Neurosurgeons Taking Action

Neurosurgeons Taking Action *is an E-newsletter from the American Association of Neurological Surgeons (**AANS**). The purpose of this E-publication is to provide you with timely updates on socio-economic and political issues facing neurosurgeons.* ***Neurosurgeons Taking Action*** *is sent out as news and events warrant your attention so that our members can stay on top of the issues that affect them.*

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Legislative Affairs

- **President Signs Bill to Avert Medicare Pay Cut; Delays ICD-10 for One Year**

On April 1, 2014, a 24 percent Medicare physician pay cut was averted when President Obama signed into law H.R. 4302, the "Protecting Access to Medicare Act of 2014." In addition to preventing the pay cut, the bill delays the implementation of ICD-10 diagnosis codes for at least one year until Oct. 1, 2015. When implemented, ICD-10 will have roughly 68,000 available codes in comparison to ICD-9, which has 13,000 codes.

The legislation includes other provisions of interest to neurosurgery, including:

- Extending the Centers for Medicare & Medicaid Services (CMS) "probe and educate" program for auditing hospital discharges related to CMS' two-midnight rule through the first six months of 2015, and suspending the Recovery Audit Contractors (RAC) post-payment audits under the policy through March 2015;
- Requiring the Government Accountability Office (GAO) to conduct an independent evaluation concerning the implementation of the Children's Hospital GME Program, outlining the number of hospitals receiving payments, amounts awarded, and how the hospital used the payments;
- Mandating the use of appropriate use criteria for ordering diagnostic imaging beginning in 2017;
- Requiring CMS to reduce "misvalued" procedures, cutting values representing 0.5 percent of total Medicare physician program expenditures each year from 2017-2020. Relative value reductions of 20 percent or more for existing codes will be phased-in over a two-year period; and
- Increasing the mandatory Medicare sequester cut amount in the first six months of 2024 from two to four percent.

The AANS and CNS are disappointed that Congress was not able to move forward bipartisan legislation to repeal and replace Medicare's sustainable growth rate (SGR) physician payment system. We will continue to press Congress to pass full SGR repeal this year.

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- **Emergency Medical Services for Children (EMSC) Reauthorization Bill Introduced**

On March 25, 2014, Reps. Jim Matheson (D-Utah) and Peter King (R-N.Y.) introduced H.R. 4290, the "Wakefield Act of 2014." A companion bill, S. 2154, was also introduced in the Senate by Sens. Bob Casey (D-Pa.) and Orrin Hatch (R-Utah). Both bills would reauthorize the Emergency Medical Services for Children (EMSC) program through fiscal year 2019. The EMSC program is celebrating its 30th anniversary, marking three decades of key improvements in the delivery of emergency medical services to children. Its mission is to

reduce child and youth morbidity and mortality by supporting improvements in the quality of all emergency medical and emergency surgical care children receive.

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- **HCLA Holds Annual Meeting; Discusses New Medical Liability Bills**

On March 25, 2014, the Health Coalition on Liability and Access (HCLA) held its annual member meeting in Washington, D.C. The program focused primarily on state and federal liability reform developments and featured the following speakers: Francis Brooke, health legislative assistant to Rep. Andy Barr (R-Ky.); Kristin Schleiter from the American Medical Association's Advocacy Resource Center; Caitlin Huey-Burns of RealClearPolitics; and Victor Christy from Californians Allied for Patient Protection.

Mr. Brooke spoke about H.R. 4106, the "Saving Lives, Saving Costs Act," which was introduced by Reps. Barr and Ami Bera, MD (D-Calif.). This legislation provides medical liability protections for physicians who adhere to certain clinical practice guidelines. Additional topics discussed at the meeting included an update on the 2014 political environment, legislative achievements at the state level, and the MICRA ballot initiative expected in California later this year.

During the business portion of the meeting, Katie O. Orrico, director of the AANS/CNS Washington Office, was re-elected as HCLA's vice-chair, and Alison Dye, the senior manager for communications in the AANS/CNS Washington Office, was appointed chair of HCLA's Communications Committee.

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- **AANS and CNS Unveil 2014 Legislative Agenda**

Earlier this year, the AANS and CNS released their 2014 legislative agenda, which includes items such as abolishing the Independent Payment Advisory Board (IPAB), alleviating the medical liability crisis, expanding support for quality resident training and education, and championing an improved Medicare reimbursement system. Neurosurgeons can read the full agenda by clicking here.

If you have questions about these or other legislative issues, please contact Katie Orrico, director of the AANS/CNS Washington Office at korrico@neurosurgery.org.

