TEXAS ORTHOPAEDIC ASSOCIATION

Established 1936

"No Choice But to Engage in Advocacy"

September 30, 2022 | Fort Worth

www.toa.org | Bobby@toa.org

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April 14-15 2023

The St. Anthony San Antonio

TOA ANNUAL CONFERENCE

THE ONLY CONFERENCE THAT FOCUSES ON ORTHOPAEDICS IN TEXAS

THANK A TOA MEMBER

TOA is recognized as one of the nation's most successful orthopaedic organizations, and TOA proved that once again in the 2021 Texas Legislature. TOA's success on behalf of its patients and orthopaedic surgeons is only possible due to the support of TOA members.

Thank a TOA member for making this possible.

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AAOS
American Academy of Orthopaedic Surgeons

AMA
American Medical Association

A voice for private physicians since 1943.
AAPS
Association of American Physicians & Surgeons

Arthroscopy Association of North America

The OrthoForum
Benchmarking. Networking. Innovation.

AAHKS
American Association of Hip and Knee Surgeons

Pediatric Orthopaedic Society of North America

American Orthopaedic Foot & Ankle Society
Reconstruction • Sports Medicine • Trauma • Technology

The American Orthopaedic Society for Sports Medicine

Texas Orthopaedic Association
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Texas Medical Association

Harris County Medical Society
HCMS

ADVOCACY & ORTHOPAEDICS

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When your state and federal lawmakers make a decision about musculoskeletal care, ensure that they rely on your expertise.

Contact Your Lawmakers
Participate in your medical society's grassroots outreach to lawmakers.

Develop a Personal Relationship With Health Aides
Reach out to your lawmakers' health care aides via e-mail and develop a personal relationship.

Go to Events
Attend your lawmakers' town halls or fundraisers to meet them in person.

Site Visits
Invite lawmakers to visit your clinic, ASC or hospital to witness how laws and regulations affect every aspect of an orthopaedic practice and facility.

Run for Office
Both Congress and state legislatures feature orthopaedic

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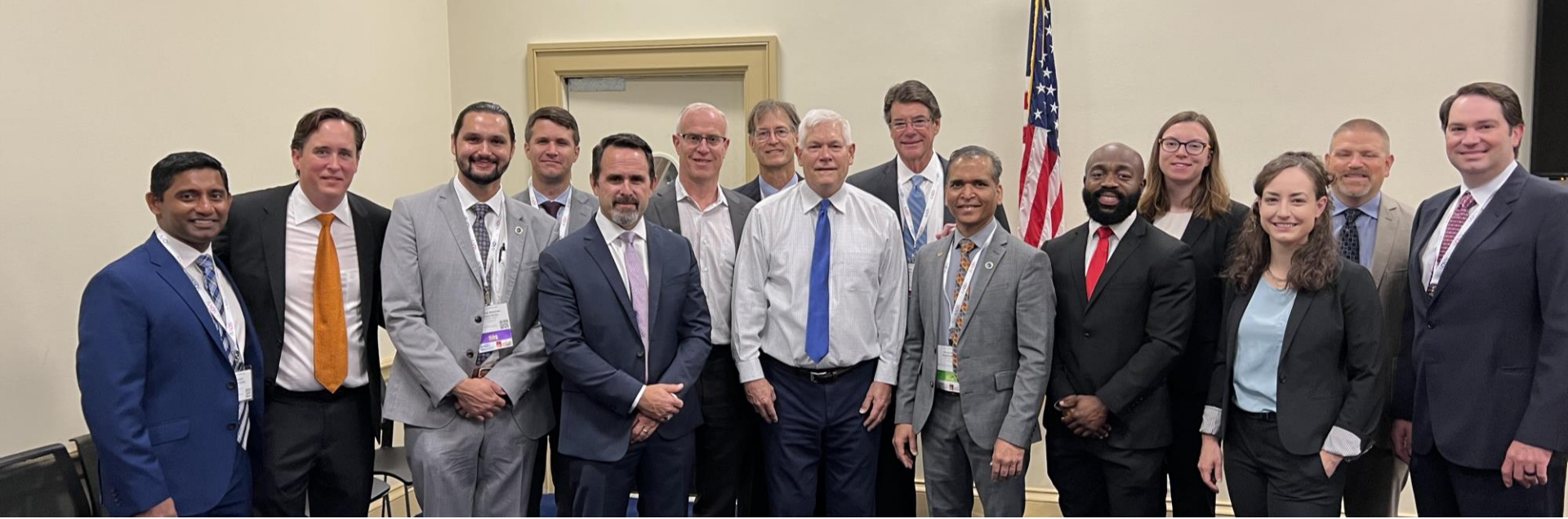
“Hospitals can own doctors, but doctors can’t own hospitals”

- Congressman Michael Burgess, MD (Texas)



"Laws and regulations affect every aspect of an orthopaedic practice. If you don't engage in the policy process, other segments of the health industry will, and you won't like the results."


TOPAC
TEXAS ORTHOPAEDIC POLITICAL ACTION COMMITTEE

Health Care PACs in Texas

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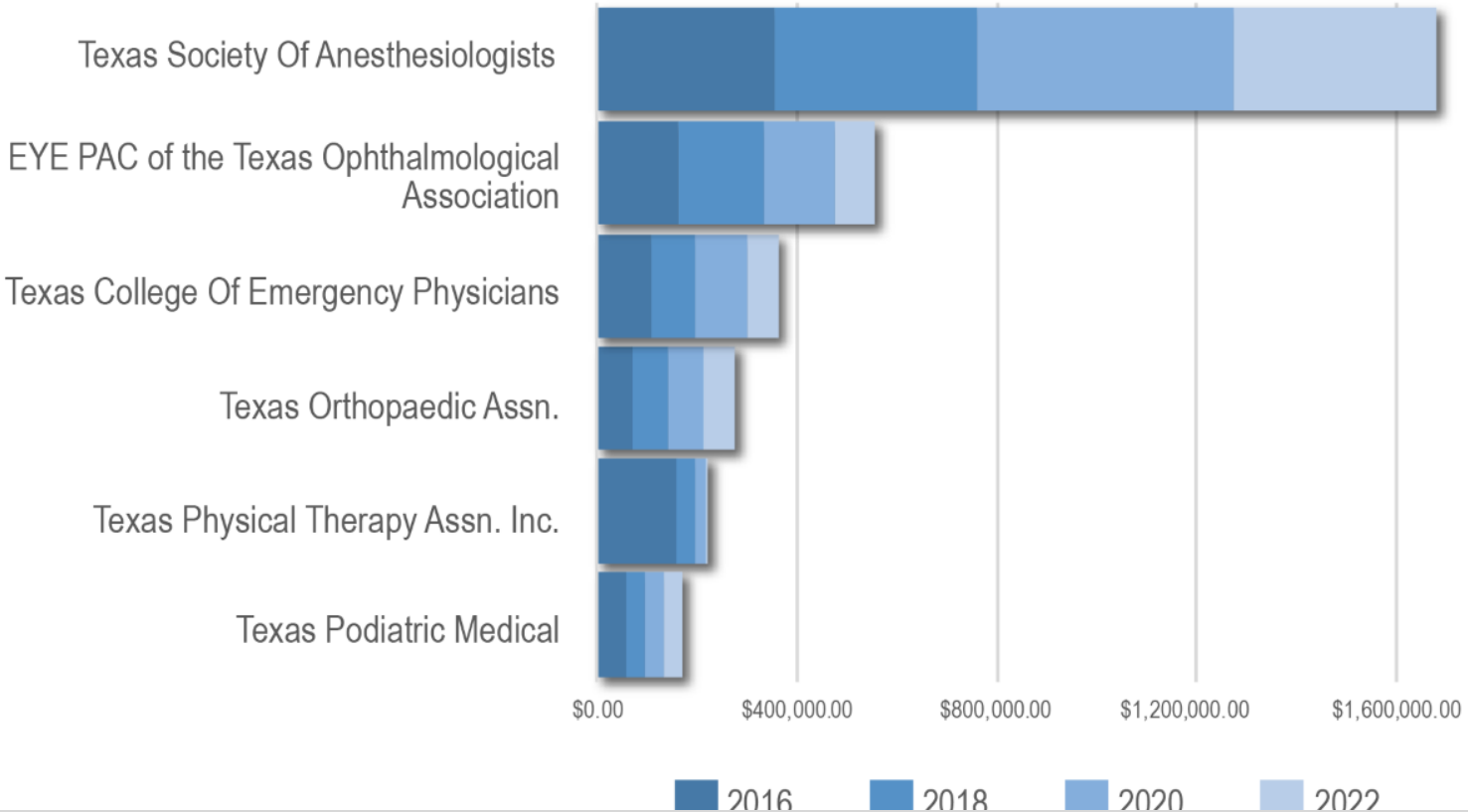
TEXAS ORTHOPAEDIC POLITICAL ACTION COMMITTEE



