14TH ANNUAL CAC-PIAC

HEALTH POLICY & PRACTICE INITIATIVES

Phill Ward, DPM
President-Elect

Laura Pickard, DPM
Trustee

American Podiatric Medical Association
Public Insurance

- Scope of Practice: HBOT, skin substitutes, PCD
- DME: PCD, TSD
- Alternative Payment Models/Value-Based Modifiers/Data Registries
- Physician Payment Sunshine Act
- TRICARE
- Comment Letters
- SGR Repeal and Medicare Physician Payment Reform
DPMs, Scope of Practice Under Siege

Hyperbaric Oxygen Therapy (HBOT) Supervision

- Novitas CAC Representatives
- LCD withdrawn that would have not covered HBOT supervised by DPMs despite state scope of practice

Skin Substitutes

- APMA working with Novitas CAC representatives on skin substitute LCD to clarify DPMs’ ability to establish medical necessity and correct improper guidance on product wastage

Pneumatic Compression Device (PCD) LCDs

- All 4 DME MACs introduced LCDs that would have not covered PCDs prescribed by DPMs (effective date delayed) despite state scope of practice and potentially creating negative precedent
- APMA strategies to address this issue include: CMS meetings, DME MAC CMD conference calls, congressional letters, and reconsideration/challenge
DME

Pneumatic Compression Device

• APMA will be speaking with DME MAC CMDs again later this month

Diabetic Therapeutic Shoes

• APMA meeting with CMS in July
• PICA, Kevin West, Esq., and the APMA DME Workgroup developing documentation package for members
• HELLP Act has a Diabetic Therapeutic Shoes component

Other Issues

• APMA facilitated a DME Workgroup with outside stakeholders on common issues
• APMA is looking to increase its visibility with the four DME MAC advisory groups by participating in meetings. Stay tuned as you may be called upon for assistance or to participate.
Alternative Payment Models / VBM / Data Registries

• Medicare’s current reimbursement structure (VBM) and several SGR proposed reforms place a considerable emphasis on participation in Accountable Payment Models
  
  o Value Based Payment Modifier (VBM): By 2015, both cost and quality data are to be included in calculating payments for physicians:
    • In 2015, for physicians comprising group practices of 100 + eligible professionals
    • In 2016, for physicians comprising group practices of 10 +; and
    • In 2017, for all physicians

• VBM Score will be tied to participation in PQRS, Meaningful Use, and alternative payment models, among other items

• Some reporting requirements may be simplified by participation in data registries
(Potential) Advocacy Victories

Physician Payment Sunshine Act (Open Payments) CME Speaker Payment Reporting Exemption

• CY 2015 MPFS Final Rule released October 31 removes specific reporting exemption for CME speaker payments for CME programs run by certain accrediting/certifying organizations, omitted CPME
  o All organizations now on equal playing field (DPM, MD, DO, etc.)
• Final Rule appears to clarify that CME speaker payments where the industry sponsor does not select the physician speaker are not reportable

TRICARE: DPMs Prescribing DME to TRICARE Beneficiaries

• In response to APMA’s advocacy efforts, DoD proposed to allow DPMs to prescribe and dispense DME to TRICARE beneficiaries
• Waiting for Final Rule
Medicare Comment Letters

• Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems for CY 2015 (Sept. 2, 2014)

• Discussion Draft of Protecting the Integrity of Medicare Act of 2014 (Sept. 1, 2014) [Medicare audit transparency]

• Medicare Physician Fee Schedule for CY 2015 (Proposed Rule) (Aug. 29, 2014)

• Medicare DMEPOS Audit Improvement and Reform (AIR) Act of 2014 (HR 5083) (July 18, 2014)

• APMA Comments on Medicare Advantage and Medicare Part D Proposed Rule (March 7, 2014)

• APMA Comments on the Medicare Program Revisions to Payment Policies (Jan. 27, 2014)

• Medicare and Medicaid Programs: HOPPS (Proposed Rule) (Jan. 27, 2014)
Other Comment Letters

- Future LCD for Pneumatic Compression Devices (Sept. 25, 2014)
- Senate Finance Request for Information on Health Care-Related Data (Aug. 12, 2014)
- Revisions to the OIG's Exclusion Authorities (July 8, 2014)
- Provider Non-Discrimination Provision (June 3, 2014)
- APMA Comments on the Physician Payments Sunshine Act (Open Payments) Dispute Process (June 2, 2014)
- APMA Comments on Health-Care Competition to FTC (April 29, 2014)
- APMA Submits Information on Specialty Practitioner Payment Model Opportunities (April 10, 2014)
SGR Repeal and Medicare Physician Payment Reform

What do the recent election results mean for meaningful physician reimbursement reform?

