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***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

House Passes SGR Repeal Bill; Action Pending in Senate

After nearly 14 years of advocacy and 17 temporary "patches," on March 26, 2015 — by an overwhelming vote of [392-37](#) — the U.S. House of Representatives passed H.R. 2, the "[Medicare Access and CHIP Reauthorization Act](#)," which repeals Medicare's sustainable growth rate (SGR) payment system. The legislation:

- Repeals the SGR, prevents the 21 percent Medicare pay cut and provides physicians a period of payment stability with positive updates;
- Consolidates the current [Physician Quality Reporting System](#) (PQRS), [Electronic Health Record](#) (EHR) and [Value-Based Payment Modifier](#) (VM) programs, and eliminates the penalties associated with these programs;
- Includes positive incentives for quality improvement payment programs that allow all physicians the opportunity to earn bonus payments;
- Enhances the ability of physicians — rather than the government — to develop quality measures and clinical practice improvement activities;
- Clarifies that quality improvement program requirements do not create new standards of care for purposes of medical malpractice lawsuits;
- Reverses the CMS decision to eliminate the 10- and 90-day global surgery payments; and
- Extends the Children's Health Insurance Program (CHIP) for two years.

Action is pending in the Senate, where Senate Majority Leader **Mitch McConnell** (R-Ky.) recently stated that, "There's every reason to believe [the bill] is going to pass the Senate by a very large majority."

President Obama also signaled his strong support for this legislation stating, "I've got my pen ready to sign a good, bipartisan bill — which would be really exciting." In addition to these remarks, the White House issued a [Statement of Administration Policy](#) (SAP) officially offering the Obama Administration's support for passage of H.R. 2.

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Trauma and Emergency Care Bills Approved by House

On March 16, the U.S. House of Representatives passed H.R. 648, the "[Trauma](#)

[Systems and Regionalization of Emergency Care Reauthorization Act](#)," by a vote of [382-15](#). Introduced by Reps. **Michael Burgess**, MD (R-Texas), and **Gene Green** (D-Texas), this legislation reauthorizes a program that supports the development of state and rural trauma care systems. It reauthorizes pilot projects to implement and assess regionalized emergency care models. Up to \$12 million each for fiscal years 2015-2020 may be spent on this program. Action is pending in the Senate, where Sens. **Jack Reed** (D-R.I.) and **Patty Murray** (D-Wash.) introduced Senate companion legislation, [S. 763](#), on March 17, 2015.

In addition, on March 16, 2015, the U.S. House of Representatives passed H.R. 647, the "[Access to Life-Saving Trauma Care for All American Act](#)," by a vote of [389-10](#). Also introduced by Reps. Burgess and Green, this legislation reauthorizes trauma center care and trauma service availability grants. Among other things, these grants aid hospitals in managing uncompensated trauma care costs and improve access to trauma care in underserved areas. Up to \$100 million each year for the next five years may be spent on this program.

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AANS and CNS Join Additional Efforts to Repeal IPAB

On March 16, 2015, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) joined the [Alliance of Specialty Medicine](#) in [endorsing S. 141](#), the "Protecting Seniors' Access to Medicare Act." Introduced by Sen. **John Cornyn** (R-Texas), S. 141 currently has 37 cosponsors and would repeal the Independent Payment Advisory Board (IPAB). In addition, the Alliance [endorsed](#) the house companion bill, [H.R. 1190](#), introduced by Reps. **Phil Roe, MD** (R-Tenn.) and **Linda Sánchez** (D-Calif.). The House bill currently has 210 cosponsors. The IPAB, created by the [Affordable Care Act](#), is a government board whose primary purpose is to cut Medicare spending. 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.

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 Starts Strong with 2015 Fundraising

So far this year, NeurosurgeryPAC has raised nearly \$100,000 towards our goal of \$250,000! Renewal statements were mailed out the week of Jan. 26, 2015, so please remember to send in your 2015 contributions to ensure that your PAC has the funds to support members of Congress and other candidates who support neurosurgery. As always, you can contribute using our online donation option by logging onto [MyAANS](#).

