

MEDICARE POLICY ANALYSIS & STRATEGY OPTIONS: A LOOK BEYOND BILLING

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- **Introductions: KBG**

- **What We Will and Will Not Be Covering**
  - **NO: Billing: Brief Statement that while important, will not be discussed in detail. (KBG)**
  - **YES: Policy: CMS Decision Memo (KBG)**
    - **https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295**

    - **Original Draft Response for Public Commentary Period by KBG: https://docs.google.com/document/d/1kWTuYL-BIGPGnc0zd5wALAmy9EHZwnn_aNjSzcVVW9A/edit?usp=sharing**

    - **Official ASA Call to Action Form Letter for Public Commentary: https://www.asacu.org/wp-content/uploads/CMS-Commentary_ASA_July-2019.pdf**

    - **View Public Commentary to CMS <800: https://www.cms.gov/medicare-coverage-database/details/nca-view-public-comments.aspx?NCAId=295&NcaName=Acupuncture+for+Chronic+Low+Back+Pain&ExpandComments=n&bc=AAAAAAAAABAA&#Results**

  - **YES: Current Medicare Policy:**
    - **Enrolled/Non-Enrolled: REQUIRED?? (KBG)**
      - **https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/OptOutAffidavits**

- ://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1311.pdf **(Page 4 of 6)**
- https://www.bakerdonelson.com/when-it-comes-to-medicare-payment-physicians-have-choices#:~:text=Failure%20to%20give%20a%20correctly,if%20Medicare%20denies%20the%20claim.&text=If%20the%20patient%20chooses%20the,the%20claim%20to%20the%20carrier.

■ **Why Use an ABN with Medicare Beneficiaries in Not Enrolled? (KBG)**

■ **Medicare from Chiropractors POV: (WS, LAS, TM)**

- Opt-Out Explained by ICA

- **Participating: (Accepts Assignment)**

- **Non-Participating: (Does Not Accept Assignment)**

- **ABN:** https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN

- **Were You Encouraged to Enroll? Fully-Informed of Non-Opt-Out Clause once enrolled?**

○ **YES: Current Legislation: HR 1183 Sponsor: Representative Judy Chu (EH)**

■ https://www.congress.gov/bill/116th-congress/house-bill/1183/all-info

■ **Legislative Intent & History**

- **SUPPORT ACT**
- **CMS determination**

■ **Opt-Out Clause? (Covered within WHERE Acus are Defined)**

○ **YES: Medicare Inclusion: Beyond Billing (KBG)**

■ **More Access to Inclusion in Federal Programs such as Student Loan Forgiveness Programs & Direct Graduate Medical Education possibilities (Residency)**

- **Current Example: Indian Health Services as announced Feb 2020:** https://www.federalregister.gov/documents/2020/02/11/2020-0

2617/loan-repayment-program-for-repayment-of-health-professions-educational-loans

- **2012 Federal Register Notice:** https://www.govinfo.gov/content/pkg/FR-2012-01-23/html/2012-1211.htm
- **Public Service Loan Forgiveness (PSLF):** https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service

- **To Seek Inclusion in Mainstream Settings:**
  - **Medicare Institutional Providers:**
    - **Community Mental Health Centers (CMHCs)**
    - **Comprehensive Outpatient Rehabilitation Facilities (CORFs)**
    - **Critical Access Hospitals (CAHs)**
    - **End-Stage Renal Disease (ESRD) Facilities**
    - **Federally Qualified Health Centers (FQHCs)**
    - **Histocompatibility Laboratories**
    - **Home Health Agencies (HHAs)**
    - **Hospice Organizations**
    - **Hospitals**
    - **Indian Health Service (IHS) Facilities**
    - **Organ Procurement Organizations**
    - **Opioid Treatment Programs (OTPs)***
    - **Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services**
    - **Religious Non-Medical Health Care Institutions**
    - **Rural Health Clinics (RHCs)**
    - **Skilled Nursing Facilities (SNFs)**
- **More Possibilities for inclusion in future legislative efforts:**
  - **Student loan forgiveness from Maloney:** https://www.govtrack.us/congress/bills/116/hr6720/text
  - **Chiropractic Example for ongoing legislation:** https://www.congress.gov/bill/116th-congress/house-bill/3654/text
  - **Optometry Example:** https://www.aoa.org/coronavirus/optometry-relief-and-support-resources/relief-funding-hhs

        - **Access to Large Demograhic:**
            - **https://www.aarp.org/content/dam/aarp/ppi/2017/11/who-relies-on-medicare-a-profile-of-the-medicare-population.pdf**

            - **Profile of Medicare Beneficiaries by Race and Ethnicity: A Chartpack - Chartpack**

- **Current Advocacy Options**
    - **Direct Lobbying for the Profession**

    - **Grassroots Initiatives**
        - **HPAI National Acuvist Program for State Association Members & Unaffiliated L.Acs**

CLOSING STATEMENT: CAN ALL OF THIS BE DONE OR ACCESSED WITHOUT BEING DEFINED IN THE SSA? MAYBE. It's just harder and takes longer. It makes us perpetually reactionary and defensive, rather than action-oriented and on the offense. It is the FIRST STEP of many, if done well.

AND IF NOT: Medicare Beneficiaries will grow accustomed to seeking acupuncture from other professions who can bill directly. And our students will find difficulty in finding jobs and participating in federal programs that will benefit them. This may not be painful to those who did not pay as much for their education when student loans were not an option, but it is REALLY painful to students who graduated since then with 5 or 6 figures of student loan debt. We need to consider current and future generations as well as those who make up our elders.