Alabama Gastroenterological Society
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Issue 56 | July 15, 2016

scope...

Welcome new president J. DeWayne Tooson, MD

Let me start by saying a special "thank you" to everyone who worked to make our Annual Conference a smashing success. Our progress as an organization over the past several years has been miraculous. Jennifer Hayes, our executive director, does a phenomenal job on our behalf. She is truly a blessing. We also greatly appreciate all the active members and family members who took the time to attend.

Please know that the society is here to work for you, your staff, and your patients. Our communities need us to step up and lead healthcare in this country. So, step up, be strong, and join us next summer at the Hilton Sandestin.

Sincerely,

J. DeWayne Tooson, MD, FACP, FACG, CPE
AGS President

Welcome to our 2016-2018 Board Members

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Have you renewed your MEMBERSHIP for 2016?

See page 6.

AGS 2016 Annual Conference wrap-up

Welcome Reception

J. DeWayne Tooson, MD, presents Rob Shaffer, MD, with a plaque recognizing him for his service as president 2014-2016.

The 2016 Annual Conference provided attendees with up to 8 *AMA PRA Category 1*™ Credits.

Exhibit Hall

Welcome Reception

Welcome Reception

Welcome Reception

Welcome Reception

Welcome Reception

GI physicians from around the state gathered at the Hilton Sandestin for the 2016 AGS Conference. An outstanding faculty and sold out exhibit hall helped make the conference a great success.

A very special thank you to **BioPlus Specialty Pharmacy** and **ProAssurance, Inc.**, for their sponsorship of our conference.

AGS would also like to thank our exhibitors whose continued support helps make each conference better.

AbbVie Immunology
AbbVie Hepatology
Allergan
AstraZeneca
BioPlus Pharmacy
Blue Cross & Blue Shield
Braintree Laboratories
BriovaRx
Care Plus Anesthesia Management
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US Endoscopy

MEMBER ALERT: CMS releases rules with proposed 2017 Medicare facility fee rates and physician fee schedule proposed rates

A message from AGS President, J. DeWayne Tooson, MD

Enough is enough!

For decades, we as Gastroenterologists have battled and sustained pay reductions from Medicare. Our work environment is more regulated by the government than any other profession except possibly nuclear power plants. We are required by law to document and explain every fine detail. Now, the latest round of yearly pay cuts has reached a tipping point. If recent proposals are allowed by Congress, providing adequate care for Medicare patients will no longer be financially sustainable.

I humbly suggest that we not retire or stop seeing Medicare patients. Both actions would harm patients and our communities. Instead, we should demand that Congress stop the yearly reimbursement cuts from CMS without delay. Our colleagues in primary care do indeed need a pay increase. Let's demand that all CMS and HHS employees take a 10% pay cut to finance it. No other profession, not teachers, fire-fighters, government workers, social workers, accountants, professional athletes, or college professors would be willing to accept a mandatory 1% reduction. Why should we be any different? Why should we allow others to devalue us professionally? For me, it's now personal.

So, what can EACH ONE of us do?

1. Call and e-mail members of Congress. Have your patients and staff do the same. Find links to their contact information at ***http://alabamamedicine.org/newsreleaes/contact-your-reps/***

2. Call and e-mail the AGA, ACG, and ASGE and let them know that any compromise on reimbursement is unacceptable, not even 0.1%.

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Fax: (301) 654-5920
E-mail: ***member@gastro.org***

American College of Gastroenterology (ACG)
Website: ***http://gi.org/***
Phone: (301) 263-9000
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American Society for Gastrointestinal Endoscopy (ASGE)
Website: ***http://www.asge.org***
Phone: (630) 573-0600
Fax: (630) 963-8332
E-mail: ***info@asge.org***

3. Continue to be an advocate for our senior citizens on Medicare and our colleagues in primary care. It's time to curb the flow of dollars to the non-clinicians in healthcare.

4. Pay your dues. All of the officers of AGS are unpaid volunteers. All revenue benefits the interests of Gastroenterology in Alabama. ***Download a Membership Renewal Form for 2016***.

Sincerely,

J. DeWayne Tooson, MD
AGS President

Proposed 2017 HOPD/ASC rule includes policy and payment changes

CMS has released the 2017 proposed rule that includes policy and payment changes for the Hospital Outpatient Prospective Payment System (HOPPS) and Ambulatory Surgical Centers (ASC). ASGE, ACG, and AGA are currently reviewing the details of the proposed rule and will provide a more extensive summary soon.

