President’s Message

What a busy month September was. We had a great and action packed Fall meeting, followed by our travels to the APTA State Policy and Payment Forum. During the national APTA Forum, we were still getting accolades about our success for direct access. We had the opportunity to discuss with other States about our success, and we asked many questions concerning our future plans. We also learned more about “cost containment” issues such as Joint Replacement Program, AMA survey, and the new evaluation codes coming out in January 2017. I am very proud to be able to participate in these conversations that help guide the LPTA, and the interactions with the APTA. APTA President, Sharon Dunn, was kind enough to write an article for this addition of the Bayou Bulletin covering key issues the APTA covered during the Payment Forum, and I wanted to share some additional ideas on these topics.

Comprehensive Care for Joint Replacement (CCJR): CMS has established a bundled payment model for ACOs and hospitals in 75 geographic areas across the country that perform planned or urgent hip and/or knee replacement surgeries to be responsible for the cost and quality of the care. Depending on the hospital’s performance during the episode, the hospital would either earn a financial reward or be required to repay Medicare for a portion of the costs. This “Comprehensive Care” model is already looking at additional conditions to add for 2017. The concern here is for the out-patient clinics, non-participating facilities, and home health agencies not tied to the ACO / Hospital. The APTA is working with CMS to allow for alternative (independent) services. I encourage anyone not already involved in these discussions within their medical communities to start getting involved – do not wait! If you are waiting to see what happens, you will be left out of the group.

New PT Evaluations codes. AMA has approved 3 new PT evaluation codes for 2017. These new codes will reflect the complexity of the patient based on the condition, treatment, and comorbidities. AMA also attached a time based value to these evaluation codes (20, 30 and 45 minutes) against the APTA and CMS recommendations. The APTA stressed that we should focus more on the condition and complexity of the patient, and not the time. For now, the 3 evaluations codes will be paid the same value, and CMS stated they will review the data over 2017. Here are my concerns...

(continued on page 13)
Bayou Bulletin Publisher Information

The Bayou Bulletin is published six times a year by the LPTA. Copy and advertising inquiries should be directed to LPTA. Advertising rate sheets and deadlines for each issue are available upon request.

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LPTA MEMBERSHIP

Please continue to encourage your fellow PTs, PTAs and students to join or renew their APTA/LPTA membership!

“Each One Reach One!”

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If you are interested in "opting out" of receiving hard copies of the Bayou Bulletin and receiving you Bulletin in full color by email, please reply to the office (office@LPTA.org) with the Subject line "Opting Out." Make sure you include your name, member number and a contact number in case we need clarification. Join us in "Opting Out!"

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PTAs
151
132

Total
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Bayou Bulletin
September/October 2016
Welcome to Miami!
National Student Conclave is headed to warm and sunny Miami, Florida! Be a part of the only national conference that's planned by students, for students. Students from around the country attend NSC each year to connect with peers, gain valuable insight from esteemed professionals, meet APTA leaders, and prepare for their futures in physical therapy.

This is going to be BIG!
Everything is bigger in Texas – join more than 11,000 professionals for the biggest conference on physical therapy in the country. IMAGINE – Speakers who unlock your passion. DISCOVER – A vibrant city full of color and culture.

Dave Pariser Memorial Scholarship Fund

To make an online contribution to the Scholarship fund, go to the Foundation website and at the top right hand side of the page, there is purple box with the words “Donate Now”. Choose the amount of the donation and choose the designated fund, the Dave Pariser Memorial Scholarship Fund.

http://www.lsuhealthfoundation.org/

Or you can mail to the Dave Pariser Memorial Scholarship Fund:
The Foundation for the LSU Health Sciences Center
450A South Claiborne Avenue
New Orleans, LA 70112
District and Component News

Jenn Watson, Lafayette District Chair

The Lafayette District had another successful PT Pub Night on August 23, 2016, at Social Southern Table & Bar. We had the opportunity to discuss how Direct Access was affecting local practices, not to mention how therapists weathered the historic floods of 2016 in Lafayette and surrounding areas. We are planning a District meeting in late October with more details to follow. For those who missed the special education topic on Direct Access at the Fall Meeting, you will have an opportunity to get any lingering questions answered at the next District meeting.