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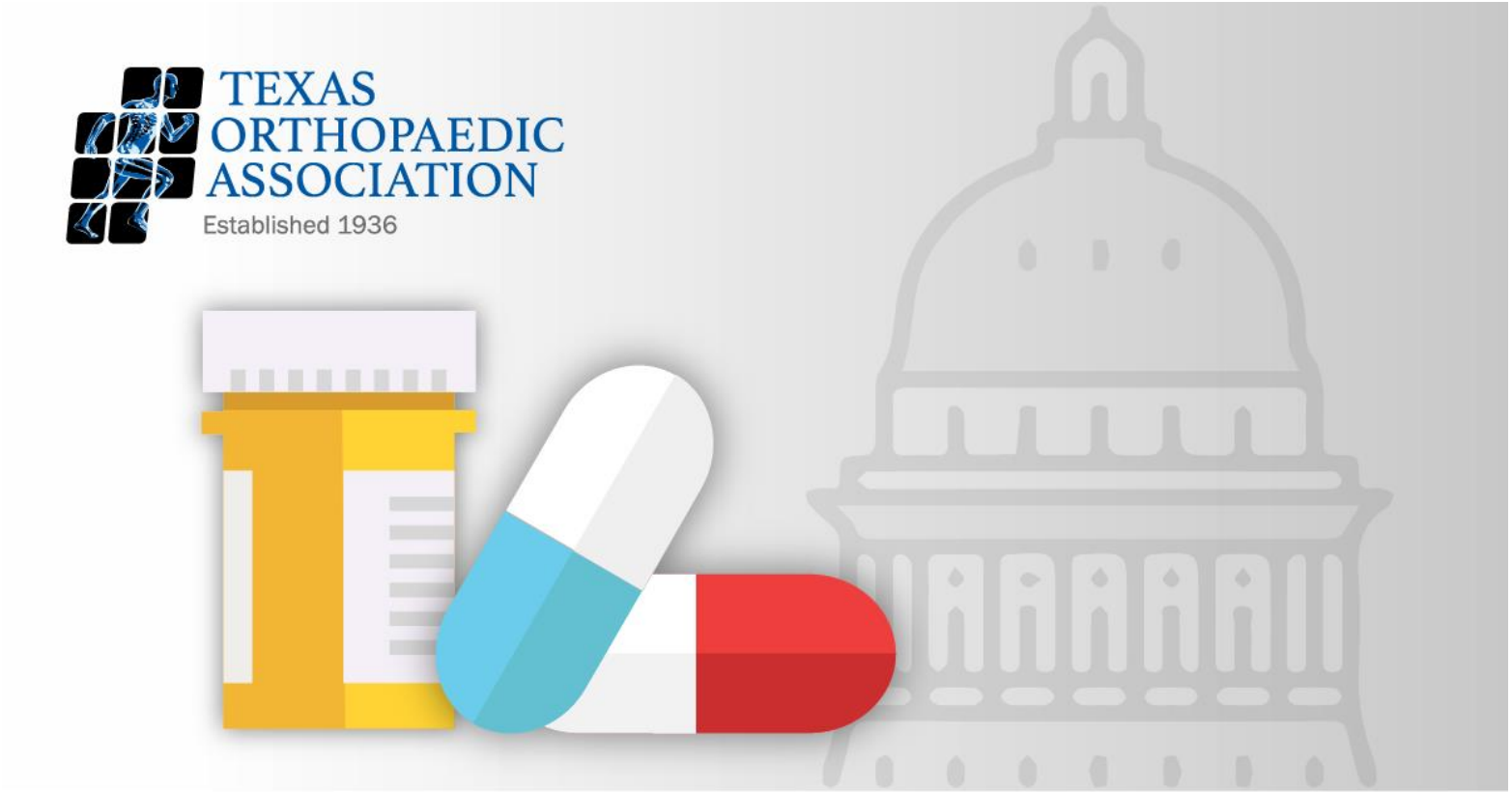
TOA's Online CME Fulfill Opioid Requirement for Licensure



Private Practice vs. Employed Legislative Issues

"The future of private practice affects every type of orthopaedic practice model in Texas: private, hospital employed and academic. Hospitals and academic centers often base salaries on market value, and what the market will pay you in a private practice is an important factor."

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Orthopaedics Telling Our Story

