

**PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 8-18-2008 MEETING
To Be Reported During 12-8-2008 Meeting**

CMS Requests

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<u>Agenda Item E: PRIT Update</u>		
<p>65-E-1: PPAC recommends that CMS provide the 2007 PQRI data set files to the AMA and other interested healthcare professionals so that all can better understand possible barriers and stimuli to physician reporting and assist in increasing the number of physicians who successfully participate in PQRI.</p> <p>65-E-2: PPAC recommends that CMS work with the physician community to evaluate and address continued barriers to participation in the PQRI program.</p> <p>65-E-3: PPAC recommends that CMS provide in the Final Rule a thorough explanation of why some measures proposed by the AMA Physician Consortium for Performance Improvement were not included in the 2009 PQRI measures set.</p> <p>65-E-4: PPAC recommends that CMS provide more comprehensive guidelines and instructions</p>	<p>Kenneth Simon, M.D., M.B.A., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</p>	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
to providers regarding National Provider Identifiers and other identification numbers to prevent rejection and delay of claims and require that carriers provide liaisons to assist providers in submitting claims.		
<u>Agenda Item F: Physician Fee Schedule Update</u>		
<p>65-F-1: PPAC recommends that rather than extend the inpatient hospital-acquired conditions (HACs) policy to other settings, such as physician offices, CMS focus its efforts on encouraging compliance with evidence-based guidelines developed by health care professionals.</p> <p>65-F-2: PPAC recommends that CMS reexamine the HACs policy in the hospital setting to focus on evidence-based data that does or does not support recommendations for nonpayment of</p>	Cassandra Black, Acting Director, Division of Practitioner Services, Center for Medicare Management	

<u>Recommendations</u>	<u>Respondent</u>	<u>CMS Response</u>
<p>certain conditions.</p> <p>65-F-3: PPAC recommends that CMS not adopt the proposed changes to retroactive billing, and instead keep the currently allowed retroactive billing for 27 months.</p> <p>65-F-4: PPAC recommends that CMS abandon its proposal to treat physician offices as independent diagnostic testing facilities and instead focus on ensuring smooth implementation of new accreditation procedures mandated by Congress.</p>	<p>Jim Bossenmeyer, Director, Division of Provider/Supplier Enrollment, Office of Financial Management</p>	

<u>Agenda Item J: Recovery Audit Contractor Update</u>		
65-J-1: PPAC recommends that CMS require RACs to provide data on overpayments collected for durable medical equipment claims and differentiate between physicians and commercial suppliers of durable medical equipment.	Melanie Combs-Dyer, RN, Senior Technical Advisor, Division of Recovery Audit Operations, Financial Services Group Amy Reese, Health Insurance Specialist, Division of Recovery Audit Operations, Financial Services Group	
<u>Agenda Item L: DME Update</u>		
65-L-1: PPAC recommends that 1) the Secretary of HHS and CMS immediately halt the durable medical equipment, prosthetics, and orthotics supplies (DMEPOS) accreditation requirement for physicians and licensed health care professionals and 2) the Secretary of HHS and CMS exercise its newly expanded authority to exempt physicians and licensed health care professionals from quality standards and accreditation requirements considering the licensing, accreditation, and other quality requirements that physicians and licensed health	Joel Kaiser, Deputy Director, Division of DMEPOS Policy, Center for Medicare Management	

care professionals must meet.		
Agenda Item P: Wrap Up and Recommendations		
<p>65-P-1: PPAC recommends that CMS 1) prohibit any contractor from auditing physicians on consultations until a clear policy is in effect and 2) continue an open dialogue on concerns raised by the AMA on medical consultation reimbursement.</p> <p>65-P-2: PPAC recommends that, if possible, CMS provide data on trends of providers who are showing decreasing trends in beneficiary care.</p> <p>65-P-3: PPAC recommends that CMS not expand the Hospital Acquired Conditions (HACs) nonpayment policy from inpatient hospital settings until the hospital policy has been evaluated and analyzed, in particular determining the impact of the policy regarding the following issues:</p> <ol style="list-style-type: none"> 1. Quality of care delivered to patients, especially in proportion to the additional costs to the Medicare program to comply with the HACs requirements 2. Need for appropriate risk-adjustment techniques 3. How attribution issues will be determined with respect to when, where, and why a 	<p>Kenneth Simon, M.D., M.B.A., Executive Director, Practicing Physicians Advisory Council, Center for Medicare Management</p>	

<p>condition occurred.</p> <p>4. Reasonable number of expected incidences in which these conditions will occur in individual hospitals, especially with regard to high-risk patients, when evidence-based guidelines are followed.</p>		
--	--	--