We would like to wish, Alicia Pruitt, our former Membership Committee Chair and Lafayette District member much success in her new venture as a traveling therapist. Alicia, you will certainly be missed. Thank you for your service and your support of Lafayette District events.

Our very own District legend, Mike Sheffield, had a successful heart transplant on September 14, 2016. He is doing well and in good spirits but has a long road ahead in his recovery. We ask that you continue to pray for Mike, his family, and the donor’s family during this healing process. Mike’s family set up an online blog for those who would like to stay updated or offer support along his health journey at www.caringbridge.org

Blair Duthu, Houma District Chair

Hello Houma!!! I am pleased to announce that I have taken the reigns as the Houma District Chair! I am excited to get to know each and every one of you in my district and assist with building relationships among the district. We had our first PT Pub night on September 1st at Mudbugs in Thibodaux which was a huge success. Stay tuned for more PT pub nights in the future! Our District meeting was held on Thursday, October 6th, 2016 at the North Branch Library in Gray. Please contact me at blair.duthu@rehabcare.com if you would like more involvement in our district or have any questions/ideas. I hope to see you soon!!!

Danielle Morris, Baton Rouge District Chair

Congratulations to the following Baton Rouge District members who received 2016 LPTA Awards: Al Moreau III, PT, MPT-Dave Warner Distinguished Service Award, Christopher Janssen-PTA Distinguished Service Award, Cristina Faucheux-Champion of Direct Access, and Karl Kleinpeter-Declaration of Appreciation.

Congratulations also to Anna Howard who re-certified as an instructor for the APTA CCIP (Credentialed Clinical Instructor Program) and Tejas Vora who completed The Baton Rouge Area Chamber (BRAC) Leadership Program.

Correction from last month: Congratulations to Jennifer Hardee who was awarded her PCS through the APTA.

Please join us for Pub Night on October 18 at Bistro Byronz (Willow Grove). More details to follow.
2016 Robert G. Dicus Award

David Qualls, PT
Owner, Qualls & Co

The Private Practice Section’s (PPS) Board of Directors is very pleased to announce that the 2016 Robert G. Dicus Award winner is David Qualls, PT. For the last four decades, David has exemplified the highest level of servant leadership, in both his professional and personal communities. As a PT, he has been actively involved in advocacy of this profession at the state and national levels through his ongoing participation in both the Louisiana Physical Therapy Association and the APTA. David has served in various capacities with both organizations, including as president and chief delegate of the LPTA and as a member of the PPS Board of Directors. He has indeed mastered the art of balancing patient care while advocating and protecting our profession.

Moreover, his role as a servant leader has extended beyond the bounds of our professional arena and into David’s own personal community. If you know David, you are aware that his community involvement lights up his face; it is simply an extension of all that he sees as his responsibility to give back from what he calls his treasure trove of experiences. He inspires others by his quiet demeanor, steadfast faith in his abilities and those of others, and a sense of humor that keeps everyone reminded that life is good.

Indeed, David is the definition of a “Southern Gentleman.” Yet, he is also a sharp and cunning PT who has stood firm in representing both the profession and our patients. In light of his many years of humble leadership and his continued advocacy of our profession, it is an honor of this organization to bestow the 2016 Robert G. Dicus Award to David Qualls.

District and Component News

Mallory Lott, Student SIG Director

October is Breast Cancer Awareness month. LSUHSC PT department is holding a fundraiser for the Breast Cancer Research Foundation at Grit’s Sports Bar on Friday, October 14th at 9 pm. We would like to invite everyone to come out and support the cause. There will be food, drinks, games, and raffles! If you are unable to attend and would like to contribute, we are currently accepting donations or gift baskets for raffle prizes that are non-food or drink related. If you are interested, please contact our Service Chair, Gabi, at gdiaz@lsuhsc.edu with any questions. Hope to see everyone there!

