



American Association of Oral and Maxillofacial Surgeons



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Federal Affairs

[House Passes Bill to Repeal ACA; Both Chambers See AAOMS-supported Legislation Introduced](#)

On February 3, the House passed a bill ([HR 596](#)) to repeal the Affordable Care Act (ACA) and provide instructions to specific House committees for crafting replacement legislation within 180 days of the bill's passage. The White House has said it will veto the bill if it advances to President Obama. The vote marks the first time during the new 114th Congress that either Congressional chamber has voted to repeal the ACA. It is also the 56th time House Republicans have voted to repeal or modify the law since it was enacted. Although the ACA has yet to be repealed, House Ways and Means Committee Chair, Rep. Paul Ryan (R-WI) has indicated that if it does, he and a few other House Republicans will introduce a bill by the end of March that offers a "full replacement" plan for the law.

Several AAOMS-supported bills have been introduced since the 114th Congress convened in January. Just two days into the new Congressional session, Sen. John Cornyn (R-TX) introduced a bill to repeal the Medicare Independent Payment Advisory Board (IPAB) from the ACA. The Protecting Seniors' Access to Medicare Act ([S 141](#)) has been supported by AAOMS since 2011. In mid-January, Sen. Orrin Hatch (R-UT) reintroduced his bill ([S 149](#)) to repeal the 2.3% tax on medical devices from the ACA. The text of this bill is identical to its companion in the House ([HR 160](#)), which was introduced by Reps. Erik Paulsen (R-MN) and Ron Kind (D-WI). With 32 and 273 cosponsors respectively, many insiders consider these two bills the most likely of the current bills to repeal or modify the ACA, to be passed. In late January, two other bills of importance to AAOMS were reintroduced from the 113th Congress. Rep. Robin Kelly (D-IL) reintroduced the ADA-initiated Action for Dental Health Act ([HR 539](#)), which would improve essential oral health care for lower income individuals by breaking down barriers to care via grant programs, and Congressman and dentist Paul Gosar (R-AZ) reintroduced his Competitive Health Insurance Reform Act ([HR 494](#)), which would reform federal antitrust guidelines for health insurance companies. AAOMS signed onto coalition letters in support of HR 539 and HR 494, and [HR 509](#), the Student Loan Interest Deduction Act of 2015, which would amend the federal tax code to increase the maximum tax deduction for interest paid on any qualified education loan and repeal the income limitation for claiming the deduction.

AAOMS will monitor these and other bills of importance to the specialty and comment when appropriate.

2015 AAOMS Federal Legislative Priorities

The AAOMS Board of Trustees recently approved the Committee on Governmental Affairs' recommendation that the following issues be the association's 2015 federal legislative priorities:

- Support for repeal of the 2.3% excise tax on medical devices as provided for in the Affordable Care Act (ACA)
- Support for student loan repayment reform
- Support for expanding availability and usage of Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs)

AAOMS members attending the March 17-18 [AAOMS Day on the Hill](#) will advocate in support of these issues during their congressional visits on Capitol Hill. AAOMS will also develop in the coming weeks grassroots campaigns on these issues and will encourage all OMSs to ask their members of Congress to support them.

State Affairs

South Dakota Adopts ADA Definition of Dentistry

Earlier this month, South Dakota Governor Dennis Daugaard (R) signed legislation ([HB 1045](#)) that adopts the American Dental Association (ADA) Definition of Dentistry. The definition, which was included in a larger dental practice act package, was promoted by the South Dakota Dental Association. The ADA definition was adopted by the ADA House of Delegates in 1997, and is supported by the AAOMS. More than 20 states now have the ADA definition of dentistry in their Dental Practice Act. The new law takes effect July 1, 2015.

Health Information Technology

Electronic Health Record Incentive Program Payment Adjustments

If you are a Medicare provider and received a letter addressing "Medicare Electronic Health Record (EHR) Incentive Program CY 2015 Payment Adjustment for Eligible Professionals," you were likely notified that you would be subject to a 1% reduction in your covered professional services payable by Medicare. These payment adjustments have been advertised since 2009, when the HITECH Act was enacted, creating the "[meaningful use](#)" program. The voluntary program was created to incentivize providers to adopt [certified electronic health records](#) and use them in a [meaningful way](#). While the incentive program is voluntary, [the payment adjustments](#) are not. Providers do have a limited number of options:

- If you received a payment adjustment notification and [feel that this was in error](#), you have the option to [apply for CMS to reconsider the payment adjustment](#). Applications must be submitted by February 28, 2015, completed in full and CMS will address these on a case-by-case basis.
- If you utilize a certified EHR and met the definition of meaningful use in 2014, don't forget to [submit your attestations](#) by **February 28, 2015**. All eligible providers are required to attest to demonstrating meaningful use every year to avoid a payment adjustment.
- If you do not utilize a certified EHR, or are unable to meet the qualifications of meaningful use, you may qualify for a hardship exception for 2016. The application and instructions will be posted to [CMS's Payment Adjustments & Hardship Exceptions Web page](#) when they become available. AAOMS will advertise the availability of the application in the publication once it becomes available.

If you have any questions regarding the meaningful use program or the 2015 payment adjustments, you are encouraged to contact CMS at (888) 734-6433.

Practice Management

CMS Payment Adjustments for Non-Participating Providers

Last fall, CMS sent letters to OMSs who did not successfully participate in PQRS during calendar year 2013, informing them they would be subject to a 1.5 percent payment penalty in 2015. The 2015 penalty, as well as future PQRS penalties, will apply to all eligible professionals (EPs), regardless of whether they are enrolled as a participating or non-participating Medicare provider.

The PQRS negative payment adjustment will be reflected in the provider's Medicare reimbursement for those participating in Medicare. For those enrolled as a non-participating provider, the limiting charge billed to patients will need to be reduced 1.5 percent since Medicare does not directly reimburse non-participating providers. All Medicare Administrative Contractors (MACs) currently have a list demonstrating the limiting charge amount after the PQRS negative adjustment has been applied and posted on their websites. CMS has provided the following [notice and example](#) of the limiting charge as it is applied to the Medicare fee schedule. Please visit your MAC's website for more information.

PQRS Submission Deadline

If you haven't submitted your PQRS measures for the 2014 calendar year, you still have time to avoid reimbursement penalties in 2016 for failure to do so. On February 18, 2015, the Centers for Medicare and Medicaid Services (CMS) announced they have extended the deadline until March 13, 2015 for those submitting measures via a qualified registry such as the PQRS Wizard. For more information on the AAOMS PQRS Wizard available to OMSs, visit the [AAOMS website](#).