

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – March 6, 2006 MEETING
To Be Reported During May 22, 2006 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><u>Agenda Item B: Welcome</u> 55-B-1: PPAC recognizes and sincerely appreciates the work of Mr. Herb Kuhn and CMS staff for their efforts in implementing provisions to the Deficit Reduction Act in a timely and efficient manner.</p> <p><u>Agenda Item C: Update of PPAC Recommendations</u> 55- C.1: The Council recommends that CMS measure the costs of data collection incurred by physicians in the planned Coverage with Evidence Development program. Once data are gathered, the costs should be conveyed to congress for inclusion in the Physician Fee Schedule. CMS should also ensure that trials conducted under the Coverage with Evidence Development program be subject to the same regulatory requirements as other clinical trials, such as Institutional Review Board participation and assurance that patients who decline to</p>	<p>Kenneth Simon, M.D., M.B.A. Executive Director Practicing Physicians Advisory Committee</p>	

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<p>participate are not penalized.</p>		
<div> <div> <u>Agenda Item D: Physicians Regulatory Issues Team (PRIT) Update</u> </div> <div> <p>55-D-1: The Council recommends that CMS provide an online directory of National Provider Identifier numbers for use by physicians.</p> <p>55-D-2: The Council recommends that CMS publish in its proposed and final rules the Relative Value Units (RVUs) forwarded by the American Medical Association’s Relative Value Update Committee (RUC) for new physician services for which CMS has made a noncoverage decision.</p> </div> </div>		
	<p>William Rogers, M.D. Director, Physicians Regulatory Issues Team, Office of Public Affairs, Centers for Medicare and Medicaid Services</p>	

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<p>55-D-3: The Council recommends that CMS withdraw the proposal to create a list of “medically unbelievable edits” and resubmit the proposal through the normal, formal rulemaking process, working closely with the medical community throughout.</p>		
<p><u>Agenda Item F: Moving Toward Pay for Performance</u></p> <p>55-F-1: The Council recommends that CMS use a payment methodology that uses bonuses rather than differentials to avoid damaging practices that serve patients who are socioeconomically disadvantaged or noncompliant.</p> <p>55-F-2: Given that many pay-for-performance measures will require more Part B services, which will 1) increase the future volume and intensity of services provided by outpatient providers, 2) lower future conversion factors as calculated under the</p>	<p>Tom Valuck, M.D., J.D., Medical Officer Center for Medicare Management</p>	

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<p>sustainable growth rate formula, and 3) penalize providers for implementing the quality measures CMS requires, the Council recommends that CMS delay implementation of pay-for-performance measures until the sustainable growth rate is replaced with a more equitable system.</p> <p>55-F-3: The Council recommends that that some of CMS' pay-for-performance pilots be directed toward small practices, especially those that cover socioeconomically and geographically diverse populations, and not just large, vertically integrated practices.</p> <p>55-F-4: The Council recommends that CMS initially focus on process measures rather than outcome measures.</p> <p>55-F-5: The Council supports efforts of CMS to explore the possibility of incentivizing beneficiaries to be compliant with processes being measured.</p> <p><u>Agenda Item G — Update on Implementation of the Part D Drug Program</u></p> <p>55-G-1: The Council recommends that CMS monitor the amount of time physicians spend appealing Part D pharmacy coverage decisions</p>	<p>Jeffrey Kelman, M.D., Medical Officer, Center for Beneficiary Choices</p>	

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<p>and the amount of time involved with/costs of care related to substituting medications.</p> <p>55-G-2: The Council recommends that CMS use the findings from evidence-based medicine and peer-reviewed journals to allow off-label use of medicines covered under Part D.</p> <p><u>Agenda Item N — Medicare Health Support</u></p> <p>55-N-1: The Council recommends that CMS establish a pilot program that gives resources for disease management, such as funds to pay for translation and social services and the costs of management fees, to primary care physicians and compare the costs of primary care physicians providing the same services with those of the disease management industry.</p>	<p>Barbara Hoffman, Director, Division of Chronic Care Improvement Programs</p>	

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