AMERICAN COLLEGE OF PHYSICIANS–AMERICAN SOCIETY OF INTERNAL MEDICINE

TO THE PRACTICING PHYSICIANS ADVISORY COUNCIL

December 16, 2002

The American College of Physicians–American Society of Internal Medicine (ACP–ASIM), the nation's largest medical specialty society, representing over 115,000 internists and medical students, is pleased to provide testimony to the Practicing Physicians Advisory Council (PPAC) regarding: Physicians Regulatory Issues Team Initiative; Program Integrity Customer Service; and Doctor's Office Quality Project: a Physician Level Measurement and Improvement Initiative.

1. Physicians Regulatory Issues Team Initiative

ACP–ASIM commends the Centers for Medicare and Medicaid Services (CMS) for its Physicians Regulatory Issues Team (PRIT) initiative and for working with physician organizations to reduce the Medicare regulatory burden. ACP–ASIM is pleased that CMS recently revised the documentation requirements pertaining to teaching physician evaluation and management (E/M) services that involve a resident. ACP–ASIM looks forward to working with the agency to implement solutions to the issues on the current PRIT list, as well as new issues that arise.

A. Carrier Bulletins/Medicare Rules

While ACP–ASIM supports the CMS effort to assess the quality of physician interaction with program integrity personnel through its Program Integrity Customer Service initiative (discussed later in this document), CMS must make an effort to understand physician perceptions and attitudes across the broad range of carrier interactions.

The agency should survey physicians to ascertain their satisfaction with carrier personnel regarding billing, coding, and claim status inquiries. CMS should consult physician organizations to develop an action plan after analyzing the survey responses. Receiving feedback from physicians regarding the quality of carrier personnel in these areas should be assigned as high a priority as assessing the quality of program integrity interactions. Our members cite failure to get a clear and/or consistent answer from carrier personnel as the most frustrating part of their interaction with the Medicare program. Carrier failure to provide clear/consistent information prevents physicians from seeking answers from the entity that ultimately holds them accountable for their billing and coding decisions.

CMS should consider the recommendations aimed at improving carrier education it has received from the General Accounting Office (GAO) and Aspen Systems, the organization the agency contracted with to assess physician education needs.

GAO Recommendations

The February 2002 GAO report "Communications With Physicians Can be Improved" determined that:

- Carrier communications are often difficult to use, out of date, inaccurate, and incomplete
    - Carrier bulletins can be difficult to use and lack current information;
    - Carrier call centers often provide inaccurate and incomplete information and lack standard policies and sufficient resources;
    - Carrier websites are not easy to use and often do not meet CMS-mandated requirements.
- CMS's management and oversight of communications with physicians are insufficient
    - CMS's communications management lacks sufficient standards and resources
    - Monitoring of carriers is not sufficient to ensure quality and accuracy in physician communication
    - CMS is making efforts to improve physician communication, citing Publishing regulations at regular intervals, the CMS Quarterly Compendium Project; training for carrier call centers staff; the *Medicare & You 2002 Physician Edition*; and the Physicians at Regulatory Issues Team (PRIT) Initiative

ACP–ASIM urges CMS to consider implementing the GAO recommendations that the agency:

- **Assume responsibility for publication of a national bulletin, supplemented by carriers with local policies and information;**
- **Establish new performance standards for carrier call centers;**
- **Set standards and provide technical assistance to carriers to promote accurate and user-friendly websites; and**
- **Strengthen contractor evaluation by relying on expert teams to conduct contractor performance reviews and assess accuracy of physician communications.**

Aspen Provider Education Project

CMS hired Aspen Systems Corporation to develop a plan to improve how Medicare carriers educate physicians about billing and coding. Aspen used focus groups, carrier interviews, survey results and input from medical organizations to develop the Education Plan. ACP–ASIM served as a member of a workgroup that provided technical advice to Aspen. The workgroup's input contributed to the Education Plan Aspen submitted to CMS in April 2002. CMS sent ACP–ASIM a May 2002 letter that commended Aspen's "high quality and wide-ranging Education Plan" and stated that CMS is reviewing the Plan to see how it can incorporate it into its existing education efforts. In addition, the letter noted that CMS is considering how to keep physicians informed of its progress. **CMS should share the Aspen-developed Education Plan with PPAC so it can provide CMS with constructive input on the Plan and provide CMS advice regarding how to communicate the agency's education improvement efforts to physicians.**

B. Certificates of Medical Necessity

The PRIT Physicians' Issues update document on www.cms.gov indicates that CMS expected the results of a contractor study to review the efficiency and effectiveness of Certificates of Medical Necessity (CMNs) in November 2002. **CMS should provide an update on the status of this important study.**

C. Correct Coding Initiative

ACP–ASIM requests that CMS add "Correct Coding Initiative (CCI) Access" to its list of issues on which the PRIT will take action. Physicians have inadequate access to the Medicare CCI process. Physicians have a difficult time monitoring the CCI because the updates are frequent and costly to obtain. Further, a number of CCI edits have been retracted after implementation—causing confusion and placing the burden on physicians to resubmit inappropriately denied claims.

