

Date: August 6, 2020

To: Genesis Rehab Services Business Partners

From: Lou Ann Soika, Chief Strategy and Administrative Officer

Re: Special Communication: New Regulatory Information and Your Advocacy Is Needed

CMS Releases Calendar Year (CY) 2021 Medicare Physician Fee Schedule: On August 4th, CMS released the public inspection version of a [proposed rule](#) regarding CY 2021 payment policies under the Medicare Physician Fee Schedule (MPFS) and Medicare Part B. Attached to this memo is a copy of the GRS Regulatory Update that provides a highlight of the rehab-relevant topics contained in the proposed rule. Of disappointment to us, as well as industry and therapy associations, is the proposed reduction of 7 to 9% for rehabilitation services. Based upon our initial calculation of the impact as well as hearing from other therapy providers, the total impact could be over 9%-10% . This GRS Regulatory Update is also posted to our customer portal.

YOUR ADVOCACY IS NEEDED: The National Association for the Support of Long Term Care (NASL), of which GRS is an active member, is coordinating an advocacy campaign to contact members of the U.S. House of Representatives to "Fight the Cut." The deadline for this time-sensitive campaign is **3:00 pm ET on Friday, August 7th**. The process is very easy and takes less than a minute.

Please contact your member of the U.S. House of Representatives today and ask that he or she add their signature to the Rush Dear Colleague letter to House leadership by using the provided link below:

Take action here: https://app.govpredict.com/gr/kgmy_zvj

Once you click the link above, you will be prompted to type in your name, phone number, email, and street address. Once you have done so, your respective House of Representative member will be pre-selected and you will then select the "Next" button, which will then generate a message that will be automatically sent to your Congressional House member.

Thank you for your advocacy and support of this important initiative. #FightTheCut

Nursing Home (NH) Compare Quarterly Refresh with Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Data: The July 2020 Nursing Home Compare refresh, including quality measure results based on SNF QRP data submitted to CMS, is now available. For this refresh SNF QRP assessment-based measures performance scores will be based upon data submitted to CMS between Q4 2018 – Q3 2019 (10/01/18 – 09/30/19); claims-based measures

performance scores will be based upon SNF Prospective Payment System (PPS) claims dated between Q4 2016 and Q3 2018 (10/01/16 – 9/30/18).

In summary, the following SNF QRP measures will be displayed on NH Compare:

- Application of the Percent of Residents with One or > Falls With Major Injury (Long Stay)
 - Q4 2018 – Q3 2019 (10/01/18 – 09/30/19)
- Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
 - Q4 2018 – Q3 2019 (10/01/18 – 09/30/19)
- Medicare Spending Per Beneficiary-PAC SNF QRP
 - Q4 2016 and Q3 2018(10/01/16 – 9/30/18)
- Discharge to Community-PAC SNF QRP
 - Q4 2016 and Q3 2018(10/01/16 – 9/30/18)
- Potentially Preventable 30-Day Post-Discharge Readmission Measure – SNF QRP
 - Q4 2016 and Q3 2018(10/01/16 – 9/30/18)

Please visit the [NH Compare website](#) to view the updated quality data. For questions about SNF QRP Public Reporting, please email SNFQRPPRQuestions@cms.hhs.gov.



CMS RELEASES Calendar Year (CY) 2021 Medicare Physician Fee Schedule Proposed Rule

On August 4, 2020, the Centers for Medicare and Medicaid Services (CMS) released the public inspection version of a [proposed rule](#) regarding CY 2021 payment policies under the Medicare Physician Fee Schedule (MPFS) and Medicare Part B. Comments are due by October 5, 2020.

CMS has also provided a summary of the proposed rule in a [Fact Sheet](#). Below is a general summary of issues of particular relevance to therapy services.

Impact: The proposed rule includes the following provisions expected to be effective on January 1, 2021. Secondary to the COVID19 Public Health Emergency (PHE), CMS is waiving the 60-day delay in the effective date of the final rule, and replacing it with a 30-day delay in the effective date of the final rule. This means that the final rule may be not published until December (versus the usually anticipated November release).

