



PHYSICIAN ASSISTANT EDUCATION ASSOCIATION
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September 7, 2018

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-P
P.O. Box 8016
Baltimore, MD 21244-8016

[Filed electronically at <http://www.regulations.gov>]

RE: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program (CMS-1693-P)

Dear Administrator Verma:

On behalf of the Physician Assistant Education Association (PAEA), we are writing to offer our comments on CMS-1693-P, the Physician Fee Schedule and Quality Payment Program proposed rule for calendar year 2019. PAEA represents the 236 accredited physician assistant (PA) education programs operating in the United States, which collectively produce over 8,000 new graduates each year. As CMS works to ensure that Medicare beneficiaries are provided with high-quality care, it is critical that barriers to the preparation of a well-trained future health workforce are eliminated. To this end, we would like to offer the following comments:

Student Documentation of Evaluation and Management (E/M) Services

In the Physician Fee Schedule proposed rule, CMS proposes a sensible regulatory change regarding E/M documentation requirements for teaching physicians by allowing their participation to be verified by another physician, resident, or nurse. PAEA believes that this is a positive step forward in reducing

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administrative burden for teaching physicians, but that additional progress must be made in reducing unnecessary barriers for practicing clinicians to serve as preceptors.

Transmittal 4068 represented progress toward this goal by allowing teaching physicians to verify student documentation of E/M services and removing previous mentions of “medical students” in prior iterations of the Medicare Claims Processing Manual. In accordance with the definition of “student” in §100 of the Medicare Claims Processing Manual as “an individual who participates in an accredited educational program (e.g. a medical school) that is not an approved GME program,” **we urge CMS to clarify that teaching physicians may also verify, rather than re-perform, documentation provided by PA students.** Current re-documentation requirements are a significant burden for preceptors of PA students. Implementing this interpretation would be an additional positive step toward reducing the administrative burden for providers while improving the quality of care delivered by current and future clinicians.

Restriction of IA_AHE_06 to Small, Rural, and Underserved Practices

In our comments on the CY 2018 Updates to the Quality Payment Program final rule in 2017, we expressed our strong support for the finalization of IA_AHE_06, Provide Education Opportunities for New Clinicians, as a new high-weighted improvement activity. This improvement activity, as well as other incentives for MIPS-eligible clinicians to serve as preceptors for PA students, has grown increasingly critical as PA programs continue to confront shortages of clinical training sites.

In our previous comments and in subsequent revision submissions, we have urged CMS to eliminate the current eligibility restriction for this activity to small, rural, and underserved practices. **We were therefore disappointed that CMS-1693-P contains no changes to the current eligibility restrictions for IA_AHE_06.** Given the degree to which programs are unable to secure sufficient clinical training sites, we continue to believe that allowing all MIPS-eligible clinicians to receive improvement activity credit would be most effective in achieving health equity. While directing students to practice in rural and underserved areas is a high priority for PA programs and a common curricular component, broad workforce shortages — due in part to inadequate clinical sites — pose the greatest threat to the ability of our programs to promote health equity. **As such, we again urge CMS to remove this unnecessary restriction in future rulemaking.**

If you have any questions about our comments or require additional information, please contact Chief Policy & Research Officer Dave Keahey at dkeahey@PAEAonline.org or at (703) 667-4339.

Sincerely,



Lisa Mustone Alexander

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