



Legislative and Regulatory Update

January/February 2015

ASTS Meeting with CMS



On February 2, ASTS President Peter Stock, President-Elect Charles Miller, Legislative Committee Chair David Reich, Executive Director Kim Gifford, ASTS Regulatory Counsel Diane Millman, and Jon Snyder from the SRTR met with CMS officials to advocate for certification of the SRTR as a Qualified Clinical Data Registry (QCDR) for PQRS and the VBM, and thus protect transplant surgeons from pay-for-value penalties. Because the SRTR is outcomes rather than process focused, and reports on the transplant center rather than an individual surgeon, it does not currently meet the requirements of a QCDR. Since HHS has stated that its goals are to encourage greater integration and coordination

among health-care providers and to emphasize better collection of data and measurement of quality and outcomes, ASTS believes the SRTR is a model registry and that it meets these goals, improves care, and provides patients with the information they want. ASTS conveyed that surgeons should be able to use SRTR for reporting purposes and the meeting with CMS was promising; conversations are ongoing, and ASTS will continue to advocate for individuals to be able to use the SRTR for value-based reporting.

Impact to Transplant of President's Budget

On February 2, President Obama released the Administration's federal budget for fiscal year 2016. The President's budget is important not because it is expected to be enacted by a Republican Congress, but because it highlights the Administration's priorities and issue areas where Republicans and Democrats may find agreement. Congress has the final say in funding through appropriations bills.

The President's budget for the Department of Health and Human Services (HHS) is estimated to garner savings of \$249.9 billion over 10 years. The budget proposes an increase of \$4.8 billion in discretionary budget authority over the FY 2015 spending level, for a total of \$83.8 billion to fund myriad programs under the HHS. The budget also aims to cut Medicare spending on provider reimbursement by \$350 billion and another \$84 billion from structural reforms to the program.

The budget:

- Eliminates the Sustainable Growth Rate (SGR), establishes annual physician updates, and encourages practitioners to participate in quality and efficiency-focused alternative payment models (\$44 billion above the President's Budget adjusted baseline).
- Expands Part B to treat acute kidney injury by covering short-term scheduled dialysis at a Medicare-certified End Stage Renal Disease facility (saves \$200 million over 10 years).
- Includes an increase of \$14 million, for a total of \$479 million, for the Agency for Healthcare Research and Quality.
- Includes \$36 million to Centers for Medicare and Medicaid Services (CMS) to resolve disputes with providers and additional funding for CMS contractors to interact with Administrative Law Judges during (ALJs) Hearings at the Office of Medicare Hearings and Appeals (OMHA).
- Increases NIH funding by \$1 billion to \$31.3 billion.
- Provides an increase of \$3 million, for a total of \$157 million, to support HRSA program management.
- Includes \$23.5 million for the Division of Transplantation, which represents no increase over the FY 2015 funding level.

Global Payment Codes Transition

ASTS and many other organizations are urging Congress to rescind the policy in the 2015 Final Medicare Physician Fee Schedule to transition 10- and 90-day global period codes to 0-day global period codes in 2017 and 2018, respectively. CMS has not yet developed a methodology for the

transition, and ASTS and other medical specialty societies are concerned that this change could negatively affect patient care and access.

SGR Reform Hearing Held

On January 21 and 22, the Health Subcommittee of the House Energy and Commerce Committee held a hearing titled “A Permanent Solution to the SGR: The Time Is Now” to discuss a permanent solution to repeal of the Sustainable Growth Rate (SGR), which will reduce Medicare payments to physicians by 27 percent beginning April 1 if the formula is not eliminated or the cuts postponed. The challenge is for lawmakers to agree on a bipartisan set of “pay-fors” for SGR repeal before the current March 31 patch expires. A video and written testimony from the hearing are [available here](#). The Congressional Budget Office in January estimated the cost of holding current physician payment levels at \$137 billion for the next ten years, up from the November estimate of \$119 billion through 2024. ASTS has testified before the Congressional committees of jurisdiction regarding SGR repeal and the transplant-specific agenda, including acceptance of SRTTR as a reporting registry, acceptance of outcomes measures (rather than process measures), and attribution of results to the transplant team (rather than an individual surgeon) for pay-for value purposes.

2015 Business Practice/Legislative Seminar

The Winter Symposium Business Practice/Legislative Seminar, “Staying on Course—Regulatory Compliance, Quality, and Advocacy” on January 16 was a standing-room-only success! Covering topics such as TransQIP and “Life in Your Center Under a Mitigating Circumstances Review, SIA, or MPSC CAP,” the session provided attendees with plenty of valuable information to take back to their centers. Thanks to everyone who attended!

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