Matt Powers, New Orleans District Chair

The New Orleans district will have a district meeting on Thursday, October 13th at 6:00 in the PTA classroom at Delgado. It will be followed by a PT Pub Night at Bayou Beer Garden. Please join us for an update on what the LPTA is doing for you and what we have planned over the next few months. This is a great opportunity to network with local PTs, PTAs and students in a social environment.
Payment Chair Report

As a means of introduction, my name is Katie Brittain and I am your new Payment and Practice Committee Chair.

My background is in practice management, performance improvement, and quality. I have been director for billing and collection for 6 years in an outpatient private practice and actually like it. I know, I know... crazy!

Since taking on this role, I have hit the ground running. Last week, I had the opportunity to present at the LPTA Fall Meeting on Introduction to Direct Access (billing and coding pearls) and this past week I was representing you at the APTA State Payment & Policy Forum in Pittsburg.

Lots of discussion at the APTA Forum but as a summary some of the big topic items are #choosePT, direct access, imaging, youth concussions, payer merging and roll out into new states, reimbursement difficulties, utilization management, workers comp, telehealth, new payment model progress and scope of practice issues for both PTs and competitors.

Too much information to discuss here and lots of advocacy work to come. Your state LPTA representatives and APTA are doing a great job of being aware of the potential issues facing our profession and trying to make sure that we have a seat at that table.

Because of the substantial amount of information on the topic of payment and policy...

I have a plan. I am going to tackle one topic at a time and add blog posts to the LPTA website. So, if you do not visit the webpage or the Facebook page, I recommend that you do! Keep a look out for valuable information to come.

Respectfully submitted by: Katie Brittain, Payment Chair

Join fellow members of the Physical Therapy profession around the world in a day of service to our communities!

Treating at a pro bono clinic. Working in a soup kitchen. Cleaning up a park. No matter where or how, we have the ability to positively impact change. Whether we call ourselves 'Physical Therapists' or 'Physiotherapists,' service embodies who we are, what we do, and how we act. Become a part of PT Day of Service as we join together to better the world!

- Pledge to Participate
- Find a Place to Serve
- Spread the Word
- Serve!
Government Affairs Report

Thank you to all that came to the LPTA State Conference and helped us celebrate our victory this Legislative Session. It was great to see that our legislative honorees, Sen Mills, Rep Lebas, and Rep Brown were able to join us. It was an absolute honor to have Governor John Bel Edwards address our membership at the business lunch. Your GA team met during the weekend and had a lively discussion on how to maintain and continue to advance the LPTA.

Overall, it was a fun, light hearted conference to celebrate our success with Direct Access. The 2016 State Policy and Payment Forum was held in Pittsburgh, PA. THE LPTA was well represented. David Tatman, Beth Ward, Joe Shine, Katie Brittain and I attended. The agenda was packed with information from Federal Regulatory Affairs update, Scope of Practice Infringement Issues, New Evaluation Codes and Telehealth. The forum provided a great avenue for networking and listening to the challenges that other states are facing.

Other states are facing battles against Physical Therapists utilizing dry needling and athletic trainer’s changing their practice act. We are extremely fortunate in LA in that we already have a positive opinion from the Attorney General that dry needling is in fact part of the practice act for physical therapists in LA and in the 2014 Legislative Session we were able to add language to the Athletic Trainer’s practice act that eased some of our concerns. We may have been on of the last states to achieve DA but we are ahead in other areas of legislation.

Thank you all for your support during this legislative session and your continued support as we continue to advance the profession. I look forward to continuing to serve the LPTA as the Governmental Affairs Chairman.

Should you have any questions, feel free to contact your GA District Liaison or me.