NeurosurgeryPAC has already begun putting your contributions to work. Thus far, the PAC has contributed to 25 members of Congress who have been strong supporters of organized neurosurgery's legislative agenda. NeurosurgeryPAC has contributed to the following candidates for U.S. Senate: Sens. **Roy Blunt** (R-Mo.); **Richard Burr** (R-N.C.); **Mark Kirk** (R-Ill.); and **Rand Paul**, MD (R-Ky.). In the House, the PAC has supported Reps. **Dan Benishek**, MD (R-Mich.); **Ami Bera**, MD (D-Calif.); **Diane Black**, RN (R-Tenn.); **Kevin Brady** (R-Texas); **Larry Bucshon**, MD (R-Ind.); **Michael Burgess**, MD (R-Texas); **Tom Cole** (R-Okla.); **Bill Flores** (R-Texas); **Brett Guthrie** (R-Ky.); **Andy Harris**, MD (R-Md.); **Joe Heck**, DO (R-Nev.); **Lynn Jenkins** (R-Kan.); **Tim Murphy**, PhD (R-Pa.); **Frank Pallone** (D-N.J.); **Joe Pitts** (R-Pa.); **Tom Price**, MD (R-Ga.); **Phil Roe**, MD (R-Tenn.); **Raul Ruiz**, MD (D-Calif.); **Paul Ryan** (R-Wis.); **Fred Upton** (R-Mich.); and **Greg Walden** (R-Ore.). Contributions have also been made to the National Republican Congressional Committee (NRCC), National Republican Senatorial Committee (NRSC), The Tuesday Group, and the Value in Electing Women

(VIEW) PAC.

[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

Neurosurgery Registers Concerns to CMS over ICD-10 Transition

On March 4, 2015, the AANS and CNS joined 98 national and state medical societies in sending a [letter](#) to the [Centers for Medicare and Medicaid Services](#) (CMS) regarding the agency's transition plan for ICD-10 conversion. The letter was sent following an ICD-10 system test, which consisted of 15,000 claims submitted by 661 providers, suppliers and clearing houses. Nearly 20 percent of the voluntarily submitted test claims were rejected for errors — a significant concern, as CMS plans to convert to ICD-10 on Oct. 1, 2015, with no transition period. Specifically, our letter recommends, among other things, that the CMS:

- Publish more details from the recent testing showing results by type and size of practices participating, number of claims tested by each submitter, percentage of claims successfully processed and the specific nature of problems encountered;
- Include contingency plans and advance payments to mitigate disruptions for physicians experiencing a dire financial hardship as a result of Medicare payment delays following ICD-10 conversion; and
- Broadly educate stakeholders and contractors regarding rules prohibiting audits predicated solely on ICD-10 coding errors.

CMS has scheduled additional testing of ICD-10, including an “acknowledgement” testing week which is set to occur June 1 through 5, 2015, and a final end-to-end testing week on July 20 through 24, 2015. Registration is not required for acknowledgement testing; volunteer forms for the July end-to-end testing are due April 17, 2015. Registration instructions and more information on ICD-10 by [clicking here](#).

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MedPAC Releases March 2015 Report; Recommends Pay Cut for Surgeons

The [Medicare Payment Advisory Commission](#) (MedPAC) recently issued its annual [March report](#) to Congress on Medicare payment policies. The principal focus of the document is the commission's recommendations for annual rate adjustments under Medicare's various payment systems. Report recommendations of interest to neurosurgeons include:

- Freezing primary care services at current rates and cutting specialty services by 5.9 percent for three years, followed by a freeze for seven years;
- Basing reimbursement rates on "efficient" practices;
- Reducing relative value units (RVUs) of so-called "overpriced" services, and beginning in 2015, these RVU reductions must result in a one-percent cut in overall fee-schedule spending for five consecutive years;
- Increasing shared savings opportunities for physicians participating in two-sided risk accountable care organizations (ACOs); and
- Establishing a per beneficiary payment to replace the Primary Care Incentive Payment program (PCIP) when it expires at the end of 2015, which would be based on the average per beneficiary payment under PCIP, be exempt from beneficiary cost sharing, and funded by reduced fees for all other services in the fee schedule.