ONE IN TWO

Half of American Adults Have a Musculoskeletal Condition

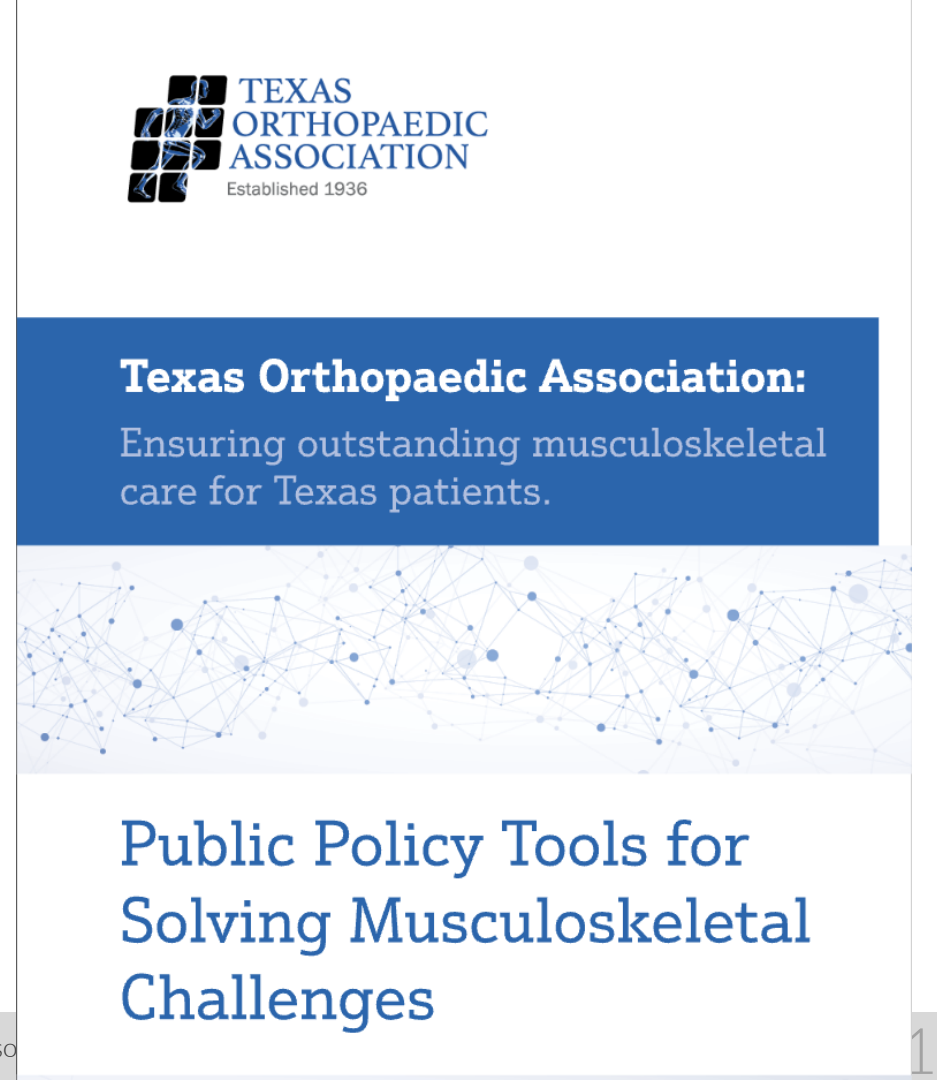
According to a 2016 report issued by the United States Bone and Joint Initiative, an estimated 126.6 million Americans (one in two adults) are affected by a musculoskeletal condition. The associated costs are an estimated $213 billion in annual treatment, care and lost wages.

IN THE PAST 3 MONTHS...

39.0% of adults experienced back pain

36.5% of adults experienced lower limb pain

30.7% of adults experienced upper limb pain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Texas Orthopaedic Association:
Ensuring outstanding musculoskeletal care for Texas patients.
Public Policy Tools for Solving Musculoskeletal Challenges

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ORTHOPAEDICS IN THE DALLAS-FORT WORTH METROPLEX

BY THE NUMBERS

10

er undergraduate work, an
hopaedic surgeon often
mpletes at least 10 years of
ucation and training.

20

The number of physician-owned hospitals in Dallas-Fort Worth area. (Based on Texas DSHS data.)

482

The number of orthopaedic surgeons practicing in the DFW Metroplex. (Based on Texas Medical Board data.)

39

Thirty-nine DFW-area ASCs contributed to the 130,000 orthopaedic same-day surgeries performed in Texas' ASCs in the 2016-17 period.

31

Percentage of participants in the Employees Retirement System of Texas who had a musculoskeletal diagnosis In FY 2017. (31.5 percent.)

23

Percentage of participan
the Teacher Retirement
System of Texas who had
musculoskeletal diagnos
FY 2017. (23.8 percent.)

SUBSTANTIAL CAPITAL

THE COST OF OPERATING AN ORTHOPAEDIC PRACTICE

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Capital Equipment

Imaging such as MRIs and x-rays to make a diagnosis; other capital equipment to support the practice.

Clinical Staff

Physician assistants, nurses, physical therapists, athletic trainers and other members of the clinical team.

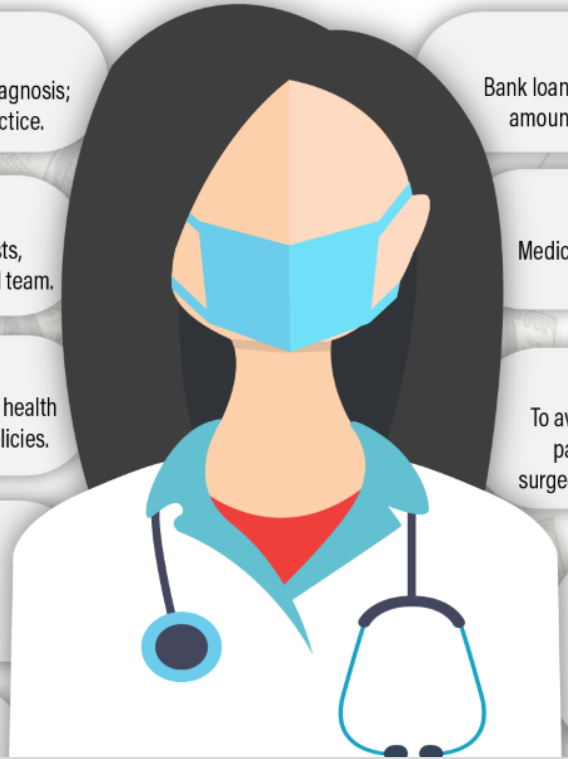
Insurance

Medical liability insurance, real estate insurance, health insurance for staff and many other insurance policies.

Administrative Staff

Staff to conduct prior authorizations, schedulers, insurance billers, marketing and other members of the administrative team.

Medical Real Estate



Finance

Bank loans are often necessary to support the tremendous amount of capital necessary to support one surgeon.

Medical Supplies

Medical supplies are greatly affected by inflation and shortages.

Marketing

To avoid a consolidated market, it is critical for patients to have health care choices, and surgeons must market their practices as a result.

Public Policy Process

Laws and regulations touch every aspect of an orthopaedic practice. As a result, orthopaedic surgeons engage in the public policy process, which requires trade association membership dues, conference attendance and political donations.

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EDUCATION & TRAINING:

A TYPICAL ORTHOPAEDIC SURGEON'S DEBT

Following undergraduate study, an orthopaedic surgeon completes four years of medical school and five years of an orthopaedic residency. Many orthopaedic surgeons go on to complete an additional year in a fellowship.

Many orthopaedic surgeons accumulate a tremendous amount of debt due to the lengthy training and education.

- Median debt: **$190,000.**
- Share of graduates with debt: **74.2 percent.**
- Share with debt of **$200,000 or more: 27 percent.**

American Medical Association: "The top 5 medical specialties with the highest student-loan debts."

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musculoskeletal system is the
dation for how we interact with the
d and experience our daily lives, through
ability to walk, run, write, and work pain
An orthopedic surgeon's job is to help
ple perform the most basic bodily
tions that make up the foundation of an
e, healthy life.

musculoskeletal system's complex
re is why orthopaedic surgeons
plete years of training before they are
ned qualified to begin independent
tice. Taking care of patients'
culoskeletal injuries, conditions, and
ases represents a time-consuming
eavor to ensure that patients have the
musculoskeletal care possible.

orthopaedic surgeon features a different
ule. This estimate is based on a 40-year-old
paedic surgeon in private practice in San Antonio.

THE ORTHOPAEDIC WEEK: A 24-HOUR, SEVEN-DAY-A-WEEK COMMITME

CLINIC HOURS
20 HOURS PER WEEK.

OPERATING ROOM
20 HOURS PER WEEK.

HOSPITAL ROUNDS
3 HOURS PER WEEK.

PATIENT COMMUNICATION
5 TO 10 HOURS OF ANSWERING E-MAILS, RETURNING PHONE CALLS, CONFERENCES, AND FOLLOW-UP CALLS.

DOCUMENTATION
15 TO 20 HOURS PER WEEK OF REVIEWING THERAPY NOTES, REVIEWING LABS, SIGNING NOTES, AND EHR ISSUES.