- Lake Charles- Danny Landry
- Lafayette- Errol Leblanc
- Baton Rouge- Karl Kleinpeter
- Houma: Eddie Himel
- New Orleans: Rich Baudry
- Northshore: Troy Bourgeois
- Alexandria: Oday Lavergne
- Monroe: Michael Hildebrand
- Shreveport: Daniel Flowers

Respectfully submitted by:
Cristina Faucheux,
Government Affairs Chair

Physical Therapist Retail/Office Space Available

- 2,856 square feet located at 73015 Highway 25, Covington, LA
- Move-in condition retail location in multi-tenant center
- High average daily traffic count near intersection with Highway 190
- Intersection includes Walgreens, CVS, Wendy’s McDonalds, Winn-Dixie, and Taco Bell

Call Tim for pricing details at 504-256-2290 or email at timgarvey2@bellsouth.net
2016 Award Recipients:

Dave Warner Distinguished Award
Al Moreau III, PT, MPT

Friend of Physical Therapy Award
Dr. Meredith Warner Dr. Mark Milligan, PT

PTA Distinguished Service Award
Christopher Janssen, PTA

Hall of Fame Award
Mary Denney, PT Doris Aubry, PT Wayne “Rusty” Eckel, PT

Legislator of the Year Award
Senator Fred H. Mills, Jr. Representative H. Bernard LeBas

Champion of Physical Therapy Award
Representative Terry R. Brown

Champion of Healthcare Award
Governor John Bel Edwards

Outgoing Treasurer
Judith Halverson, PT, MHA

Champions of Physical Therapy Award
Oday Lavergne, PT David Qualls, PT Nathan Granger
Amanda Brewer, PT, DPT Troy Bourgeois, PT, DPT Paul Hildreth, PT, DPT, MPH
Jane Eason, Ph.D, PT Jennifer Lazarus Dr. Robert Rush
Charlotte Martin, MPA David Tatman Courson Nickel

Champion of Direct Access Award
Cristina Faucheux, PT

LPTA “Never Surrender” Award
Beth Ward, DPT, PT

Health Care Advocate Award
Brandi Cannon
Sow Far, Sow Good Program

Did you know that the Physical Therapist Assisting Program at OLOL College is competitive entry?

Sometimes as few as 1/3 of the applicants are accepted, often because their academic preparation in the sciences does not support their success. We want to help those who are at risk for not being accepted find their truest calling in life. To do this we plan to broaden their understanding of service through mentoring.

The Sow Far, Sow Good program, made possible through a NetVUE grant, is looking for mentors who live to serve and heal in NON-CLINICAL capacities. Professionals living their calling that can relate to young people well are encouraged to apply. Perhaps you know someone who is living their vocation, is passionate about what they do, and who is open to talking about that over a nice, free dinner with 1-2 students and a faculty member at a local restaurant. If so, please refer them to me.

The goal of the program is to help students to discern their truest calling, and to model for them how one can live their vocation in settings other than PTA/nursing/PA/direct patient care.

Please pass this on to anyone who would be interested,

My e-mail: Christine.cook@ololcollege.edu.
Cell: 225-229-3002

“PTPN has been a great asset to my company, and I would definitely recommend it to any other practice because of all the built-in benefits PTPN brings.” — Cristina Faucheux, PT, Moreau Physical Therapy

PTPN members have access to more patients and more revenue through our contracts with major insurance providers, large employers and workers’ comp companies. PTPN will also:

> Save you thousands of dollars yearly through preferred vendor discounts.

> Advocate for fair pay & quality care via our lobbyist in Washington DC and the PTPN Political Action Center.

> Help you identify new revenue streams to counter declining reimbursements from other sources.

It pays to join PTPN. To learn more, contact Kim Bueche Hardman at 225-927-6888 or kbueche@ptpnla.brcoxmail.com.
Highlights from the Fall Meeting!

Governor John Bel Edwards speaks at the LPTA Business Meeting

Ladies and gentlemen, your Governmental Affairs Committee!!! These leaders were on the front lines during our incredible patient access win. Pictured here with 2 of our Lobbyist, Barbara Haynes and Bud Courson.

Amelia Leonardi and Susan Wells with their Delgado Community College PTA students.

“Dynamic Advances in Examination, Evaluation and Treatment of Patients with Selected Shoulder Conditions: Emphasis on Evidence-Based Practice” course by George J. Davies, DPT, MEd, PT, SCS, ATC, LAT, CSCS, PES, FAPTA
Highlights from the Fall Meeting!

