Dear ASCRS eyeContact,

If you have started to notice a few more political signs dotting the landscape and those annoying TV ads, you know that campaign season is upon us and that the 2014 Election is right around the corner. What you might not realize, however, is this means the current Congress (the 113th) is coming to an end this year and a new one will be convened in January with all the newly elected members. Furthermore, this means that any outstanding legislative business effectively "dies" and must start again from the beginning of the legislative process.

Without final passage of ASCRS and medical community-supported legislation, the Medicare Provider Payment Modernization Act (H.R. 4015/S. 2000), to repeal and replace the Sustainable Growth Rate (SGR) before the end of this Congress, we risk losing all the work done to develop a bipartisan, bicameral solution to this decades-long problem that threatens seniors’ access to care.

The work that you and your fellow ASCRS members have already done has made a tremendous difference in our ongoing effort to repeal the SGR and reform Medicare Physician Payment. Visits, calls and emails sent to legislators by you and other physicians have helped ensure our perspective is represented in this legislation.

But our work is not done.

ASCRS is asking all eyeContacts to be ready to act with more calls, emails or visits when needed—likely after the Election during the November “lame duck” session. Congress’ agenda will be packed with many other issues, so we must make our voices rise above others calling for action on their own priorities.

Please use this newsletter to refresh your knowledge of this issue, so you’ll be ready to act when we call on you. In addition, read about other ASCRS activities: the 2014 Alliance of Specialty Medicine Legislative Fly-In and the recent cataract mission trip to Guatemala with Sen. Rand Paul, MD (R-KY). Finally, we provide a short update on other policy issues and what to expect in the new Congress.

For additional background information, use the ASCRS eyeContact Action Center. Refresh your advocacy skills with the updated Grassroots Handbook, available at the Action Center electronically for no charge.
If you have any questions or need additional assistance, please feel free to contact Allison Dickert Madson, manager of PAC and grassroots, at 703-591-2220 or amadson@ascrs.org.

Sincerely,

Brock K. Bakewell, MD
Chairman, Government Relations Committee

EyeContact Update

Get Ready to Act

ASCRS and the Medical Community Gear Up for a Fall Campaign to Repeal and Replace the Flawed Sustainable Growth Rate (SGR) Formula

SGR Repeal and Replacement Background:

Status: The House of Representatives passed legislation (H.R. 4015) to repeal and replace the SGR with a 5-year delay in the individual mandate as an offset. The Senate has not acted on its version of the bill (S. 2000), and neither side could come to agreement on cost off-sets before the previous “patch” expired on April 1, 2014. Congress passed an additional one-year patch—over the opposition of the medical community—which contained an objectionable provision seeking to revalue certain “misvalued” codes to meet arbitrary savings targets.

What this means for you: Medicare physician payments will continue with a 0.5% update through the end of 2014 and a 0.0% update from January to March 2015. In the meantime, ASCRS and the medical community will push for a full repeal and urge legislators to resolve budget issues before the end of the year. eyeContacts will also be called upon to contact their legislators and ask them to prioritize the repeal.

The repeal and replacement bill, the Medicare Provider Payment Modernization Act (H.R. 4015/S. 2000), addresses concerns raised by ASCRS and others in the specialty medical community over previous versions and is supported by ASCRS and the medical community. Specifically, the bill

- Repeals the SGR and replaces it with a 0.5% update to Medicare physician payments for five years;
- Preserves the fee-for-service system;
- Integrates existing quality reporting programs into a new Merit-Based Incentive Payment System (MIPS) that is not budget neutral and establishes clear quality improvement thresholds; and
- Removes penalties associated with existing programs (PQRS, EHR/meaningful Use and the Value-Based Payment Modifier). The MIPS program would develop a composite score, whereby physicians would receive bonuses or penalties based on performance of a variety of measures.

Additional information on the Medicare Provider Payment Modernization Act (H.R. 4015/S. 2000) is available on the ASCRS website.

Next Steps: Urge Your Legislators to Pass a Full Repeal and Replacement This Year

ASCRS and the medical community are continuing to urge House and Senate leadership to work together to develop bipartisan, bicameral cost off-sets for a full repeal of the SGR this year.

Legislators need to hear from practitioners in their districts and states about how
Further patches and delays to a repeal affect patient access to specialty care.

eyeContacts should contact their members of Congress to urge them to come together to prioritize a full repeal of the SGR and to resolve the budgetary issues that have so far held up this issue. Ask members of Congress to complete the SGR repeal before the end of this year during the lame duck session.

Be sure to explain that constant uncertainty from the SGR threatens the viability of your practice and the patients you treat. Use the eyeContact Action Center to look up your legislators’ contact information.

Not sure how to get started?

Take advantage of legislators’ increased presence in the district or state during Election season. Some strategies to talk about the need to repeal and replace the SGR include:

- Attend a local campaign event or town hall for your local legislator. Information on these events can be found on the legislators’ websites. (Hint: Signing up for your representative or senators’ e-newsletters will provide information on upcoming events.)
- Attend or host a campaign fundraising event for a legislator.
- Contact your legislator’s district office to set up a meeting or invite him or her to tour your practice.

