

**PRACTICING PHYSICIANS ADVISORY COUNCIL  
RECOMMENDATIONS – 08-31-2009 MEETING  
To Be Reported During 12-07-2009 Meeting**

**CMS Requests**

	<b>Respondent</b>	<b>CMS Response</b>
<p><b><u>Agenda Item H – Physician Fee Schedule Notice of Proposed Rulemaking</u></b></p>		
<p><b>69-H-1:</b> PPAC recommends that CMS fully implement the data from the American Medical Association’s (AMA’s) Physician Practice Information Survey (PPIS) to more accurately calculate practice expense relative value units (RVUs) and more fairly calculate reimbursement for all medical specialties. The data should be fully implemented in 2010.</p>	<p><b>Marc Hartstein, Deputy Director, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b></p>	
<p><b>69-H-2:</b> PPAC recommends that CMS review the AMA PPIS’s extrapolation of geographic data when it becomes available.</p>	<p><b>Cassandra Black, Director, Division of Practitioner Services, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b></p>	
<p><b>69-H-3:</b> PPAC recommends that, if CMS decides to form a supervisory body to oversee the AMA Relative Value Scale Update Committee, PPAC be considered as the appropriate group to perform that role.</p>		

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<p><b>69-H-4:</b> Any move to decrease compensation for consultative services will adversely affect access to these services and severely affect the quality of care for beneficiaries. Therefore, PPAC recommends that CMS reevaluate studies that determine the actual cost of providing consultative care and provide the findings to PPAC.</p> <p><b>69-H-5:</b> PPAC believes that 1) recent CMS statements questioning the quality of current academic anesthesiology practice are unfounded and 2) that the intent of Section 139 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was simply to restore full payment to academic anesthesiology training programs based on current practice. Therefore, PPAC recommends that CMS implement Section 139 of MIPPA without the additional criteria requiring that only one individual teaching anesthesiologist (the one who initially started the case) be present during all of the key and critical portions of the anesthesia procedure.</p>		

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<p><b><u>Agenda Item K — Fraud and Abuse Update and Recovery Audit Contractor (RAC) Update</u></b></p>		
<p><b><u>69-K-1:</u></b> PPAC recommends that CMS provide to PPAC at the next meeting statistics on fraud and abuse involving physicians in the Medicare program.</p>	<p><b>Kim Brandt, Director, Program Integrity Group, Office of Financial Management</b></p>	
<p><b><u>69-K-2:</u></b> PPAC recommends that CMS provide PPAC information on its mechanism for oversight of investigations by RACs and the guidelines for when investigations should be terminated when no problems are found.</p>	<p><b>Commander Marie Casey, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group, Office of Financial Management</b></p>	
<p><b><u>69-K-3:</u></b> PPAC recommends that CMS establish a neutral arbitrator at CMS, outside the RACs, to whom physicians or other providers can appeal for assistance when a RAC investigation seems unreasonable.</p>	<p><b>Jesse Polansky, M.D., MPH, Medical Director, Provider Compliance Group, Office of Financial Management</b></p>	

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	<p><b>Patricia Fenton, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group, Office of Financial Management</b></p>	
<b><u>Agenda Item M — Wrap Up</u></b>		
<p><b>69-M-1:</b> PPAC recommends that CMS explain its use of a 10-percent threshold for attribution of care in its resource utility reports, instead of the 25–30 percent recommended by the Leapfrog Group and the National Committee for Quality Assurance and the 35-percent threshold that the Medicare Payment Advisory Commission employed in its analysis.</p>	<p><b>Lisa Grabert, MPH, Health Insurance Specialist, Hospital &amp; Ambulatory Policy Group, Center for Medicare Management</b></p> <p><b>Janice Flaherty, Senior Technical Advisor, Office of the Center Director, Center for Medicare Management</b></p>	

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<p><b>69-M-2:</b> PPAC recommends that CMS provide data on the number of appeals and percentage of overturned cases of RAC determinations, by RAC and, if possible, by the site of the appellant's practice, at least annually.</p>	<p><b>Commander Marie Casey, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group, Office of Financial Management</b></p>	
<p><b>69-M-3:</b> PPAC recommends that CMS provide data from the validation contractor reports for each of the RACs at least annually.</p>	<p><b>Jesse Polansky, M.D., MPH, Medical Director, Provider Compliance Group, Office of Financial Management</b></p> <p><b>Patricia Fenton, R.N., Nurse Consultant, Division of Recovery Audit Operations, Provider Compliance Group, Office of Financial Management</b></p>	