Representatives **Terry Brown** and **Bernard LeBas** as well as Lobbyist **David Tatman** were honored at the LPTA PT-PAC and PAIF social on Saturday night!

“Differential Diagnosis for Physical Therapy Practice” course by **Marie Vazquez Morgan, PT, PH.D**

There was a great turnout for the Student SIG Meeting! Clinicians Kassy Drouant Zerangue, Kayla Armstrong Varnado, Brett Hernandez, and Matthew Powers were guest speakers on a Graduate Panel.
MEDICAL PROFESSIONAL PROGRAM

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When reviewing these new codes, will CMS and private insurance companies use the data to pay us less for a low complexity evaluation in the future, and will the use of high complexity evaluation codes lead to Medicare audits in the future? Will the low complexity patient get fewer authorized visits? We cannot forget about our mission of “transforming society” in this process. As evaluators, are we looking at the total person? There is so much we can do with a person who has an unaddressed issue that we can treat and prevent future impairments and medical cost. Are you really having a deep conversation with the high blood pressure patients, the high BMI patients, patients with uncontrolled diabetes.... We can offer the medical community and patients the latest “pill” on the market, and that new pill is called physical therapy! We have to change society by movement, diet, changing mind sets, and offering life style changes. We talk the talk, but can we walk the walk? Please focus on our patients, detailed documentation, and proper coding to ensure we are getting fair payment.

As you will see in Sharon Dunn’s article, there are a lot of changes involving payment and practice. Without the support of our members, we would not be able to put forth such an effort to defend our profession. Your membership is important, and the value you get in your membership is our National and State wide effort to advance our profession and keep you informed of this ever changing environment. Please encourage members to remain members, and non-members to join. We are truly Better Together!
Concerned for its members, the physical therapy profession, and the patients and clients served, APTA expressed "deep disappointment" this week that the Centers for Medicare and Medicaid Services (CMS) failed to adopt different payment values to correspond with 3 levels of physical therapy evaluation that the agency did adopt as new CPT codes in its proposed Medicare physician fee schedule for 2017. The association submitted formal comments to CMS on September 6, continuing its efforts on behalf of members toward the most meaningful and beneficial payment reforms.

APTA strongly urged CMS to revert to the original recommendation from the American Medical Association Relative Update Committee (AMA RUC), which expanded the physical therapy evaluation and reevaluation codes from 1 each to 3 evaluation codes and 1 reevaluation code, including new values for each code. APTA reminded CMS that it conducted extensive analysis and research, and collaborated with many constituents over several years to develop the codes. The association maintains that the codes and the values assigned to them by the AMA RUC are "wholly appropriate to implement ... as approved and vetted."

Instead of adopting the entire recommendation, however, the proposed rule includes descriptors for 3 new evaluation codes and 1 new reevaluation code, but values all 3 evaluation codes the same—using the value of the existing single evaluation code. The new evaluation codes reflect 3 levels of patient presentation: low-complexity (97161), moderate-complexity (97162), and high-complexity (97163), and will replace the current 97001 code. The new reevaluation code (97164) also keeps the same value as its predecessor (97002).

If CMS does not include the stratified payment values in the final rule, APTA strongly urged the agency to delay any future payment adjustments that would be based on analysis of claims filed in 2017 under the new codes. The association will work diligently with CMS to analyze billing patterns as providers are educated and become familiar with using the new codes, to prevent a negative impact on future payment. APTA also urged discussion of any viable options to delay implementation of the new codes if the tiered values are not applied to them. (After the release of the proposed rule in July, APTA had written to AMA asking that publication of the codes be delayed to allow additional time for member education. The request was denied.)

As for the education effort, APTA outlined a major campaign to ensure that PTs and PTAs understand the new codes and learn to document appropriately for the 3 evaluation levels, even if there is no difference in their values for 2017. APTA will host a webinar (see below for more information), interactive self-paced learning module, website FAQs, and articles in its publications to support its members in the transition to the new codes. At the same time, APTA says it expects support and coordination from CMS, including getting APTA's input on the agency's own educational resources for physical therapy providers.

