



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

- **Push for Medical Liability Reform Continues**

The U.S. House of Representatives continues to explore additional strategies for moving federal medical liability reform legislation forward. On April 25, 2012, both the House Judiciary and House Energy and Commerce Committees passed versions of medical liability reform as part of the budget reconciliation process. The Judiciary Committee voted 16-14 to approve the version of the [HEALTH Act](#) (H.R. 5), which was passed by the full House last month. Meanwhile, the Energy and Commerce Committee voted 29-22 to approve the version of the [HEALTH Act](#) which that same committee passed last year. In both cases, all efforts to amend the bills were defeated. The AANS and CNS continue to work with the [Health Coalition on Liability and Access](#) (HCLA) on medical liability efforts and recently sent a letter to Judiciary Committee Chairman Lamar Smith (R-TX-21) expressing support for using H.R. 5 as part of the reconciliation process. According to the [Congressional Budget Office](#) (CBO), these medical liability reforms will save the federal government \$48.6 billion.

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- **2012 Medicare Trustees Report Released**

The 2012 Medicare trustees report has been released and shows a bleak picture for the program's future. The trustees are projecting that the Medicare trust fund will be exhausted in 2024, the same year they projected last year. If Congress passes legislation preventing the 32 percent Medicare physician pay cut, the situation is even worse. The AANS and CNS continue to advocate that comprehensive reform measures are necessary to modernize the program address Medicare's rising costs. To read the full report, [click here](#).

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Grassroots Action Alert

- **Join the Alliance of Specialty Medicine for the Annual Capitol Hill Advocacy Conference**

In July, the [Alliance for Specialty Medicine](#) will host its annual Capitol Hill advocacy conference. This two-day event will feature informative speakers,

events with Members of Congress and an opportunity for neurosurgeons to meet with their own elected officials. The conference will begin on the evening of Monday, July 9, 2012, and conclude the afternoon of July 11, 2012. If you are interested in attending, please contact Katie Orrico, director of the Washington Office, at korrico@neurosurgery.org.

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NeurosurgeryPAC

■ NeurosurgeryPAC Meets at AANS Annual Meeting

Last month, at the 80th AANS Annual Scientific Meeting in Miami, the NeurosurgeryPAC Board met and approved PAC contributions for the following candidates running for the U.S. Senate and House of Representatives: Senate — Rep. **Rick Berg** (R-ND), **Jon Bruning** (R-NE), Rep. **Jeff Flake** (R-AZ), Gov. **Linda Lingle** (R-HI) and Rep. **Connie Mack** (R-FL); and House — **Andy Barr** (R-KY-6), **Steve Daines** (R-MT-AL), **Richard Hudson** (R-NC-8), **John McGoff** (R-IN-5) and **David Rouzer** (R-NC-7). In addition to this order of business, two new PAC Board members were announced to fill current vacancies: **Shelly Timmons**, MD, PhD, FAANS; and **Andrew Wakefield**, MD, FAANS. Lastly, in an effort to strengthen NeurosurgeryPAC, the PAC Board introduced a new travel PAC information display, which can be sent directly to State Society meetings. Let us know if your state neurosurgical society would like to display information about what your political action committee is doing! The display, PAC donation envelopes and other information will be sent to you at no cost.

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■ NeurosurgeryPAC Meets with Additional Candidates

NeurosurgeryPAC is participating in a number of candidate fundraisers for the following individuals: Speaker of the House **John Boehner** (R-OH-8), Rep. **Joe Heck**, MD (R-NV-3), Rep. **Steve Stivers** (R-OH-15), Rep. **Tom Price**, MD (R-GA-6), House Majority Whip **Kevin McCarthy** (R-CA-22), Rep. **Charlie Dent** (R-PA-15), Rep. **Brett Guthrie** (R-KY-2), Rep. **Trey Gowdy** (R-SC-4) and Rep. **Mike Rogers** (R-MI-6).