- Will Congress act to reform Medicare physician payment in the near future?

House Ways & Means and Senate Finance Committee Discussion Draft (Spring 2014)

- Bi-cameral and bi-partisan discussion draft to repeal SGR and reform Medicare physician payment
- APMA participated in discussions with Senate staff and is advocating for fair and adequate payment and the inclusion of DPMs in all alternative payment models (APMs)
Other Advocacy Issues

State Components

• AZ: Recommended to AzPMA an amendment to DMEPOS state legislation that references federal exemption from accreditation for DPMs and other physicians dispensing/supplying to their patients

• PA: Advised that pending state legislation should have no adverse impact on a PA members’ ability to order, dispense, and fit DMEPOS under federal law

• NYS: Collaborating with NYSPMA on NGS pre-payment audits directed at DPMs

Other

• HPP staff attended congressional meetings with Legislative Advocacy on SGR repeal and Medicare physician payment reform

• APMA participated in HHS Office of Medicare Hearings and Appeals (OMHA) Medicare Appellant Fora
Private Insurance Issues

• Private Insurance Outreach
• Medicare Advantage
• Provider Non-Discrimination Provision
  o Multiplan letter
• State Component Efforts
Private Insurance Outreach

Humana
- Numerous complaints about Humana, including Humana Medicare Advantage
- Private Insurance subcommittee identified Humana as a private insurance outreach target

Aetna (with OHFAMA)
- Example of APMA and state component collaboration

United
- During last year’s meeting, APMA:
  - Shared cost savings studies;
  - Promoted preventative benefit; and
  - Reinforced our position on fee discrimination.

Previously met with Humana, WellPoint, CIGNA and Aetna

As part of ongoing efforts, APMA will be sharing results of the Thomson Reuters and Duke studies with relevant stakeholders
Medicare Advantage


Understanding Medicare Advantage Plans

With almost 15 million Medicare beneficiaries enrolled in Medicare Advantage (MA) plans as of mid-2013, it is important for podiatrists to understand the MA program, including the way MA plans are regulated and podiatrists’ rights and responsibilities in relation to MA plans, when acting either as a participating provider or an out-of-network provider.

Useful Medicare Advantage Resources

- Chapter 13 of the Medicare Managed Care Manual
- Medicare Advantage Coverage Article
- Medicare Advantage Appeals Article
- Termination of Medicare Advantage Provider Contract FAQs
- Communicating with Patients About Termination from a Medicare Advantage Plan
- Contracting with Medicare Advantage Organizations: Issues and Terms to Consider
ACA Provider Non-Discrimination

- APMA responded to a request for information on the ACA Provider Non-Discrimination provision, issued by CMS, IRS, and the Employee Benefits Security Administration
- APMA asks that these agencies implement the provision in accordance with congressional intent

Multiplan

- APMA, with legal assistance, drafted a letter addressed to the general counsel of Multiplan and the general counsels of major plans that contract with Multiplan
- Informs these plans that Multiplan is discriminating against DPMs with lower fee schedules than MD/DO colleagues, based solely on DPMs license, in violation of the ACA provider non-discrimination provision
Private Insurance Member Resources

• Reimbursement Webinar Series
  • View past webinars at www.apma.org/webinars
  • Stay tuned for the return of the webinar series!

• Private Insurance Resource Guide Updates
  • www.apma.org/PIRG

• Retroactive Recoupment Resources
  • Compilation of state laws and model legislation

• State Insurance Exchanges (Marketplaces)
  • Provided guidance and articles on understanding state insurance exchanges (marketplaces)
  • www.apma.org/healthcarereform
Other Advocacy Issues

State Components

• OR: Passed physician definition legislation. As a result, large insurer will reimburse DPMs under physician fee schedule.

• TN: Center for Professional Advocacy (CPA) providing assistance to TPMA on CIGNA fee schedule and other policy concerns

• LA: Working to obtain ability to perform H&Ps

• NE: Successfully obtained ability to perform H&Ps

Hospital and Health Care Delivery Systems

• Tracking commercial ACOs and the collaboration between hospitals and private insurance companies

• Providing members with resources to resolve hospital privileging issues
Private Insurance

The private insurance documents below provide podiatrists invaluable practical and easily accessible information for insurance-related challenges that arise in practice. Also included is the Private Insurance Resource Guide, which contains practice management information and state laws pertinent to the practice of podiatric medicine and surgery. Consulting with the state’s appointed Private Insurance Advisory Committee (PIAC) representatives, who are practicing podiatric physicians with expertise in dealing with insurance issues, may help in claims appeal, contracting, understanding medical policy, and more. To locate your local representatives, click on the contact list links below.

