

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – December 4, 2006 MEETING
To Be Reported During March 5, 2007 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><u>Agenda Item C: PPAC Update</u> 58-C-1: PPAC recommends that CMS consider updating annually the proportion of physician reimbursement that reflects the cost of professional liability insurance.</p> <p>58-C-2: PPAC recommends that CMS provide the Council at its next meeting a detailed explanation of how CMS monitors access to care for Medicare beneficiaries</p>	<p>Kenneth Simon, M.D., MBA Executive Director, Practicing Physicians Advisory Council</p>	
<p><u>Agenda Item F — Durable Medical Equipment (DME) Update</u> 58-F-1: PPAC recommends that CMS determine the optimal means for physician documentation and compliance for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) claims submission to decrease the administrative burden for practicing physicians.</p> <p>58-F-2: PPAC recommends that lower-cost DME items, e.g., orthotics, crutches, canes, and cast braces, be exempt from the competitive bidding process when health care providers capable of prescribing DMEPOS act as the supplier for those</p>	<p>Joel Kaiser, Deputy Director, Division of DMEPOS Policy</p>	

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<p>items.</p> <p>58-F-3: PPAC recommends that CMS consider implementing a competitive bidding process for other medical supplies, e.g. disposable equipment used in the operating room and implantable devices, such as cardiac stents, to save health care dollars</p> <p><u>Agenda Item G —Physician Fee Schedule Final Rule</u></p> <p>58-G-1: To avoid the looming crisis in beneficiaries’ access to providers, PPAC recommends that the Secretary of the Department of Health and Human Services and CMS leadership work with Congress to avert the reimbursement cuts planned for 2007 and beyond, implement a positive payment update that covers increases in physicians’ practice costs, and repeal the sustainable growth rate (SGR) methodology and replace it with a system that adequately keeps pace with health care costs.</p> <p><u>Agenda Item H — Outpatient Prospective Payment System (OPPS)/Ambulatory Surgery Center (ASC) Final Rule</u></p> <p>58-H-1: PPAC recommends that CMS establish a process to consult with national medical specialty societies and the ASC community to develop and adopt a systematic and adaptable means of fairly reimbursing ASCs for all safe and appropriate services, allowing for changes in technology and current-day practices.</p>	<p>Amy Bassano Director, Division of Practitioner Services, Center for Medicare Management</p> <p>EdithHambrick, M.D., J.D., Medical Officer, Center for Medicare Management</p> <p>Carol Bazell, M.D., Acting Director, Division of Outpatient Care, Center for Medicare Management</p>	

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<p>58-H-2: PPAC recommends that CMS apply any payment policies uniformly to both ASCs and hospital outpatient departments as appropriate.</p> <p><u>Agenda Item J---Medicare Contractor Provider Satisfaction Survey (MCPSS)-Update</u></p> <p>58-J-1: PPAC recommends that CMS identify actionable items based on best practices identified by the MCPSS process to improve the provider–contractor relationship.</p>	<p>Edith Hambrick, M.D., J.D., Medical Officer, Center for Medicare Management</p> <p>David Clark, R.Ph., Director, Division of Provider Relations and Evaluations, Center for Medicare Management</p> <p>Vasudha Narayanan, MCPSS Project Director, Westat</p> <p>Pamela Giambo, MCPSS Deputy Project Director, Westat</p>	

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<p><u>Agenda Item K — Physician Quality and Cost Measures Update</u></p> <p>58-K-1: PPAC recommends that CMS determine the relative benefits of pursuing the G code submission process in light of the considerable benefits associated with the episode grouper methodology.</p> <p>58-K-2: PPAC recommends that CMS support development of outcome databases as an alternative to performance measures in the Agency’s quality and cost measures initiative.</p> <p><u>Agenda Item O — Wrap-Up and Recommendations</u></p> <p>58-O-1: PPAC recommends that CMS change calculations to use the unadjusted work RVUs in calculating indirect practice expense for the 2007 physician fee schedule.</p> <p>58-O-2: PPAC recommends that CMS use its statutory authority to remove Medicare-covered drugs from the SGR calculation.</p> <p>58-O-3: PPAC recommends that CMS adjust the SGR calculation to account for increased spending due to national coverage decisions, just as it does for Medicare Advantage payments.</p>	<p>Tom Valuck, M.D., J.D., Medical Officer, Center for Medicare Management</p> <p>Amy Bassano, Director, Division of Practitioner Services, Center for Medicare Management</p> <p>Edith Hambrick, M.D., J.D., Medical Officer, Center for Medicare Management</p>	

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