



6397 Lee Highway  
Chattanooga, TN 37421  
[www.bmrp.com](http://www.bmrp.com)

September 20, 2017

Physician-Focused Payment Model Technical Advisory Committee  
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy 200  
Independence Avenue S.W.  
Washington, D.C. 20201  
[PTAC@hhs.gov](mailto:PTAC@hhs.gov)

**Letter of Intent** – Krisi Probert, OTD, OTR/L, CHT, *CMS Support of Wound Care in Private Outpatient Therapy Clinics*

Dear Committee Members,

On behalf of BenchMark Rehab Partners, I would like to express intent to submit a Physician-Focused Payment Model for PTAC review on November 6<sup>th</sup>, 2017.

**Goals of the payment model:** CMS investment and support of private outpatient therapy clinics providing chronic wound care services to Medicare recipients will result in better communication between members of a patient's healthcare team, lower cost to provide care, and greater functional outcomes for the patient that extend beyond simple healing of the wound.

**Model overview, provider responsibilities, requests of CMS, and specific goals of the program:**

BenchMark Rehab Partners understands the powerful effect that physical and occupational therapists have in patients' lives. They have the skills, training, and knowledge necessary to return patients to full and independent functioning, which includes having the ability to manage chronic wounds, keep in constant contact with physicians as their patient's healing progresses, and aid the patient in regaining skills necessary for compensation during the active wound healing phase as well as restoration of skills once healing is complete.

We propose that we serve as a pilot institution for measuring the effectiveness of physical or occupational therapy intervention as the primary means of managing wounds in Medicare recipients. We will implement this program in wound care treatment centers in 20 facilities nationwide, in geographically dispersed areas. In doing so, BenchMark will:

- 1) Track functional outcomes of these patients with one of the following instruments:

- QuickDASH (Disabilities of the Arm, Shoulder, and Hand Questionnaire)
  - LEFS (Lower Extremity Functional Scale)
  - Pain Scale
  - Oswestry Disability Index
- 2) Track the total cost of each patient treatment, including wound care supplies
  - 3) Track the total time in treatment (duration of care)

In turn, we ask that we have special consideration for treating and tracking these patients, with the following conditions:

- 1) CMS will eliminate the Medicare cap and threshold exceptions/review process for these specially identified patients (tracked by ICD10 code).
- 2) CMS will allow for a billable charge per patient for wound care supplies. Based on studies tracking this cost, we recommend a one-time reimbursable charge per patient of \$250.
- 3) CMS will allow for the use and billing of the low cost skin substitutes and bioengineered dressings described in the codes C5271-C5278 and Q4100-Q4172 for the patients identified for this study.

We propose that this program run for a period of 2 years (January 1, 2018 to January 1, 2020) to create a sample size adequate for examination. BenchMark has in place the mechanisms to perform the tracking as noted above, as well as the specially trained clinicians, facilities, and supplies needed to initiate this program.

Our goal in establishing and managing this program is to:

- 1) Demonstrate the effectiveness of physical and occupational therapy in the healing of chronic wounds
- 2) Demonstrate the overall increase in functional outcomes experienced by patients with chronic wounds who are being primarily managed by physical and occupational therapists
- 3) Demonstrate the cost savings of utilizing physical and occupational therapists in outpatient, private settings versus traditional outpatient hospital-based wound care centers

**Expected Participants:** We expect to involve up to 10 physicians in each wound treatment location (200 total physicians).

**Timeline:** 2 years, January 1, 2018-December 31, 2020

Sincerely,

David Van Name, CEO  
BenchMark Rehab Partners

Krisi Probert, VP of Clinical Services  
BenchMark Rehab Partners

Steve McPherson, COO

BenchMark Rehab Partners