



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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Neurosurgeons Taking Action News

Legislative Affairs

AANS and CNS Release 2015 Legislative Agenda

On Jan. 26, 2015, the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) released their 2015 legislative agenda. Priorities include abolishing the Independent Payment Advisory Board (IPAB); expanding support for graduate medical education funding; championing an improved Medicare reimbursement system; and alleviating the medical liability crisis. Neurosurgeons can read the full agenda by [clicking here](#).

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AANS and CNS Endorse IPAB Repeal Legislation

On Jan. 22, 2015, the AANS and CNS, along with 25 medical organizations, [endorsed](#) the "Protecting Seniors' Access to Medicare Act." Introduced by Sen. **John Cornyn** (R-Texas), [S. 141](#), currently with 35 cosponsors, would repeal the Independent Payment Advisory Board (IPAB). The IPAB was created by the [Affordable Care Act](#) and is a government board whose primary purpose is to cut Medicare spending. Reps. **Phil Roe** (R-Tenn.) and **Linda Sánchez** (D-Calif.) are expected to introduce the companion bill in the House in the next few weeks. Repealing the IPAB is one of organized neurosurgery's top legislative priorities, and the AANS and CNS are leading a coalition of medical organizations — representing 450,000 physicians — focused on repealing this unelected and largely unaccountable board.

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Medical Device Tax Repeal Bill Reintroduced in House and Senate

In January 2015, Rep. **Erik Paulsen** (R-Minn.) reintroduced legislation to repeal the [Affordable Care Act's](#) medical device tax — a 2.3-percent excise tax that applies to the gross sales of medical device products. Currently, H.R. 160, the "[Protect Medical Innovation Act](#)," has bipartisan support with 272 cosponsors. On the other side of Capitol Hill, Senate Finance Chairman **Orrin Hatch** (R-Utah), along with Sen. **Amy Klobachar** (D-Minn.), introduced the Senate companion bill, S. 149, the "[Medical Device Access and Innovation Protection Act](#)." The bill has 28 cosponsors. According to a recent [study](#) published by the [Advanced Medical Technology Association](#) (AdvaMed), as many as 195,000 jobs may be lost due to the tax, either through layoffs or forgone jobs that would have been created. Repealing the medical device tax is one of organized neurosurgery's top legislative priorities, and the AANS and CNS recently joined more than 900 organizations on a [letter to Congress](#) urging repeal.

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Neurosurgery Joins Alliance in Sending Comments to NAIC Regarding Network Issues

On Jan. 10, 2015, the AANS and CNS partnered with the [Alliance of Specialty Medicine](#) in submitting [comments](#) to the [National Association of Insurance Commissioners](#) (NAIC) providing input on the regulations governing network

adequacy in the health insurance exchange plans. In our letter, we encourage additional state regulations to guarantee that provider networks include specialists so patients are not denied access or subjected to exorbitant out-of-pocket costs when attempting to obtain the care they need. Organized neurosurgery will continue to work with the NAIC as it works to finalize model state regulations designed to address these issues.

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

Time to Join NeurosurgeryPAC!

NeurosurgeryPAC renewal statements were mailed out on Jan. 23, 2015. Please keep an eye out for these statements and send in your contributions early to ensure the PAC has the necessary funds to back members of Congress and other candidates who support neurosurgery. As always, you can always contribute using our online donation option by logging onto [MyAANS](#).

[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.

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.

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 Issues Medicare Provider Enrollment Final Rule

On Dec. 5, 2014, the [Centers for Medicare & Medicaid Services](#) (CMS) issued a [final rule](#) that will strengthen CMS' ability to deny or revoke the Medicare enrollment of providers with a "pattern or practice of submitting claims that fail to meet Medicare requirements." These regulations became effective on Feb. 3, 2015. Specifically, the final rule enhances CMS'ability to deny re-enrollment to providers who terminate their enrollment (voluntarily or involuntarily) with outstanding Medicare debt; are convicted of a federal or state felony offense within the preceding 10 years; or who have repeatedly submitted claims that fail to meet Medicare requirements. To review a detailed summary of the final rule prepared by Hart Health Strategies, [click here](#).

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AANS, CNS and WSANS Respond to Proposed Review of Neuro-oncology Technology

On Jan. 20, 2015, the AANS, CNS, and the [Washington State Association of Neurological Surgeons](#) (WSANS), sent a [letter](#) to the [Washington State Healthcare \(WCA\) Authority Health Technology \(HTA\) Assessment Program](#) in response to two technologies proposed for future coverage review, Novocure and

pharmacogenetics. The Novocure device is an electrical helmet device for the treatment of glioblastoma. Pharmacogenetic tests help determine genetic differences in drug metabolic pathways that can affect individual responses to drugs. Specifically, the letter stated that both technologies are of interest to neurosurgery, but should not be placed on the programs agenda for review at this time, as studies are ongoing, and the agency should wait until further evidence is available. The AANS, CNS and WSANS have worked together to respond to numerous WCA HTA coverage reviews since the program's inception in 2006, including topics such as lumbar and cervical spinal fusion; spinal disc arthroplasty; stereotactic radiosurgery; bone morphogenetic protein; neurostimulator use for depression; intracranial and carotid stenting; and spinal injections.

