2011-12 REIMBURSEMENT ISSUES REIMBURSMENTLEGISLATIVE VE REIMBURSEMENT AND LEGISLATIVE ISSUES IMPACTING ON SLP AND AUD PROFESSIONALS IN KANSAS

NEW for 2011 – SIX Dynamic Learning Groups
Opportunities to: Swap real-world experiences.
Connect with others who share your professional interests
Discuss issues and their impact on your practice.
Experience sessions from a more practical or personal perspective (Source: ASHA)

SCARLETT JOSEPHINE O'BRIEN 8/31/11. 8LBS, 1 OZ

A FACILITATED CONVERSATION

FEDERAL : HC REFORM LAW 2011

- Establish Independent Payment Advisory Board (IPAB). Secure and establish Medicare program spending constraints. (MedPaC on steroids- not just advisory but fast track process for Medicare provider cuts bypassing traditional Congressional review) First recommendations due 2014, hospitals and hospice exempt until 2020.
- Post-Acute payment bundling- pilot programs for hospitals/ physicians, SNF and Home Health.
- Hospital Readmissions Reduction Program- Oct 1, 2012 DRG payments are reduced based on hospitals' ratio of actual to expected readmissions. 2013-2015 cap of 1,2,3%.

ACA & BUDGET CONTROL ACT

- Coverage and Insurance Market Reform- New ground rules for carriers , insurance exchanges in 2014, Goal of >90% by 2018.
- Changes paid for by provider cuts, new taxes, industry fees, and new fed rate setting board: IPAB.
- Debt Ceiling Phase 2. Establishes a 12 member Joint Select Committee on Deficit Reduction. Deadline for action- an up or down vote for each chamber of Congress is 12/23/11.
- Result of inaction or unable to pass a vote is sequestration. Across the board cuts affecting all government programs except Medicaid/ Social Security/ + veterans' benefits. This would include Medicare provider payments /2/2013.

CHANGES IN THE SNF SETTING

SLP IN MEDICARE SNF SETTINGS

1. Oct 1 changes to MDS rules.

- Groups- will be 4 to a group (or planned for 4), time will be divided by 4, Must have specific objectives, must be part of tx plan, Document rationale for group modality
- Three day rule- Any break in therapy of 3 consecutive days will require a "reset" of the MDS process and additional paperwork.
- Any change of tx time (to a level different than the existing RUG) outside of an assessment window will result in a new assessment RUG.

SNF CHANGES FOR 2011-12

- Part A per diem payments are decreasing by an average of **11.1%**
- Cuts only apply to therapy categories, Non-therapy rates actually went up slightly by net market basket increase.
- Transition from RUG III to RUG IV in FY2011 was intended to be budget neutral
- Payments to providers for SNF days October 2010 through April 2011 were higher than CMS projected
- Payment increases largely attributable to higher than anticipated therapy utilization
- Increased utilization of ultra high & very high rehab RUGs

SOT/EOT/COT AND SCHEDULES

- Other Medicare Required Assessments (OMRAs)
- End of Therapy (EOT) OMRA-clarification
- End of Therapy-Resumption (EOT-R) OMRA (Not considered NEW assessment)
- EOT-R Up to 5 days of no therapy while still maintaining ability to re-enter at existing RUG level
- Change of Therapy (COT) OMRA
- (*RTM - Reimbursable therapy min.)

EOT AND EOT-R

- Providers are required to complete an EOT OMRA when resident in Rehab RUG does not receive therapy services for 3 consecutive days, regardless of reason for discontinuation of tx.
- Planned (discharged) or Unplanned (refusals, appointments, illness of patient, illness of therapist, holidays)
- Setting of ARD for the EOT is unchanged. You still may set your ARD on Day 1, 2 or 3 after discontinuation of therapy services.
- If therapy resumes within 5 days & RUG level stays unchanged from previous assessment, then EOT-R .
- Facility completes an EOT-R or modifies EOT to an EOT-R and submits
- New therapy order or evaluation is not required

EOT MODIFIED TO AN EOT-R

- Patient received therapy Monday – Friday
- Therapy not provided Saturday & Sunday
- Monday, patient refused therapy EOT OMRA now required
- Tuesday therapy was missed due to appointment
- Missed therapy did not result in change in clinical condition that would make him tolerate less therapy & change his RUG IV level
- EOT OMRA completed with ARD of Monday
- On Wednesday, EOT is modified into EOT-R by reporting actual date of resumption, which was Wednesday