ASCRS’ eyeContact Action Center provides members with complete information on interacting with elected officials.

Please be sure to respond to any grassroots alerts sent to you in the coming months by ASCRS. We will be monitoring the issue on Capitol Hill and will let you know when your help is most needed.

eyeContacts in Action

ASCRS•ASOA Members Head to Capitol Hill; Urge Lawmakers to Repeal the Sustainable Growth Rate (SGR) and Ease the Growing Regulatory Burden on Physicians and Practices

This summer, ASCRS•ASOA members participated in the annual Alliance of Specialty Medicine Legislative Fly-In and traveled to Washington, D.C. to meet with their representatives and senators and advocate for our legislative priorities. Eighteen ophthalmologists and 7 administrators from 21 states and 25 congressional districts participated on behalf of ASCRS•ASOA and joined more than 100 physicians from 12 other specialty medical societies that make up the Alliance to push for a full repeal of the SGR by the end of this year—likely in the lame duck session after the elections—and to ease the growing regulatory burden on physicians and practices.

ASCRS•ASOA members went to Capitol Hill and shared with their representatives and senators how the constant threat of severe cuts to Medicare physician reimbursement from the SGR leads to instability for practice planning and threatens seniors’ access to care. In addition, looming penalties from multiple regulatory reporting programs—such as the Physician Quality Reporting System, the EHR/meaningful Use Program and the Value-Based Payment...
Modifier—mean additional administrative hours and costs for practices that take away from clinical time with patients. Participants at the Fly-In urged their legislators to enact H.R. 4015/S.2000, the SGR Repeal and Medicare Provider Payment Modernization Act, that repeals the SGR and implements a streamlined quality improvement program based on benchmarks achievable by all physicians.

In addition to visiting with lawmakers in their offices on the Hill, all Fly-In participants met and heard from a number of speakers including Sen. Tom Coburn, MD (R-OK); Patrick Conway, MD, deputy administrator for innovation and quality, and chief medical officer of the Centers for Medicare and Medicaid Services (CMS); House Energy and Commerce Committee Chairman Fred Upton (R-MI); Rep. Ami Bera, MD (D-CA); Rep. Michelle Lujan Grisham (D-NM); and Rep. Raul Ruiz, MD (D-CA).

In a welcoming address to the Alliance members, ASCRS Past President Eric Donnenfeld, MD, called the Fly-In experience “vital to our profession” and thanked the participants for taking time to advocate for our issues.

The Alliance of Specialty Medicine Legislative Fly-In is an annual event. Any ASCRS•ASOA members interested in attending next year should email Allison Dickert, manager of PAC and grassroots, at adickert@ascrs.org.

ASCRS Government Relations Committee Chairman Brock Bakewell (l) meets with Sen. Jeff Flake (R-AZ)

ASCRS Member Natalia Kramerovsky, MD (c) and ASOA Member Kristine Lindgren (r) meet with Sen. Amy Klobuchar (D-MN) (l)
Sen. Rand Paul, MD (R-KY), Joins Moran Eye Center and ASCRS Foundation on Cataract Mission Trip to Guatemala

This summer, the ASCRS Foundation partnered with the University of Utah’s Moran Eye Center to lead a cataract surgery mission trip to the Baja Verapaz region of Guatemala. Sen. Rand Paul, MD, an ophthalmologist, joined the group of seven surgeons who performed more than 200 surgeries on local residents. The mission formed after Sen. Paul reached out to ASCRS seeking a “strong international outreach program that he could accompany on a medical mission.” The ASCRS Foundation International Committee Chairman David Chang, MD, noted that the trip was in line with the Foundation’s goal of eliminating preventable blindness around the world and was grateful for the attention Sen. Paul was bringing to the issue. The ASCRS Foundation will continue to partner with the Moran Eye Center for five years to bring high-quality eyecare to the region.

In addition to this international humanitarian work, Sen. Paul has been a key advocate for ophthalmology on Capitol Hill, working with ASCRS to preserve access to compounded drugs for office use and repackaging and to eliminate the problematic ASC-11 Quality Measure: Cataracts – Improvement in Patient’s Visual Function Within 90 Days Following Cataract Surgery. Sen. Paul is an original cosponsor of the Medicare Patient Empowerment Act (S. 236) and a cosponsor of the Medicare Advantage Participant’s Bill of Rights (S. 2552). He also addressed attendees of the 2014 ASCRS•ASOA Symposium and Congress, calling on physicians to get involved in the policy process.

More information on the trip is available on the ASCRS website. Photographs from the trip can be viewed on the ASCRS Facebook page.

Looking Ahead

Update on Other Legislative Issues

As noted above, the end of the 113th Congress means that all legislation not complete at adjournment dies, and the process begins again at the opening of the new Congress. Unfortunately, a number of ASCRS priority issues will likely not see action this year and will need to be reintroduced in the 114th Congress in early 2015. We will again work to build support for the issues to have bills reintroduced and will continue to push for their passage. Below are short summaries of the issues and their current status.

