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A Message from the Public Policy Committee and Private Sector Advocacy Task Force Chairmen

Your American College of Mohs Surgery remains the sole voice of Mohs surgeons in our nation's capital, actively lobbying Congress, the Administration, and private payers on behalf of Mohs surgeons and the patients we serve, in concert with our mission and vision.

Engaging with federal policy makers and private insurers remains a strategic imperative for the College. For this reason, the Public Policy Committee (PPC) and Private Sector Advocacy Task Force (PSA TF), under the guidance of the Board of Directors, will continue to invest in advocacy to address the issues that impact you and your patients.

In this year’s Advocacy Report, we highlight some of our most noteworthy accomplishments in 2015-2016 and highlight ongoing legislative and regulatory priorities for the coming year. Your individual attention, action and support are critical to furthering these efforts, and I personally challenge you to get involved in public policy at a local, state or federal level. Given the critical issues being decided in Washington, DC, and state capitals across the nation, you can no longer afford not to consider advocacy as part of your job description.

Brent R. Moody, MD, FACMS
Chair, Public Policy Committee

Howard W. Rogers, MD, PhD, FACMS
Chair, Private Sector Advocacy Task Force
2015 ACMS Advocacy Conference

The ACMS hosted its second annual Advocacy Conference in Washington, DC, where Mohs surgery leaders met with policymakers to discuss legislative and regulatory priorities of importance to Mohs surgeons and their patients.

Leaders from the ACMS first met with Congressman Michael C. Burgess, MD (R-TX-26), to learn about health care reform efforts following passage of the Medicare Access and CHIP Reauthorization Act (MACRA), which repealed the flawed Sustainable Growth Rate (SGR) and replaced it with a two-track Medicare physician payment system. William Rogers, MD, ICD-10 Ombudsman and Director of the Physicians Regulatory Issues Team (PRIT) for the Centers for Medicare and Medicaid Services (CMS) discussed efforts to reduce regulatory burden on practicing physicians, as well as provide insight into the process for developing local and national coverage decisions. Representative Phil Roe, MD (R-TN-1) followed with remarks about new and emerging health care priorities in the House of Representatives in the post-SGR world. The congressman also emphasized the value of developing relationships with policymakers, particularly as health care issues continue to take center stage in the Congress and as MACRA implementation ensues.

Senior staff from the Senate Finance Committee provided details into the new MACRA programs, including the Merit-Based Incentive Payment System (MIPS) and alternative payment models (APMs). Eric Anthony, Legislative Director for Congresswoman Rosa DeLauro (D-CT-13), discussed efforts to improve network adequacy in Medicare Advantage (MA) through the congresswoman’s legislation, the “Medicare Advantage Participant Bill of Rights Act of 2014” that was first introduced in the 113th Congress. Helen Burstin, MD, MPH, Chief Scientific Officer with the National Quality Forum (NQF), provided insight into the development of quality metrics and how they will be used in future health care payment models under MACRA, with an emphasis on quality metrics in clinical data registries.

Mohs surgeons departed for Capitol Hill to meet with their elected representatives, including then-Presidential candidate Rand Paul, MD, who heard Mohs surgeons’ ideas for how to improve program integrity efforts in the Medicare program.
Dr. Maral Skelsey (L) with House Minority Leader Nancy Pelosi (CA)

ACMS Executive Director Rebecca Brandt, CAE with former MLB pitcher Derek Lowe
Capitol Hill Skin Cancer Prevention Health Fair

In cooperation with the Congressional Skin Cancer Caucus, the American Academy of Dermatology Association (AADA), and other skin cancer prevention advocates, ACMS leaders participated in a Skin Cancer Prevention Health Fair at the US Capitol Visitors Center. Former Major League Baseball pitcher Derek Lowe, a skin cancer survivor and advocate, joined in support of the cause and provided insight into his efforts to improve skin cancer awareness in professional baseball. Dr. Maral K. Skelsey and Executive Director Rebecca Brandt, CAE, represented the ACMS, educating fair participants about the highest-quality, most cost-effective skin cancer treatment, Mohs micrographic surgery, and briefed legislators and staff about other legislative priorities of the College that impact Mohs surgeons’ ability to continue providing skin cancer care and treatment. The ACMS will continue to engage in this annual event on Capitol Hill.