COT

- Required when a Patient in RUG-IV Rehab therapy group has change in intensity of therapy (total RTM* delivered) no longer reflect classification & payment assigned
- New type of PPS assessment Same item set as EOT OMRA
- ARD of COT OMRA set for Day 7 of COT observation period
- COT observation period is rolling 7-day window Beginning day following most recent PPS assessment (scheduled or unscheduled)
- **or** Beginning day therapy resumes when an EOT-R OMRA is completed

COT EXAMPLE

- ARD of 14-day assessment is Day 14 of stay
- Day 1 of COT observation is Day 15 of stay
- Facility required to review therapy minutes for week of Day 15-21 of stay
- ARD of COT OMRA would be set for Day 21 of stay, if total RTM changed RUG classification
- If no change in RTM – no COT OMRA required
- Next evaluation of patient's total RTM for purposes of completing COT OMRA, would occur on Day 28 of stay (new COT observation period – Day 22-28)

REHAB IN HOME HEALTH SETTINGS

SLP IN HOME HEALTH SETTINGS

1. Changes to HH reimbursement for therapy:
   - 2012 reductions in therapy portion of HH rates for more than 20 visits total in cert. period.
   - 2012- reassessments at close to but not later than 13th and 19th visit (per discipline) and every 30 day by Reg. therapist
2. Clarification of bundled charges rule for MBS provided to HH patients. (outpatient fee).
3. Focused scrutiny on documentation. Emphasis on functional goals and changes.
4. 3.3% gross cuts to Medicare HH funding for 2012 (= 2%?)

CHANGES FOR HOSPITAL SETTINGS

SLP IN HOSPITAL SETTINGS

1. ACA- Penalties for hospitals with relatively high preventable readmission rates in 2012. Data baseline begins Oct 1, 2011.
   - Codes for tracking CHF/AMI/PN
   - Impact on discharge process and treatment regimens! (e.g. MBS completion)
2. CARE TRANSITIONS- e.g. Community Care Navigator Programs, etc.
3. Slight increase in rates for Rehab Hospital settings.

HOSPITAL ISSUES

1. **<u>Acute Care</u> – FY 2012**
   - Overall payment reduction of 0.5%. Reflects a 3.15% reduction that accounts for upcoding ("documentation and coding practices that did not reflect actual increases in patients' severity of illness").
2. **<u>Inpatient Rehabilitation Facilities</u> – FY 2012**
   - Will be no reimbursement difference between freestanding rehab hospitals (200) and hospital rehab units (1200)
   - Payments will be increased by 2.2%
   - No CMS proposal to restrict group treatment (may be on the drawing board)

RACs – Recovery Audit Contractors

- Oct. 2009 – June 2011: $575 million collected in overpayments
- 110 million returned as underpayments
- Hospital and DME are most common issues (SLP issues have been untimed codes as multiple)
- ACA mandated expansion to Medicaid > > CMS has delayed the expansion to an unspecified date

SLP PRIVATE PRACTICE

- **Medicare-enrolled private practice SLPs**
- We have no data on total SLPs enrolled but greatly expanding claims for CPT 92507 seems tied to increase in SLP private practitioners:
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- **2006-2008** 21-24K visits; **2009** 34K visits **2010 76.7K visits** (First private practice SLPs July 2009)

STUDENT SUPERVSION

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- Removal of student supervision requirements (Part A only)– ASHA will determine if our own formal guidelines are needed
- Only one billable service can be provided at one time by the student/supervisor. May only bill under the licensed therapist.
- Implies that it does not need to be "line of sight", but supervisor determines level of supervision each student requires per treatment situation.

PREPARE FOR CODING CHANGES- 2013

ICD-9-CM

- 17 chapters and V and E code chapters
- 13,000 disease codes plus V and E codes
- 3,000 procedure codes in Volume 3
- 3-5 digits in disease codes
- Essentially numeric system
- Codes usually do not indicate timing encounter
- No differentiation between left/right

ICD-10-CM

- 21 chapters- V and E codes in disease chapters
- 68,000 disease codes, including V and E codes
- 87,000 procedures codes in ICD-10-PCS
- 3-7 digits in disease codes
- Alphanumeric system
- Codes specify initial and subsequent encounters
- Differentiates between the right and left

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ASHA UPDATES

- **Medicare Repeals Videostroboscopy Supervision Rules**
- As of October 1, 2011, Medicare will no longer require speech-language pathologists performing videostroboscopy (CPT 31579) or nasopharyngoscopy (CPT 92511) to be supervised by physicians.
- Super- pack committee of 8? If no new budget deal by 12/23. anticipate additional 2% cut to Medicare and most federal programs except Medicaid/Social Security/ and Veteran's benefits.

