Legislative & Regulatory Update - Cardiac Rehabilitation

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Outline

• Day on the Hill (DOTH) 2017
• Supervised Exercise Therapy for PAD
• Episode Payment Models (EPM) & CR Incentive Payment Model-Update
• CMS audit of CR
DOTH 2017

• Bill in Congress that would allow nonphysician practitioners (NP, PA, CNS) to provide direct physician supervision for CR & PR

• HR 1155- 28 cosponsors
  – House bill was up to 68 in last Congress
  – S.__: Senate bill had 27 in 114th Congress

• AHA Advocacy Day June 27th

• ACC Advocacy Day in the fall

• Summer Congressional break is a great opportunity to visit your US Representative
Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease - SET PAD

• Final Policy Publication date: May 25, 2017
• **Effective** date: May 25, 2017
• SET program criteria:
  – 2 settings: Hospital outpatient or MD office
  – *Sessions* lasting 30-60 minutes
    • Note no mandated minutes of exercise
    • Similar to CR
SET PAD - Staff

• Delivered by qualified auxiliary personnel necessary to ensure benefits exceed harm, and who are trained in exercise therapy for PAD

• “Qualified”
  • No further definition from CMS
  • Analogous to CR staff requirements
  • No specific discipline required
  • CCRP?
    – Core Competencies for CR Professionals (2010) are applicable to PAD in:
      Patient assessment (PAD mentioned), tobacco cessation, risk factor reduction, physical activity counseling, exercise training evaluation
SET PAD - Physician Supervision

Under direct supervision of a physician, *physician assistant, or nurse practitioner/clinical nurse specialist* who must be trained in both basic & advanced life support techniques

– This is consistent with *all other hospital outpatient services* that are under “direct physician supervision”... *except CR & PR*

– “Immediately available and physically present”
SET PAD - Program Duration

• MACs have discretion to cover SET beyond 36 sessions over 12 weeks and may cover an additional 36 sessions over an extended period of time
  – 2\textsuperscript{nd} referral is required for these additional sessions
  – Pre-authorization is not an option with Medicare
  – Documentation of extended medical necessity is strongly recommended
    • Patient would sign ABN (Advance Beneficiary Notice)

SET PAD – Distinct Program

• From Decision Memo:
  “...While physician-prescribed supervised exercise is covered for Cardiac Rehabilitation (section 1861(eee) of the Social Security Act), coverage is exclusive to cardiac disease. SET for symptomatic PAD has been studied as a separate therapeutic intervention, and not necessarily as a comprehensive program.”

• Remember:
  – CR may be delivered with other services
  – “exclusive use” terminology was removed in 2006
Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease-SET PAD

• Note “symptomatic” in title of policy
  • “...for PAD patients with claudication”
• Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain referral for SET
  – At this visit, beneficiary must receive information regarding cv disease & PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments
SET PAD – Coding & Billing

• Coding, payment amount & claims processing instructions not released yet, but are forthcoming
• When they are released, the claims processing manual will be updated and the information will be available in the claims processing manual
• HCPCS code: ____
• Reimbursement $: ____
SET PAD – Program Policies & Staff Training

• 2010 AHA/ACC Guideline on the Management of Patients with Lower Extremity peripheral Artery Disease; Gerhard-Herman et al

• References in 30-pg Decision Memo:
AMI & CABG Episode Payment

• Effective Date – January 1, 2018
• Financial “risk” begins based on Performance Year (PY) 3 data
• Range of quality-adjusted target price
  – AMI/PCI $ 21-24,000*
  – CABG $ 42-50,000*

*geographic variation
CR Incentive Payment Model

Top FAQs:

• Incentive $ goes to participant institutions only, no matter where CR is received
  – No sharing or financial arrangements allowed

• Incentive $ is separate, no matter where CR is received, from participant’s 90-day costs
  – Incentive $ tallied and paid to participant at end of each PY
  – Participant’s average 90-day costs for EPM beneficiaries are calculated at end of each PY
CR Incentive Payment Model

(cont) Top FAQs:

• Medicare FFS reimbursement for CR sessions is paid to whomever provides CR and *is* included in participant’s 90-day costs

• Other?
CMS Audit of CR-SMRC

• Supplemental Medical Review Contractor-SMRC
• StrategicHealthSolutions has CMS contract to “lower improper payment rates & increase efficiencies of medical review functions”
  – Includes Parts A, B, & DME providers
  – Claims’ compliance with coverage, coding, payment & billing practices
SMRC

• National claims reviews with topics & time frames as directed by CMS
• No MAC involvement
• Projects may be issues identified by
  – OIG (Office of Inspector General)
  – GAO (Government Accountability Office)
  – CERT (Comprehensive Error Rate Testing)
  – Professional organizations
  – Other
SMRC – CR Review

ADR request includes:

• Copy of claim bill
• Documentation of qualifying diagnosis
• Physician-prescribed exercise plan each day patient is in CR
• MD order
• Cardiac RF modification, incl. educ, counseling, & behavioral intervention at least once during program
• Psychosocial assessment
• Signatures/credentials of professionals providing services
• Outcomes assessment
• ITP detailing how components are utilized for each pt
SMRC – CR Review

• ADR letters were sent mid-April & due June 5th
  – Requests for extension made before June 5th were granted
  – If provider fails to respond, MAC will initiate claims adjustments

• Claims requested for multiple months & varied diagnoses on selected patients
  – Providing records does not violate HIPAA
  – Patient authorization not required to send records

• For details & contact information:
  http://www.strategichs.com/