Preserving In-Office Compounding

Since the New England Compounding Center (NECC) meningitis outbreak, which resulted in 64 deaths, Congress strengthened standards for non-traditional compounding through passage of the Drug Quality and Security Act (DQSA), directing the US Food and Drug Administration (FDA) to improve its oversight and enforcement activities. With the increased scrutiny, the United States Pharmacopeia (USP) and Federation of State Medical Boards (FSMB) have taken a harsh view of physician in-office compounding. The USP recently proposed to scrap its risk-based approach to sterile compounding, which, if finalized, would disallow use of the aseptic technique in-office, commonly used by Mohs surgeons. The FSMB, which represents the 70 state medical and osteopathic regulatory boards—commonly referred to as state medical boards—has taken a stronger position, drafting model policy for adoption by its members that would encourage physicians to limit compounding activity to non-sterile preparations.

The ACMS, along with other affected medical specialties, continue to press for a return to a risk-based approach for physician compounding.
Private Sector Advocacy Task Force Chairman Dr. Howard Rogers and ACMS President Dr. John Albertini at the CMS Administrator’s office.
Maintaining Access to Skin Cancer Care

ACMS President John G. Albertini, MD, and PSA TF Chairman, Howard W. Rogers, MD, PhD, met with Sean Cavanaugh, CMS' Deputy Administrator and Director of the Center for Medicare, and Shari Ling, MD, Deputy Chief Medical Officer in the Center for Clinical Standards and Quality (CCSQ), to share potential strategies for addressing network adequacy in Medicare Advantage through the Star Ratings program.

Drs. Albertini and Rogers provided a brief overview of the College and fellowship training, the value of Mohs surgery compared to other skin cancer treatment options, and the impact of narrowing networks on access to skin cancer care. They emphasized that better alignment across Medicare Advantage Star Ratings and physician-level quality improvement programs were key to evaluating quality across programs. The ACMS also recommended the development of focused Star measures that would favorably recognize Medicare Advantage plans whose in-network physicians are engaged in clinical practice improvement activities, including fellowship training, which may incentivize plans to add Mohs surgeons to their panels. The ACMS continues to dialogue with CMS about these and other potential options for improving access to skin cancer care and treatment.

Correcting Erroneous Payment Policy

The dialogue between ACMS President John G. Albertini, MD, and Public Policy Committee Chairman Brent Moody, MD, led Contractor Medical Directors (CMDs) with Novitas Solutions, Inc., a Medicare Administrative Contractor (MAC) covering multiple regions, to revise a flawed Local Coverage Determination (LCD) for Mohs Micrographic Surgery (MMS) (L34961), which disallowed MMS services to be reimbursed when performed in the hospital outpatient department (HOPD).

Novitas explained in a letter to ACMS that, “When the [MMS] services are performed in a hospital setting (including outpatient hospital POS 19 and 22), the processing and reading of the slides is performed by the hospital lab and pathologist. Therefore, the professional provider would not be able to bill for the complete service which is required in order to submit a claim to Novitas for MMS.”

ACMS compiled evidence refuting Novitas’ supposition, including signed affidavits from hospital pathologists explaining that Mohs surgeons did in fact perform all components of MMS and that hospitals were not billing for these services. ACMS also contacted William Rogers, MD, in CMS' Washington, DC office, to assist with expediting a correction. Within just a few days, the inappropriate claims edit was removed and Mohs surgeons were again being reimbursed for MMS in the HOPD.
Improving Local Coverage Policy

The ACMS closely monitors the development of local coverage policy by MACs and provides thoughtful input when policies are egregious, hindering beneficiary access to skin cancer care and treatment. This year ACMS leaders, in collaboration with the ACMS Scientific Advisory Committee (SAC), influenced changes to MMS LCDs with multiple MACs, including Novitas Solutions, Noridian Administrative Services and Wisconsin Physician Services to reflect published Mohs Appropriate Use Criteria (AUC) and guidelines developed by the National Comprehensive Cancer Network (NCCN).

In comments to a recent Request for Information regarding the awarding and administration of MAC contracts, the ACMS urged CMS to consider holding MACs accountable for performance in new areas, including interpretation and application of Medicare requirements. Specifically, the ACMS urged the agency to leverage its authority to audit LCDs and require MACs to address inconsistent policies, as well as develop a penalty structure for those MACs that develop LCDs inconsistent with Medicare’s requirements. CMS was also urged to publicly report audit results.

Engaging on Value-Driven Health Care

MACRA implementation is underway at a feverish pace, with proposed requirements for MIPS and APMs expected this spring. CMS initiated multiple pre-rulemaking activities to collect feedback that would inform the development of its proposals; the ACMS participated at each opportunity to ensure Mohs surgeons would have the ability to meaningfully engage in new value-driven health care payment and delivery models. The ACMS’ comments have focused on seeking improvements in cost and resource use measurement, as well as offering multiple clinical practice improvement activities appropriate for Mohs surgeons under MIPS.