MEDICARE PART-B

Proposed MED B FEE SCHEDULE and OUT-PT CAPS

- Congress might not renew the exceptions process, a mechanism that basically nullifies the therapy cap. An alternative to the cap will probably not be sufficiently designed before 2012
- With expected congressional intervention, many common SLP and AUD CPT procedures will be reduced in 2012 by 5-15%. Congress has not yet resolved the issue of the formula that determines the annual MPFS update. Under current law and formula, across-the-board reductions of about 29% are indicated for all MPFS services.
- Congress recognized that the cap was detrimental to Medicare patients when it instituted a moratorium and then the exceptions process, and extended it numerous times. It is clear that the caps achieve no real cost savings and only serve to deny care to the most critical-need patients.

MED B FEE SCHEDULE

- CMS continues to expand the Multiple Procedure Payment Reduction (MPPR) Policy to reflect efficiencies that occur when services are furnished by a professional to a single beneficiary on the same day. CMS is inviting comment on applying the MPPR to all diagnostic tests, including audiology testing.
- The changes in the practice expense formula primarily affect the calculation of indirect practice costs (e.g., office overhead, billing, rent, utilities). For 2012, practice expense values will be based on 25% of prior data and 75% of new survey data. This new system has negative effects on audiology and speech-language pathology, mostly because the costs of operating an audiology or speech-language pathology practice are substantially less than those of physicians. ASHA is analyzing the effect of the two PE calculation approaches and will send comments to CMS.
- CMS again proposes to make a negative adjustment to the PE for group treatment for speech, language, voice, communication, and/or auditory processing disorders.

FEE SCHEDULE CHANGES 2012

SPEECH CODES	2011	2012
92507 Sp/Lng tx	82.22	74.75
92506 Sp/Lng Eval	167.16	163.77
92526 Dysphagia Tx	94.11	82.90
92610 Dysphagia Clin Eval	104.99	89.02
92612 FEES Eval	166.82	168.18
92611 MBS	113.48	98.19

1. Coding Issues
3. Updates to cognitive/ dysphagia/ other tx?
4. Current Topics?

STATE AND SCHOOL BASED ISSUES

2011 KANSAS LEGISLATIVE SUMMARY

State Budget-

- Base aide to schools cut $104 million from prev. year.
- Ks Neuorological Institute, Washburn Univ., Early Head Start, Pre-Kindergarten, Parents as Teachers, and Kan-Ed Partially funded.
- Children's Initiative Fund (CIF) reduced 3% across the board.
- Courts cut $3 million
- SRS cut $9.9 million + share of other admin cuts and program specific cuts included- appears to be about 15% or more
- Foster Care reduced $6.2 million

KANSAS LEGISLATIVE ISSUES 2011

Kansas Insurance Omnibus Bill

- Changes in the time frame for external review of adverse health insurance decision.
- Allow coverage of children in the state's High Risk Pool of no coverage is otherwise available.
- Several group life insurance policy modifications
- Provision regarding exclusion from insurance coverage .

KS 2011 LEGISLATIVE CONTINUED

Health Omnibus Bill

- **Credentials change- DPT- Allows PT's to designate or describe themselves as "Doctor of Physical Therapy**
- **Dental Franchise Bill- Amends the dental practice act to allow limited dental franchising.**
- **Health Care Freedom Act- Statutory change stating no person can be forced to participate in health care system or purchase insurance. (Anti ACA)**
- **Unused medicine and mail order drug provisions.**
- **Health Information Exchange- $31.5 mill. Grant returned. If no state exchange by 1/1/2013, a federal exchange will be operational by 1/1/14**

SCHOOL BASED ISSUES

1. Impact of School funding cuts
2. Medicaid cuts
3. Caseload Issues
4. Speech Pathology/Therapy aides and extenders.

- School districts are having difficulty delivering speech language IEP services because of staff shortages. To cover these minutes, some of these districts have reportedly assigned paraprofessionals to provide speech language IEP services that are outside the licensure reporting loop. In these instances, students are receiving services that are delivered by paraprofessionals that are not registered, supervised or trained as required by Kansas Department of Health and Environment (KDHE) regulations. This is in violation of the Kansas Licensure Statutes.
- If school districts are engaging in this practice, they are opening their District up for action to be taken by the Kansas Department of Education. If a licensed speech language pathologist (SLP) is involved with paraprofessionals but is not reporting them to the KDHE Licensing Board as a supervised assistant, that professional is at risk of losing his or her license. The supervision guidelines for paraprofessionals providing speech language services were established to ensure that children are receiving the highest quality care with the resources available. Without SLP supervision and direction, the individuals we serve are not getting the highest quality services and are being put at risk. This is a violation of the ethics that guide our practice.

SCARLETT/ANDY/ALLIE- THE END

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