PRACTICING PHYSICIANS ADVISORY COUNCIL
RECOMMENDATIONS – 12-07-2009 MEETING
To Be Reported During 03-08-2010
Meeting

CMS Requests

Recommendations	Respondent	CMS Response
Agenda Item D — Physicians Regulatory Issues Team (PRIT) Update		
70-D-1: PPAC recommends that the Centers for Medicare & Medicaid (CMS) requirement that physicians be enrolled in the Provider Enrollment, Chain, and Ownership System (PECOS) be delayed for 18 months. **70-D-2:** PPAC recommends that CMS review the PECOS enrollment form with an independent, unbiased consultant and make the form more user-friendly. **70-D-3**: PPAC recommends that CMS table its requirement to modify the billing for date and place of service. **70-D-4:** PPAC recommends that CMS reevaluate its policy on paying for treatment of family members, specifically the decision not to cover services ordered.	**Kenneth Simon, M.D., MBA, Executive Director, Practicing Physicians Advisory Council, Hospital & Ambulatory Policy Group, Center for Medicare Management** **Cassandra Black, Director, Division of Practitioner Services, Hospital & Ambulatory Group, Center for Medicare Management** **William Rogers, M.D., Director, Physicians Regulatory Issues Team, Office of External Affairs**	**70-D-1:**

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Recommendations	Respondent	CMS Response
Morning Wrap-Up		
70-A.M.-1: PPAC recommends that if hospital-acquired complications occur despite providers taking reasonable precautions to prevent them, reimbursement should not be denied. PPAC further recommends that CMS review the policy regarding reimbursement when hospital-acquired complications occur.	**Cassandra Black, Director, Division of Practitioner Services, Hospital & Ambulatory Group, Center for Medicare Management** **Marc Hartstein, Deputy Director,**	

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Recommendations	Respondent	CMS Response
70-A.M.-2: PPAC recommends that CMS revise its 10-percent threshold multiple attribution method for resource use reports (RURs) so that providers who provide evaluation and management services to a beneficiary before or after a hospitalization split no more than 20 percent of the total cost of care for that beneficiary and so that the other 80 percent of the cost be attributed to the attending physicians and surgeons involved in the beneficiary's care.	**Hospital & Ambulatory Policy Group, Center for Medicare Management** **Sheila Roman, M.D., MPH, Medical Officer, Hospital & Ambulatory Policy Group, Center for Medicare Management** **Colleen Bruce, J.D., Health Insurance Specialist, Division of Practitioner Services, Hospital & Ambulatory Policy Group, Center for Medicare Management**	

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Recommendations	Respondent	CMS Response
70-A.M.-3: PPAC recommends that CMS reconsider its presentation of numerical data in the RURs to accurately reflect the statistical validity of that data. **70-A.M.-4**: PPAC recommends that CMS include in the RURs reporting on factors that affect the costs of patient care, i.e., patient complexity and co morbidity, local practices costs, setting of care, and similar factors. **70-A.M.-5**: PPAC recommends that CMS propose that Congress authorize at least a 5-percent incentive payment for successful completion of Physician Quality Reporting Initiative reporting in 2011.	**Sheila Roman, M.D., MPH, Medical Officer, Hospital & Ambulatory Policy Group, Center for Medicare Management** **Colleen Bruce, J.D., Health Insurance Specialist, Division of Practitioner Services, Hospital & Ambulatory Policy Group, Center for Medicare Management** **Michael Rapp, M.D., J.D., Director, Quality Measurement and Health Assessment Group, Office of Clinical Standards and Quality**	

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CMS Requests

Recommendations	Respondent	CMS Response
70-A.M.-6: PPAC recommends that CMS be required to adequately inform the provider community about the requirement to enroll in the PECOS system.	**Kenneth Simon, M.D., MBA, Executive Director, Practicing Physicians Advisory Council, Hospital & Ambulatory Policy Group, Center for Medicare Management**	

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Recommendations	Respondent	CMS Response
Agenda Item K — Medicare Physician Fee Schedule (MPFS) Final Rule		
70-K-1: PPAC recommends that CMS delay for at least one year implementation of its regulatory policy that prohibits paying for consultation services, which will allow time for education about and clarification of the changes. **70-K-2**: PPAC recommends that CMS recommend to Congress to avoid the 21-percent cut on January 2010 and advise Congress to reform the seriously flawed sustainable growth rate formula. PPAC further recommends that CMS recommend that Congress provide physicians with reimbursement that keeps up with the costs of practicing medicine. **70-K-3**: PPAC recommends that CMS reconsider its decision to eliminate consultation codes and remain consistent with American Medical Association's Current Procedural Terminology guidelines and Medicare Payment Advisory Commission recommendations.	**Cassandra Black, Director, Division of Practitioner Services, Hospital & Ambulatory Group, Center for Medicare Management** **Marc Hartstein, Deputy Director, Hospital & Ambulatory Policy Group, Center for Medicare Management**	

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Recommendations	Respondent	CMS Response
Agenda Item O — Wrap Up and Recommendations		
70-M-1: PPAC recommends that CMS rapidly clarify the procedures for using evaluation and management codes in a clinical setting involving the appropriate use of a consultation code that is covered by an additional insurance carrier.	**Cassandra Black, Director, Division of Practitioner Services, Hospital & Ambulatory Group, Center for Medicare Management** **Marc Hartstein, Deputy Director, Hospital & Ambulatory Policy Group, Center for Medicare Management**	

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Recommendations	Respondent	CMS Response