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■ Donate to NeurosurgeryPAC

NeurosurgeryPAC's 2012 fundraising cycle is well underway, and as of April 25, 2012, your PAC has raised a total of \$180,250. Thank you, contributors! Although we are closing in, we still have a ways to go before we meet our \$250,000 fundraising goal. It is an important election year, so NeurosurgeryPAC will need to have maximum resources to make a difference in November. Please donate to the PAC so we can continue to make progress on advocacy issues such as repealing the Independent Payment Advisory Board (IPAB), adopting federal medical liability reform and preventing a 32 percent Medicare pay cut! Contributing is easy with our [new online donation option](#) at MyAANS.org. Once logged in, click on the "Donation" tab on the left-hand side, and then click on NeurosurgeryPAC. [Click here](#) for more information on the NeurosurgeryPAC, and [read more](#) about your NeurosurgeryPAC in action. Thanks to all those who have [contributed](#) to NeurosurgeryPAC.

Editor's Note: All contributions to NeurosurgeryPAC must be drawn on personal accounts. Contributions are not tax-deductible. AANS members who are

citizens of the U.S. and pay dues or have voting privileges may contribute to NeurosurgeryPAC. All corporate contributions to NeurosurgeryPAC will be used for administrative expenses and other activities permissible under federal law. Federal law requires NeurosurgeryPAC to use its best efforts to collect and report the name, mailing address, occupation, and employer name of every individual whose contributions exceed \$200 in a calendar year.

If you have questions about how you can get more involved with NeurosurgeryPAC, or if you would like to display the travel PAC display, contact Adrienne Roberts in the Washington Office at aroberts@neurosurgery.org.

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Coding and Reimbursement

■ AANS and CNS Continue Advocacy on Local Reimbursement Policies

The AANS and CNS continue to encourage third-party payers to implement appropriate coverage policies for a wide variety of neurosurgical procedures. Most recently, we sent comments to Blue Cross-Blue Shield of Michigan (BCBSM) and the Washington State Health Care Authority. In our [letter to BCBSM](#), we disagreed with the insurance company's determination that certain techniques for minimally invasive lumbar interbody fusion are experimental and investigational. Rather, our letter stated "that minimally invasive lateral interbody fusion (e.g., XLIF, DLIF) with direct visualization is a medically necessary option in appropriate patients with medical indications as determined by their treating physician." Special thanks to **Daniel J. Hoh**, MD; **Beejal Amin**, MD; **Joseph Cheng** MD, MS, FAANS; and others for putting this letter together.

Our [letter](#) to the Washington State Health Care Authority objected to the proposed coverage limits for BMP. The Health Technology Clinical Committee (HTCC) voted to not cover rhBMP-7 and to cover rhBMP-2 with conditions. The conditions for coverage of rhBMP-2 include: use in the lumbar spine only, use in adults 18 years or older for primary anterior open or laparoscopic fusion at one level between L4 and S1 or for revision lumbar fusion on a compromised patient for whom autologous bone and bone marrow harvest are not feasible or not expected to result in fusion. In our comments, we stated that "we believe rhBMPs are a comparably safe and effective bone graft alternative appropriate in patients with medical indications as determined by their treating surgeon." **John Ratliff**, MD, FAANS, FACS; **Trent Tredway**, MD, FAANS; and Dr. **Joseph Cheng**, drafted the AANS/CNS comment letter and presented neurosurgery's position at a public hearing on this topic earlier this year.

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■ CMS Announces One-Year Delay of ICD-10 Coding System

On April 9, 2012, the Center for Medicare and Medicaid Services (CMS) [announced](#) a one-year delay for physicians to comply with the new ICD-10 diagnoses codes. The new deadline is Oct. 1, 2014. The AANS and CNS, along with other medical organizations, have repeatedly pointed out that the initial implementation deadline was not viable for many physicians, and we therefore support this delay. The one-year delay is proposed as part of a larger rule related to administration simplification provisions in the Patient Protection and Affordable Care Act (PPACA). The regulation can be viewed online by clicking [here](#).

