

Government Shutdown Averted

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The Bipartisan Budget Act of 2018 was expected to focus on immigration, however, healthcare was the prevailing theme of the law that was passed on February 9, 2018. Highlights for medical practices include:

- The elimination of the Independent Payment Advisory Board (IPAB), a group of 15 stakeholders who were empowered to take action to “save” money for Medicare; although the IPAB, which was created under the Affordable Care Act, had never even convened, the potential challenges from a board deciding the future of Medicare reimbursement had left many physicians on edge.
- A decade of funding for the Children’s Health Insurance Program; further, community health centers – federally funded quality health centers and rural health clinics – received not only an extension of funding, but more than a 10% boost.
- An extension of the Work Geographic Practice Cost Index (GPCI) floor; a key component of the Medicare formula, this has positive implications for physicians practicing in more than 20 states, including Tennessee. Although the reimbursement boost won’t be enormous – Tennessee, for example, will rise from 0.976 to 1.0 – it will positively impact every procedure code billed to Medicare.
- The permanent repeal of the Medicare payment caps for outpatient therapy services, to include physical and occupational therapies, as well as speech pathology.
- A revision to the Merit-based Incentive Payment System, which was scheduled to impose a 30% performance score on eligible clinicians based on cost in 2019; the law extends 2018’s 10% scoring methodology for three more years although there is flexibility extended to the Centers for

Medicare & Medicaid Services: “not less than 10 percent and not more than 30 percent.”

- A pledge to evaluate reimbursement for *longitudinal* chronic care management, presumably expanding the coverage for transitional care and chronic care management; this study, however, will consume the next 18 months so reimbursement opportunities are not here yet, but on the horizon.

Finally, telehealth reimbursement is further expanded, adding telehealth benefits to Medicare Advantage patients, as well as expanding payment opportunities for accountable care organizations (ACOs) for telehealth.

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