

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 3-5-07 MEETING
To Be Reported During 5-21-07 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<u>Agenda Item C. PPAC Update</u>		
59-C-1: PPAC recommends that CMS provide the Council with a semiannual update of Medicare beneficiaries' access to physician care in America.	Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management	
<u>Agenda Item D — 2007 Physician Quality Reporting Initiative</u>		
59-D-1: PPAC recommends that fiscal intermediaries be required to transmit claims to the National Claims History File within one business day of receipt, so that any claim received	Thomas Valuck, M.D., J.D., Director, Special Program Office	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>by a fiscal intermediary by February 28, 2008, is transmitted to the National Claims History File by February 29, 2008, and therefore is eligible for inclusion in the calculation of the bonus payment.</p> <p>59-D-2: PPAC recommends that CMS review future models of aggregation of Part A and Part B into a global system of care.</p> <p>59-D-3: PPAC recommends that CMS consider the implications of simultaneous implementation of the new 1500 form in conjunction with reporting Current Procedural Terminology (CPT) level-2 codes and, more importantly, the issue of potential edits related to those submissions, to ensure accurate and timely payment of medical services.</p> <p>59-D-4: PPAC requests that CMS staff explain at the next PPAC meeting the source of funds that will be used to pay for bonuses for 2008 and beyond.</p> <p>59-D-5: PPAC requests that CMS define the methodology used for data analysis related to performance measure submission under the new Physician Quality Reporting Initiative.</p>	<p>for Value-Based Purchasing, CMM</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<u>Agenda Item E — National Provider Identifier (NPI) Update</u>		
<p>59-E-1: PPAC recommends that CMS provide assurance to providers that private information will be secure and access to NPIs restricted (including sale of NPIs) to only those physicians and other entities with legitimate health care administration needs.</p> <p>59-E-2: PPAC recommends that CMS publish the NPI data dissemination notice as soon as possible and allow time for public comment following publication.</p> <p>59-E-3: PPAC recommends that CMS establish a minimum 1-year contingency plan for implementing NPI numbers.</p>	<p>Cathy Carter, Director, Business Applications Management Group, Office of Information Services</p> <p>Nicole Cooney, Health Insurance Specialist, Division of Provider Information Planning and Development, Provider Communications Group, CMM</p>	
<u>Agenda Item G — Transparency Initiative</u>		
<p>59-G-1: PPAC recommends that CMS promote the same level of transparency for health plans as for physicians and other providers. Specifically, PPAC asks that health plans become more transparent about pricing information, physician fees, insurance claims processing and payment practices, re-underwriting, and identification of intermediaries that offer health plans</p>	<p>Andrew Croshaw, M.B.A., Senior Executive Advisor to the Secretary, Department of Health and</p>	

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<p>unauthorized discounts and reductions in physicians' payments.</p> <p>59-G-2: PPAC recommends that, to be effective and fair, CMS apply transparency initiatives to all sectors of the health care market.</p> <p>59-G-3: PPAC recommends that CMS dissuade health plans from implementing policies or quality initiatives that focus on cost without regard to quality.</p>	<p>Human Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<u>Agenda Item H — Recovery Audit Contract (RAC) Update</u>		
<p>59-H-1: PPAC recommends that, due to the demonstrated insignificant amount of funds recovered from physicians, RAC audits of physician practices be discontinued.</p> <p>59-H-2: PPAC recommends that if a RAC audit is appealed and the provider prevails, RAC reimburse the provider 25 percent of the requested recovered amount to offset the cost of the appeals process to the provider.</p>	<p>Connie Leonard, RAC Project Officer, Division of Demonstrations Management, Financial Services Group</p> <p>Melanie Combs, RN, Senior Technical Advisor, Division of Demonstrations Management, Financial Services Group</p>	
<u>Agenda Item J – Physicians Regulatory Issues Team (PRIT) Update</u>		
<p>59-J-1: PPAC recommends that CMS hold a briefing within the next 10 days on the formula described in the proposed rule in the <i>Federal Register</i> on February 1, 2007, about graduate medical education volunteer preceptors and transmit the information to the ACGME and all residency review committees.</p>	<p>William Rogers, M.D., Director, Physicians Regulatory Issues Team, Office of External Affairs</p>	

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<u>Agenda Item K – Hospital Conditions of Participation Update</u>		
<p>59-K-1: PPAC recommends that CMS evaluate the implications of additional documentation requirements proposed by local carriers that supersede the base recommendations by CMS. In particular, PPAC recommends that CMS evaluate recent determinations that require specific documentation of negative findings as part of the review of systems.</p>	<p>Jeannie Miller, Director, Division of Institutional Quality Standards, Clinical Standards Group</p> <p>Kenneth Simon,M.D., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item M — Testimony		
<p>59-M-1: PPAC appreciates the legislation passed to avert the 5-percent cut to Medicare physician payment rates planned for 2007 but remains concerned about planned cuts totaling almost 40 percent over 8 years. To avert the steep cuts and avoid the looming crisis in health care access for seniors, PPAC recommends the Secretary of the Department of Health and Human Services and CMS leadership work with Congress to repeal the sustainable growth rate (SGR) methodology this year and replace it with a system that adequately keeps pace with medical practice cost increases. If repeal of the SGR is not possible this year, PPAC recommends that CMS use its statutory authority to remove Medicare-covered drugs from the SGR calculation.</p>	<p>Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</p>	