The ACMS is also working to establish a clinical data registry that could serve as a clinical practice improvement activity for Mohs surgeons under MIPS. The registry will focus on improving the quality of Mohs surgery, and be useful in demonstrating the quality and value of Mohs surgery to public and private payers.

Through working groups of the National Quality Forum (NQF), the ACMS will continue to engage with other stakeholders on ways to improve the measure development process, which will be key as measures are considered and adopted by MACRA programs.

A detailed summary of CMS’ proposals is forthcoming. CMS is expected to finalize its policies as part of the 2017 Medicare physician fee schedule in November 2016. The first performance year for MIPS will be 2017; payment adjustments based on providers’ composite performance score will begin January 1, 2019.
(L-R) Dr. Brent Moody, Sen. Sherrod Brown (OH), Dr. Howard Rogers and Dr. Erin Gardner during the Alliance of Specialty Medicine Advocacy Conference
Expanding Advocacy Efforts through Collaboration

The ACMS has significantly expanded its reach in Washington as a member of the Alliance of Specialty Medicine (the Alliance), a big plus for a small subspecialty. The Alliance is a broad coalition of national medical societies representing specialty physicians in the United States dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care.

In July 2015, Mohs surgeons Drs. Brent Moody, Howard Rogers and Erin Gardner participated in the Alliance’s Annual Advocacy Conference, hearing from Congressional leaders and staff, as well as senior officials from the Centers for Medicare and Medicaid Services (CMS), about important legislative and regulatory proposals that will impact specialty physicians. The Alliance fly-in also provided the ACMS participants with an opportunity to visit with other specialty physician organization leaders to garner support on issues important to Mohs surgeons, including network adequacy and efforts to eliminate the in-office ancillary services exception (IOASE) to the Stark Law.

This summer, the ACMS will expand its presence at the Alliance Advocacy Conference, doubling the number of Mohs surgeons in attendance to engage on top legislative and regulatory issues that impact specialty medicine.

The ACMS continues to also engage in the American College of Surgeons (ACS) convened “Globals Coalition” which successfully staved off efforts to unbundle 10- and 90-day global surgical services, which would have reduced access to important skin cancer care and treatment by eliminating payment for discrete services included in the global surgical package, but not separately reimbursable. Congress recently required CMS to conduct a robust study of global surgical services. The ACMS will continue to work with the ACS coalition to ensure fair and appropriate implementation of the mandated study.
Strengthening Recognition in the House of Surgery

Since 2012, the ACMS has served as a member of the Surgical Coalition of the AMA. According to the ACS, the Caucus provides a forum at each session of the AMA House of Delegates for discussion and recommendations concerning professional and socioeconomic issues of interest to surgeons. ACMS PPC member Dr. Michel McDonald represents the Mohs College in this activity, sharing the Mohs surgeons’ perspective on the important issues and concerns shared with the broader surgical community.

The ACMS has also engaged in a dialogue with ACS leadership about ways to collaborate to improve the quality of surgical care. Through this dialogue, ACS encouraged the ACMS to promote ACS affiliate membership among fellowship-trained Mohs surgeons.

Increasing Access to Skin Cancer Prevention

The ACMS continues to serve as the physician voice in the Public Access to Sunscreens (PASS) Coalition, which played a key role in helping see through passage of the Sunscreen Innovation Act (H.R. 4250/S. 2141) in the 113th Congress. The bill was one of the few signed into law during 2014. Through PASS, the ACMS continues to advocate for consumer access to new sunscreen products by encouraging the Food and Drug Administration (FDA) to establish a framework for approval of the next generation of Over-The-Counter (OTC) sunscreens.
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About the ACMS

The American College of Mohs Surgery (ACMS) is a membership organization of more than 1,300 fellowship trained skin cancer and reconstructive surgeons specializing in the Mohs micrographic surgical technique used to treat skin cancer.

The ACMS serves as the voice of the specialty, promoting and advancing the highest standards of patient care through fellowship training, research, education and public advocacy.

The organization was founded in 1967 by Dr. Frederic E. Mohs, who pioneered the highly specialized and precise technique that removes skin cancer in stages, one tissue layer at a time, resulting in minimal damage to the surrounding healthy tissue and the highest potential cure rate, at up to 99%. Dr. Mohs served as the first president of the College.

The ACMS is the only organization that requires members to have completed an extensive one- to two-year fellowship training program after completing their years of residency training.

Learn more:

www.mohscollege.org

www.skincancermohssurgery.org

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- Physicians IPAB Coalition
- National Quality Forum
- National Council on Skin Cancer Prevention
- AAAHC