

**PAYMENT COMMITTEE REPORT
TO
LEGISLATIVE COMMITTEE AND APTAWA BOD
APRIL 21**

APTA and a broad coalition of national health care organizations are urging reforms to prior authorization and utilization review practices that delay or disrupt access to medically necessary therapy services. The coalition's newly released policy framework, "**Care Delayed Is Care Denied: A Therapy Consensus to Reform Prior Authorization**," outlines shared principles to improve transparency, reduce administrative burden, and ensure patients receive timely access to therapy services.

Developed by APTA, APTA Private Practice, and the American Occupational Therapy Association, and with support from a wide range of professional, patient advocacy, and rehabilitation organizations, the framework is intended to educate federal and state policymakers, payers, and utilization management organizations on reforms needed to reign in the abuse of prior authorization practices.

You can view the APTA press release and Consensus Document at APTA.org

Components should share this new publication with your members and utilize this new resource in payment advocacy aimed at state policymakers, commercial payers, state Medicaid programs, contract negotiations, and more.

Rehab Agency Survey and Certification

If you support any of Rehabilitation Agency or CORF providers in our state, this will be of interest to you: A PRA was published in the Federal Register this week for a new Information Collection - i.e. a new form.

<https://public-inspection.federalregister.gov/2026-07016.pdf>

For therapy providers, the key point is that CMS wants to let CORFs and Rehabilitation Agencies (referred to as OPT/SLP providers) submit a self-attestation form to confirm continued compliance with Medicare Conditions of Participation instead of undergoing the usual State Survey Agency recertification survey every 6 years. CMS says these providers would submit the form before the recertification due date, and a timely, properly completed form would be accepted by the applicable State Survey Agency for recertification purposes.

June 9 is when comments are due.

APTA collaborated with AOTA and ASHA to create guides that support members who want to participate in value-based payment models.

"**Value-Based Care: A Provider's Guide**" offers practical guidance to engage in value-based care models so PTs can feel confident navigating these conversations with payers.

"Value-Based Care: A Payer's Guide" provides key considerations for payers who are considering value-based models for therapy services. PTs can also consult the payer's guide to understand how therapy services are messaged to payers.

You can access the guides on the SPARC website.

APTA published a news article **“New Payment Resources Help PT’s Engage in and be paid for Value based Care”**

APTA PAYMENT ADVOCACY SUMMITT JULY 10-11 2026 PORTLAND OREGON

Engage. Collaborate. Advocate.

Payment Is Our Top Priority.

Gather with physical therapy leaders, member advocates, payment experts, and peers from across the country to share strategies and advocacy solutions to advance payment, reduce administrative burden and move the physical therapy profession forward.

SPARC

The American Physical Therapy Association, Academy of Orthopaedic Physical Therapy and APTA Private Practice are collaborating to bring you new materials to help you succeed with payer advocacy in your state. These resources are being provided as part of a joint initiative, the **State Payer Advocacy Resource Consortium (SPARC)**.

The work of the Payment Consortium encompasses everything from direct one-on-one aid for solo practices to overarching support to improve national payer policy. We have produced actionable resources to help you improve the bottom line of your practice and stand ready to assist members in reaching all your advocacy goals. Talk to your state chapter to get engaged in advocacy, or contact APTA Advocacy or APTA Private Practice to lend a helping hand with your advocacy efforts.

RESOURCES

1. The economic value of Physical Therapy in the United States
2. State Medicaid Payment Guide
3. Administrative Burden
4. Contracting Education and Resources
5. Denials and Appeals
6. MPPR
7. Value Based Care