Repeal of the Independent Payment Advisory Board (IPAB)
ASCRS and the medical community have consistently opposed IPAB—an unelected board that would recommend cuts to Medicare beginning in 2015—and have built a broad bipartisan group of opponents in Congress. The current bills to repeal IPAB, H.R. 351 and S. 351, have 227 and 36 cosponsors, respectively. The repeal bills’ chief sponsors—Rep.
Phil Roe, MD (R-TN), and Sen. John Cornyn (R-TX)—also introduced the bills in the previous Congress. ASCRS and the medical community will work with both legislators to have new legislation introduced in 2015. Despite not achieving a full repeal as of yet, due to slowed Medicare spending growth in recent years that is projected to continue in the near term, there has been no movement to convene the IPAB to date.

**Medicare Private Contracting**
The Medicare Patient Empowerment Act ([H.R. 1310/S. 236](https://www.congress.gov/bill/113th-congress/senate-bill/236)) would implement a viable Medicare private contracting option. ASCRS supports this legislation that would allow physicians to contract privately on a case-by-case basis without patients losing their benefit. During the 113th Congress, ASCRS and the Alliance of Specialty Medicine have continued to grow support for the legislation and will work with the current cosponsors to have the bill reintroduced next year. The bill’s three original cosponsors—Sen. Tom Coburn (R-OK), Sen. Rand Paul (R-KY), and Sen. John Barrasso (R-WY)—are all physicians.

**Medicare Advantage Participant Bill of Rights**
When many ASCRS members reported that they had been removed from Medicare Advantage (MA) plans suddenly and without cause, ASCRS alerted CMS and members of Congress to the issue. We were successful in achieving some clarification from CMS:

- For 2015, Medicare Advantage Organizations (MAOs) must notify CMS within 90 days if significant network terminations are planned, during which time the plan must demonstrate continued compliance with applicable network access requirements.
- CMS may request the MAO provide a plan to demonstrate how it will assist enrollees affected by the change and recommends giving enrollees a 30 day notice, as a best practice.
- MAOs are still required to notify providers 60 days before termination without cause, but recommends a longer notice time as a best practice.

Members of Congress are seeking further protection for physicians and patients with the Medicare Advantage Participant Bill of Rights ([H.R. 4998/S.2552](https://www.congress.gov/bill/114th-congress/house-bill/4998)) that would prohibit MA plans from dropping doctors during the middle of the year, provide beneficiaries with a finalized network list 60 days prior to the open enrollment period, and provide more information to beneficiaries to help them identify in-network physicians. Sens. Sherrod Brown (D-Oh), Richard Blumenthal (D-CT), and Rand Paul (R-KY) are the chief sponsors in the Senate, while Rep. Rosa DeLauro (D-CT) is the chief sponsor in the House. ASCRS has worked to build bipartisan support for this issue and was successful in encouraging Sen. Paul to support and join as a cosponsor. We will again work with the sponsors to ensure the bill is reintroduced in 2015 and will continue to push CMS to increase protections for both patients and physicians.

**Meaningful Use/EHR**
ASCRS and others in the specialty medical community continue to question the utility of this program for specialists. We have opposed penalties associated with this program and called for implementing positive incentives and flexible measures that reflect the needs of specialty care. The ASCRS-supported [H.R. 1331](https://www.congress.gov/bill/114th-congress/house-bill/1331), the Electronic Health Records (EHR) Improvement Act, would implement much-needed reforms to the program, but similar to above legislation, likely will not see action this year. We will again push for its introduction in 2015. In addition, we are encouraged by the proposal as part of the SGR Repeal and Medicare Provider Payment Modernization Act (H.R. 4015/S. 2000) referenced above that would collapse the existing EHR/Meaningful Use program into the Merit-Based Incentive Payment System (MIPS) and use it as part of the component score with a threshold approach rather than pitting physicians against one another. We will continue to work to have this legislation passed before the end of the year.

**Meanwhile, physicians should be aware of the upcoming deadlines associated with the Meaningful Use Program and the penalties that go into effect this year:**

- Providers must attest by October 1, 2014 if they are a first time Meaningful Use attester or they did not successfully attest in 2013 or they will receive a 1% penalty on their total Medicare Part B fee-for-service amount in CY 2015.
- Providers must attest to 2014 Meaningful Use by February 28, 2015.

If you have specific questions relating to Meaningful Use, please contact Ashley McGlone, manager of regulatory affairs, at 703-591-2220 or amcglone@ascrs.org.
As always, the status of pending legislation is subject to change. Before contacting your elected officials, be sure to check recent issues of Washington Watch Weekly or visit ASCRS' eyeContact Action Center for up-to-date information. In addition, ASCRS Government Relations staff is always available to assist you with your advocacy efforts. Please contact Allison Dickert, manager of PAC and grassroots, at 703-591-2220 or adickert@ascrs.org for help.