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NeurosurgeryPAC

- **NeurosurgeryPAC Fundraising Efforts Continue**

Following the 82nd AANS Annual Scientific Meeting, NeurosurgeryPAC has raised nearly $140,000 in contributions from our membership. Thank you, contributors! Since this is an election year, your political action committee is poised to play a significant role in identifying and supporting candidates who support organized neurosurgery's priority issues. However, we have a long way to go in order to reach our annual $250,000 goal, so we need your help! Please make your online contribution today by logging onto MyAANS.org.

Editor's Note: AANS members who are citizens of the United States and pay dues or have voting privileges may contribute to NeurosurgeryPAC, as may AANS candidate members. All contributions must be drawn on personal accounts and any corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Contributions are not tax-deductible. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of every individual whose contributions exceed $200 in a calendar year.

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- **NeurosurgeryPAC Supports Additional Candidates**

So far this year, NeurosurgeryPAC has made contributions to the following House candidates: Reps. Gus Bilirakis (R-Fla.); Charles Boustany, MD, (R-La.); Kevin Brady (R-Tex.); Larry Bucshon, MD (R-Ind.); Michael Burgess, MD (R-Tex.); Dave Camp (R-Mich.); Renee Ellmers (R-N.C.); Gene Green (D-Tex.); Brett Guthrie, (R-Ky.); Andy Harris, MD (R-Md.); Joe Heck, DO (R-Nev.); James Langevin (D-R.I.); Cathy McMorris-Rogers (R-Wash.); Tim Murphy (R-Penn); Joe Pitts (R-Penn.); Tom Price, MD, (R-Ga.); Phil Roe, MD (R-Tenn.); Hal Rogers (R-Ky.); Raul Ruiz, MD, (D-Calif.); Mike Simpson, DDS (R-Idaho); and Steve Stivers (R-Ohio).

In addition, NeurosurgeryPAC has contributed to Sens. Ron Wyden (D-Ore.); Sherrod Brown (D-Ohio); and Rep. Bill Cassidy, MD (R-La.), candidates for the U.S. Senate.

Click here for more information on the NeurosurgeryPAC, including the current complete list of donors, candidates receiving NeurosurgeryPAC support and to read more about your PAC in action. To see how the candidates stand on the issues, go to the AANS/CNS Legislative Action Center.

If you have questions about NeurosurgeryPAC, please contact Adrienne Roberts, senior manager for legislative affairs in the AANS/CNS Washington Office at aroberts@neurosurgery.org.

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Coding and Reimbursement

- **CMS Publishes Medicare Data on Physicians**

On April 9, 2014, the Centers for Medicare & Medicaid Services (CMS) released data on services and procedures provided by approximately 880,000 individual healthcare professionals. According to CMS, its intent in releasing the data is to improve transparency, affordability, and accountability in the healthcare system. The data is organized by National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) code, and whether the service was furnished in a facility or office setting (place of service). The data set includes:

- Name, NPI and address of each provider;
- Number of services, identified by CPT code;
- Average submitted charges and standard deviation in submitted charges;
- Average allowed amount and standard deviation in allowed amount;
- Average Medicare payment and standard deviation in Medicare payment; and
- Number of the unique beneficiaries treated.

In both the agency's blog post and its letter to the American Medical Association, CMS emphasized its commitment to beneficiary privacy. The data will not include any personally identifiable information about Medicare beneficiaries, and data will be redacted in cases where it includes fewer than 11 Medicare beneficiaries.

The AANS and CNS are concerned that the physician payment data could be misinterpreted. Because the data do not provide the context for the physicians' payments, patients, researchers, the media or others may draw inaccurate conclusions. Neurosurgeons are therefore encouraged to review their data for accuracy. Although the agency has informed the medical community that it will not initiate a process for addressing data errors, it is important for neurosurgeons to be able to explain the details behind to their claims data. While the CMS spreadsheets provide these details, the New York Times and Wall Street Journal have developed searchable databases that are more user-friendly.

Additional information can be found at CMS' Frequently Asked Questions page. Questions about the data can be submitted to CMS at MedicareProviderData@cms.hhs.gov.

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- **AANS and CNS Support Minimally Invasive Sacroiliac Joint Fusion Code**

At the February 2014 CPT Editorial Panel meeting, the AANS and CNS presented a proposal for a new Category I CPT code for minimally invasive sacroiliac joint fusion. The new code was approved and will go into effect on Jan. 1, 2015, replacing the current Category III code 0334T. CPT code 27280 will be revised to clarify that it is for open procedures only. In addition to the minimally invasive sacroiliac joint fusion code, the panel adopted a new Category I CPT code for two-level cervical total disc arthroplasty and new bundled vertebroplasty and kyphoplasty codes. A summary of the meeting is available to American Medical Association members by clicking here.