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- **Medicare Issues Rules for Reporting and Returning Overpayments**

On Feb. 13, 2012, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule entitled [Reporting and Returning of Overpayments](#), sometimes referred to as the "60-Day Refund Rule." The Patient Protection and Affordable Care Act (PPACA) included provisions requiring all Medicare and Medicaid participating providers and suppliers to report and refund known overpayments by 60 days from the date the overpayment is "identified." The provisions have been in place since March 2010, but the proposed rule provides the CMS interpretation of the law. Of particular concern is the CMS proposal to allow a 10-year "look back" period, subjecting providers to potential penalties under the False Claims Act if the agency determined that they knowingly failed to return an overpayment during the previous ten years. The AANS and CNS joined other specialty societies in urging CMS not to expand upon the requirements of the law, to reduce the proposed 10-year "look back" period to three years, and to clarify the requirement that providers have to actively look for overpayments. Read the full AANS and CNS letter to CMS [here](#).

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- **AMA Webinars on New Physician Payment Policies**

The America Medical Association (AMA) has archived a number of online webinars to educate physicians about new payment systems designed to replace fee-for-service payment. The webinars are based on AMA's "Evaluating and negotiating emerging payment options" manual. Subjects include advice on a range of issues such as payment bundling, pay-for-performance, withhold and risk pools, capitation and shared savings. To access the aforementioned webinars [click here](#).

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Quality Improvement

- **CMS Releases Pilot Physician Resource Use Reports to Select States**

The Centers for Medicare & Medicaid Services (CMS) recently released resource use reports to 20,000 physicians in Iowa, Kansas, Missouri and Nebraska. The reports provide individual physicians with their patients' average healthcare costs and quality of care. They also show cost and quality comparisons with other physicians based on administrative claims measures and Physicians Quality Reporting System (PQRS) measures. The reports are part of the Physician Value-Based Payment Modifier program mandated by the Patient Protection and Affordable Care Act (PPACA), and Medicare payments made in 2015 will reflect the value adjustments based on care provided in 2013. By 2017, the program is expected to include most Medicare participating physicians.

Organized neurosurgery is interested in reviewing these reports, and if problems exist, we will work with CMS to make the reports more transparent and valid. If you have downloaded a report or received a request to obtain a report, please contact Koryn Rubin, AANS/CNS Senior Manager of Quality Improvement, at krubin@neurosurgery.org.

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■ CMS Now Accepting Electronic Prescribing Hardship Exemption Requests for 2013

In 2009, the Centers for Medicare & Medicaid Services (CMS) implemented the Electronic Prescribing (eRx) Incentive Program, a program that now uses payment penalties to encourage the use of qualified electronic prescribing systems. Neurosurgeons that do not comply with the e-RX requirements face a 1.5 percent payment cut on their Medicare Part B services provided Jan. 1, 2013, through Dec. 31, 2013. To avoid the 2013 eRx payment adjustment, neurosurgeons would have had to have been a successful electronic prescriber in 2011 or will need to report the G8553 code via claims for at least 10 billable Medicare Part B services provided Jan. 1, 2012, through June 30, 2012. Note that some neurosurgeons may qualify for one of the hardship exemptions, thereby avoiding the payment penalty. Physicians requesting a hardship exemption must do so through the [Quality Reporting Communication Support Page](#) before June 30, 2012. Please remember that CMS will review these requests on a case-by-case basis and all decisions on significant hardship exemption requests will be final.

More information about Medicare's ePrescribing program is available on the [CMS website](#). For questions, please contact Koryn Rubin, AANS/CNS Senior Manager for Quality Improvement, at krubin@neurosurgery.org.

