April 21, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201.

Submitted Electronically

Re: Request for Information Regarding 2017 Transformation Ideas

Dear Administrator Verma:

On behalf of our more than 95,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to submit comments on the Centers for Medicare and Medicaid Services (CMS) Request for Information (RFI) regarding, “2017 Transformation Ideas,” released April 3, 2017. APTA’s goal is to foster advancements in physical therapy practice, research, and education. The mission of APTA is to further the profession’s role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

APTA strongly believes that Medicare Advantage (MA) enrollees should have access to high-quality providers in their communities, in both urban and rural areas. Additionally, Medicare beneficiaries who choose to enroll in MA plans should be ensured equal access to and coverage for services that they would receive under original Medicare plan. Further, APTA believes that MA providers should receive prompt and reasonable payments from MA to ensure that providers are able to furnish medically necessary care to Medicare beneficiaries.

Recommendations

In response to the RFI, APTA has recommendations that aim to maintain benefit flexibility and efficiency through the MA program.
Specifically, we recommend the following:

1. To ensure that MA beneficiaries have sufficient access to quality providers, APTA strongly recommends that CMS implement policies that require MA plans to furnish timely, appropriate payment for covered health care services.

2. To better support the doctor-patient relationship, APTA recommends that CMS implement policies to require same-day authorizations to providers to avoid delay of medically necessary care.

3. To fulfill CMS’s overall goals of improving efficiency and flexibility within the MA program, APTA recommends that CMS implement policies to increase the Agency’s oversight and monitoring practices and mechanisms to address provider and consumer complaints related to MA plans.

Our comments on each of these recommendations are discussed in further detail in the following paragraphs.

**APTA Recommendation:** To ensure that MA beneficiaries have sufficient access to quality providers, APTA strongly recommends that CMS implement policies that require MA plans to furnish timely, appropriate payment for covered health services.

The continuation of the MA Program is of great value to Medicare beneficiaries who enroll in MA to cover necessary health care services not typically covered under original Medicare. Last year, the MA program included about 3,500 plan options, enrolled more than 17.5 million beneficiaries (31 percent of all beneficiaries), and paid MA plans about $190 billion (not including Part D drug plan payments). As CMS considers options to improve efficiencies in the MA program, we recommend the Agency implement oversight policies for health plans within the MA program to ensure plans furnish timely and appropriate payment to providers who furnish high-quality care. Low reimbursement rates can force providers out of MA networks, thereby decreasing access to necessary health care for enrollees. This common occurrence of “narrow networks” can create an unintentional barrier to care, particularly for beneficiaries living in rural areas, where providers may be less concentrated in one region. New policies should require adequate notice and an approval process for reductions in reimbursement rates to allow providers an opportunity to adjust to the new rates.

CMS also should consider a mechanism through which providers may submit formal complaints regarding MA health plans that fail to provide adequate notice of reimbursement alterations, or otherwise force providers out of networks. These solutions may help providers to remain in networks, and ultimately increase access to care for beneficiaries enrolled in MA plans.

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Further, CMS should develop policies that prevent plans from charging unreasonable copays to enrollees for therapy services, which discourage enrollees from seeking necessary treatment. Enrollees typically require multiple physical therapy visits over an extended period of time to properly recover from an injury or alleviate symptoms related to a chronic condition. However, unreasonable copays create a significant financial burden for beneficiaries in need of multiple visits for a full recovery. APTA strongly encourages new policies to monitor co-pay increases and place reasonable limits on copayments for enrollees seeking therapy services.

**APTA Recommendation:** To better support the doctor-patient relationship, APTA recommends that CMS implement policies to require same-day authorizations to providers to avoid delay of medically necessary care.

APTA’s members have previously raised concerns about the prolonged, burdensome process necessary to obtain prior authorizations for patients. At times, it can take providers two to five days to obtain authorization from MA plans. A delay in authorization could severely hinder a patient’s condition, requiring physical therapists and other providers to decide between furnishing an uncovered service at their own expense or risking the patient’s health and well-being by waiting for plans to authorize a particular service.

In seeking to improve the doctor-patient relationship, CMS should require MA plans to furnish same-day authorizations. Such a policy would require MA plans to develop a call center or electronic system to more efficiently receive and address requests for authorizations. By doing so, MA plans would enhance patient access to timely, high-quality care that is appropriate for the patient’s condition and avoid preventable adverse events, saving the plans, providers, and patients from expending resources on unnecessary care.

**APTA Recommendation:** To fulfill CMS’s overall goals of improving efficiency and flexibility within the MA program, APTA recommends that CMS implement policies to increase the Agency’s oversight and monitoring practices and mechanisms to address provider and consumer complaints related to MA plans.

CMS has worked to increase oversight of MA plans by piloting new audit models that assess plans’ compliance with provider network adequacy requirements. APTA commends CMS’ efforts to measure compliance, but also recommends additional channels of oversight for MA plans.

APTA encourages CMS to develop a clear process to receive and address feedback from MA enrollees and providers. Our members often seek guidance on where to direct patients for benefit information regarding physical therapy. CMS should develop a tool to collect consumer feedback, and issue specific guidance in response to consumer questions and complaints. Such feedback, or at the very
least, trends in consumer feedback, should be made publically available to ensure program transparency.

Similarly, our members seek guidance on how to provide their feedback and submit complaints about MA plans’ practices. CMS should consider a mechanism to receive and address provider feedback, which then could be used to make ongoing improvements to the MA program. The Agency might use this tool to identify trends for future rulemaking related to the program. As suggested above, all provider feedback, or at a minimum, trends in provider feedback, should be made publically available on the CMS website to ensure transparency.

**Conclusion**

Again, we thank CMS for the opportunity to respond to the RFI and provide the Agency with policy and procedural recommendations to enhance the MA program. Should you have any questions or need additional information, please contact Sharita Jennings, JD, Senior Regulatory Specialist at sharitajennings@apta.org. Thank you for your time and consideration.

Sincerely,

Sharon L. Dunn, PT, PhD, OCS
President

SLD: sj, krg