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- **Neurosurgery Co-sponsors Alliance Physician Roundtable on ICD-10;**

On March 21, 2014, the Alliance of Specialty Medicine sponsored a physician roundtable event focused on ICD-10 to educate key leaders in Washington, D.C. Kim Pollock, RN, MBA, CPC, a consultant with KarenZupko & Associates, Inc. and regular faculty member at AANS coding courses, was a featured speaker. Speakers from the Centers for Medicare & Medicaid Services (CMS) included Diane Kovach, director of the Provider Billing Group; and Denesecia Green, a senior health insurance specialist at the Office of e-Health Standards and Services. Kevin Larson, MD, medical director of meaningful use at the Office of the National Coordination for Health Information Technology (ONC), and health policy staff from the offices of Senator Tom Coburn, MD (R-Okla.) and Rep. Ted Poe (R-Tex.) rounded out the presenters.

On April 1, 2014, President Obama signed into law H.R. 4302, the "Protecting Access to Medicare Act of 2014," which delays the implementation of ICD-10 diagnosis codes for at least one year until Oct. 1, 2015. When implemented, ICD-10 will have roughly 68,000 available codes in comparison to ICD-9, which has 13,000 codes. For more information on ICD-10, click here.

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- **Neurosurgery Urges CMS to Revisit 90-day Grace Period for Paying Claims**

On March 5, 2014, the AANS and CNS joined the American Medical Association and more than 80 state and national medical specialty societies in sending a letter to the Centers for Medicare & Medicaid Services (CMS) expressing concern over the health insurance exchange 90-day grace period included in the Affordable Care Act (ACA).

Under the ACA, if a patient who receives an advance premium tax credit does

not pay his or her health insurance premiums in full, they will have a 90-day grace period to pay their insurance premiums. Patients who fall behind on their monthly premiums will still be able to keep their coverage for 90 days. During the first 30 days, insurers will be responsible for reimbursing claims for services provided to the patient. But during the final 60 days, insurers may deny claims, and physicians will be responsible for collecting payments directly from patients. The letter urges CMS to revisit this policy and ensure that physician claims are paid in the second and third months. Additional information on this topic is available by clicking here.

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- **Current Options for Charging Medicare Patients**

The Kaiser Family Foundation has published a new issue brief entitled, "Paying a Visit to the Doctor: Current Financial Protections for Medicare Patients When Receiving Physician Services." The document includes a brief tutorial on the various Medicare participation options, including balanced billing and private contracting. Not surprisingly, less than one percent of all physicians opt-out and privately contract with Medicare beneficiaries. Additionally, the number of physicians who are availing themselves of the balance billing option has also significantly declined over the years. Assigned claims now account for 99 percent of Medicare payments, up from 51 percent in 1983.

If you have any questions regarding this or other reimbursement issues, please contact Cathy Hill, AANS/CNS Senior Manager for Regulatory Affairs, at chill@neurosurgery.org.

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Quality Improvement

- **Additional Meaningful Use Hardship Exception Available to Physicians**

The Centers for Medicare & Medicaid Services recently announced there will be an additional hardship exception available to physicians to avoid a financial penalty under the EHR Incentive Program. The exception applies to those who have not received or were unable to implement updated 2014 certified software. Some physicians, such as those new to Medicare or those in certain specialties, are exempt from the penalty and do not need to apply for a hardship in 2014. To review the hardship exemptions now available, click here.

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- **Neurosurgical Practices Can Now Register for Group Practice Reporting Option for 2014 PQRS Participation**

Neurosurgeons who wish to participate in the 2014 Physician Quality Reporting System (PQRS) program as a group practice can now register for the group practice reporting option (GPRO). When your group is ready to register, you will need to access the PV-PQRS Registration System, using a valid Individuals Authorized Access to the CMS Computer Services (IACS) User ID and password to choose your group's reporting mechanism. The registration system will be open from April 1, 2014, to Sept. 30, 2014, for the 2014 PQRS program. Group practices participating in the GPRO that satisfactorily report data on PQRS measures during the 2014 reporting period (Jan. 1- Dec. 31, 2014) are eligible to earn a 0.5 percent incentive payment and will avoid the two percent 2016 PQRS penalty. Additional information about the 2014 GPRO registration is available on the CMS website by clicking here.

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- **New Report Shows Significant Increases in PQRS and eRx Program Participation in 2012**

The Centers for Medicare & Medicaid Services (CMS) recently released the 2012 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Experience Report, highlighting a significant increase in participation in both the PQRS and eRx programs. According to the results in brief, overall participation in 2012 increased by 26 percent from 2011.

