

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 5-19-2008 MEETING
To Be Reported During 8-18-2008 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<u>Agenda Item D: PPAC Update</u>		
64-D-1: PPAC recommends that all agenda items, including testimony, be provided to Council members two Fridays before a Monday meeting (approximately 10 days in advance).	Kenneth Simon, M.D., M.B.A., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management	
<u>Agenda Item G: NPI Update</u>		
64-G-1: PPAC recommends that CMS allow physician practices and others to continue to submit transactions that contain both legacy numbers and NPI numbers for a minimum of 6	Cathy Carter, Director, Business Applications Management	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>months after the May 23, 2008, deadline.</p> <p>64-G-2: PPAC recommends that CMS closely monitor the readiness of covered entities to submit claims with only the NPI number and take appropriate steps necessary to ensure the industry does not experience wide scale disruptions in claims processing and payment during the transition.</p> <p>64-G-3: PPAC recommends that CMS determine whether compliance with regulations prohibits CMS from ignoring the legacy number on a claims submission as an alternative to rejecting all claims that contain both NPI and legacy numbers as of May 23, 2008.</p> <p>64-G-4: PPAC recommends that CMS continue to accept claims and other transactions that contain both legacy and NPI numbers until it is apparent that at least 95% of claims are processed successfully with only the NPI number.</p> <p>64-G-5: PPAC recommends that, if the contingency timeframe terminates on May 23, 2008, as currently planned, CMS closely monitor the rejection rates and claims processing interruptions immediately following the deadline and be prepared to allow claims to be submitted or resubmitted with the NPI and legacy numbers</p>	<p>Group, Office of Information Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
together if there are significant interruptions—that is, if the claims rejection or suspension rates increase more than 5% over baseline. PPAC requests that CMS report the results of monitoring to the Council at its August 18, 2008, meeting.		
<u>Agenda Item H: Overview of CMS Quality/Value Agenda</u>		
<p>64-H-1: PPAC recommends that CMS provide significant, specific incentives, including process and outcome incentives, to physicians and patients to improve health.</p> <p>64-H-2: PPAC recommends that as part of the Health Care Transparency Initiative, the Secretary’s Four Cornerstones include as part of “information on quality” both process and outcome information, e.g., recorded patient compliance information.</p>	Barry Straube, M.D., CMS Chief Medical Officer, Director, Office of Clinical Standards and Quality	
<u>Agenda Item K: PQRI Update</u>		
64-K-1: PPAC recommends that in the event that CMS plans to make any physician-specific PQRI data public that it notify physicians and other eligible professionals prospectively that the data collected will be made public and that notification	Michael Rapp, M.D., J.D., Director, Quality Measurement and Health Assessment	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
be given at least 2 years in advance of the information becoming public.	Group, Office of Clinical Standards and Quality	
Agenda Item O: Wrap Up and Recommendations		
<p>64-O-1: PPAC recommends that CMS support immediate Congressional action to avert the pending Medicare physician payment rate cut scheduled for July 1 and replace it with a positive update of 0.5% for the remainder of 2008, followed by a 2009 update that adequately reflects increases in medical practice costs. CMS should again support measures to ensure that these updates not increase the size or duration of Medicare physician payment cuts in future years. CMS should recommend to Congress that time is needed to pave the way for longer-term reform of the Medicare physician update formula.</p> <p>64-O-2: PPAC recommends that, in view of the fact that medical necessity determination is subjective and requires extensive clinical review, CMS remove medical necessity determination from RACs' purview.</p>	<p>Kenneth Simon, M.D., M.B.A., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</p> <p>Connie Leonard, Project Officer, Recovery Audit Contractors (RAC), Division of Medicare Overpayments, Office of Financial Management</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>64-O-3: PPAC recommends that CMS establish a comment and appeals process for physicians and other providers before making PQRI data publicly available and that the process be reviewed by PPAC before it is adopted.</p> <p>64-O-4: PPAC recommends that as CMS goes forward with discussion of its quality road map and strategies for quality improvement, it include evidence that issues under discussion actually improve the quality of patient care.</p>	<p>Melanie Combs, RN, Senior Technical Advisor, Division of Demonstrations Management, Financial Services Group</p> <p>Michael Rapp, M.D., J.D., Director, Quality Measurement and Health Assessment Group, Office of Clinical Standards and Quality</p> <p>Barry Straube, M.D., CMS Chief Medical Officer, Director, Office of Clinical Standards and Quality</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>64-O-7: PPAC recommends that CMS preclude RACs from reviewing any claims within the past 12 months and only authorize reviews for claims processed in the past 12–24 months to allow time for fiscal intermediaries to complete their ongoing reviews of claims.</p>	<p>Officer and Senior Advisor, Center for Medicare Management</p> <p>Connie Leonard, Project Officer, Recovery Audit Contractors (RAC), Division of Medicare Overpayments, Office of Financial Management</p> <p>Melanie Combs, RN, Senior Technical Advisor, Division of Demonstrations Management, Financial Services Group</p>	