

DECEMBER 2020

Advocacy Monthly



What topics would you like to read about in the next edition of *Advocacy Monthly*? The Society would like your feedback and suggestions in order to provide you with the most relevant resources and information. Please send your feedback to communications@sts.org.

CT Surgery Wins Reprieve from Medicare Pay Cuts

In a major victory for cardiothoracic surgeons and their patients, the steep Medicare reimbursement cuts that were set to take effect in just 2 days have been avoided. Congress approved a colossal year-end package that prevents the Centers for Medicare & Medicaid Services (CMS) from implementing the cuts. The legislation includes language that:

- Delays an add-on billing code for office Evaluation and Management (E/M) services, which would have resulted in cuts to surgeon pay due to budget neutrality requirements
- Increases Medicare payments for all of medicine by 3.75%

Combined, these two actions negate nearly the entire 8% in cuts that were expected for cardiothoracic surgeons.

The Society has been involved in comprehensive advocacy efforts to stop the reduction in Medicare reimbursement payments. This past month—as part of a last-ditch effort to thwart the planned cuts—STS signed onto several letters to:

- [Congressional leaders](#), expressing concerns about the steep cuts and outlining a proposed plan to protect surgeons.
- [Representative Nancy Pelosi, Senator Mitch McConnell, and others](#), requesting that Provider Relief Fund resources be used to offset any costs associated with the prevention of the reimbursement cuts. The letter stated that this approach was “a more direct and targeted way to ensure immediate financial relief to our nation’s surgeons.”
- [Senator John Boozman](#) and others, recognizing the legislation introduced in the Senate, “[Holding Providers Harmless from Medicare Cuts During COVID-19 Act of 2020](#)” (S.5007).

- [Senator Rand Paul, MD](#), backing the [Medicare Reimbursement Equity Act of 2020](#) (S.4932), which specifically targets E/M adjustment to the global codes and would help ensure appropriate global surgical package code values in the Medicare program.

This legislative package also included “wins” that buoyed other important STS advocacy priorities: removed the arbitrary cap on Medicare funding for graduate medical education (GME) and added 1,000 new Medicare-supported GME positions at rural and urban teaching hospitals (ending a 25-year freeze); sustained current levels of funding for the Agency for Healthcare Research and Quality; and increased funding for the National Institutes of Health and the Centers for Disease Control and Prevention (CDC).

Congress Delivers PPP Access to 501(c)(6) Orgs

In the recently passed year-end COVID relief package, eligibility for the Paycheck Protection Program (PPP) was expanded to include 501(c)(6) organizations such as STS. The original CARES Act from earlier this year did not support the revenue-distressed 501(c)(6) associations; since then, STS has urged lawmakers to correct this omission. Most recently, a group of health care organizations, including the Society, sent a [letter to House and Senate leaders](#), imploring them to grant 501(c)(6) organizations the same PPP access as other nonprofits, which would help alleviate financial hardship caused by the COVID-19 crisis.

STS Backs Funding Requests for CDC Office on Smoking and Health

Because e-cigarette and tobacco use, especially among kids and young adults, is a key STS advocacy priority, the Society joined a [Campaign for Tobacco-Free Kids letter](#), requesting increased funding for the CDC Office on Smoking and Health (OSH). Additional budget dollars would allow the OSH to strengthen efforts that address the epidemic of e-cigarette and tobacco use and expand programs to assist regions disproportionately harmed by tobacco use. The OSH is the lead federal agency for comprehensive tobacco prevention and control.

Hospital Readmissions Reduction Program Penalizes Most Facilities

STS is keeping a close eye on the Hospital Readmissions Reduction Program (HRRP)—a Medicare value-based purchasing program that encourages hospitals to take certain steps in order to reduce avoidable readmissions. According to CMS, 82% of facilities that are part of the HRRP in FY 2021 have been penalized for readmitting too many patients. The average payment adjustment factor was approximately a 0.69% reduction in Medicare reimbursements. CMS already has altered the HRRP and other similar programs to accommodate hospitals during the COVID-19 crisis, and the agency has indicated that it may suspend the program in the future if the public health emergency continues to impact hospital performance. A “look-up” [search tool](#) is available to see which hospitals will experience penalties.

Advocacy Extras

- A coalition of organizations concerned with **environmental health**, which included the Society, recently met with the Biden transition team. The group discussed environmental health hazards, focusing on topics such as water pollution and National Ambient Air Quality Standards. STS was particularly interested in the conversations about the effects of poor air quality on lung health and strategies for promoting a healthier environment. The Society will continue to work with the new Administration to promote cardiothoracic surgery priorities in the environmental health space.
- [Grassroots advocacy](#), [Medicare reimbursement](#), [payment bundling](#), and [STS-PAC](#) are the newest topics in the **Society’s 8 in 8 Series**. Each informative video is narrated by an expert and covers one topic using eight slides in approximately 8 minutes. The free [8 in 8 collection](#) also features various critical care and general thoracic topics.
- The [2021 STS Coding Workshop: Best Practices for Cardiothoracic Surgery](#) will take place virtually February 12-13, 2021. The meeting will highlight the latest coding and reimbursement updates affecting cardiothoracic surgical practices, with special attention to E/M coding changes. The course also will include a session on the physician’s role in documentation and reimbursement. Delivered through an online platform, the event will feature live and recorded sessions. [Registration is open](#), with early bird discounts available until January 14, 2021.

February 12-13 **CODING WORKSHOP**
2021 Best Practices for Cardiothoracic Surgery



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Surgeons**

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