The following information pertinent to neurosurgery is included in the 2012 report:

- 1,632 neurosurgeons received a PQRS incentive payment;
- PQRS incentive payments totaling $1,117,878 went to neurosurgeons;
- The median and mean PQRS incentive payments per neurosurgeon were $557 and $685, respectively. This compares to $295 and $548 for all physicians;
- eRx payments totaling $1,080,659 went to neurosurgeons; and
- The median and mean eRx incentive payments per neurosurgeon were $1,248 and $1,539, respectively. This compares to $1,021 and $1,632 for all physicians.

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- **Review Your 2013 PQRS Interim Claims Feedback Data**

Neurosurgeons who reported at least one Physician Quality Reporting System (PQRS) quality measure in 2013 via claims-based reporting can now view the entire calendar year (first through fourth quarter) of data using the 2013 PQRS Interim Feedback Dashboard. If you reported individual measures or measures group(s), the dashboard will display your summary data by Taxpayer Identification Number (TIN) or individual detail by your National Provider Identifier (NPI). The Dashboard data allows you to monitor the status of your claims-based measures and measures group reporting to see where you are in meeting the PQRS reporting requirements.

The Dashboard is available through the Physician and Other Health Care Professionals Quality Reporting Portal, with Individual Authorized Access to the CMS Computer System (IACS) sign-in.

If you have any questions regarding this or other quality-related issues, please contact Rachel Groman, Vice President for Clinical Affairs and Quality Improvement at Hart Health Strategies, via email at rgroman@hhs.com.

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Of Note

- **AANS-CNS Issue Position Statement on Team-based Care**

The AANS and CNS recently released a position statement on team-based care in neurosurgery. The document reviews the team-based approach in neurosurgery and identifies the important role of advanced practice providers in neurosurgical patient care. As reflected in the statement, "Optimal patient care and safety are best achieved when surgical disease affecting the nervous system is managed by neurological surgeons. Neurosurgeon-led, team-based neurosurgical care is a safe and viable method of care delivery and is a high-quality response to neurosurgical workforce needs." In addition, after adequate training, oversight and credentialing, certain neurological procedures can be performed by neurosurgical mid-level providers, but "neurological procedures should not be performed by independent practitioners outside of the specialty."

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- **HHS Secretary Kathleen Sebelius Resigns**

On April 11, 2014, Department of Health & Human Services (HHS) Secretary Kathleen Sebelius announced she is resigning, ending a five-year tenure plagued by the marred rollout of the Affordable Care Act. President Obama accepted Sebelius' resignation, nominating Sylvia Mathews Burwell, the current director of the Office of Management and Budget, to take her place.

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- **NIH Opens John Edward Porter Neuroscience Research Center**

The National Institutes of Health (NIH) opened a new state-of-the-art research facility that will foster new collaborations among scientists studying the brain. This facility will bring together neuroscientists from 10 institutes and centers across the NIH in an effort to spur new advances in our understanding of the nervous system in health and disease. The building is named after former congressman John Edward Porter. Porter was a member of the House Appropriations Committee, chair of the subcommittee that funded NIH, and a devoted supporter of biomedical research and the NIH mission. He served in the House for more than 20 years, representing Illinois' 10th congressional district.

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Communications

- **AANS/CNS Sponsor Ad to Repeal Medical Device Tax**

In April, the AANS and CNS joined AdvaMed in sponsoring an advertisement in Politico, urging Congress to repeal the medical device excise tax, which was included in the Affordable Care Act. Repealing this tax is a top legislative priority for organized neurosurgery, as we believe it will adversely affect medical innovation.

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- **Subscribe to Neurosurgery Blog Today!**

Over the past few months, Neurosurgery Blog has ramped up its reporting efforts to include multiple guest blog posts from key thought leaders and members of the neurosurgical community. Listed below are some of the latest posts on the SGR, concussions, Consumer Reports and healthcare reform in general.

- Neurosurgeons: Upfront on Concussions'
- House Passes Bill to Repeal the SGR; Attention Now Turns to the Senate
- New Study Shows ICD-10 Implementation Costs to Be Significantly Higher
- Consumer Reports for Surgical Care: Buyer Beware!
- Trauma Legislation Passed by House Committee

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms, so you can keep up with the many health-policy activities happening in the nation's capital and beyond the Beltway.

- Neurosurgery Blog: More Than Just Brain Surgery

- Neurosurgery's Twitter Feed: @Neurosurgery
- Neurosurgery's Facebook Page
- Neurosurgery's LinkedIn Group

If you are interested in these communications activities, please contact Alison Dye, AANS/CNS Senior Manager of Communications, at adye@neurosurgery.org.

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Questions or comments? Please contact Katie Orrico at 202-446-2024 or korrico@neurosurgery.org.