



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

■ Efforts to Finalize SGR Repeal Bill Continue

Leaders from the three key congressional committees working on legislation to repeal and replace Medicare's sustainable growth rate (SGR) physician payment formula continue to make progress on a final proposal. Lawmakers are hoping to have a final bipartisan, bicameral deal (or at least a final framework) completed before Senate Finance Committee chair Max Baucus (D-Mont.) leaves his post to serve as the new U.S. Ambassador to China. On Jan. 17, 2014, the Finance Committee released a [report](#) outlining the details of the bill it passed out of committee in December.

Finding a bipartisan way to pay for the repeal package remains a potential challenge as the cost of repeal and replacement is no small matter. The [Congressional Budget Office](#) (CBO) recently estimated that the [Senate Finance Committee's](#) SGR repeal bill will cost \$150.4 billion over 10 years. The two House SGR measures, passed by the [Ways and Means Committee](#) and the [Energy and Commerce Committee](#), are estimated to cost [\\$121 billion and \\$146 billion](#), respectively.

The AANS and CNS continue to actively press for the adoption of SGR legislation that contains our principles for reform. To this end, on Jan. 21, 2014, the AANS and CNS, working with the [Alliance of Specialty Medicine](#), sent a [letter](#) to the entire Congress outlining these principles. In addition, the Washington Office staff has met with all the key House and Senate leadership and members who serve on the Senate Finance, House Energy and Commerce, and Ways and Means Committees.

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■ Omnibus Appropriations Bill Passed and Signed by President Obama

On Jan. 17, 2014, President Obama signed a \$1.1 trillion omnibus spending package to fund federal agencies until the end of the current fiscal year on Sept. 30, 2014. The measure, which encapsulates all 12 of the annual appropriations measures for federal departments, results in a 2.6-percent increase in discretionary spending from the \$986.3 billion sequester-set level of Fiscal Year (FY) 2013. Prior to the proposed measure, spending had been set to fall again to \$967 billion per the sequester, but the plan adheres to the new caps on defense spending (\$520.5 billion) and domestic discretionary spending (\$491.8 billion) set by last month's House-Senate budget deal.

The omnibus allocates \$156.8 billion in discretionary funding to the Labor-HHS-Education bill — \$100 million less than the amount enacted in FY 2013 — and staves off further cuts to various departments, including the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC).

More specifically, the NIH would receive \$29.9 billion for FY 2014, a bump of \$1 billion from 2013 levels. However, this funding falls short of fully restoring NIH funding to pre-sequester level. The CDC would receive \$6.9 billion, \$567 million more than the FY 2013 program level, and the FDA would get almost \$2.6 billion, an increase of \$91 million from last year's enacted level. In addition, the bill would provide no new funding for the implementation of the [Affordable Care Act](#) (ACA). The proposal also cuts \$10 million from the budget for the Independent Payment Advisory Board (IPAB), one of the most contentious provisions in the healthcare law.

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

NeurosurgeryPAC

■ NeurosurgeryPAC Posts Final Fundraising Numbers for 2013

NeurosurgeryPAC's finished 2013 with donations from 288 neurosurgeons, representing eight percent of eligible neurosurgeons. As of Dec. 31, 2013, NeurosurgeryPAC has raised a total of \$223,578. Unfortunately, we fell short of our \$250,000 fundraising goal for 2013. In 2013, NeurosurgeryPAC contributed over \$240,000 to 61 individual re-election campaigns and six leadership/party PACs. Thanks to all our contributors!

NeurosurgeryPAC renewal statements were mailed out the week of Jan. 20, 2014. Please keep an eye out for these statements and send in your contributions early to ensure the PAC has the funds to support members of Congress and candidates who support neurosurgery. As always, you can contribute using our online donation option by logging onto MyAANS.org.

[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.

If you have questions about how you can get more involved, please contact Adrienne Roberts in the Washington Office at aroberts@neurosurgery.org.

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 United States 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.

Coding and Reimbursement

■ Please Let Us Know of Any Problems You Are Having With Exchange Plans

Starting on Jan. 1, 2014, health insurance selected on the state and federal health insurance exchanges, also known as the Health Insurance Marketplace, went into effect. While there have been widespread reports about the problems plaguing the Healthcare.gov website, scant information is available about how these new plans are working for providers. The AANS/CNS Washington Office is compiling feedback from neurosurgeons who are treating patients with exchange-based health insurance to better gauge the effects of these plans on neurosurgical practice.

If you are having problems or issues with specific health plans that are being sold on the exchanges, the Centers for Medicare & Medicaid Services (CMS) wants hear about them so the agency can work to fix them. Please provide any specific implementation problem that arises with these plans, including the name of the plan, the state in which it is located, and as many other details as possible, to Katie Orrico, director of the AANS/CNS Washington Office at korrigo@neurosurgery.org. We will compile these and advocate with CMS to get the problems resolved.

