

Eli's Rehab Report

Rehab Providers Face a Rocky 2008 -- if Congress Doesn't Take Action

Important: Take a long, hard look at your professional requirements

There's a lot in store for rehab providers, thanks to the 2008 Medicare Physician Fee Schedule Final Rule. You read the highlights in the last issue of Physical Medicine & Rehab Coding Alert, so here are the details you've been waiting for.

Part B Providers on Shaky Ground

Unless Congress does some fast footwork before Dec. 31, the Final Rule states that the therapy cap exceptions process will expire, and the Medicare conversion factor will drop by 10.1 percent on Jan. 1. And with the clock ticking away during the holiday season, experts worry if Congress will even have enough time to address these issues.

In the works: Late last summer, the House passed the SCHIP bill, which included Medicare provisions to take care of the above problems for two years. But the Senate's version cut out the Medicare provisions in the final version that went to the president.

That leaves the Senate back at square one to hopefully address Medicare issues before the end of the year. And with all the appropriations bills they still have to complete, in addition to the threat of filibusters, "it is looking pretty dismal," says **Jerry Connolly, PT**, owner of Connolly Strategies & Initiatives and lobbyist for PTPN.

Another option: Reps. Earl Pomeroy (D-N.D.), Shelly Moore Capito (R-W.V.) and Tom Allen (D-Maine) introduced legislation on Nov. 6, The Long-Term Care Quality & Modernization Act of 2007 (HR 4082), which "would extend an exceptions process based on the clinical judgment of healthcare providers," according to a press release from the American Physical Therapy Association.

Last-ditch effort: Contact your senators and representatives directly, addressing your concerns about the Medicare provisions.

PQRI Bonus on a See-Saw

CMS has high hopes for its new Physician Quality Reporting Initiative. But the PQRI bonus that CMS offered qualified providers who reported a high percentage of quality measures may be on the chopping block if the House has its way. "The House provision of the CHAMP Act maintained the PQRI program but stripped the bonus from it as one way to remedy the cuts to the conversion factor," Connolly says.

This could be a letdown for those providers counting on that bonus. On the other hand, many rehab providers aren't even eligible for the bonus, such as those in SNF, inpatient and home health settings.

Stay tuned: On the brighter side of PQRI news, the Final Rule identified new quality measures for PQRI, six of which PTs will be able to report, says **Dave Mason**, VP of government affairs for APTA. Those measures are: screening for future fall risk, adoption and use of health information technology, universal documentation and verification of current medications, weight screening and follow-up, pain assessment prior to initiation of patient therapy, and patient co-development of treatment and plan of care.

To keep current with the latest PQRI news, visit http://www.cms.hhs.gov/PQRI/35_2008PQRIInformation.asp.

Professional, Personnel Qualifications Tighten Up

Starting on Jan. 1, 2010, practicing SLPs, PTs, PTAs, OTs and OTAs will have a new set of standards to adhere to. The good news: If you've begun practicing before that date and are appropriately adhering to current standards, you'll be "grandfathered" into the newest standards for 2010.

But be prepared to know the standards for new grads taking a job at your practice or facility after Dec. 31, 2009. Carefully review the new definitions of SLP, PT, PTA, OT and OTA -- especially if your state doesn't license these professions. (See pages 108-113 and 177-188 of the Final Rule to read more details about each discipline's latest standards.)

Coming soon: Even more pressing, check out the new personnel standards that take effect in July 2008. CMS wants to standardize personnel requirements across inpatient and outpatient settings and require that beneficiaries receiving therapy at inpatient hospitals and skilled nursing facilities have a plan of care. Also effective July 1, 2008, skilled nursing facilities can no longer count and bill for minutes of therapy services provided by aides under a therapist's line-of-sight supervision.

As for personnel standards, "We're concerned about the potential impact on different settings where students would be involved," Mason says. "Creating more uniformity is a good idea, but in each of those settings, there are unique patient care situations that need to be recognized."

APTA's published comments in the Final Rule suggested "conforming the policies for students to the SNF policy for services provided by aides and students." That is, the ability to perform services in the "line of sight" of the therapist. CMS' response was that it would "consider" doing so and will "address this issue in manual guidance."

Note: To read the full text of the Final Rule, visit

<http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/07-5506.pdf>.