PATIENT AVAILABILITY
24 HOURS, 7 DAYS PER WEEK AVAILABLE TO RESPOND TO A PATIENT.

ON CALL
1 - 3 DAYS PER WEEK
24 HOURS ON CALL FOR EACH CALL DAY, AND THE HOURS VARY FROM WEEK TO WEEK.

TEACHING RESIDENTS
4 HOURS PER WEEK OF CLINIC SUPERVISION/TEACHING, 8 HOUR
PER WEEK OF OPERATING ROOM SUPERVISION/TEACHING, AND
HOURS DEDICATED TO CONFERENCE EACH WEEK.

CONTINUING EDUCATION
1-2 HOURS PER WEEK (JOURNALS, VIDEOS, AND QUESTIONS)
AND ADDITIONAL COURSES THROUGHOUT THE YEAR.

ORGANIZED MEDICINE
AT LEAST 1 HOUR PER WEEK DEDICATED TO BUSINESS MEETINGS
WITH THE PRACTICE AND FACILITIES. IN ADDITION, MANY
ORTHOPAEDIC SURGEONS VOLUNTEER WITH MEDICAL SOCIETIE
TO PROMOTE CLINICAL EDUCATION AND SOUND PUBLIC POLICY

VOLUNTEER EFFORTS
MANY ORTHOPAEDIC SURGEONS VOLUNTEER AS TEAM PHYSICIANS FOR FOOTBALL TEAMS. OTHERS PROVIDE FREE SURGERY THROUGHOUT THE WORLD.

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State & Federal Policy Insurance

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PRIOR AUTHORIZATION:

Ensure that unnecessary prior authorization hurdles do not stand in between patients and their physicians.

Austin & DC Prior Authorization

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PRIOR AUTHORIZATION: LEGISLATIVE REFORMS ARE NECESSARY

ACTUAL DENIALS

1%

AOG Orthopaedics' prior authorization data from the 2020 calendar year which included 30,000 order sets related to orthopaedic surgery, aging and procedures – resulted in a 97-percent approval rate of rvices that were never denied at any point in the authorization process.

AOG Orthopaedics' team determined that an additional 2 percent were timately approved after re-examining the denials. As a result, less than 1 rcent of the 30,000 services were completely denied.

PRIOR AUTHORIZATION:

Ensure that unnecessary prior authorization hurdles do not stand in between patients and their physicians.

THE BURDEN

5 INTERACTIONS

Despite the relatively low peer-to-peer and denial rates across these or sets, TSAOG Orthopaedics' team still has to create the infrastructure to document and track all of the order sets, on the off chance that only between one to three out of 100 will ever escalate in a significant mann

It's not just the cost of fighting denials, which requires an average of fiv interactions for each order, it's the required data provenance that contributes to the overall waste of the vast majority of prior authorizations.

1 WEEK OR MORE
1 IN 5 PATIENTS

For nearly 1 in 5 patients who sought an orthopaedic procedure or surgery through TSAOG Orthopaedics in 2020, insurance requests for additional clinical data routinely delayed a healthcare decision by one week or more.*

Source: Seventeen percent of procedure and surgical authorizations at TSAOG Orthopaedics in 2020 received requests for additional clinical data. The median time to authorization decision was 0.8 days for authorizations without clinical requests, vs. 7.8 days for authorizations where clinical data was requested.

The data are based on TSAOG Orthopaedics' 30,003 prior authorization requests in the San Antonio area during the 2020 calendar year.

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UNNECESSARY PRIOR AUTHORIZATIONS:
THE COST TO PATIENTS & MEDICINE

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Some prior authorizations have proven to be nothing more than useless exercises that simply create unnecessary hurdles in the form of delayed or denied care for patients.

Unnecessary prior authorizations also come at a cost to patients and the health care system.

PRIOR AUTHORIZATIONS
THE ANNUAL COST TO ONE TEXAS PRACTICE

- **$525,000** in Capital & Employee Costs
- **9** Full-Time Employees
- **50%** of a Manager's Time

TSAOG Orthopaedics in San Antonio estimates the $525,000 cost for 2020, which is based on 30,000 order sets related to orthopaedic surgery, imaging and procedures. The practice indicated that the $525,000 may likely be higher.

TSAOG Orthopaedics indicated that 97 percent of the 30,000 order sets were never denied. TSAOG Orthopaedics' team indicated that the remaining 2 percent were ultimately approved after re-examining the denials. Only 1 percent of

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Gold Card Prior Authorization

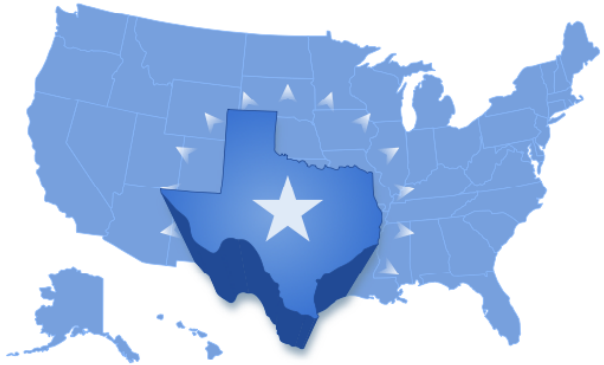
Texas Created the Nation's Model Prior Authorization Law

The 2021 Texas Legislature created the nation's model prior authorization law through HB 3549, which will:

- Prohibit a PPO or HMO regulated by the state of Texas from requiring a prior authorization for a physician who meets certain thresholds.
- If during a prior six-month period a physician was approved for at least 90 percent of prior authorizations for a particular service, that physician will not be subject to prior authorizations for that service for the next six months.
- Once the six-month period ends, the health plan may rescind the physician's exemption if it is documented that the physician did not meet certain medical criteria. The physician would have the opportunity to repeal the decision through an independent process.

TOA Recommends

The U.S. Congress and other state legislatures should pass similar prior authorization legislation to protect patients.



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BO's Estimate of the Statutory Pay-As-You-Go Effects of H.R. 3173, Improving Seniors' Timely Access to Care ct of 2021

ptember 14, 2022 | Cost Estimate

s posted to the Website of the Clerk of the House on September 14, 2022

View Document
117.6 KB

ummary

H.R. 3173 would require most Medicare Advantage plans to establish an electronic program for prior authorizations and to report new data to the Secretary that would later be made publicly available. The new data would include a list of services subject to prior authorization as well as data on several metrics specified in the legislation. For example, plans would be required to report the number of service requests that they received and the share of those requests that were denied.

