

**PRACTICING PHYSICIANS ADVISORY COUNCIL  
RECOMMENDATIONS – 06-01-2009 MEETING  
To Be Reported During 08-31-2009 Meeting**

**CMS Requests**

<b>Recommendations</b>	<b>Respondent</b>	<b>CMS Response</b>
<b><u>Agenda Item H – Recovery Audit Contractors (RAC) Update</u></b>		
<p><b>68-H-1:</b> PPAC recommends that CMS assess the time required of physicians and other providers, the resources involved, and, hence, the cost per physician or provider to comply with the existing regulatory burdens posed by the Physicians Quality Reporting Initiative, electronic prescribing, and RAC medical records requests.</p>	<p><b>Michael Rapp, M.D., J.D., Director, Quality Measurement and Health Assessment Group, Office of Clinical Standards and Quality</b></p> <p><b>Lt. Terrence Lew, Health Insurance Specialist, Division of Recovery Audit Operations, Provider Compliance Group</b></p> <p><b>Commander Marie Casey, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group</b></p>	

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<p><b>68-H-2:</b> PPAC recommends that CMS be required to assess the time required of physicians and other providers, the resources involved, and, hence, the cost per physician or provider to comply with a proposed regulation before implementation</p> <p><b>68-H-3:</b> PPAC recommends that CMS reconsider its decision not to pay physicians for the costs of copying medical records in response to RAC requests.</p> <p><b>68-H-4:</b> PPAC recommends that CMS require the RACs to provide data on CMS overpayments for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that distinguish between overpayments to physicians versus DMEPOS suppliers and that such data be provided by January 1, 2010, and reported at the subsequent PPAC meeting.</p>	<p><b>Jesse Polansky, M.D., MPH, Medical Director, Provider Compliance Group, Office of Financial Management</b></p>	

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<b><u>Agenda Item K — DMEPOS Surety Bond Policy and Implementation</u></b>		
<p><b>68-K-1:</b> PPAC recommends that CMS include on the DMEPOS supplier enrollment form an option to indicate the applicant is exempt from the accreditation requirement (in addition to the existing boxes of “accredited” and “not accredited”).</p> <p><b>68-K-2:</b> PPAC recommends that CMS adopt language that would put in place a permanent exemption from DMEPOS accreditation requirements and surety bonds for physicians and licensed health care providers who provide</p>	<p><b>Frank Whelan, Health Insurance Specialist, Division of provider/Supplier Enrollment, Office of Financial Management</b></p>	

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DMEPOS to their patients as part of their professional services.		
<b><u>Agenda Item N — Wrap Up and Recommendations</u></b>		

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<b>68-N-1:</b> PPAC recommends that CMS provide to PPAC at the next meeting statistics on fraud and abuse involving physicians in the Medicare program.	<b>Kenneth Simon, M.D., M.B.A., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</b>	
<b>68-N-2:</b> PPAC recommends that CMS present information on the statistical accuracy of the data supplied in the physician resource use reports.	<b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b>  <b>Lisa Grabert, MPH, Health Insurance Specialist, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b>	
<b>68-N-3:</b> PPAC recommends that CMS and the RAC providers develop a special logo for correspondence to differentiate the RAC program from other CMS-related program requests for	<b>Lt. Terrence Lew, Health Insurance Specialist, Division of Recovery Audit</b>	

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information.	<p><b>Operations, Provider Compliance Group</b></p> <p><b>Commander Marie Casey, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group</b></p> <p><b>Jesse Polansky, M.D., MPH, Medical Director, Provider Compliance Group, Office of Financial Management</b></p> <p><b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b></p> <p><b>Lisa Grabert, MPH, Health Insurance Specialist, Hospital</b></p>	
<p><b>68-N-4:</b> PPAC recommends that CMS include risk-adjusted physicians’ resource use data for attending physicians in academic medical centers to recognize the risks, benefits, and expenses of training residents and medical students.</p>		

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<p><b>68-N-5:</b> PPAC recommends that CMS present an update on the resource use reports to physicians, especially with respect to:</p> <ul style="list-style-type: none"> <li>• any planned public release of this information,</li> <li>• any plans to correct the attribution methods to reflect more accurately the physicians' peer group for comparison, and</li> <li>• any plans to correct the attribution methods to reflect the physician's actual contribution to the cost of care attributed to him or her.</li> </ul> <p><b>68-N-6:</b> PPAC recommends that CMS provide information on how the Value-Based Purchasing program factors preventive services into its cost utilization studies.</p>	<p><b>&amp; Ambulatory Policy Group, Center for Medicare Management</b></p> <p><b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b></p> <p><b>Lisa Grabert, MPH, Health Insurance Specialist, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b></p> <p><b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b></p> <p><b>Lisa Grabert, MPH, Health Insurance</b></p>	

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<p><b>68-N-7:</b> PPAC recommends that CMS require hospitals to notify the treating physician and the patient when a patient’s inpatient status is reclassified as outpatient.</p>	<p><b>Specialist, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b></p>          <p><b>Marc Hartstein, Deputy Director, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b></p>	



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<p><b>68-N-8:</b> PPAC recommends that CMS preclude the RACs from recouping overpayments to physicians based on coding errors that result from reclassification of a patient by the hospital from inpatient to outpatient.</p> <p><b>68-N-9:</b> PPAC recommends that CMS provide to PPAC the result of its research on the applicable statutes, regulations, policy statements, and precedents regarding PPAC’s March 2009 recommendation on penalizing downstream providers (i.e., PPAC recommends that the RAC process be modified to exclude extending demands for repayment to subsequent consulting physicians for an index case for a particular surgery, procedure, or consultation).</p>	<p><b>Lt. Terrence Lew, Health Insurance Specialist, Division of Recovery Audit Operations, Provider Compliance Group</b></p> <p><b>Commander Marie Casey, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group</b></p> <p><b>Jesse Polansky, M.D., MPH, Medical Director, Provider Compliance Group, Office of Financial Management</b></p>	

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<b>68-N-10:</b> PPAC recommends that, two years before releasing resource use reports, CMS notify physicians that the information will be publicly released and provide an opportunity for physicians to provide feedback that is included as part of the public record that is released.	<b>Thomas Valuck, M.D., J.D., Medical Officer &amp; Senior Advisor, Center for Medicare Management</b>	
<b>68-N-11:</b> PPAC recommends that potential reports on drug utilization be generated concisely and that an effort is made to avoid multiple communications.	<b>Lisa Grabert, MPH, Health Insurance Specialist, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b>	
<b>68-N-12:</b> PPAC recommends that CMS provide PPAC specific data regarding the periodic monitoring that CMS does to determine what percentage of Medicare beneficiaries have reliable access to medical services.	<b>Kenneth Simon, M.D., M.B.A., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</b>	

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