

JIM BERKLAN:

Hi, I'm Jim Berklan, Editor at McKnight's Long-Term Care News, and I'm here with Cynthia Morton, the executive vice president of the National Association for the Support of Long-Term Care. Now Cynthia, there are a couple of hot issues going. But one of them that's probably been off the radar of most people lately is the therapy caps. And can you bring us up to date on that?

MORTON: Yes, the annual therapy cap issue. That issue is now coming to the forefront because the exceptions process, the appeal process that patients work their way work through to get around the cut, will be expiring on Dec. 31. So it is time yet again to get our advocacy together and find a way to get that exceptions process extended.

BERKLAN: Okay, now, doesn't this debt-reduction supercommittee come into play with that, and aren't there some concerns?

MORTON: It sure does. In fact our first position in terms of strategy is to see if the supercommittee will deal with the extension. It's possibly unlikely that they will because the supercommittee's mandate is to find the 1.2, 1.5 trillion in cuts. And cuts don't go along with spending that would have to happen to extend the exceptions process. So because that is the game in town right now we have to make a try there. And indeed we do have a champion for the therapy cut issue: Congressman Becerra from California is a member of the supercommittee. So we're trying to run the traps there. If that does not work then we will go to the Finance or the healthcare committees — Senate Finance, Ways and Commerce, Energy and Commerce — and begin the process there of advocating to extend the exceptions process.

BERKLAN: And generally that's, you've had good success and providers have fared well. But however, there are other concerns, aren't there, about the supercommittee. What should we be worried about?

MORTON: Yes, we, long-term care operators, providers, suppliers really have got to watch the supercommittee. Their purview is really everything, Medicaid, Medicare and Social Security. So of course Medicaid and Medicare is very important for us. The supercommittee has received all kind of recommendations from a blended Medicaid rate, reducing the provider tax and the assessment fee, which is very important to many of us. They could entertain recoupment of our Medicaid reimbursement. They could take away our future rate increases, our market basket increase. The sky is unfortunately the limit. Their purview is entire; it's very broad.

BERKLAN: And no one really knows what they're doing right now, so to speak, right?

MORTON: True. The meetings have not been held with the public. They've been private and there's been next to no leaks. And it's very difficult as lobbyists trying to

to find out what is the inside scoop so we can act on it. It's been very difficult to find out. So it's really incumbent upon the industry at large to really advocate for our patients and keep on this issue.

BERKLAN: Speaking of the industry at large, of course, the industry is not as large since Oct. 1. And I'm talking of course about the recalibration of payments. The recoupment, if you will, of \$4 billion that CMS and HHS said was overpaid. Where are we with that? How do you see that?

MORTON: Well, I think this payment rule definitely is a challenge for the long-term care profession, especially the rehab profession. I think it's incumbent. You know, at the end of the day we have got to read the payment rule and really try to understand what CMS is saying. It's kind of like the golden rule. We have to deal with CMS. They control the payment. And we need to take some steps back and really devise a strategy to help CMS understand the value of therapy in our patients' lives, and how therapy really helps patients get better and go home faster. And take it even a couple steps deeper and help the CMS personnel who have to write these regulations and have to write the payment rules, help them understand the provision of therapy on a daily basis: when therapy happens, when it doesn't happen, and why. I think that responsibility lies on our shoulders. And I know we are going to be taking steps, from my point of view, to step up that educational effort. And really help the staff understand what we do, and the importance of it, and the frequency of it, and the ins and outs.

BERKLAN: And the reason we're partly talking about this is, is that, really, in no uncertain terms CMS has kind of pointed the finger at therapy providers, haven't they. Is that appropriate?

MORTON: We are feeling that. I don't know that it's entirely appropriate, but we are feeling it. And we read the rule and we think we got the message and we are going to try to you know, act accordingly and really help CMS understand what's going on in the facilities so that we can be partners in care.

BERKLAN: Okay, well, thank you very much Cynthia.