In addition, plans would be required to respond to expedited requests for prior authorization of services within 24 hours and to other requests within seven days. Most provisions of H.R. 3173 would go into effect three years after enactment, but the data reporting requirements would go into effect four years after enactment. For this estimate, CBO assumes that

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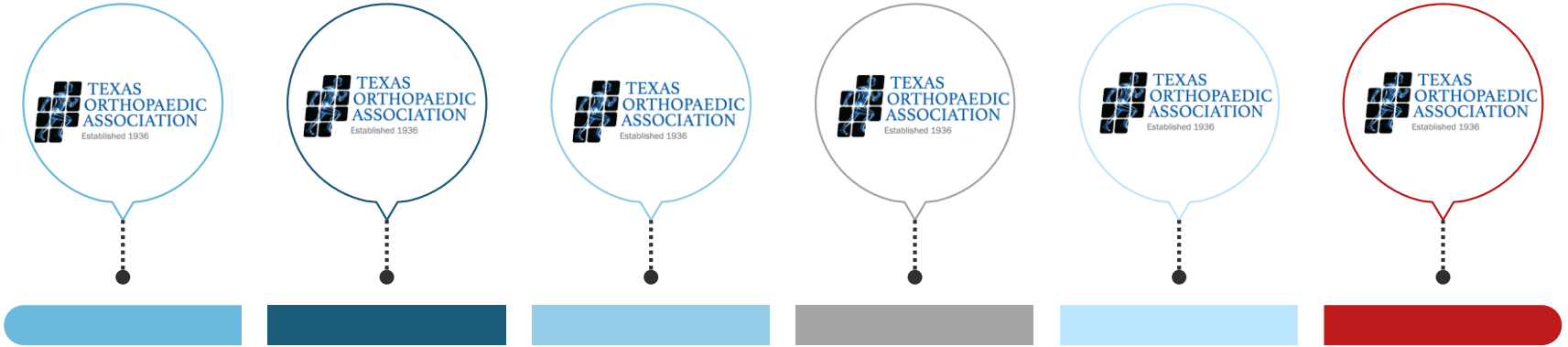
Austin & DC Out-of-Network

Austin & Washington

Surprise Billing



2009

First TX Law: Patients allowed to entire into an informal settlement with a facility-based physician for a surprise bill of $1,000 or more.

2015

Lower TX Threshold: Lowered to $500.

2017

Expanded TX Mediation: Expanded to every type of physician in a network hospital.

2019

TX Arbitration: SB 1264 creates arbitration for physicians and mediation for facilities.

2020

No Surprises Act: Congress closes out the year by passing the No Surprises Act.

Today

Regulatory: The federal government's process is live.

Ed Gaines
@EdGainesIII

Could it be that the vaulted @USCBO score of $17-
DB in “savings” due to the #NoSurprisesAct just toc
torpedo to the engine room as @EmergencyDocs &
D demand increased in the 9 yr study period of 16M
on-elderly” Pts in 15 states? #JustSayin

👇👇

5 AM · Sep 14, 2022 · Twitter for iPad

You are a valued customer, and we have cherished your partnership over the years. So, it is with a heavy heart that we inform you that the base in your community will be closing on 7 September 2022. Unfortunately, due to the pressures of the No Surprises Act (NSA), Air Methods has had to make the difficult decision to close several bases nationwide, including San Antonio AirLIFE 3 Kerrville, AirLIFE 4 Pleasanton

The decision to close these bases was not taken lightly. We worked diligently for months conducting extensive financial analysis and exploring every option possible. However, the challenges we're facing with the NSA have been difficult to overcome. In addition to that, the government has not changed Medicare reimbursement in decades making it financially unsustainable to keep these bases open.

We are aware that this will further impact access to critical healthcare services in your community so we will work closely with you to help connect you with other air medical programs in the area.

Our mission is to provide life-saving efforts to those who need us the most so it is immensely frustrating that we can no longer deliver on our mission because of challenges beyond our control.

On Aug. 19, the Feds finalized policies related to the independent arbitration process under the No Surprises Act. **Unfortunately, it comes too late and does not change the economic impact that this has had on the impacted bases across the country.**

So, it is more important now than ever to continue to reach out to our elected officials, so they

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Austin Transparency, Telemedicine, Bundled Payments & New Health Plans

PRICE TRANSPARENCY

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New Insurance Products Created by the 2021 Texas Legislature

Texas Farm Bureau – HB 3924

- Allows the Texas Farm Bureau to offer plans.
- Exempts these plans from the definition of insurance.

Texas Mutual Insurance Company – HB 3752

- Allows TMIC to offer commercial health products to its members with fewer than 250 employees (Beginning on September 1, 2023).
- TMIC must submit a report to the Legislature regarding the feasibility of the product by September 1, 2022.

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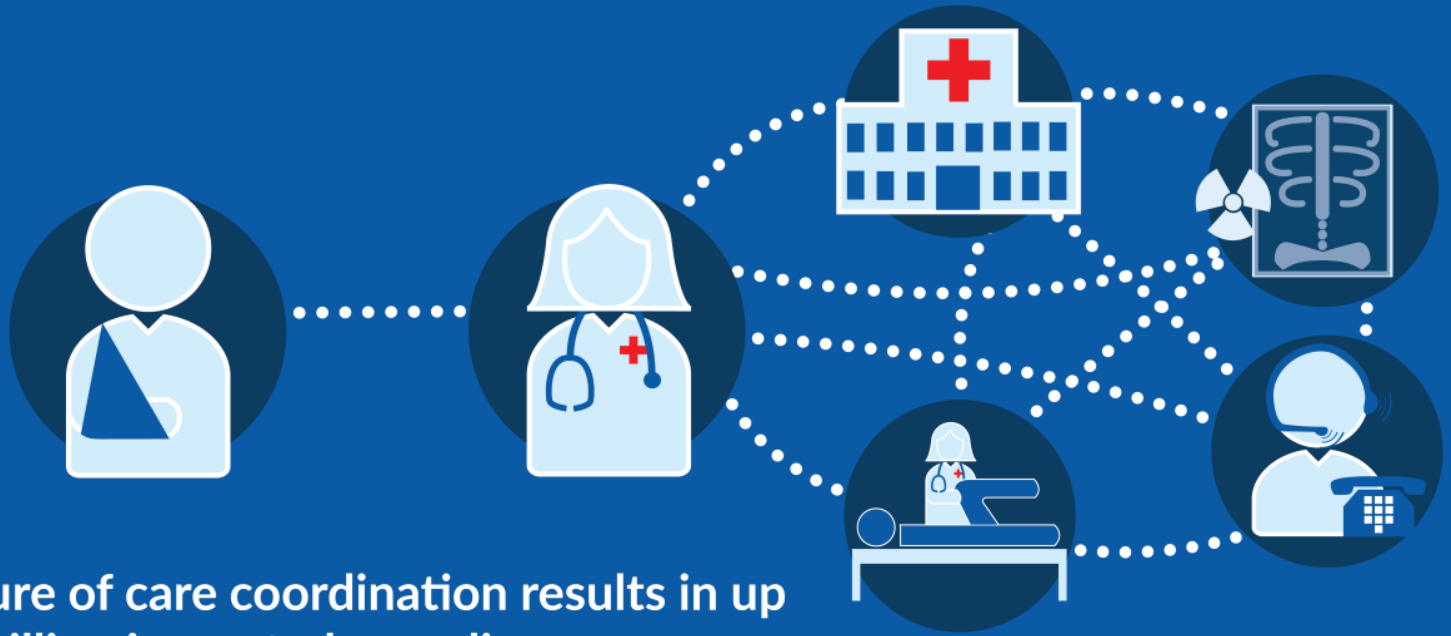
PUTTING THE PATIENT 1st : TEAM BASED CARE



The failure of care coordination results in up to $78 billion in wasted spending every year

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Medical Lawsuits Texas Legislature