If you have any questions regarding these 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

AANS and CNS Send Letter to Senate Finance Committee

On Jan. 21, 2015, the AANS and CNS joined more than 30 physician organizations in sending a [letter](#) to the [National Coordinator for Health Information Technology](#) to express ongoing concerns with meaningful use requirements and the growing frustration with the electronic health records (EHR) program, particularly the lack of interoperability. The letter demanded that the EHR program certification process focus on functionality — including interoperability, safety and usability — rather than meaningful use criteria, which has resulted in systems that decrease efficiency and may even contribute to patient safety problems. In response to our letter, on Jan. 29, 2015, the [Centers for Medicare & Medicaid Services](#) (CMS) [announced](#) that they intend to modify requirements for meaningful use to reduce the burden on providers, while supporting the long term goals of the program. For more information about the EHR Incentive Programs, [click here](#).

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CMS Announces Submission Timeframes for 2014 PQRS Data

The [Centers for Medicare & Medicaid Services](#) (CMS) recently announced the 2014 [Physician Quality Reporting System](#) (PQRS) data submission timeframes. [Click here](#), for table which lists the key deadlines. PQRS provides an incentive payment to individual eligible professionals (EPs) and group practices that satisfactorily participate or satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (PFS) services. Additionally, those who do not meet the 2014 PQRS reporting requirements will be subject to payment penalty on all Medicare Part B PFS services rendered in 2016. For questions, contact the QualityNet Help Desk 1-866-288-8912 or via email at Qnetsupport@hcqis.org.

If you have any questions regarding these 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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Drugs and Devices

CMS Updates Open Payment Database

On Dec. 19, 2014, the [Centers for Medicare & Medicaid Services](#) (CMS) added approximately 68,000 payment records — valued at more than \$200 million — to the Open Payments database. With this new data, Open Payments now reports information on \$3.7 billion in payments and transfers of value made to up to 546,000 individual physicians and up to 1,360 teaching hospitals in the last five months of the 2013 calendar year. The data reported was withheld in the

September 2014 release, due to uncertainty about its accuracy. The "refreshed" data includes updates to data disputes and data corrections made since the initial publication. The information published documents payments or transfers of value from healthcare manufacturing companies to physicians and teaching hospitals, as well as physician ownership and investment interests in such companies. Questions about the Open Payment system can be sent to the Help Desk at openpayments@cms.hhs.gov. [Click here](#) for more information about the Open Payments program.

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CMS Unveils Open Payments Video Tutorial

The [Centers for Medicare & Medicaid Services](#) (CMS) recently released an [Open Payments Program Overview and Enhancements Video Tutorial](#). The video highlights program details concerning the public release of 2014 and 2013 corrected data which will be posted on June 30, 2015. Listed below are key dates regarding the 2015 data release:

- **Jan. 1–Dec. 31, 2014:** Manufacturers collect Open Payments data.
- **Feb. 1–March 31, 2015:** Manufacturers submit Open Payments data to CMS.
- **April–May 2015:** Physicians and teaching hospitals have at least 45 days to review and dispute Open Payments data.
- **May–June 2015:** Manufacturers review and correct disputed Open Payments data.
- **June 30, 2015:** Open Payments 2014 and updated 2013 data is posted on the Open Payments website.

Physicians already enrolled in the Open Payments program do not need to re-enroll, but may need to update their password, as these expire after 60 days. Registration in the program is not mandatory, but must be completed in order for manufacturer-reported data to be reviewed and for any errors to be disputed and corrected. [Click here](#) for more information about the Open Payments program.

If you have any questions regarding these or other drug and device issues, please contact Cathy Hill, AANS/CNS senior manager for regulatory affairs, at chill@neurosurgery.org.

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Communications

AANS Secretary, Dr. Alex Valadka, Pens Letter to the Editor

Alex B. Valadka, MD, FAANS, AANS Secretary and spokesperson for the [Alliance of Specialty Medicine](#), recently wrote a [letter to the editor](#) to the *Washington Post* in response to its [story on efforts to bolster primary care](#). In the letter, Dr. Valadka wrote, "Diverting resources away from specialty care to benefit primary care will not solve any healthcare issue or cut costs by any discernable amount. However, the projected increased demand for specialty care through 2025 is at least as great as the increased demand for primary care services. More specialists will be needed to treat an aging population with a growing number of complex health problems."

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Subscribe to Neurosurgery Blog Today!

The mission of [Neurosurgery Blog](#) is to investigate and report on how healthcare policy affects patients, physicians and medical practice, and to illustrate how the art and science of neurosurgery encompass much more than brain surgery. 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 recent blog posts on topics,

including medical liability, payment reform, and health reform in general.

- [Problems With Open Payments Program Abound](#)
- [AANS and CNS Release 2015 Legislative Agenda](#)
- [Neurosurgeons: Elevating the Quality of Care for our Smallest Patients – Hydrocephalus Guidelines Published](#)
- [Payment Reform. Like Grass, is Always Greener on the Other Side](#)
- [No Good Deed Goes Unpunished](#)
- [CMS Releases 2015 Medicare Physician Fee Schedule Final Rule](#)
- [Neurosurgeons Leading the Way on Sports-related Head Injury](#)
- [5 Things Neurosurgeons Need to Know about the Sunshine Act](#)
- [Ebola, Bats and Neurosurgery](#)
- [Do Bundled Payments Put Medical Innovation At Risk?](#)

We invite you to visit the blog and subscribe to it, as well as connect with us on our various social media platforms. This will allow you to 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.

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