The AANS and CNS, along with the [Alliance of Specialty Medicine](#) and others, have opposed the MedPAC proposal since it was first suggested in 2011 and have written letters and met with MedPAC staff expressing our concerns.

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AANS and CNS Nominate Dr. Greg Przybylski, MD, to MedPAC

The AANS and CNS have nominated **Gregory J. Przybylski, MD, FAANS**, to serve on the [Medical Payment Advisory Commission](#) (MedPAC). MedPAC is an independent body established in 1997 to advise Congress on issues affecting the Medicare program. The 17 member panel includes physicians, other clinical health professionals, third-party payers and academic researchers. Dr. Przybylski currently serves as the neurosurgery member of the [AMA/Specialty Society Relative Value Scale Update Committee](#) (RUC) and is a past chair of the AANS/CNS Coding and Reimbursement Committee.

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Dr. Joseph Cheng Appointed to CMS' MEDCAC

[The Centers for Medicare and Medicaid Services](#) (CMS) recently informed the AANS and CNS that they have appointed **Joseph S. Cheng, MD, FAANS**, to serve a two-year term on the CMS [Medicare Evidence Development and Coverage Advisory Committee](#) (MEDCAC). MEDCAC consists of a pool of 100 appointed members including 94 at-large standing members (six of whom are patient advocates) and six industry representatives. The group serves as a resource to CMS in the development of Medicare coverage policies.

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

What Neurosurgeons Need to Know About PQRS for 2015

The Medicare [Physician Quality Reporting System](#) (PQRS) is a federal quality reporting program that penalizes physicians who do not satisfactorily submit quality data to the [Centers for Medicare and Medicaid Services](#) (CMS). Calendar year 2014 was the last opportunity for physicians to earn an incentive payment under this program. Going forward, neurosurgeons who fail to comply with PQRS reporting requirements face a two-percent cut in total Medicare payments each year. PQRS compliance also has implications for a separate Medicare payment adjustment, known as the [Value-Based Payment Modifier](#) (VM). [Click here](#) to learn more about what neurosurgeons need to know about participating in the PQRS in 2015.

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CMS Updates Instructions for Obtaining 2013 Quality and Resource Use Reports

The [Centers for Medicare and Medicaid Services](#) (CMS) recently updated its, "[How to Obtain a QRUR](#)," webpage to better explain how to access a Quality and Resource Use Report (QRUR) on behalf of a group or solo practitioner. In September 2014, CMS provided 2013 QRURs to physicians in groups of all sizes and solo practitioners. The QRURs provide information that can be used to understand how CMS evaluates the quality and efficiency of care provided by physicians to Medicare beneficiaries, and also to better understand how physician performance may affect Medicare payments under the [Value-Based Payment Modifier](#) (VM). In April 2015, CMS plans to release mid-year QRURs to physicians in groups of all sizes, followed by 2014 annual QRURs in the late summer.

[Click here](#) for more information about the 2013 QRURs. For technical questions about obtaining your QRUR, please contact the QualityNet Help Desk at 866-288-8912 or qnetsupport@hcqis.org. For questions about the contents of the QRUR, please contact the Physician Value Help Desk at 888-734-6433, press option 3.

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

2015 Open Payments Review and Dispute Period Begins April 6

The [Open Payments](#) program requires manufacturers of drugs, medical devices and biologicals to report certain payments and items of value given to physicians and teaching hospitals. On April 6, 2015, [Centers for Medicare and Medicaid Services](#) (CMS) will start the 45-day review and dispute process for physicians to correct 2014 data submitted by manufacturers. Data will become public in June 2015. The review process is voluntary, but to see and correct the data, physicians will need to [register in both](#) the CMS Enterprise Identity Management System (EIDM) and the Open Payments system. Physicians who registered last year do not have to register again, but will likely have to reset their passwords since these expire after 60 days. [Click here](#) to access additional information and registration instructions on the CMS Open Payment website.