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Austin Workers' Comp

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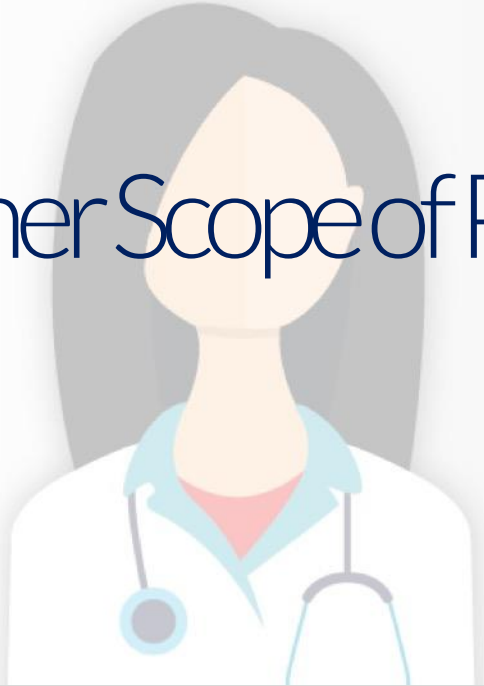

Austin Other Scope of Practice & Licensing

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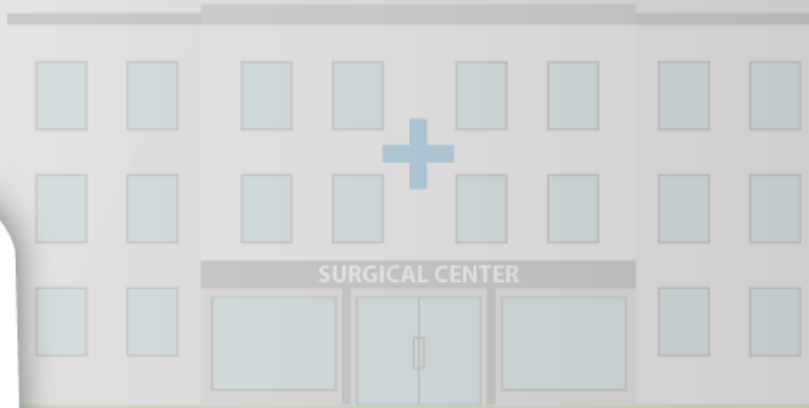
ONLY AN MD/DO IS A PHYSICIAN IN TEXAS

WHAT IS A DOCTOR?

WHAT IS A PHYSICIAN?



Texas Law: Healing Art Identification Act

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WHO IS SEEING YOU IN THE HOSPITAL?

SB 1753, WHICH WAS PASSED BY THE 2015 TEXAS LEGISLATURE, REQUIRES PHYSICIANS AND PROVIDERS WITH DIRECT PATIENT CARE IN A HOSPITAL TO CLEARLY IDENTIFY THEIR LICENSE TYPE ON THE NAME BADGE.

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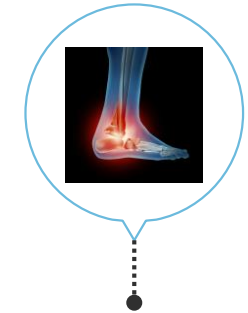
Physician Interstate Licensing Compact 2021 Law

- HB 1616 by Rep. Greg Bonnen, MD (R-Friendswood).
- Texas Medical Board went live in early 2022.
- Twenty-nine other states.

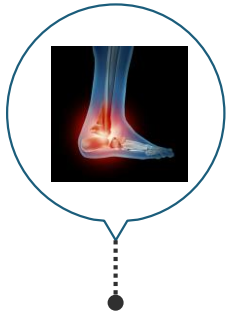
History in Texas

Podiatry



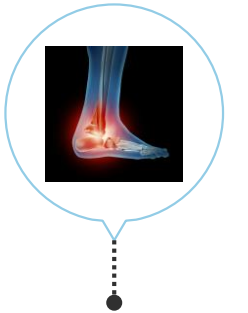
1923

Defined: "Treatment of ... human foot."



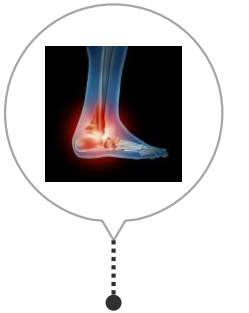
2001

Proposed Rule: Podiatry board attempts to add the ankle to the foot.



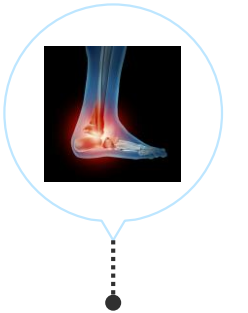
2001

Attorney General: Then-AG Cornyn issues a statement that the podiatry acted outside of its scope.



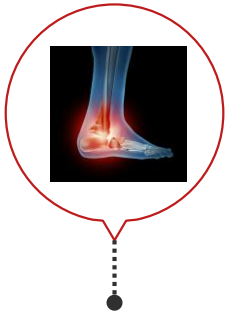
2008

Third Court of Appeals: The court ruled that it is a debate for the Texas Legislature.



2010

TX Supreme Court: The Supreme Court refuses to overturn the Third Court of Appeals; the issue remains in the Legislature.



Today

Discussion: Current state.

Texas Medical Board Attorney General Request - Anesthesia

March 26, 2019, Request

1(a). Is providing anesthesia the practice of medicine?

(b). When a physician delegates the providing and administration to a Certified Registered Nurse Anesthetists (CRNAs) does the Texas Medical Board, via the Medical Practice Act, have continuing regulatory authority over a physician's decision and process for delegating that authority to a CRNA?

2. Does the CRNA have independent authority to administer anesthesia without delegation by a physician?

KEN PAXTON
ATTORNEY GENERAL of TEXAS

RQ-0278-KP
Go to:
https://www2.texasattorneygeneral.gov/opinions/opinions/51paxton/rq/2019/pdf/RQ0278KP.pdf

Received: Tuesday, March 26, 2019

Re: Regulatory authority over the administration of anesthesia when delegated by a physician to a nurse anesthetist

Requestor: Sherif Zaafran, M.D.
President
Texas Medical Board
Post Office Box 2018
Austin, Texas 78768-2018

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Austin & Washington Rx

Opioids: By the Numbers

10 Texas lawmakers created a 10-day limit on opioid prescriptions for acute pain.

3 Three different bills requiring opioid-related CME training were signed into law. The Texas Medical Board will approve the standards.

01.01.21 e-Prescribing for controlled substances will be required beginning on January 1, 2021.

03.01.20 The new date for physicians to check the PMP.

$ Texas lawmakers secured funding for the TSBP to acquire integration license for EHRs to check the PMP.

3 Three bills related to informed consent for opioids were filed. None of the bills passed.

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Washington 2022 & 2023

Washington Under the Radar

Washington, DC The Past 12 Months

Medicare Cuts … Again

- 2022's 9.75 proposed cut turned into an actual .75 percent cut.
- New cuts slated for 2023.

Surprise Billing & ERISA

- What's next?

Some Prior Authorization Movement

- Medicare Advantage "clean up."

Addressing Consolidation

- Potential avenues.

MILITARY TREATMENT FACILITIES

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Medicare Physician Issues

MEDICARE CUTS:
DECREASING PATIENT ACCESS

Physicians face a barrage of Medicare payment cuts every year. For many physicians, Medicare represents the lowest payer, and increasing cuts make it challenging to cover the extraordinary staff and capital costs that are required to operate a practice.

Seniors deserve choices, and it is critical for Medicare and Congress to ensure that physicians have the resources necessary to see Medicare patients.

10%

Without action by Congress and Medicare, physicians faced Medicare cuts of up to 10 percent each year: 2022 and 2023.

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AUSTIN

100%

All 31 of the Texas State Senators voted to pass prior authorization reform (HB 3549) in the 2021 Texas Legislature.

