

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – August 22, 2005 MEETING
To Be Reported During December 5, 2005 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item C: Update of PPAC Recommendations		
<p><u>Agenda Item C: Update of PPAC Recommendations</u></p> <p>53- C.1: The Council recommends that CMS again review the Council's recommendation that physicians be allowed 30 days to submit verification of drug administration.</p> <p>53- C.2: The Council recommends that CMS share with PPAC at its next meeting, an update on the Recovery Audit Contractors and their efficacy</p>	<p>Kenneth Simon, M.D., M.B.A. Executive Director Practicing Physicians Advisory Committee</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><u>Agenda Item D: Prescription Drug Program</u></p> <p>53-D-1: The Council applauds CMS' efforts to disseminate information about the Part D Prescription Drug Program to the public.</p> <p>53- D-2: The Council recommends that CMS work with the Office of the Inspector General to provide definitive guidance on whether manufacturers' patient assistance programs contribute to patients' true out-of-pocket costs.</p> <p><u>Agenda Item F: Surgical Care Improvement Partnership Program</u></p> <p>53-F.1: The Council recommends that CMS recognize that data collection is expensive; if it becomes part of the cost of doing business, the expense must be adequately compensated by CMS and other carriers.</p>	<p>Jeffrey Kelman, M.D., Medical Officer, Center for Beneficiary Choices, Centers for Medicare and Medicaid Services</p> <p>David Hunt, M.D. Medical Officer Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><u>Competitive Acquisition Program (CAP)</u></p> <p>53-G-1: The Council recommends that CMS not allow CAP vendors to discontinue provision of drugs covered under the CAP to a patient, regardless of a patient’s ability to meet copays.</p> <p>53-G-2: The Council recommends that CMS revise the CAP requirements so that physicians may choose to participate on an individual basis and are not obligated to join as a group.</p> <p>53-G-3: The Council recommends that CMS remove CAP vendor prices in calculating the average sales price (ASP) because such inclusion is duplicative and unfair to physicians who do not participate in CAP.</p> <p>53-G-4: The Council recommends that CMS work with Chairman Bill Thomas of the House Ways and Means Committee to clarify how Congress intended the ASP and CAP to function independently of each other.</p> <p>53-G-5: The Council recommends that CMS reevaluate its contention that working with CAP vendors will not increase the administrative burden of physicians, and that physicians be given 30 days to submit the bill for administration of drugs instead of 14.</p>	<p>Amy Bassano Director, Division of Ambulatory Services, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>53-G-6: Given that CMS has recognized the increased cost to pharmacists of dispensing drugs and has added 2 percent of ASP to cover pharmacy overhead costs to the ASP plus 6 percent formula, the Council recommends that CMS treat physicians equitably and add 2 percent of ASP for reimbursing physicians using the ASP plus 6 percent formula and add a dispensing fee for physicians using CAP.</p>		
<p><u>Agenda Item H: Physicians Regulatory Issues Team (PRIT) Update</u> 53-H-1: The Council recommends that CMS allow electronic resubmission of denied electronic claims.</p>	<p>William Rogers, M.D. Director, Physicians Regulatory Issues Team, Office of Public Affairs, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><u>Agenda Item K: Physician Fee Schedule and Outpatient Services Proposed Rules</u></p> <p>53-K-1: The Council requests that CMS present to PPAC the specific amounts of new money in the sustainable growth rate (SGR) that can be attributed to the new benefits resulting from the Medicare Modernization</p> <p>Act to assess the effect of the new money on reaching the SGR target.</p> <p>53-K-2: The Council recommends that CMS present to PPAC its plan to monitor critical subsets as possible indicators of barriers to access to care, such as new vs. established Medicare patients, patients without Medigap coverage, and specialty vs. primary care physicians and that CMS develop a plan to address possible declines in access before problems become widespread.</p> <p>53-K-3: The Council recommends that CMS not institute the 4.3 percent decrease in the Physician Fee Schedule conversion factor but instead use the MedPac recommendation of a 2.7 percent increase</p>	<p>Steve Phillips, Director, Practitioner Services, Center for Medicare Management</p> <p>Jim Hart, Director, Outpatient Services, Center for Medicare Management</p> <p>Edith Hambrick, M.D., Medical Officer, Hospital and Ambulatory Policy Group, Center for Medicare</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p><u>Agenda Item M. Alliance for Cardiac Care Excellence (ACE) Program</u></p> <p>53-M-1: The Council recommends that CMS assume an active role to ensure that the ACE program works to reduce cardiovascular health disparities among minorities and increase minorities' access to high-quality cardiovascular care.</p>	<p>David Nilasena, M.D., Medical Officer, Dallas Regional Office, Centers for Medicare & Medicaid Services</p>	