APTA also responded to other provisions of the proposed rule, including the following.

In response to a request from CMS for input on 10 potentially misvalued physical therapy codes, the association confirmed its commitment to working through the process to ensure that the codes are assigned appropriate values. (As part of the process APTA members will be asked to participate in a survey this fall to provide input on how they are using these codes.)

(continued on the top of page 15)
PTA requested the opportunity to discuss progress with CMS next year before release of the 2018 proposed fee schedule—to ensure that the voice of the profession is heard during the process and that the association's input is incorporated into the 2018 rule.

The association asked CMS to use its discretionary authority to permit PTs to perform telehealth services within alternative payment models such as accountable care organizations and the comprehensive care for joint replacement (CJR) bundled payment program, after the agency said it could not override federal law that as of now does not authorize PTs as telehealth practitioners.

APTA asked CMS to remove physical therapy from the in-office ancillary services exception to the physician self-referral, or Stark, laws. Given that in the proposed fee schedule CMS updates other aspects of the Stark law using broad authority it has to make modifications that "protect against program and patient abuse," APTA strongly recommended applying that same authority to remove physical therapy from the IOAS exception, arguing that this, too, would prevent abuse of the original purpose of the law.

Members can read APTA's comments on the 2017 proposed Medicare physician fee schedule in their entirety on the Medicare Physician Fee Schedule page of the association's website. (Scroll to "APTA Comments.")

Now Available: Your 2015 PQRS Data – and Possible Payment Reductions for 2017

Participating in the Physician Quality Reporting System (PQRS)? You can now check on your 2015 reporting results, and find out if those results mean you're subject to any payment adjustments for 2017. The Centers for Medicare and Medicaid Services (CMS) announced that the reporting results—known as the Annual Quality and Resource Use Reports (QRURs)—as well as the feedback reports are now available for online viewing. The 2015 PQRS feedback report contains all detailed information used to determine your 2015 reporting results and indicates if you are subject to the 2017 PQRS negative payment adjustment. CMS is advising PQRS participants to review all information for accuracy.

You can access the reports through the CMS "enterprise portal," but to do that you'll need an enterprise identity management (EIDM) account (CMS provides instructions for creating an EIDM). Also available: a user guide to the reports.

In addition to the reports, CMS has also announced that will soon send out individual notices to providers who did not met PQRS requirements in 2015. Those providers are subject to a 2.0% Medicare Part B payment reduction beginning in 2017.

If you have been identified for a 2017 payment reduction based on the report, and you think that decision was made in error, you'll need to ask for an informal review. CMS offers instructions on that process on the PQRS Analysis and Payment webpage.

For additional assistance regarding EIDM or the content or data contained in the PQRS feedback reports, contact the QualityNet Help Desk at 866/288-8912 (TTY 877/715-6222) 7:00 am–7:00 pm CT, Monday through Friday, or by email atqnetsupport@hcqis.org. If you are having trouble accessing the PQRS feedback reports, contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888/734-6433 (select option 3).
Summer's Over, but Payment Reform is Just Beginning: Tips on Getting Up to Speed

A new proposed CPT system for evaluation codes, increasing required bundled payment models, the end of the Physician Quality Reporting System (PQRS) in favor of the Merit-Based Incentive Payment System (MIPS)...feeling dizzy yet?

Health care reform's swift movement toward value-based payment and away from procedural-based, fee-for-service systems is sweeping up physical therapists (PTs) and physical therapist assistants (PTAs) as it continues to gain momentum. And that momentum built over the summer, even while we vacationed, mowed our lawns, and got the kids ready for another school year. So now that it's officially fall, why not spend some time getting up to speed on where the profession stands in relation to payment reform? Here are a few suggestions to help you find out what health care did over your summer vacation:

See the big picture on payment reform. The "Compliance Matters" columns, a regular feature of PT in Motion magazine, connect you with what's going on. Check out the August column, which lays out the basics behind the Center for Medicare and Medicaid's proposed system for new CPT evaluation codes (and 1 reevaluation code), as well as the column from March that explains the workings of the new Comprehensive Care for Joint Replacement (CJR) bundling program. For an even bigger-picture view of the road that has led to the CPT and other changes, this article from the April issue of PT in Motion magazine provides 5 concepts that are central to payment reform.

