

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 8-27-07 MEETING
To Be Reported During 12-3-07 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item E: Coverage with Evidence Development		
<p>61-E-1: PPAC recommends that CMS increase awareness and education among medical specialty communities regarding the availability of coverage with evidence development and funding of clinical trials.</p>	<p>Rosemarie Hakim, Ph.D Division of Operations and Information Management, Office of Clinical Standards and Quality</p>	<p>.</p>

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item G: Recovery Audit Contracts (RAC)		
<p>61-G-1: PPAC recommends that CMS continue to work collaboratively with the American Medical Association to disconnect payment denials for anesthesia when a RAC retroactively determines that surgery was unnecessary.</p> <p>61-G-2: PPAC recommends that CMS direct the RAC program to create clear, uniform notification and demand letters. The objective of the letters should be to decrease confusion and inefficiency and increase clarity and compliance.</p> <p>61-G-3: PPAC recommends that CMS and its contractors consider the medical necessity of each</p>	<p>Earl Berman, M.D., Contractor Medical Director, PRG-Shultz</p> <p>Connie Leonard, Project Officer, RAC, Division of Medicare Overpayments, Office of Financial Management</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>service provided downstream of a denied service on the original merits based on the information that was available to the downstream provider at the time the downstream service was provided.</p> <p>61-G-4: PPAC recommends that CMS direct the RACs to provide to PPAC data reflecting the percentage of physician chart audits that results in payment modification.</p> <p>61-G-5: PPAC recommends that CMS provide PPAC with RAC audit data specific to physicians only, not combined with any other provider group.</p>	<p>Melanie Combs, RN, Senior Technical Advisor, Division of Demonstrations Management, Financial Services Group</p>	

Recommendations	Respondent	CMS Response
Agenda Item H: Medically Unlikely Edits (MUE)		
<p>61-H-1: PPAC recommends that CMS make the MUEs available to the public</p> <p>61-H-2: PPAC recommends that CMS allow the use of modifiers—including modifiers 59, 76, 77, and 91—when medically necessary and appropriate, that exceed MUE limits.</p>	<p>Kim Brandt, Director, Program Integrity Group, Office of Financial Management</p> <p>Brenda Thew, Director, Division of Benefit Integrity Management Operations, Office of Financial Management</p>	
Agenda Item I: Physician Proposed Rule		
<p>61-I-1: PPAC recommends that CMS consider using data from the Physician Insurers Association of America because it is more timely than data CMS currently uses.</p>	<p>Amy Bassano, Director, Division of Practitioner Services, Center</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>61-I-2: PPAC recommends that CMS provide the geographic practice expense data that will be used to calculate the proposed geographic adjustment factor changes so that PPAC can verify the agency’s calculations. PPAC recommends that CMS update the payment localities every 3 years using the 5-percent threshold. PPAC recommends that CMS maintain reimbursement in counties remaining in the original payment localities by establishing a geographic payment floor.</p>	<p>for Medicare Management</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
Agenda Item L: Medicare Contractor Provider Satisfaction Survey (MCPSS)		
<p>61-L-1: PPAC recommends that CMS incorporate into the MCPSS a measure to assess satisfaction of physicians who have participated in the RAC program.</p>	<p>David Clark, R.Ph., Director, Division of Provider Relations and Evaluations, Center for Medicare Management</p> <p>Karen Jackson, Director, Medicare Contractor Management Group, Center for Medicare Management</p>	
Agenda Item P: Wrap Up/Recommendations		
<p>61-P-1: PPAC recommends that CMS strongly protest the cessation or curtailing of PPAC activities and continue to support quarterly PPAC</p>	<p>Kenneth Simon, M.D., MBA, Executive</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>meetings. PPAC requests that CMS keep the Council informed on the status of efforts to curtail or disband the Council, including the possible ramifications of disbanding the PPAC.</p>	<p>Director, Practicing Physicians Advisory Council</p>	