Member Resources and Tools

Private Insurance Resource Guide
The Private Insurance Resource Guide (PIRG), created by the Health Systems Committee, is an exhaustive online resource containing practice management information and state laws pertinent to the practice of podiatric medicine and surgery. The PIRG includes summaries of state statutes governing the practice of podiatric medicine, but for the complete compilation of state laws, members should refer to the APMA State Reference Manual.

State Recoupment Law and Resources
This page provides resources for podiatrists and their state associations regarding recoupment laws. Also included is APMA’s model legislation that is intended to make financial management of physician practices more reasonable by comprehensively addressing the different aspects of post-payment adjustments.

APMA Policy Brief and Position Statements

Medicare Advantage Plan Update
APMA continues to receive reports from members across the country about chart reviews by
Past Webinars

2014

CMS 2014 Certified EHR Technology (CEHRT) Flexibility Rule Overview
October 22, 2014
8:00 p.m. EDT On Wednesday, October 22, James R. Christina, DPM, APMA director of Scientific Affairs, reviewed the options for reporting meaningful use participation based on the most recent CMS Flexibility Rule.

ICD-10 Webinar Series - Neoplasms (C00-D49)
October 16, 2014 On Thursday, October 16, the APMA Coding Committee held the twelfth webinar in the ICD-10 series. APMA Coding Committee member Richard Horsman, DPM, discussed "Neoplasms (C00-D49)."

ICD-10 is Here Webinar Series - Infectious Diseases & Disorders (A00-B99)
September 18, 2014 On Thursday, September 18, the APMA Coding Committee provided the eleventh webinar in the 2014 "ICD-10 is Here" series. Paul Kingberg, DPM, and David Freedman, DPM, provided an update on the state of ICD-10 and following, Jon Goldsmith, DPM, discussed "Infectious Diseases & Disorders (A00-B99)." (00:51:02)

Webinar 8: Nervous System Diseases/Disorders (G00-G99)
June 19, 2014 On Thursday, June 19, the APMA Coding Committee provided the tenth webinar in the 2014 "ICD-10 is Here" series. Michael Warshaw, DPM, presented the "Nervous System Diseases/Disorders (G00-G99)" webinar. Dr. Warshaw also addressed the new CMS 1500 Health Insurance Claim Form. (00:58:29)

Stage 2 Meaningful Use (Part 2): Menu Set Objectives and Clinical Quality Measure Reporting
June 10, 2014 During the second reimbursement webinar, James R. Christina, DPM, APMA director of Scientific Affairs, reviewed the "Menu Set Objectives and Clinical Quality Measure Reporting" requirements for Stage 2 of meaningful use. (00:48:41)

www.apma.org/webinars
Reimbursement Issues

As a podiatrist, you deserve to be properly paid for the services you provide. APMA has created numerous resources to help guide you through all aspects of the payment and reimbursement process for both public and private plans. If you have additional questions, please contact our Health Policy and Practice department at healthpolicy.hpp@apma.org.

ACOs

On November 2, 2011, CMS published a final rule implementing the Medicare Shared Savings Program. The final rule establishes requirements related to the formation of accountable care organizations (ACOs). The final rule considers stakeholder comments and makes a number of changes from the proposed rule.

CAC-PIAC

The CAC and PIAC structure consists of representatives appointed by state podiatric medical associations to assist members in resolving Medicare and private insurance-related concerns. Knowing and utilizing the state’s appointed CAC and PIAC representatives, who are practicing podiatric physicians with expertise in dealing with insurance issues, may help in claims appeal, contracting, understanding medical policies, and more.

www.apma.org/reimbursement
Health-Care Reform

On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act (ACA), into law. APMA has provided the resources below to help guide your practice in understanding key legislative and regulatory provisions of the ACA and its impact on the profession.

Latest News

- Read all of APMA’s latest comment letters.
- See the latest issue and policy briefs from federal advocacy, state advocacy, and health policy.

General Information on Health Reform

- Learn more about the ACA and its impact on your state at HealthCare.gov.
- Summaries and implementation dates for key provisions of the ACA.
- Health-care Reform—Section-by-Section Analysis: Prepared by Health Policy Alternatives (HPA).
- Kaiser Family Foundation Employer Mandate Chart: Shows who will be impacted by the employer mandate to provide health insurance coverage starting in 2014.

Legislative Resources

- What the ACA Supreme Court Ruling Means for APMA Members (July 5, 2012): An analysis of how the ACA will affect medical professionals.

www.apma.org/healthcareform
We look forward to seeing you again in Orlando!

www.apma.org/thenational