WSLHA

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Discussion/Agenda minutes:

1. **JULY 2017: July's** call touched on providing updates on the healthcare bill. This was during a period where concerned parties had the opportunity to respond to the payment changes proposed by CMS for FY 2019. CMS is looking at replacing the PPS (prospective payment system) with a DRG (Diagnostic Related Group) type where reimbursement would be based on PT / OT / SLP assessment and weighted based on diagnosis group or category. In this model, if assessment indicates need for physical and occupational therapy services however the patient is unable to participate or is inappropriate for therapy, the facility would be paid the same amount whether therapy services are provided or not. This is concerning as access to necessary services may be restricted if SNFs choose to limit therapy services in favor of manipulating payment system.

   We also discussed the NGS (National Government Service—a Medicare Administrative Contractor in the midwest) draft LCD (local coverage determination) for cognitive rehab. Specifically, NGS defines use of the 97532, Cognitive Skills Development code to those with acquired cognitive deficits resulting from head trauma to acute neurological injury. Conditions without potential for improvement or restoration such as progressive brain conditions (i.e. dementia) would not be appropriate under this code according to NGS. ASHA submitted comment to NGS regarding the LCD as use of this code requires objective assessment (instrumental measures) which are neither practical or realistic for SNF residents. Nationwide, other MACs are adopting this LCD resulting in denial of payment if used in a way other than approved by the intermediary. Documentation audits and denials of payments are increasing nationwide, with SLP accounting for 1/4 (25%) of denial of payment from CMS and other third party payers.

2. **August 2017**: While there no notes from the August call, mentioned was ASHA's response to CMS regarding Updates to the Quality Payment Program. Gail

Richard, ASHA present wrote, “CMS did a tremendous service by establishing a transition year for CY 2017 and encourages the Agency to establish a similar on-boarding of MIPS (Merit-Based Incentive Program) for CY 2019." This would allow eligibility for equity for new clinicians as they are added. Second, regarding the low-volume threshold, Gail wrote, “ASHA supports CMS’s opt-in proposal for the 2019 performance period as a means of expanding options for clinicians and offering them the ability to participate in MIPS……we believe there should be as many options as possible to help our members transition so they can successfully participate. Third, currently SLPs and audiologists who work in SNFs are not eligible to bill therapy on individual claim forms thus excluding SLPs in these settings to participate in MIPS. Gail wrote, “ASHA suggests CMS consider expanding this...to include elements that will allow for participation of eligible candidates in the post-acute care setting”

3. **September 2017**: Again, there was no audio recording or notes from the September meeting, however the agenda included a copy of correspondence submitted to CMS regarding proposed changes to the Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities. In this correspondence, Gail Richard, 2017 ASHA president outlined eight concerns: 1.) Access to and accuracy of data necessary to adequately respond to the proposed (payment) model. 2.) Creation of a separate nursing case-mix component 3.) Support for a case-mix component for speech-language pathology services that is separate from Physical and Occupational therapy case-mix component 4.) Development of mechanisms to ensure patients treated in SNFs can access necessary services, such as speech pathology 5.) Restrictions on the use of concurrent therapy 6.) Revisions to the MDS assessment schedule 7.) Coordination of payment system refinements such as those required by the Improving Medicare Post-Acute Transformation Act 8.) Budget neutrality. She wrote, “ASHA is concerned that the new payment methodology proposed in the Advanced Notice of Proposed Rulemaking (ANPRM) under values rehabilitation services provided within SNFs and does not, as currently written, adequately incentivize and ensure appropriate service delivery to meet the beneficiary’s needs.” ASHA recommends the following: 1) Due to concerns with provisions related to the SNF prospective payment systems (PPS), case-mix methodology, ASHA urges CMS to not move forward with full implementation of the Resident Classification System Version 1 (RCS 1) model without conducting adequate piloting and testing of the proposal. 2) CMS should delay the effective date of the new payment model until 2020 to allow sufficient time for testing and requisite provider education and training to facilitate the transition and 3) The proposal should not be implemented without adequate provisions in order to ensure that payments triggered by inclusion of the various case-mix components are paired with evidence that services to address related conditions or functional impairments were actually provided to the beneficiary.

4. **October 2017**: The October call had Cheryl Swit, ASHA Clinical Research Associate as a guest speaker. She introduced the Evidence Map, a searchable

online tool that was developed to support Evidence Based Practice decision making. This tool, covering 37 topics relevant to the practice of SLPs in a variety of settings is available at asha.org/evidence-Map.

Respectfully submitted by Nichie Lessard on behalf of Mary L Hindal on 1/19/18 (date)