

**PRACTICING PHYSICIANS ADVISORY COUNCIL  
RECOMMENDATIONS – 12-08-2008 MEETING  
To Be Reported During 03-09-2009 Meeting**

**CMS Requests**

<u><b>Recommendations</b></u>	<u><b>Respondent</b></u>	<u><b>CMS Response</b></u>
<u><b>Agenda Item E — Medicare Physician Fee Schedule Final Rule</b></u>		
<p><b>66-E-1:</b> PPAC recommends that CMS expand its review of the practice-expense geographic practice cost indices (GPCIs) beyond taking testimony on geographic localities.</p> <p><b>66-E-2:</b> PPAC recommends that CMS reevaluate its formula for practice-expense GPCIs to use actual practice expense data to make determinations, reporting back to the Council on its findings at the Council’s second meeting in 2009.</p>	<p><b>Cassandra Black, Director, Division of Practitioner Services, Center for Medicare Management</b></p>	
<u><b>Agenda Item J — Value-Based Purchasing Efficiency Measures and Physicians Quality Reporting Initiative in 2009</b></u>		
<p><b>66-J-1:</b> PPAC recommends that CMS provide PPAC with regular updates on planning for the Physician Resource Use Measurement and Reporting Program.</p>	<p><b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management and</b></p>	

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<p><b>66-J-2:</b> PPAC recommends that CMS report on its use of downstream diagnoses that are not captured among the first four diagnoses in the claims database.</p>	<p><b>Michael Rapp,  M.D., J.D., Director,  Quality  Measurement and  Health Assessment  Group, Office of  Clinical Standards  and Quality</b></p>	



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<p><b>66-O-3:</b> PPAC recommends that CMS provide physicians with real-time access (e.g., same calendar year) to information to determine whether they are properly reporting data to the Physician Quality Reporting Initiative (PQRI) so that physicians have an opportunity to adjust their reporting to meet the requirement.</p> <p><b>66-O-4:</b> PPAC recommends that CMS delay implementation of any new information technology requirements until an independent study can assess whether doing so would have the catastrophic effect of putting physicians out of business and accentuate the already severe problem of patient access to care.</p> <p><b>66-O-5:</b> PPAC recommends that the cost of implementing any information technology changes requested by CMS be fully funded by CMS.</p>	<p><b>Michael Rapp, M.D., J.D., Director, Quality Measurement and Health Assessment Group, Office of Clinical Standards and Quality</b></p>	

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<p><b>66-O-6:</b> PPAC recommends that CMS provide clarification of the appeals process for recovery audit contractor (RAC) determinations.</p>	<p><b>Melanie Combs-Dyer, RN, Senior Technical Advisor, Division of Recovery Audit Operations, Financial Services Group</b></p> <p align="center">and</p> <p><b>Lt. Terrence Lew, Health Insurance Specialist, Division of Recovery Audit Operations, Financial Services Group</b></p>	
<p><b>66-O-7:</b> PPAC commends CMS and strongly recommends that CMS proceed expeditiously to develop medically reasonable approaches of valuing decreases in HACs instead of the unreasonable approach of eliminating HACs.</p>	<p><b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b></p>	

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<p><b>66-O-8:</b> PPAC recommends that CMS require RACs to reimburse all providers for the cost of fulfilling RAC medical records requests.</p> <p><b>66-O-9:</b> PPAC recommends that CMS limit the number of medical records that a RAC can request from a solo practitioner to three records every 45 days for each National Provider Identifier.</p> <p><b>66-O-10:</b> PPAC commends CMS for progress on the PQRI and recommends that CMS continue to work toward greater transparency in all aspects of developing the PQRI, especially data used for measure selection and the implementation of processes.</p>	<p><b>Melanie Combs-Dyer, RN, Senior Technical Advisor, Division of Recovery Audit Operations, Financial Services Group</b></p> <p style="text-align: center;"><b>and</b></p> <p><b>Lt. Terrence Lew, Health Insurance Specialist, Division of Recovery Audit Operations, Financial Services Group</b></p> <p><b>Michael Rapp, M.D., J.D., Director, Quality Measurement and Health Assessment Group, Office of</b></p>	

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<p><b>66-O-11:</b> PPAC recommends that CMS strongly consider the ultimate use of the physician resource use reports in the medical marketplace when designing the physician resource use measures and report and that plans for this effort be reported to PPAC.</p>	<p><b>Clinical Standards and Quality</b></p> <p><b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b></p>	
<p><b>66-O-12:</b> PPAC recommends that CMS make an effort to obtain data on the cost to providers and institutions of appealing a RAC determination.</p>	<p><b>Melanie Combs-Dyer, RN, Senior Technical Advisor, Division of Recovery Audit Operations, Financial Services Group</b></p>	
<p><b>66-O-13:</b> PPAC recommends that CMS provide data on the amounts of RAC determinations that were appealed in the RAC demonstration, particularly in relation to the amounts of RAC determinations of improper payments in general.</p>	<p><b>and</b></p> <p><b>Lt. Terrence Lew, Health Insurance Specialist, Division</b></p>	