Dig a little deeper. The newly updated APTA Payment Reform webpage is the jumping-off point to 3 major areas that affect—or will soon be affecting—PTs and PTAs: alternative payment models, Medicare postacute care reform (especially the reform efforts reflected in the IMPACT Act), and the changes associated with the Medicare Access and CHIP Reauthorization Act, or MACRA. All 3 areas contain multiple resources and links that can help you see where things stand now, and where they may be headed. Another resource for some in-the-weeds information: APTA's Insider Intel series, a phone-in program that puts you in touch with staff experts on payment reform. Past intel calls are available as recordings or transcripts; look for another installment later this fall.

Get a handle on where things stand right now. The proposed 2017 Medicare physician fee schedule from CMS is the hot topic of the moment. While awaiting the final rule (expected in late October/early November), find out what it's all about and what changes could impact PTs the most through the recording of a sold-out webinar on the payment system held September 22. You can also access the most recent APTA summary of the proposal (look under "APTA Summaries"). And while you're in a summary state of mind, don't miss out on APTA summaries of the final 2017 inpatient prospective payment system (IPPS) rule, the proposed rule for the 2017 home health prospective payment system, and the final rule on the 2017 skilled nursing facility prospective payment system—all can be found under the "APTA Summaries" header on their respective pages. Want a quick video take? These video dispatches from the APTA State Policy and Payment Forum—on bundled care models and the proposed CPT coding system—provide brief overviews.
Find out what your association has to say. APTA registered its "deep disappointment" with the CMS decision to employ a 3-tiered CPT evaluation system that doesn't differentiate payment among those tiers, but that's not all the association had to say about the proposed 2017 physician fee schedule: you can read the association's comments to CMS in their entirety at the APTA Medicare Physician Fee Schedule webpage (look under the "APTA Comments" header). Then be sure to get the perspective of APTA President Sharon L. Dunn, PT, PhD, who issued a recent statement and update that outlines APTA's efforts around payment reform, and urges members to engage in this issue so that the profession can have a role in shaping the future of payment.

APTA Members: AMA Seeks Critical Input on Existing Physical Therapy CPT Code Values

APTA members are being alerted to be on the lookout for an important survey from the American Medical Association (AMA) that will help to shape values for certain existing physical therapy current procedural terminology (CPT) codes.

In the coming days, APTA will distribute an AMA survey to a random sampling of members about existing CPT codes related to physical therapist procedures, as part of the Centers for Medicare and Medicaid Services’ review of potentially “misvalued” codes. The survey is designed to determine the “professional work” value and time involved in the physical therapist’s provision of the services identified by each of these codes.

"Professional work value" includes the mental effort and judgment, technical skill, and psychological stress involved in providing the service.

APTA will submit the survey data to AMA’s Relative Value Scale Update Committee (RUC) Health Care Professions Advisory Committee (HCPAC), a multispecialty committee whose purpose is to develop values for CPT codes based in part on survey data such as this. The RUC HCPAC will make a recommendation to CMS for the professional work value of these selected procedure codes.

If you receive an email requesting your participation in the survey: It is critically important to take the time to complete it. The online survey will take approximately 45-60 minutes. Your responses will be anonymous.
2016 Status of Payment Reform

With the release in July of the proposed 2017 physician fee schedule from the Centers for Medicare and Medicaid Services (CMS) and APTA’s comments in response in early September, we have a more defined outline of some key steps in the shift within health care toward value-based payment for services and away from the traditional fee-for-service model.