Topic Area	Proposal
MPFS Conversion factor	The proposed conversion factor is \$32.26, which is a decrease of \$3.83 (10.6%) from the CY 2020 PFS conversion factor of \$36.09
Revaluation of codes	<p>Efforts in recent years to rework and revalue physician evaluation and management (E/M) codes have led to the anticipated proposed increase in E/M code values and the redistribution of values for other specialties secondary to the CMS focus on budget neutrality.</p> <ul style="list-style-type: none"> • There is a proposed aggregate 9% reduction in physical and occupational therapy services as well as for speech-language pathology services. Note: this is a deeper cut than the 8% anticipated in last year's final rule. (Changes for other specialties are listed in Table 90 of the proposed rule.) • There are however proposed increases (approximately 28%) in the Work Relative Value Units (RVUs) for the PT and OT evaluation and re-evaluation codes (97161 through 97168) as well as the SLP evaluation codes (92521 through 92524). Refer to Table 21. • Overall there are proposed reductions for over 30 other Medicare provider groups.
Maintenance Therapy	Will allow a PT or OT who establishes a therapy maintenance program to assign the duties to a PTA or COTA, as clinically appropriate, to provide maintenance therapy services. This is being permitted currently during the PHE and this proposal would make permanent the ability for PTAs and COTAs to provide maintenance therapy under Medicare Part B consistent with that permitted for Medicare Part A in SNFs and home health agencies. If the PHE is ended prior to January 1, 2021, the therapist would need to personally furnish the maintenance therapy services until the proposed policy change takes effect.



Telehealth/Virtual Services	<ul style="list-style-type: none"> ● Telehealth: Therapy services delivered via telehealth are not proposed to continue after the PHE. While CMS is requesting comments on whether therapy services should be added to the Medicare telehealth services list for eligible practitioners, CMS lacks the statutory authority to include PTs, OTs, and SLPs as eligible practitioners beyond the PHE; therefore, therapists would not be reimbursed for the services at that point. ● Communication Technology Based Services (CTBS) (e-visits, virtual check-ins): Proposal to adopt the PHE interim allowance for therapists who bill directly for their services to bill for CTBS <ul style="list-style-type: none"> ○ Propose two additional HCPCS G codes that can be billed by practitioners who cannot independently bill for E/M services <ul style="list-style-type: none"> ■ One example includes: G20x2 Brief CTBS, e.g. virtual check-in, by a qualified healthcare professional who cannot report E/M codes provided to an established patient, not originating from a related service provided in the previous 7 days; 5-10 minute discussion. ○ Proposal to designate HCPCS codes G2061, G2062, and G2063 (“...online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days of 5 to 10 minutes” or 11 to 20 minute or 21 or more minutes) as “sometimes therapy” services. This would be a clinical option available to a private practice PT, OT, or SLP (i.e., a GRS group practice site).
Onsite visits	<p>CMS remains consistent that when a practitioner (i.e. therapist) is furnishing services in the same location as the beneficiary but using telecommunications technology to furnish the service, the practitioner should bill for the service as if it was furnished in person. This was included in the May 1st COVID-19 interim final rule with comment period and reiterated in this proposed rule.</p>

The voluminous proposed rule also includes other topic areas such as:

- Medicare Shared Savings Program Requirements;
- Medicaid Promoting Interoperability Program Requirements for Eligible Professionals;
- Updates to the Quality Payment Program;
- Medicare Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs and Medicare Enrollment of Opioid Treatment Programs;
- Requirement for Electronic Prescribing for Controlled Substances for a Covered Part D Drug under a Prescription Drug Plan or an MA-PD plan;
- Payment for Office/Outpatient Evaluation and Management Services;
- Proposal to Establish New Code Categories; and
- Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy

If you have questions or need additional information, please contact the Genesis Rehab Services (GRS)/Respiratory Health Services (RHS) email inquiry system at GRSASK@genesishcc.com.