

UPDATE



# neurosurgery

**FOR IMMEDIATE RELEASE**

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## **Neurosurgeons Express Serious Concerns with Medicare Physician Payment Rules *Urge CMS to Make Substantial Changes Before Finalizing Payment Overhaul***

Washington, DC—Today, the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) submitted comments responding to the Centers for Medicare & Medicaid Services' [proposal](#) to overhaul the way Medicare pays physicians. The proposed rule implements key elements of the [Medicare Access and CHIP Reauthorization Act](#) (MACRA), which repealed Medicare's sustainable growth rate (SGR) formula and replaced it with a new quality payment program — the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM).

“MACRA presents an unprecedented opportunity to fix the currently broken and burdensome Medicare quality programs, which have little meaningful impact on quality and have been extremely disruptive to physician practices,” remarked AANS president, Frederick A. Boop, MD, FAANS, chair of the department of neurosurgery at the University of Tennessee in Memphis.

Key points raised in the [AANS/CNS letter](#) include:

- **Phased Approach and Reasonable Transition Period.** The proposed timeline for implementing this major physician payment overhaul is overly ambitious, and the AANS and CNS strongly recommend that CMS adopt a phased approach that includes sufficient time for both clinician education, as well as the collection of updated data on which to set benchmarks. At a minimum, the initial performance period should begin no earlier than July 1, 2017, but ideally not until Jan. 1, 2018.
- **Minimize Reporting Burden.** The intent of MACRA was to consolidate and streamline current reporting mandates, yet the CMS proposal continues to perpetuate the flaws of the existing Medicare quality reporting programs. CMS needs to take a more holistic approach than that which is reflected in the proposed rule. For example, participation in a qualified clinical data registry (QCDR) should automatically satisfy multiple MIPS categories, including quality, advancing care information (ACI) and clinical practice improvement activities (CPIA). Additionally, CMS should require reporting on no more than 50 percent of applicable Medicare patients across all measures and reporting mechanisms.
- **Small and Solo Practices Disadvantaged.** The majority of physician practices with fewer than 25 clinicians — which reflects most neurosurgical practices — will receive negative payment adjustments under the proposed rule. CMS must take steps to ensure that all physicians, regardless of their specialty or practice, have an equal opportunity to succeed in this new quality payment program. A positive step in this direction would be for CMS to raise the MIPS low-volume exclusion threshold to \$30,000 in Medicare allowed charges or fewer than 100 Medicare patients seen by the physician.

“CMS should seize this moment and make substantial changes to the proposed rule to ensure that the new quality payment program is patient-centered, flexible and meaningful for physicians and patients alike,” stated CNS president, Russell R. Lonser, MD, FAANS, chair of the department of neurosurgery at The Ohio State University in Columbus.

Dr. Lonser added, “The AANS and CNS recognize the enormity of the task to overhaul the Medicare physician payment system. Nevertheless, it is essential that CMS establish the programmatic building blocks that will ensure the quality payment program’s success into the future.”

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The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit [www.aans.org](http://www.aans.org) or [www.cns.org](http://www.cns.org) or [www.neurosurgeryblog.org](http://www.neurosurgeryblog.org).