Two areas in particular call for our attention right now: the new evaluation and reevaluation CPT codes proposed under the 2017 fee schedule, and the review of potentially misvalued codes that CMS identified in the 2016 fee schedule. While these are different issues, they’re united by several factors. Both provide an opportunity for APTA members to shape future value-based payment for physical therapy services; for example, in bundled payment arrangements such as the Comprehensive Care for Joint Replacement model and via quality reporting in the Merit-Based Incentive Payment System. Both empower us to elevate our practice for optimal patient care. Both signify the ongoing role physical therapists and physical therapist assistants can and should have within the changing health care environment.

And, for both, APTA is continuing its longstanding efforts on behalf of our members. The association and its collaborators have long been developing and implementing strategies to prepare for this evolution in payment, to ensure the best care for our patients and the best environment for fostering excellence in physical therapist practice. Most recently, I joined APTA CEO Justin Moore and other APTA staff in a meeting today with CMS officials, advocating for health care reform policies that benefit our members. But this is only 1 recent activity in a history of advocacy for meaningful health care reform since the Affordable Care Act in 2010—advocacy that continues as a priority of the association.

The CMS proposed physician fee schedule for 2017 introduced 3 new CPT codes for physical therapy evaluation and 1 new code for reevaluation. The new evaluation codes reflect 3 levels of patient presentation: low-complexity (97161), moderate-complexity (97162), and high-complexity (97163), and will replace the current 97001 code. The new reevaluation code replaces the current 97002. CMS failed to adopt tiered payment values for the 3 evaluation codes, as was recommended by the American Medical Association (AMA) Relative Update Committee. Our comments in response to the proposed rule reflect our disappointment and reiterate the recommendations we have made in strong support of stratified payment for different levels of complexity in evaluations. We will continue to voice these recommended changes to the proposal.

That being said, the tiered evaluation codes in themselves offer an opportunity for PTs to inform the eventual payment values that will be assigned to them in the future. By using the new codes appropriately and accurately, we can help shape future payment as we generate data that CMS can incorporate in its decisions on how these codes will be valued in the future. These new codes also empower us to use our clinical decision making skills in determining the complexity of our patients’ and clients’ conditions during an evaluation, so that we can better serve these health care consumers who come to us. This meaningful engagement up front with our patients is all the more relevant to our role in the current and emerging value-based payment systems that affect not just PTs but all health care professionals and are the goals of health care reform.
(continued from *Status of Payment Reform* on page 18)

Related to this, while the evaluation codes are moving forward, corresponding proposed treatment or intervention codes did not progress through the AMA CPT process. The stakeholders in this phase of the coding reform effort determined that they aren't viable at this time, due to lack of consensus among members of the AMA work group assigned to review the codes, concerns by CMS that time was not a predominant factor in the codes, and concerns on the proposed codes' reliability and validity. The AMA work group has since been postponed indefinitely, and APTA does not plan to resume this initiative or to advance the body structure and function proposal that also was being considered by the AMA work group. Given the evolution of the coding reform initiative, APTA is not advancing its original proposal, the Physical Therapy Classification and Payment System, so that going forward our efforts reflect the progress of the association and other stakeholders.

The second issue at hand is the review of several CPT codes PTs use in daily practice. Outlined in the 2016 physical fee schedule, this "potentially misvalued" codes process brings specific CPT codes under review to determine if their assigned values are still appropriate or need to be adjusted. This will entail an AMA survey to APTA members, who will be asked to provide information on how they use each code in different patient scenarios. By responding to this survey completely and accurately we can help shape future payment—our responses are critical if we are to show how we use these codes in practice. Without our input, CMS and AMA will have little practical data "from the trenches" on which to base valuation decisions.

This survey is on a fast track—APTA members who are chosen to respond will receive the survey in late September or early October. The survey will be open for 2-3 weeks, to allow time before the end of the year to collect, compile, and analyze the data. The survey will be sent to a random selection of recipients, so if you're contacted, please take the time to respond to the survey in its entirety.

January 2017 is coming ever closer and, with it, certain changes to practice. As always, APTA will provide you with education and resources to meet the challenges of change and to empower you to provide the best possible care for patient and clients. I can't express enough my appreciation for your support—past, present, and future—in this huge endeavor.

Sincerely,

Sharon L. Dunn, PT, PhD
President, American Physical Therapy Association