

Submitted electronically via <https://p4qm.org/prmr-final-muc-reco>

Re: PRMR Final MUC Recommendations for MUC2023-209 Rheumatoid Arthritis

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 230,000 occupational therapists, occupational therapy assistants, and students of occupational therapy (OT). The science-driven, evidence-based practice of occupational therapy enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. Occupational therapy services are reimbursed under the Medicare Physician Fee Schedule (MPFS) and are therefore affected by Medicare Part B payment policies under the Quality Payment Program (QPP). Occupational therapy services are included in the current Merit-based Incentive Payment System (MIPS). AOTA would like to thank MACRA for the continued opportunity to comment on cost measure development as the lack of cost measures applicable to occupational therapy has significantly limited OT participation in the MIPS program. AOTA acknowledges and appreciates the time and resources Acumen has devoted to ensuring that clinical input, including feedback from occupational therapy practitioners and the patients they serve, is obtained in cost measure development.

AOTA would like to offer public comment regarding MUC 2023-209, Rheumatoid Arthritis. The Rheumatoid Arthritis (RA) episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat rheumatoid arthritis. This chronic condition measure includes the cost of services that are clinically related to the attributed clinician's role in managing care during a rheumatoid arthritis episode. AOTA was pleased to see OT practitioners included in the list of attributable clinicians and our member expert shared experiences and expertise during the measure development workgroups. Because of its inclusion of therapy codes in addition to Evaluation and Management (E/M) CPT codes, the RA cost measure presented a new opportunity to engage OT practitioners in a possible second cost measure, which would have opened the door for increased OT engagement within the MIPS program.

Following review of the proposed measures under consideration for the MIPS program, however, the PRMR Clinician Recommendation Group chose not to recommend the RA measure for release within the MIPS program. In their rationale, the committee expressed support for the intent of this measure from a provider and patient perspective but raised significant concerns related to measure performance during testing. AOTA disagrees with the decision not to include the RA measure within the MIPS system since Acumen has indicated that field testing yielded valid results with high reliability for this

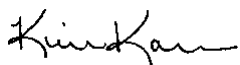
measure and this measure showed promise for increased engagement for OT practitioners wishing to participate in MIPS.

To date, only one cost measure, the Low Back Pain measure, has been developed that includes occupational therapists as attributed clinicians, severely limiting OT engagement with both traditional MIPS and MVPs. While the low back pain cost measure offers an initial opportunity for rehab practitioners to utilize the MVP developed for rehabilitation support, it only addresses a narrow proportion of OT practitioners who deliver services to Medicare beneficiaries. Without more cost measures to reflect the full scope of occupational therapy services, serious gaps in quality reporting and care accountability remain within the MIPS system.

We hope that a new or revised cost measure for rheumatoid arthritis will be developed in the future and met with more support for inclusion in the MIPS program. Significant advocacy for rehab service inclusion was required for MUC 2023-209; and rehab was the most restrictive inclusion of costs in the measure. Under the measure, rehab costs were only included if billed under an RA diagnosis; however clinician experience supports that any rehab intervention provided to this population will have positive impact on symptoms, whether it's coded under RA, symptoms of RA, or under comorbidities whose management will impact RA outcomes. **AOTA urges CMS to reconsider implementation of the RA measure under MIPS. Should a similar RA measure be developed in the future, AOTA further recommends that rehabilitation CPT codes and both RA diagnoses and related comorbidities that influence RA outcomes, be considered for attribution** so that more OT practitioners might utilize the measure within MIPS.

We thank Acumen and CMS for their efforts to develop a more inclusive MIPS program and look forward to a continued partnership to facilitate high quality cost measures that accurately reflect the full scope of patient care delivery offered by OT practitioners. AOTA encourages Acumen and CMS to continue thoughtful development of cost measures designed for therapy involvement so that therapy clinicians can more fully engage with the MIPS program and successful cost management through prudent use of occupational therapy services to reduce lengths of stay, prevent rehospitalizations, and improve patient independence can be encouraged and appropriately rewarded.

Sincerely,



Kim Karr, OTR/L

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