legislative and regulatory issues.
- State Payer Advocacy Resource Center ([SPARC](#)) is a joint initiative through APTA, APTA Private Practice, and the Academy of Orthopaedic Physical Therapy to provide resources and education regarding payer advocacy.
- APTA Private Practice will releasing a Contracting 101 webinar to assist with negotiation of contracts later this year.
- [APTA Legislative Bill Status](#)