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■ Neurosurgery Urges CMS to Revise Payment Penalty Timelines

The AANS and CNS joined the American Medical Association (AMA) and others in sending a [letter](#) asking the Center for Medicare and Medicaid Services (CMS) to re-evaluate certain financial and regulatory timelines. The letter to the CMS Administrator highlighted our concerns about the budget-neutral value based payment modifier, e-prescribing penalties, Physicians Quality Reporting System (PQRS) penalties, electronic health record (EHR) incentive program and ICD-10 transition. The letter also urged CMS to use its discretionary authority provided by Congress under these programs and criticized CMS for back-date reporting requirements under the e-prescribing, EHR incentive program, and PQRS. The CMS proposals will penalize physicians based on activity that occurred prior to the year of the penalty specified by law. Furthermore, the letter emphasized that CMS needs to establish exemption categories to protect physicians facing hardship from penalties and provide a "strong appeals process" for all penalty programs.

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Academic Medical Issues

■ IOM to Study Current GME System

Responding to calls for broad reform of the current graduate medical education (GME) system, the [Institute of Medicine \(IOM\)](#) has been commissioned to conduct a [study of the current GME](#) system. The study is expected to begin on June 1, 2012. In its notice about the study, the IOM noted that there are an "array of challenges to the governance and financing of GME in the 21st century." These include, among others, a rapidly aging and increasingly diverse patient population; underserved rural and urban populations; an urgent need for a more cost-effective healthcare system; innovations in healthcare delivery; and impacts of GME on state-level policies and GME in state institutions.

An IOM committee will: (1) assess current regulation, financing, content, governance, and organization of U.S. GME and (2) recommend how to modify

GME to produce a physician workforce for a 21st century U.S. healthcare system that provides high-quality preventive, acute, and chronic care, and meets the needs of an aging and more diverse population. A public meeting will be held in late summer/early fall of 2012 to solicit and consider public input on future directions in GME. Further details on this meeting and how to participate will be posted on this website in July/August.

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Of Note

- **Neurosurgeon Appointed to NQF Neurology Endorsement Maintenance Project**

The AANS and CNS would like to congratulate **Michael G. Kaplitt**, MD, PhD, FAANS, for his recent appointment to the [National Quality Forum](#) (NQF) Neurology Steering Project Committee. The project will identify and endorse new performance measures for accountability and quality improvement that specifically addresses neurological conditions. Additionally, 26 neurology consensus standards endorsed by NQF before 2010 will be evaluated under the maintenance process. Organized neurosurgery is confident Dr. Kaplitt will represent us well during committee's deliberations.

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- **Neurosurgical Resident Named to AMA Council on Legislation**

Maya Babu, MD, MBA, a neurosurgical resident at the Mayo Clinic, recently was appointed by the American Medical Association's (AMA) Board of Trustees to serve as the resident member of the AMA's Council on Legislation (COL). The COL is the advisory body to the AMA Board on state and federal legislative issues, and plays a critical role in the development and application of AMA policies in the legislative environment. Congratulations, Dr. Babu!

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Communications

- **Give Our Online Advocacy a Boost: Follow @Neurosurgery on Twitter**

Since March, 2012, the AANS/CNS Washington Office Twitter handle, [@Neurosurgery](#), has reached more than 350,000 individuals on Twitter and garnered more than 200 followers. Some of our key followers include: Rep. **Charlie Dent** (R-PA-15); Rep. **Phil Gingrey**, MD (R-GA-11); former AMA President **Donald Palmisano**, MD; and the **National Center for Policy Analysis**. This outlet allows the AANS/CNS Washington Office to communicate health legislative updates, policy positions and provide links to positive stories about neurosurgery. By entering the Twittersphere, organized neurosurgery is able to actively engage in policy debates by reaching key Members of Congress, the media, other advocates and the general public to promote our advocacy message. We encourage you to follow [@Neurosurgery](#) and look forward to connecting with you online. As always, we welcome your content ideas and contributions. 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.**

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