PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 03-09-2009 MEETING
To Be Reported During 06-01-2009 Meeting

CMS Requests

Recommendations	Respondent	CMS Response
Agenda Item E — Value-Based Purchasing Final Rule		
67-E-1: PPAC recommends that in CMS' future planning for value-based purchasing programs, the following be included: • Measurement of physician participation in quality-enhancement processes • Recognition that a patient population's socioeconomic factors have an impact on achieving ideal patient outcome goals • Recognition that a patient population's co morbidity has an impact on achieving ideal patient outcome goals • Continuation of the use of recognized, reasonable consensus guidelines. The best source at present is the American Medical Association's Physician Consortium for Performance Improvement (PCPI). • Initiation of a discussion on enhancing patient education, activation, and motivation for participation in care **67-E-2:** PPAC recommends that in CMS' value-based purchasing programs, PCPI be recognized as the leading developer of physician-level measures of quality.	**Thomas Valuck, M.D., J.D., Medical Officer & Senior Advisor, Center for Medicare Management**	**67-E-1:**

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67-E-3: PPAC recommends that in CMS' value-based purchasing programs, incentive payments be funded with new money and that payments not be made on a budget-neutral basis within the Medicare physician payment system. **67-E-4:** PPAC recommends to CMS that physicians and other providers involved in the treatment of a patient must have an opportunity for prior review and comment and the right to appeal with regard to any data that are part of the public review process. Any such comments should also be included with any publicly reported data.	**Thomas Valuck, M.D., J.D., Medical Officer & Senior Advisor, Center for Medicare Management**	
Agenda Item H — Recovery Audit Contractors--UPDATE		
67-H-1: Whenever a particular procedure or service has been questioned as unnecessary by a RAC after service has been delivered, all downstream medical services, including consultant services, have been called into question. Requests for repayment during the period of investigation have been made of consulting physicians (such as pathologists, radiologists, and anesthesiologists). These hospital-based specialists rendered their services in good faith in response to a request from	**Lt. Terrence Lew, Health Insurance Specialist, Division of Recovery Audit Operations, Provider Compliance Group**	**67-H-1:**

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another physician and have no way of determining at the time they are asked to participate in the care of a patient whether the underlying procedure or service may be questioned or determined to be medically unnecessary by a RAC at some time in the future. Therefore, PPAC recommends that the RAC process be modified to exclude extending demands for repayment to subsequent consulting physicians for an index case for a particular surgery, procedure, or consultation. **67-H-2:** PPAC recommends that the RACs only be allowed to request and review three records per physician per 45 days, regardless of whether the physician is a solo practitioner or part of a group of any size. **67-H-3:** PPAC recommends that the RACs be required to reimburse providers for the cost of copies of requested medical records prior to commencement of a RAC audit. **67-H-4:** PPAC recommends that CMS clarify for the RACs, in writing, that the 30-day deadline for filing an appeal should be flexible if there are extenuating circumstances and that such information should be included in the RACs' letter to the provider.	**Commander Marie Casey, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group** **Amy Reese, Health Insurance Specialist, Division of Recovery Audit Operations Provider Compliance Group**	

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Agenda Item O — Wrap Up and Recommendations		
67-O-1: PPAC recommends to CMS that physicians and licensed health care providers not be subject to costly and burdensome durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation requirements as they are already licensed and trained to provide durable medical equipment supplies to patients. **67-O-2:** PPAC recommends that CMS provide data to determine whether there is a decrease in care to Medicare beneficiaries as a result of a "brown-out" (i.e., providers seeing fewer beneficiaries as opposed to opting out of Medicare).		**67-O-1:**