CMS should help physicians to comply with the unwieldy CCI process. The June 6, 2002 CMS Program Memorandum, Transmittal AB-02-079 (Change Request 213), instructing carrier customer service personnel to tell physicians that they are unable to provide information on specific CCI edits/modifiers highlights the need for CMS action. While ACP–ASIM understands the rationale that carrier personnel cannot be expected to maintain familiarity with the thousands of CCI edits that involve thousands of procedure codes, **CMS should make CCI edits available through its website, in a form that is searchable by Current Procedural Terminology (CPT) code (the code edits should be listed without violating the American Medical Association CPT copyright). The CCI edits should be available electronically at no cost to physicians. Further, ACP–ASIM urges the PRIT to work to improve the process by which proposed CCI edits are reviewed by the American Medical Association and specialty societies.**

ACP-ASIM formally requested that the PRIT add CCI Access to its list of issues over a year ago and CMS has yet to respond.

D. Department of Health and Human Services Regulatory Reform Committee Recommendations

The PRIT should review the November 21, 2002 Department of Health and Human Services (HHS) Regulatory Reform Committee final report that contains 268 recommendations for reducing the regulatory burden imposed by HHS programs. The Committee issued recommendations—intended to reduce the burden and cost associated with regulations while maintaining or enhancing effectiveness—pertaining to issues on which the PRIT has worked, such as E/M service documentation guidelines and the Emergency Medical Treatment and Active Labor Act (EMTALA). **The PRIT should lead CMS in taking a proactive role in acting on relevant HHS Regulatory Reform committee recommendations.**

2. Program Integrity Customer Service

ACP–ASIM is pleased that CMS plans to assess physician satisfaction with program integrity customer service. We are encouraged that CMS plans to conduct/is conducting a survey to assess and improve the way it interacts with physicians to: develop local medical review policies, conduct medical review of claims, process enrollment applications, and respond to fraud complaints. **ACP–ASIM asks CMS to provide an update on its Program Integrity Customer Service Initiative as CMS has yet to provide a status report since it announced the project over a year ago. Further, we recommend that CMS consult physician organizations to develop an action plan after analyzing the program integrity customer service survey responses.**

3. Doctor's Office Quality Project: a Physician Level Measurement and Improvement Initiative

ACP–ASIM appreciates the opportunity to participate in the CMS Doctors Office Quality (DOQ) project, which has as its goal the development of a quality performance measurement system for care provided by physicians in an ambulatory setting. **ACP—ASIM supports efforts to increase physicians knowledge and expertise through a well designed, statistically sound performance measurement system, but only if the system is purely for educational purposes, has widespread physician buy-in, does not add significant cost or burden to a practice, and does not take away from the time physicians spend with their patients.**

ACP—ASIM believes the DOQ has many technical barriers to solve. One is developing performance measures that are universally accepted by physicians, but that can also reflect local variations in care. A second is assuring performance ratings are statistically valid, adjusted to reflect the demographics and case mix severity of the patients served by a particular physician. For example, a physician serving a primarily Medicaid population could truly be an excellent physician, but not necessarily have patient outcomes that reflect this due to patients not seeking care until an advanced stage of illness and/or socioeconomic barriers to maintaining compliance once treatment has been initiated.

ACP—ASIM believes that an educational, non-punitive approach to improving physician performance is best achieved by maintaining the confidentiality of such performance data. This will help encourage physicians to participate in a program such as DOQ, and to be open to quality-improving guidance it can provide. To gain wide acceptance in the physician community, ACP—ASIM also believes such a program must have little or no cost associated with it, and not create a paperwork or time burden for physicians.

ACP—ASIM strongly opposes public reporting of individual physician performance data because the technical complexity of achieving accurate, truly reliable ratings and the potential for patients to be misled by such ratings. For example, if there is a public recognition program that awards and publicizes physicians with "outstanding" ratings—would this mean, by default, that all other physicians are not worthy performers?

ACP–ASIM thanks PPAC for the opportunity to comment on: Physicians Regulatory Issues Team Initiative; Program Integrity Customer Service; and Doctor's Office Quality Project: a Physician Level Measurement and Improvement Initiative.