■ CMS Issues ICD-10 Education Video

The [Centers for Medicare & Medicaid Services](#) (CMS) continues to move ahead with an Oct. 1, 2014, implementation date for conversion to ICD-10. Although we are still advocating that Medicare scrap this new coding system, we recognize that it is imperative that neurosurgeons are nevertheless prepared for the change — particularly since significant disruption to claims processing is almost certain and the agency will not provide any transition period. CMS has released a new [MLN Connects™ video on ICD-10 Coding Basics](#), in which Sue Bowman from the American Health Information Management Association (AHIMA) provides a general introduction to ICD-10 coding.

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■ CMS Issues Final Non-Coverage Decision for PILD

On Jan. 9, 2014, the [Centers for Medicare and Medicaid Services](#) (CMS) issued a [final decision](#) not to cover percutaneous image-guided lumbar decompression (PILD) for lumbar spinal stenosis (LSS). CMS has determined that PILD is not reasonable and necessary and Medicare will only pay for it when provided in a clinical study under certain conditions through its Medicare Coverage with Evidence Development (CED) policy. As previously reported, on Nov. 11, 2013, the AANS, CNS and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves sent a [letter](#) opposing coverage, stating, "overall our field of neurosurgery has not embraced the use of this procedure due to concerns regarding its effectiveness as compared to our current surgical options." The letter further notes that the "present literature...is of low quality and demonstrates that this technique is not indicated in patients with a significant element of bony stenosis, lateral recess stenosis, or foraminal stenosis."

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■ CMS Changes Policy for Releasing Physician Specific Data

On Jan. 17, 2014, the [Centers for Medicare and Medicaid Services](#) (CMS) issued a [notice](#) in the Federal Register setting forth a new policy regarding requests made under the Freedom of Information Act (FOIA) for information on amounts paid to individual physicians under the Medicare program. The change comes following a May 2013 ruling by U.S. District Judge Marcia Morales Howard in Jacksonville, Fla., dissolving a 1979 federal injunction that had barred the release of Medicare payment data identifying specific physicians on the grounds that physicians' privacy concerns no longer outweighed the public interest in releasing the data. As a result, CMS proposes to make a case-by-case determination as to whether an exemption from FOIA applies to a given request. The new rule takes effect on March 18, 2014. The AANS and CNS have not supported the public release of this information in its raw form. Without context, claims data will do nothing to help answer questions related to quality, cost, and fraud and abuse.

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

■ REMINDER: Neurosurgeons Must Attest by Feb. 28, 2014, to Receive 2013 EHR Incentive Payments or Avoid Penalties

The last day neurosurgeons can register and [attest](#) to demonstrating

meaningful use for the 2013 [Medicare EHR Incentive Program](#) is Feb. 28, 2014, by 11:50 p.m. Eastern Standard Time. You must attest to demonstrating meaningful use every year to receive an incentive or avoid a penalty. Neurosurgeons participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information. Payment adjustments will be applied beginning Jan. 1, 2015, to Medicare participants that have not successfully demonstrated meaningful use. The adjustment is determined based on the reporting period in a prior year. Neurosurgeons are encouraged to plan ahead and review all of the important dates for the [EHR Incentive Programs on the HIT Timeline](#). For more information, see the [payment adjustment tip sheet](#).

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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Emergency-Trauma Care

■ Emergency Docs Give America's Emergency Care a D+

A new [report card](#) from the American [College of Emergency Physicians](#) (ACEP) is sharply critical of emergency care in the U.S., giving it an overall grade of D+. This grade is down from a C+ in 2009. The overall grade was based on scores in several categories, including access to emergency care, which made up 30 percent of the total score and included access to treatment, providers and specialists (including neurosurgeons), hospital capacity and financial obstacles. Alex Rosenau, DO, president of ACEP, explained that the lower grade in 2014 reflects a misguided focus on cutting funding and resources for emergency departments because of the popular but erroneous view that emergency care is expensive, even though it represents less than five percent of overall U.S. healthcare expenditures.

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Communications

■ Connect with Neurosurgery's Social Media Platforms

The AANS/CNS Washington Office continues to expand communication efforts both with external audiences and with neurosurgeons to better inform them of key health-policy activities taking place in our nation's capital. Whether you are reading the Washington Office's [Neurosurgery Blog](#), or engaging with us on our various social media outlets, you can always keep the pulse on what's happening in Washington, D.C. In recent weeks, we have focused on a variety of topics, including the SGR, Independent Payment Advisory Board (IPAB), and health reform in general. We look forward to connecting with you online, and welcome your content ideas and contributions.

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

- [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.

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

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