
Medicare and Administrative Burden

William D. Rogers, MD, FACEP

As a practicing physician who has spent 11 years running emergency departments (EDs) in 2 states, I am as regulation-averse as anyone. What in the world am I doing working at the Centers for Medicare and Medicaid Services (CMS)? Medicare has been reported to have over 100,000 pages of statutes and regulations, and although the exact number can't be verified, the burden of compliance is real and costly.

What is CMS doing to address this burden? There are 3 major initiatives at CMS that are charged with eliminating burdensome regulations. All three reach out to physicians and other clinicians for help in identifying unnecessary regulations. My hope is that after reading this article, you might become an ally in the effort.

The Practicing Physician Advisory Council (PPAC) had its first meeting on May 11, 1992 (see *What is PACC?*). This is a committee of practicing physicians that meets quarterly here at CMS and advises the secretary of Health and Human Services (HHS) on issues of concern to physicians who treat Medicare beneficiaries. The physician members of the committee all have busy practices, and they are vigorous advocates for their physician colleagues. Testimony occurs at the end of each meeting, usually from national specialty organizations. The PPAC creates a list of official recommendations and CMS senior staff are required to report on each of those recommendations at the next meeting. The PPAC met on May 21 and focused on the

Medicare Physicians Quality Reporting Initiative (PQRI), National Provider Identifier (NPI), the recovery audit contractors, contractor reform, and a host of other issues that physicians care about (see *A Taste of May 21 PACC Meeting Results*).

How many readers have participated in a Physician and Allied Health Open Door call? Every 6 weeks CMS staff and the deputy administrator of the Medicare program host a conference call designed to facilitate communication between the regulators and the regulated. The first half of the call is

spent answering questions that were asked during the prior call but were too complicated for the staff to answer on the spot. The second half of the call is the “open mic” portion. Participants can ask questions, suggest improvements, and expect that their input will make a difference. Since we routinely have several hundred people on the call, it is very difficult for CMS staff to be anything but helpful. For more information on the open door forums, visit: <http://qa.cms.hhs.gov/OpenDoorForums/>.

The Physicians Regulatory Issues Team (PRIT) is the group that I lead and is the third initiative at CMS designed to protect you from unnecessary regulations. We serve as provider advocates during the process of writing new regulations, and we work to remove unnecessary regulatory burdens that have already been imposed. We travel all over the United States to talk to

■ What is PPAC?

PPAC is Congressionally mandated and advises the secretary of HHS and the administrator of CMS on proposed changes in regulations and carrier manual instructions. Council members hear testimony and provide invaluable advice and input on how CMS rules and regulations affect today's practicing physicians. PPAC is composed of 15 members (11 of which must be MDs or DOs; the remaining members may include dentists, podiatrists, optometrists, and chiropractors), who must have submitted at least 250 claims for physicians' services in the previous year. The Council meets quarterly, and its members may serve a term of 4 consecutive years. Nominations for the Council must be submitted by medical organizations that represent physicians. Openings for membership on the Council are announced yearly in the Federal Register.

physicians and other clinicians. In the course of our work, we have built a valuable network of physicians and other clinicians who alert us to problems that we might otherwise not be aware of.

The list of issues PRIT is working on and the progress we have made toward resolution is posted online at our Website: www.cms.hhs.gov/PRIT/. Reach us by email at: PRIT@cms.hhs.gov.

Medicare is a big program—far and away the largest “health insurance company” in the world. We pay a billion claims a year, and the cost to the taxpayer to process 1 claim is about \$1. We will spend more than \$400 billion next year on health care, and thousands of criminals will steal some of that money next year and every year.

Sadly those crooks are the reason for many of the regulations that plague physicians and other honest clinicians who care for Medicare beneficiaries. The challenge is to regulate enough to catch the thief without overwhelming the honest practitioner who wants only to

take care of his or her patients.

Keep in touch. We’d like to hear from you. **MPM**

William D. Rogers, MD, FACEP, is Medical Officer, Office of the Administrator Director, Physicians Regulatory Issues Team, Centers for Medicare and Medicaid Services.

PROVIDER ACTION

Impact to You

Medicare's administrative burden is time consuming and expense to physician practices.

What You Need to Know

There are several programs in which physicians can express concerns about the administrative burden associated with the Medicare system. These include the Practicing Physician Advisory Council (PPAC), the Open Door Forum, and the Physicians Regulatory Issues Team (PRIT).

What You Need to Do

By participating in these Medicare channels, physicians have the opportunity to work directly with Medicare to reduce the administrative burden associated with practice. Physicians can simply dial into the periodic Open Door Forums to express their thoughts.

A Taste of May 21 PACC Meeting Results

- 2.1 million NPIs were issued as of May 14, 2007, representing about 91% of the estimated NPIs that are expected to be issued.
 - A new policy was announced in which Medicare's common working files (CWFs) will specifically identify physician fee-for-service plans as such rather than identifying them as simply HMOs to more precisely determine payment amounts on claims. See the MLN article at: www.cms.hhs.gov/MLNMattersArticles/downloads/MM5349.pdf.
 - Development has begun on a standardized instrument, called Continuity Assessment Record & Evaluation (CARE), which will serve to support clinical excellence, optimize efficiencies available through information technology advances, move toward an electronic health record, and collect data predictive of outcomes and resource utilization. See: www.cms.hhs.gov/SNFPPS/Downloads/pac_reform_plan_2006.pdf
 - A thorough explanation of PQRI was presented and can be found at www.cms.hhs.gov/FACA/03_ppac.asp. Choose the May 21 meeting, and then select the PQRI PACC PowerPoint presentation.
 - CMS projects MAC (Medicare Administrative Contractor) administrative costs will be lower than legacy contracts, and reports that contractors have developed innovative approaches and collaborative business arrangements. More information about contract reform is available at: www.cms.hhs.gov/MedicareContractingReform/.
 - CMS is planning to begin personal health record (PHR) outreach and education for beneficiaries and their families. See: www.cms.hhs.gov/PerHealthRecords/. Potential CMS roles in PHR include making Medicare data available to PHRs, supporting standards for PHRs, supporting interoperability between PHRs and between PHRs and EHRs, and certifying PHRs as meeting functional, security, and privacy requirements. In 2007 CMS will post results of the Medication History & Registration Summary (Clipboard) Study and begin a pilot program on PHRs.
- Visit www.cms.hhs.gov/FACA/03_ppac.asp to view all results from the May 21 meeting. The next meeting will be August 23, 2007.