American Medical Rehabilitation Providers Association (AMRPA)
2017 Key Policy and Operational Accomplishments

Summary
Over the past year, AMRPA has focused on fending off passage of a detrimental proposal to create a value based purchasing program for all post-acute care providers including rehabilitation hospitals and units, promoted the repeal of the therapy caps, responded to numerous Medicare proposed rules and requests for information from the new Administration (including suggesting repeal or reform of the 60% Rule), and other activities to assure the continued viability of the medical rehabilitation sector.

Highlights of these efforts include the following:

1. Active lobbying presence on Capitol Hill on AMRPA’s priority issues and concerns, including organizing Congressional fly-in and monthly AMRPA leadership lobbying presence with key Congressional Members and staff.
2. Forged new relationships and cemented AMRPA’s presence and voice with incoming Trump Administration officials. For example, AMRPA met with CMS Deputy Administrator to discuss AMRPA’s priority issues, including regulatory relief priorities (including the 60% Rule) and Medicare Advantage (MA) concerns.
3. Led a coalition of post-acute care providers to oppose various drafts of the Value Based Purchasing bill (“PAC VBP 2.0”) for post-acute care providers. AMRPA’s advocacy leadership in convening and coordinating the Post-Acute Care Coalition of eight national organizations and contributions in maintaining unity among these groups was integral in staving off major financial hits to the field. Detailed letters outlining the Coalition’s concerns were sent to the Chairman of the House Ways and Means Committee and were utilized by all involved in House and Senate advocacy efforts.
4. Hosted a national policy conference that included presentations from several leaders and officials within the Centers for Medicare and Medicaid Services (CMS), as well as the Executive Director of the Medicare Payment Advisory Commission, among others.
5. Coordinated AMRPA’s advocacy and voice with other national organizations including the Coalition to Preserve Rehabilitation (CPR), National Association of Long Term Care Hospitals (NALTH), American Academy of Physical Medicine and Rehabilitation (AAPM&R), and therapy national organizations, among others.
6. Sought repeal of the therapy caps or extension of the exceptions process in partnership with other PAC providers and the Therapy Caps Coalition.
7. Drafted comments on the proposed rules for the IRF PPS, physician fee schedule, home health PPS, Quality Payment Program, outpatient prospective payment system, ICD-10 transition, and cancellation of the episode payment model cardiac rehab incentive payment model and modification of the comprehensive care for joint replacement bundling program.
8. Responded to the Administration’s multiple requests for information (RFIs) in the above rules, as well as the MA Draft Call Letter for Plan Year 2018 and the RFI from the Center for Medicare and Medicaid Innovation (CMMI).


10. Submitted testimony to the House Ways and Means Health Subcommittee hearing on the status of Medicare and expiring Medicare extenders.

11. Submitted a response to the House Ways and Means Health Subcommittee’s request for information on how to revise the Medicare program.

12. Participated in periodic education and advocacy efforts on the regulatory side with CMS program officials charged with payment responsibility, IMPACT Act implementation, and other priority AMRPA regulatory issues.

13. Targeted agency advocacy on CMS offices with oversight of the Medicare Administrative Contractors, Supplemental Medicare Recovery Contractor, and the Contract Error Rate Testing contractor regarding ongoing issues in Medicare audits and denials and arbitrary contractor behavior.

Educational Conferences
- Held the 15th Annual AMRPA Educational Conference and Expo, Medical Rehabilitation: Transforming the Future of Post-Acute Care. Due to outstanding conference programming and speakers, the attendance was only 1% off from AMRPA’s all-time high!
- Sponsored the AMRPA Spring Leadership Forum and Congressional Fly-In, featuring two breakout programs: the Rehabilitation Administrators’ Workshop and the Medical Directors Symposium. Policy conference attendees participated in over 80 meetings with their Members of Congress and/or Senators.

Webinars
- Held Live and Recorded Webinars
  - Promoting Your Rehab Program: Keys to Increase Volume
  - Scoring Functional Cognition
  - Attacking Denials Before They Occur: Documentation Strategies
  - IRF Reality TV: How to Win the Documentation and Coding Game
  - The Struggle is Real: Managing Insurance Pre-authorizations and Denials Before They Happen
- Sponsored On Demand Webinars
  - Members-only access to recorded webinars from 2013-2016
- Free Members-Only Webinars
  - Update on Legislative and Regulatory Issues
  - FY 2018 Proposed Rule for the IRF PPS
  - Continuing Care Network (CCNet) Pilot Project
Member Portal
- Created a new membership benefit offered via the AMRPA website.
  - Allows the primary contact of organizations to add and remove individuals from their organization’s account.
  - Allows members to view and pay their open orders.
  - Allows members to view their purchased webinar recordings and complete webinar evaluations to claim CE credit.
  - Allows member access to the congressional search tool and individual and organization directories.

PAC Market Analysis
- Using the most recent two years of available Medicare claims data, Dobson DaVanzo & Associates is delivering inpatient rehabilitation providers with market-level information on episode spending and key performance metrics across all Medicare discharges. It also includes information on episode spending and key performance metrics on Medicare’s Bundled Payment for Care Improvement (BPCI) Initiative and Comprehensive Care for Joint Replacement (CJR) model in providers’ respective areas.
  - The analysis helps inpatient rehabilitation providers understand:
    - How acute care hospital referral patterns and other post-acute care providers are affecting the market.
    - How your facility’s episode spending and key performance measures compare with state and national IRF benchmarks (wage index-adjusted).
    - How the BPCI and CJR models are impacting the markets.

eRehabData®
- eRehabData® achieved record volume growth in 2017 and is currently analyzing data for over 40% of inpatient rehabilitation discharges nation-wide.
- eRehabData’s® innovative Outcomes Reports provide powerful national and regional comparative performance data, and are updated nightly for timely and effective decision support.
- eRehabData’s® comprehensive quality reporting completion checks help your facility maintain compliance with the Centers for Medicare and Medicaid Services’ (CMS) Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) reporting requirements. Our real-time IRF QRP completion override report identifies those assessments with incomplete data to help you avoid a 2 percent payment reduction from CMS due to non-compliance with the IRF QRP reporting requirements.
- eRehabData’s® built-in electronic Pre-Admission Screening (PAS) Tool provides comprehensive and compliant pre-admission screenings. Features such as physician notification, mobile device approval, and offline screenings support efficient coordination between all members of the admission team. Data from the PAS Tool feed into the real-time Referrals Outcomes reports, offering information on referral and admission trends and patterns as they unfold.
- eRehabData’s® sophisticated 60% Rule compliance reports predict both presumptive and conditional compliance using multiple risk models and always reflect the latest updates in CMS

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rules. Our 60% Rule Compliance Report provides real-time calculations on your facility’s compliance status for various payer groups and compliance methodologies.

- eRehabData’s® Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) is built on a three-tiered system of data integrity checks that conforms to CMS’ requirements.
- eRehabData® also performs real-time analysis of your facility’s IRF PAI data to support assessment coding and scoring best practices.
- eRehabData® is owned by AMRPA, which utilizes eRehabData’s® statistical analysis and policy models based on aggregated data to inform the association’s legislative and regulatory advocacy efforts on behalf of the medical rehabilitation industry.
- eRehabData’s® friendly and responsive customer support is available via email, phone, and built-in system messaging to answer your questions from compliance to coding to software.