

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 5-21-07 MEETING
To Be Reported During 8-27-07 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item C: PPAC Update		
<p>60-C-1: PPAC requests that CMS present timely reports that include assessments of the quality and outcomes of its various demonstration projects (e.g., the Gainsharing Demonstration, the Medicare Healthcare Quality Demonstration, the Physician Hospital Collaborative Demonstration, and the Physician Group Practice Demonstration), specifically as they relate to gainsharing across Medicare Parts A and B.</p> <p>60-C-.2: PPAC recommends that the Secretary of the Department of Health and Human Services and CMS leadership make it a priority this year to work with Congress to enact legislation that would repeal the Sustainable Growth Rate (SGR), replace it with a system that adequately keeps pace with the increase in medical practice costs, and establish a 1.7-percent update for physicians in 2008, as recommended by the Medicare</p>	<p>Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>Payment Advisory Commission.</p> <p>60-C-3: PPAC recommends that drugs be removed from the SGR calculation prospectively.</p>		
<p>Agenda Item D: Physicians Regulatory Issues Team (PRIT) Update</p>		
<p>60-D-1: PPAC recommends that all carrier advisory committees allow alternate delegates as well as delegates to attend meetings to facilitate mentoring of alternate delegates so they can effectively substitute for delegates who are unable to attend meetings.</p>	<p>William Rogers, M.D., Director, Physicians Regulatory Issues Team, Office of External Affairs, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item E: DME Final Rule		
<p>60-E-1: PPAC recommends that CMS expand to physicians the exemption from the competitive bidding process for dispensing orthotics that has been proposed for physical and occupational therapists.</p> <p>60-E-2: PPAC recommends that where the Final Rule exempts health care providers from competitive bidding requirements for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that CMS also consider including physicians among those providers who are exempt.</p> <p>60-E-3: PPAC recommends that CMS acknowledge that physicians are qualified to supply DMEPOS by virtue of their education, training, and experience and therefore should be deemed accredited for this process.</p>	<p>Joel Kaiser, Deputy Director, Division of DMEPOS Policy, Center for Medicare Management, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item F: Contracting Reform Update		
<p>60-F-1: PPAC strongly recommends that CMS allow national physician participation in the critical phase of the Medicare administrative contractor (MAC) communication and development meetings.</p> <p>60-F-2: PPAC recommends that CMS require a performance rating of 90 percent or better on the Provider Satisfaction Survey as the standard of performance for MAC contractors.</p>	<p>Karen Jackson, Director, Medicare Contractor, Management Group, Center for Medicare Management, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item J: Physician Quality Reporting Initiative (PQRI)		
<p>60-J-1: PPAC recommends that CMS annually review the appropriateness of continued use of individual quality measures through a Notice of Proposed Rulemaking and comment period in which specialty societies and others can provide additional analyses of peer-reviewed published data (or the absence of such data) that may refute the applicability of individual measures in specific circumstances.</p>	<p>Thomas Valuck, M.D., J.D., Director, Special Program Office for Value-Based Purchasing, Centers for Medicare and Medicaid Services</p>	
Agenda Item M: National Provider Identifier (NPI)		
<p>60-M-1: PPAC recommends that CMS allow physicians (e.g., residents) who are relocating to a new area to apply for an NPI and be enrolled as a Medicare provider at least 6 months in advance of anticipated service to Medicare beneficiaries and other patient groups that require an NPI for physician registration for payment.</p>	<p>Cathy Carter, Director, Business Applications Management Group, Office of Information Services, Centers for Medicare and Medicaid Services</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item: O. Wrap Up/Recommendations		
<p>60-O-1: PPAC recommends that CMS partner with the National Medical Association (and similar groups serving underserved populations) to conduct pilots/demonstrations among underserved patients (involving providers who traditionally serve the underserved) to collect information that would enable CMS to adjust value-based purchasing and PQRI rules/practices that affect underserved populations.</p>		