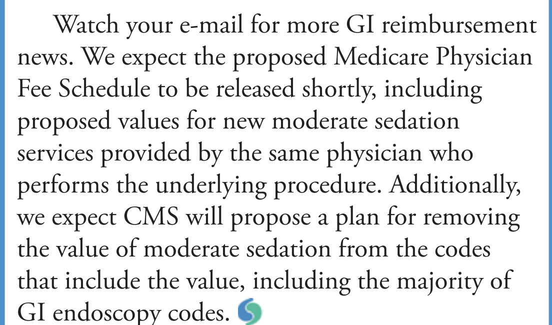
In this proposed rule, CMS describes the recommended changes to the amounts and factors used to determine the payment rates for Medicare services paid under the HOPPS.

ASC Conversion Factor — Using the Consumer Price Index for all urban consumers (CPI-U), CMS proposes two conversion factors: one for ASCs meeting quality reporting requirements of a positive 1.2 percent adjustment, and one for ASCs not meeting quality reporting requirements of a negative 0.8 percent adjustment in calendar year (CY) 2017.

Ambulatory Payment Classification (APC) Adjustments — CMS is proposing some additional modifications in APCs following its reorganization of all APCs that resulted in the restructuring and consolidation of the APCs that contain GI procedures in 2016. We are currently reviewing the list of services and proposed payment rates for 2017 and will post them soon.

View Proposed 2017 Medicare Facility Rates for Common GI Services

CMS will accept comments on the proposed rule until September 6, 2016, and will respond to comments in a final rule to be issued on or around November 1, 2016. The proposed rule was published in the ***July 14, 2016, Federal Register***.



Watch your e-mail for more GI reimbursement news. We expect the proposed Medicare Physician Fee Schedule to be released shortly, including proposed values for new moderate sedation services provided by the same physician who performs the underlying procedure. Additionally, we expect CMS will propose a plan for removing the value of moderate sedation from the codes that include the value, including the majority of GI endoscopy codes.

Many physicians predict mass exodus from Medicare over MACRA

Robert Lowes, Medscape

Almost four in 10 physicians in solo and small group practices predict an exodus from Medicare within their ranks on account of the program's new payment plan and its punishing penalties, a *Medscape Medical News* survey reveals.

Fifty-nine percent of physicians in practices with fewer than 25 clinicians also said they expect to receive a performance penalty as high as 4% under proposed regulations that implement the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Only 9% of physicians in under-25 groups expect a bonus, with another 12% counting on no change in compensation.

Roughly one third of physicians in small practices said merger into larger groups promises to be the most likely fallout from MACRA.

This pessimistic outlook was more than matched by reader comments on the survey, posted on May 5. "Death by bureaucratic strangulation," one emergency medicine physician wrote.

MACRA replaced Medicare's sustainable growth rate formula for setting physician reimbursement with the Quality Payment Program, which represents a shift from fee-for-service to pay-for-performance. The Quality Payment Program has two tracks: the Merit-Based Incentive Payment System (MIPS), which most physicians will initially participate in, and Advanced Alternative Payments Models for physicians more accustomed to getting paid based on how they perform on quality and cost-control measures.

None other than the Centers for Medicare & Medicaid Services (CMS) primed physicians for a glum outlook on the new payment system. In proposed MACRA regulations issued on April 27,

continued on page 4

MEMBER ALERT: Medicare proposes to remove moderate sedation from endoscopic procedures

CMS has released the proposed 2017 Medicare Physician Fee Schedule. Read below for a summary of one of the most significant issues with a potential impact on GI clinicians: moderate sedation in endoscopy.

Background on Moderate Sedation Services Under Medicare

CMS announced in 2014 that the Agency would look to separate moderate sedation services from procedure codes in all specialties, including gastrointestinal endoscopy procedures, in which the underlying service was originally valued with moderate sedation. Until now, the Agency has never placed a value on this moderate sedation work. For several years, the three GI societies have been working on behalf of Gastroenterologists to educate CMS on this issue. Our societies have been concerned that the valuation of the underlying GI endoscopic procedure codes would suffer further devastating cuts by Medicare when the value of moderate sedation is removed.

For CY 2017, CMS proposes to separate moderate sedation services from hundreds of procedure codes, including the majority of GI endoscopy procedures under Medicare Part B.

Financial Impact on Moderate Sedation

There will be no financial impact for gastroenterologists who perform their own moderate sedation. Gastroenterologists performing their own moderate sedation for endoscopic procedures will now report two codes instead of one beginning January 2017 — the procedure code and the proposed moderate sedation code.

Gastroenterologists who use anesthesia professionals will see the value of the majority of all GI endoscopy procedures reduced by 0.10 RVUs. However, the reduction is less onerous than the 0.25 RVUs recommended by the AMA Relative Value Update Committee (RUC) and implemented for all other specialties' procedures for which the value of moderate sedation is currently inherent to the procedure.