If you have any questions regarding this 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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Of Note

Supreme Court Hears Oral Arguments in ACA Subsidy Challenge

On March 4, 2015, the [U.S. Supreme Court](#) heard [oral arguments](#) in the [King v. Burwell](#) case. At issue is whether tax subsidies are permissible for insurance coverage purchased through the federal health exchanges created by the Affordable Care Act (ACA). A decision is expected by the end of June.

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Supremes Refuse to Take Up IPAB Lawsuit

On March 30, 2015, the [U.S. Supreme Court](#) [declined to review](#) a lawsuit challenging the constitutionality of the Independent Payment Advisory Board (IPAB). Filed by the Goldwater Institute, the lawsuit, [Coons v. Lew](#), argues that the IPAB violates the [separation of powers](#) doctrine of the U.S. Constitution. Created

by the [Affordable Care Act](#) (ACA), the IPAB is board of 15 unelected and largely unaccountable government bureaucrats whose sole job is to cut Medicare spending. The Supreme Court refused to take the case, finding that since the IPAB has not yet been established, the case was not yet ripe for consideration.

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Communications

Dr. John A. Wilson Pens Guest Column for Morning Consult

John A. Wilson, MD, FAANS, chairman of the AANS/CNS Washington Committee, recently wrote a [guest column](#) for [Morning Consult](#) regarding the need to repeal Medicare's sustainable growth rate (SGR) physician payment formula. In the piece, Dr. Wilson wrote, "America's neurosurgeons, together with the rest of the medical community, are urging Congress to continue the progress already made and once-and-for-all, replace the flawed SGR payment formula to preserve seniors' access to care."

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Neurosurgery Blog Launches YouTube Channel and Unveils SGR Animation

Over 80 percent of all internet users watch online video clips, and statistics show that videos are over six-times more effective in reaching individuals than text. Thus, as part of the AANS/CNS Washington Office's digital advocacy strategy, in March, Neurosurgery Blog launched a [YouTube channel](#). As part of the launch, Neurosurgery Blog unveiled its first video of the year — an animation entitled, "[Stop the Madness #FixSGR Once and For All!](#)" In the future, the Washington Office plans on producing more videos, which will focus on organized neurosurgery's top legislative issues.

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AANS and CNS Issue Press Releases on SGR and IPAB.

On March 19, 2015, the AANS/CNS Washington Office issued a [statement](#) praising efforts made by leaders in the U.S. House of Representatives to repeal Medicare's flawed physician payment system, known as the sustainable growth rate (SGR). In addition, on March 2, 2015, the AANS and CNS distributed a [press release](#) on behalf of the neurosurgery-led, Physician IPAB Repeal Coalition. This statement applauded Reps. **Phil Roe, MD** (R-Tenn.) and **Linda Sánchez** (D-Calif.) for introducing legislation that would repeal the Independent Payment Advisory Board (IPAB).

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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.

- [AANS Spotlight – Neurosurgery: Metrics and Evidence-based Medicine](#)
- [House Passes SGR Repeal Bill; Senate Adjourns without Taking Action on SGR](#)
- [Congress on the Verge of Historic Medicare Vote](#)
- [Neurosurgeons Applaud Efforts Made to Repeal the SGR](#)
- [New Survey Shows Significant "Burnout" Among U.S. Neurosurgeons](#)
- [Dartmouth Institute Gets it Right: On one issue, at least](#)
- [Pediatric Neurosurgery and "Growing-Up" in America](#)

- [Stop the Madness. #FixSGR Once and For All!](#)

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](#)
- [Neurosurgery's YouTube Channel](#)
- [Neurosurgery's Google+ Page](#)

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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