WASHINGTON

40%

Approximately 40 percent of the Texas Congressional Delegation signed a letter (October 2021) urging Congressional leadership to stop Medicare's 10 percent payment cuts, which are scheduled for January 2022.

AXIOS

Driving the news: The Centers for Medicare & Medicaid Services said in a 2,378-page final rule yesterday that instead of collapsing 4 office visit codes into 1, it will collapse 3 codes into 1, and keep the highest-paying code.

- Doctors would get paid $130 for most new patient visits and $212 for the most complex new patient visits.
- Doctors would get paid $90 for returning patient visits and $149 for the most complex returning patient visits.
- Those rates could be higher if doctors attach a special "add-on" code.
- However, this will not go into effect until 2021 — giving doctors 2 years to ease into — or try to kill — the new rules.
- When asked whether the agency would consider scrapping the rule before it goes into effect, CMS Administrator Seema Verma told reporters in a conference call: "No."

2022 9.75% Medicare Physician Cuts Averted?

3.75% Conversion Factor Cut Became a .75% Cut

- A .75% cut for 2022.

2% Medicare Sequester Cut Temporarily Removed

- Eliminated from January 1 to March 31, 2022.
- 1% cut from April 1, 2022, to June 30, 2022.
- 2% cut returns on July 1, 2022.

Surgical Care Coalition

4% PAYGO Eliminated in 2022

- The 4% PAYGO offset to pay for the American Rescue Plan Act was eliminated in 2022.
- Returns in 2023.

Medicare's 2023 PFS AAOS Comment Letter

Valuations

- Arthrodesis Decompression (22630, 22633, 22634, 63052, 63053)
- Lumbar Laminotomy with Decompression (63020)

Skin Substitutes

- Proposed incident-to-supplies in non-facility setting.

E/M Policy

- "AAOS strongly urges CMS to adopt and reimburse new CPT code 993X0 for prolonger services and disagrees with the usage of new HCPCS G codes."
- Split/shared visits.

SAFE
SENIORS' ACCESS FOR EYECARE

1970 — 1st ASC

First Ambulatory Surgery Center (ASC) opens in the U.S.

1986 — Medicare Approval

Medicare-covered procedures are approved for HOPDs and ASCs and pepetuates the shift for cataract surgery.

2001 — 44% Shift to ASCs

The proportion of cataract surgeries performed at ASCs increased to 43.6%

2005 — 1st Ophthalmic OBS

First iOR OBS for cataract surgery opens.

2014 — 73% Shift to ASCs

The transition of cataract surgery in ASCs increases to 73%

2015 — CMS Proposal

CMS proposes to provide special reimbursement for in-office cataract surgery.

2016 — Study Finds OBS Safe & Effective for Cataract Surgery

The largest U.S. retrospective study of 21,501 cataract surgeries conducted at Kaiser Permanente Colorado found that OBS efficacy outcomes were consistently Excellent, with a safety profile

2022 — 100+ OBS Suites

More than 100 ophthalmic OBS suites have been successfully established in the U.S. and is growing rapidly.

40,000+ Successf Outcomes on OBS Procedures

Data collected on 18,539 cases performed in iOR office-based suites show outcomes consistently as good or better

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Medicare's 2022 PFS Regulatory Issues

Conversion Factor

- See previous slide.

Physician Assistants

- Shared/split visits.

AUC for Advanced Imaging

- Moving start date.

Defining PODs

- Request for information.

Global Codes Update

- Apply the RUC-recommended changes to the global codes?

Medicare's 2022 PFS Proposal Shared/Split Billing

March 29, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Brooks-LaSure:

On behalf of our members, the American Medical Association (AMA) and the undersigned national medical specialty societies urge the Centers for Medicare & Medicaid Services (CMS) to rescind the CY 2022 Medicare Physician Payment Schedule final rule[1] regarding who should bill for split or shared visits when elements of the visit are performed by both a physician and a qualified healthcare professional (QHP), and revise the rule after providing another opportunity for public comment on this policy. Beginning in 2023, only the physician or QHP who performs more than 50 percent of the time of the total visit can bill the split or shared visit. This policy would drastically disrupt team-based care and interfere with the way care is delivered in the facility setting. **CMS should not move forward with this policy and, instead, we urge CMS to propose an alternative policy in the CY 2023 Medicare Physician Payment Schedule proposed rule that allows physicians or QHPs to bill split or shared visits based on time or medical decision-making. Doing so will allow CMS to seek public comment from physicians and QHPs to ensure that the revised policy does not have any unintended consequences for team-based care and patients.**

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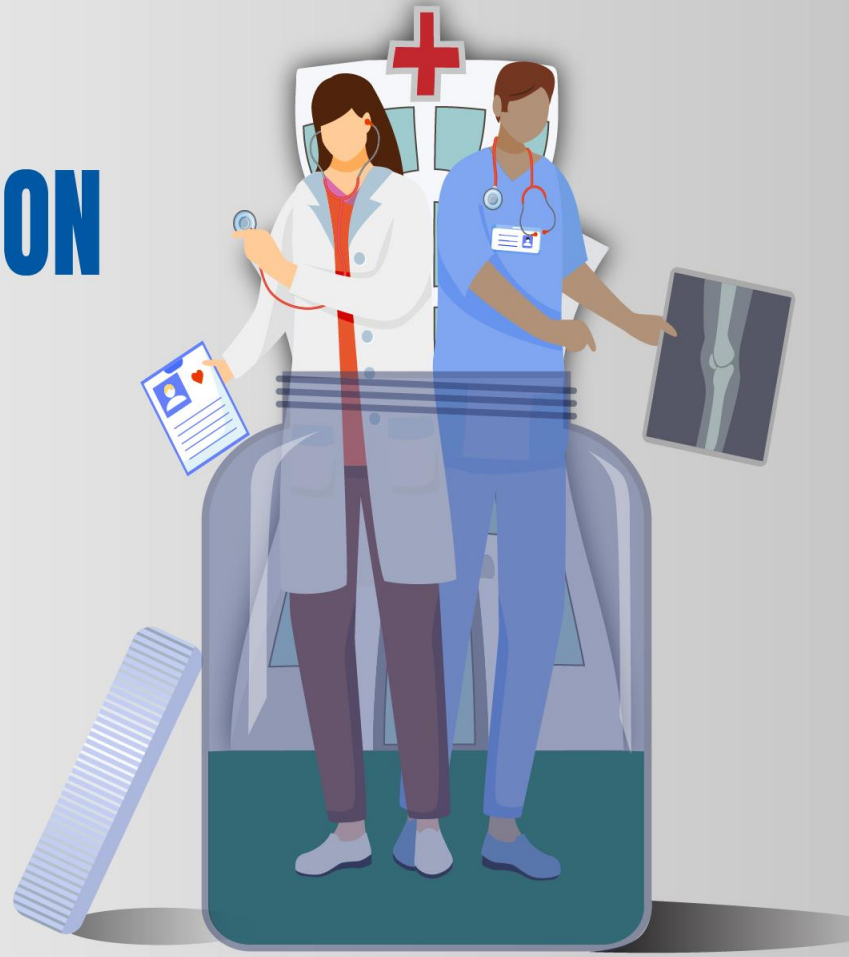
Medicare Facility Issues

THE HARMS OF HEALTH CARE CONSOLIDATION

Both the Biden and Trump administrations indicated that competition in each health care market is critical for patients, physicians, hospitals and ASCs.