Gastroenterologists who continue to provide moderate sedation for their endoscopic procedures will report the new moderate sedation codes, and will not see a decrease in the work RVUs for the procedure.

For more details on the Proposed Values for Moderate Sedation see the chart at ***gastro.org***.

Your Voice Matters - Speak up!

1. Call and e-mail members of Congress. Have your patients and staff do the same. Find links to their contact information at ***alabamamedicine.org***.

2. Call and e-mail the AGA, ACG, and ASGE and let them know that any compromise on reimbursement is unacceptable, not even 0.1%.

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MACRA continued

CMS estimated that most physicians in groups with fewer than 25 clinicians in MIPS will get penalized in 2019 on the basis of their low performance scores in Medicare incentive programs in 2014 (failure to report data was the biggest culprit). Worst off are soloists, who have a projected penalty rate of 87%.

In contrast, CMS estimated that 81% of physicians in group with 100 or more clinicians will earn a bonus.

The proposed regulations noted that "considerable uncertainty" surrounds the forecast, explaining that physicians may respond differently to MIPS than they did to Medicare incentive programs such as the Physician Quality Reporting System in 2014. CMS Acting Administrator Andrew Slavitt went a step further in damage control by saying the estimates "don't represent reality."

In a speech to the AMA's House of Delegates earlier this month, however, Slavitt conceded that physicians who fail to report MIPS performance data to CMS "will be negatively impacted."

CMS Is Trying to Allay Physician Fears

As of June 9, 286 physicians had completed the online survey, 91% of them in practices with fewer than 25 members. In this small practice category, soloists were the least likely (6%) to expect a MIPS bonus in 2019, whereas physicians in groups of 10 to 24 members (13%) were the most likely.

CMS estimates that 54% of all physicians in MIPS will receive a bonus, most of them in practices with more than 24 members, and 46% would be penalized.

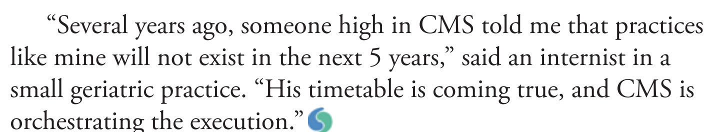
Thirty-eight percent of small practice physicians who completed the survey said the most likely trend resulting from MACRA would be the merger of smaller practices into larger ones. This trend began well before MACRA, as physicians have sought safety in numbers in response to economic pressure from Medicare and Medicaid, private insurers, hospitals, computerization, and other market forces.

Table. Small Practices Have MACRA Anxiety

	Total Physicians	**Number of Clinicians per Practice**			
Do you expect to receive a bonus or penalty under the new guidelines?		1-24	Solo	2-9	10-24
Bonus	11%	9%	6%	11%	13%
No change in compensation	15%	12%	11%	12%	20%
Penalty	55%	59%	64%	61%	33%
Uncertain	19%	20%	20%	15%	33%
	(n = 286)	(n = 260)	(n = 132)	(n = 98)	(n =30)
What do you think will be the most likely trend that results from the new CMS guidelines?					
Most soloist clinicians and small group practices will merge into larger groups	37%	34%	20%	48%	50%
Most soloist clinicians and small group practices will stay independent	11%	12%	14%	9%	10%
Most soloist clinicians and small group practices will drop out of Medicare	36%	38%	44%	34%	27%
Not sure what the most likely trend will be	16%	16%	22%	9%	13%
	(n = 286)	(n = 260)	(n = 132)	(n = 98)	(n = 30)
Source: Medscape Medical News					

CMS is trying to allay physician fears about MACRA. It has budgeted $100 million during the next 5 years to help small practices get up to speed on the law. The agency acknowledges that complying with MACRA, particularly its reporting requirements, promises to be harder for smaller practices than bigger ones, which have more financial and personnel depth. Slavitt has said that his agency will strive to make the new payment plan easier for small practices to master as it fine-tunes its regulations, which are expected to come out in final form this fall. The deadline for commenting on the proposed regulations was June 27.

It will take lots of allaying to win physicians over to MACRA, judging by some readers' comments.



"Several years ago, someone high in CMS told me that practices like mine will not exist in the next 5 years," said an internist in a small geriatric practice. "His timetable is coming true, and CMS is orchestrating the execution."

2016 AGS Membership Roster

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Join or Renew Today!

Log on to ***www.alagastro.org*** to print an application or send an e-mail to ***cmorris@alamedical.org***.

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