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PHA
PHYSICIAN-LED HEALTHCARE FOR AMERICA

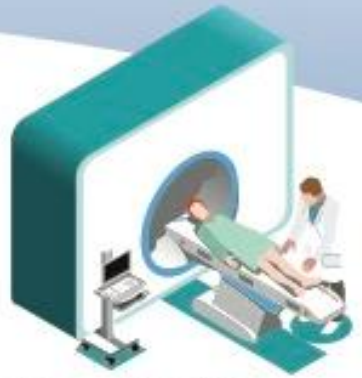
Piece in the Healthcare System

Coordination of care, higher quality and efficiency are outcomes of physician-led care, which is why the federal government has created numerous exceptions to its ban on physician ownership to ensure that patients have access to this high level of care.

One of the most important segments of the healthcare system – the hospital – continues to be denied a physician ownership exception. An anti-competitive provision by special interest groups included an arbitrary provision in the ACA that halted competition

Surgery Centers

Hospitals



Imaging

Rural Emergency Hospitals*

Value-Based

Physical

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MEDPAC 2013 Site Neutral Preview

Orthopaedics – MedPAC's initial report on the subject indicated that orthopaedic specialty hospitals would take the greatest hit.

Cardiology – "In 2013, Medicare pays 141 percent more for a level II echocardiogram in an OPD than in a freestanding physician's office."

66 services reduced to physician office levels – MedPAC identified 66 services (mostly diagnostic services with a few procedures) that could save Medicare $900 million on an annual basis:

- Bone density: axial skeleton (APC 288)
- Level II neuropsychological testing (APC 382)
- Level II echocardiogram without contrast (APC 269)
- Level II extended electroencephalography (EEG), sleep, and cardiovascular studies (APC 209)

12 groups reduced to an ASC payment rate – MedPAC identified 12 groups that could save Medicare $600 million on an annual basis:

- Nine eye procedure groups.
- Two nerve injection groups.
- On skin repair group.

CONGRESSWOMAN
VICTORIA SPARTZ
PROUDLY SERVING INDIANA'S 5TH DISTRICT

ABOUT CONTACT MEDIA ISSUES SERVICES

Enter keywords SEARCH

Spartz Introduces Healthcare Bills to Improve Hospital Competition

Legislation Endorsed By Multiple National Employer Organizations

Looking Back at 2014 Medicare's Future

Prior Authorizations for HOPD

- Congressman Kevin Brady (R-The Woodlands) introduced legislation to create prior authorization for blepharoplasty and eyebrow lift surgeries.

Global Payments

- "End to Global Payments a Nightmare."

Medicare A Big Year for ASCs in 2018

Major Shift by Medicare

- Medicare payment parity.
- Services shifting to ASCs.
- Prior authorization for certain hospital services.
- ASC vs. HOPD pricing transparency tool.
- Transfer agreements.
- Lower device intensity threshold.

The Widening Payment Gulf Parity … Finally: Medicare's 2019 Payment Proposal

2019 Through 2023; CPI-U vs. OPPS Market Basket Update

	ASC	HOPD
Inflation update factor	2.8%	2.8%
Productivity reduction mandated by the ACA	0.8% percentage points	0.8 percentage points
Additional reduction mandated by the ACA	N/A	0.75 percentage points
Effective update	2%	1.25%
Conversion factor	$46.500	$79.546

Prior Authorization for HOPD 2022 Proposal

New (7.1.21)

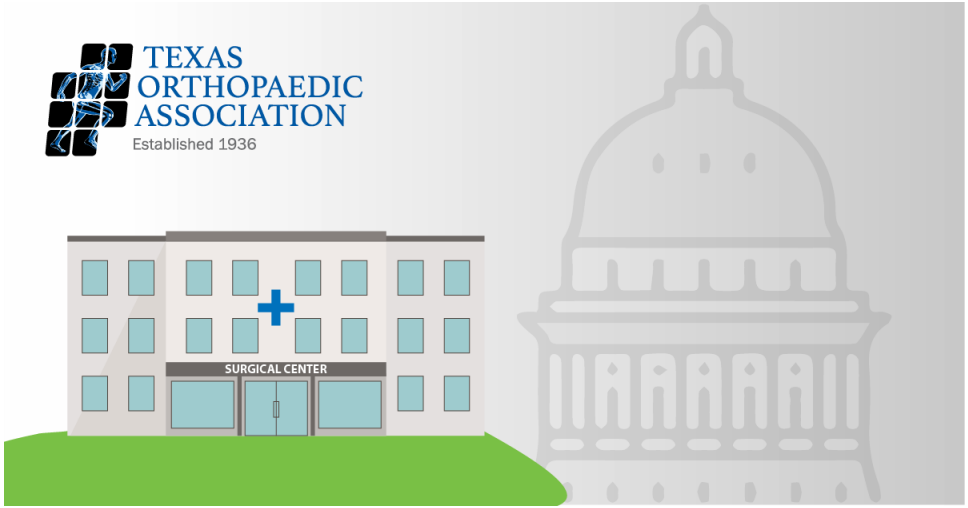
- Cervical fusion with disc removal (CPT 22551 and +22552 only]
- Implanted spinal neurostimulators (CPT 63650 only)

Removed

- CPT 63685 (Insertion or replacement of spinal neurostimulator pulse generator or receiver)
- 63688 (Revision or removal of implanted spinal neurostimulator pulse generator or receiver)

Previously Added (7.1.20)

- Blepharoplasty
- Botulinum toxin injection
- Rhinoplasty
- Panniculectomy
- Vein ablation



Prior Authorization for HOPD in 2022 AAOS Comments

"AAOS has serious concerns with the continuation of prior authorization in the outpatient setting. These concerns were previously raised in our comments on the 2020 and 2021 OPPS proposed rule and remain at present given that this year's proposed rule while not expanding prior authorization requirements did not withdraw the program. We are concerned that the continued use of these requirements will supersede physician autonomy, increase administrative burden, and negatively impact patient care. AAOS is concerned that requiring prior approval from a third-party removed from clinical decision-making erodes the doctor-patient relationship, and the ability to make decisions that are in the best interest of the patient."

AAOS' September 2021 Stakeholder Comments

Medicare's 2022 Annual Payment Proposal HOPD/ASC

Resumption of the Inpatient Only List

- The 2021 final rule would have eliminated the MSK IPO list.

AAOS Encourages the Removal from the IPO List…

- Total shoulder arthroplasty and total ankle arthroplasty for the outpatient setting.
- 27702 *"Under Repair, Revision, and/or Reconstruction Procedures on the Leg (Tibia and Fibula) and Ankle Joint"*
- 26556 *"Under Repair, Revision, and/or Reconstruction Procedures on the Hand and Fingers"*

AAOS Encourages These to Stay on the IPO List…

- 27888 *"Amputation of Foot at Ankle"*
- 28800 *"Amputation of Midfoot"*
- G0415 *"Open Treatment of Posterior Pelvic Bone Fracture…"*
- G0414 *"Open Treatment of Anterior Pelvic Ring Fracture.."*

THANK A TOA MEMBER

TOA is recognized as one of the nation's most successful orthopaedic organizations, and TOA proved that once again in the 2019 Texas Legislature. TOA's success on behalf of its patients and orthopaedic surgeons is only possible due to the support of TOA members.

Thank a TOA member for making this possible.

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TOPAC
TEXAS ORTHOPAEDIC POLITICAL ACTION COMMITTEE

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April 14-15 2023

The St. Anthony San Antonio

TOA ANNUAL CONFERENCE

THE ONLY CONFERENCE THAT FOCUSES ON ORTHOPAEDICS IN TEXAS

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