

## REIMBURSEMENT

Stevens C. "Medicare clamps down on physician-assistant claims." *Med Econ.* 70(1): 174, 177, 181-2, Jan 11, 1993.

Finerfrock W. "RBRVS and the challenge of change... resource-based relative value scale." *J Am Acad Physician Assist.* 5(6): 455-8, Jun 1992.

Beginning January 1, 1992, the resource-based relative value scale (RBRVS) method of payment will be phased in over a period of four years. This article describes the historical background of payment reform, the work of the Physician Payment Review Commission (PPRC), the work of the AAPA on the issue and the current status of legislation. Includes a table of Medicare reimbursement policy on PAs in a variety of settings.

Nelson RL. "Politics and practicality in reforming Medicare reimbursement for PA services." *J Am Acad Physician Assist.* 5(6): 407-8, Jun 1992.

Mr. Nelson relates some of the lessons learned as the AAPA participated with the Physician Payment Review Commission (PPRC) in the development of how PAs fit into the RBRVS scenario for Medicare reimbursement. He highlights particular issues such as substitution, supervision, fractional reimbursement and describes the Academy's representatives response. In summary, he points out that the experience amplifies the need for public education about PAs' abilities in providing accessible, quality health services.

Huntington CG. "The debate over Medicare reimbursement." *Physician Assist.* 15(5): 14, 16, 21, May 1991.

Reviews the history of the Physician Payment Review Commission (PPRC), the recommendations of the PPRC on Medicare payment for nonphysician payment services and the role of the AAPA and its representatives in presenting evidence to the Commission.

Johnson J, Cawley JF. "Nurse practitioners and physician assistants: revenue and reimbursement." in *Paying the doctor - health policy and physician reimbursement.* Moreno JD, ed. Westport, Connecticut: Auburn House. 1991. 194p.

Discusses background of the professions, practice settings and employment, payment for services, income generation versus cost, regulation of nurse practitioner and physician assistant practice, and policy initiatives to facilitate their practice.

"Use of health professionals poses payment, authority conflicts." *Hospitals.* 64(19): 46, 48, 51, Oct 5, 1990.

Describes several allied health professions and their practice in hospitals. While some nursing professionals, such as certified nurse midwives, want federal reimbursement and increased practice authority, PAs are not lobbying for separate reimbursement and maintain their "dependent" role.

Finerfrock B. "A crash course in "C-P-R"... Customary, prevailing, and reasonable charges under the Medicare program." *J Am Acad Physician Assist.* 1(3): 224-7, May-Jun 1988.

Mr. Finerfrock reviews the meaning and differences among Customary, Prevailing, and Reason-

able (C-P-R) charges under the Medicare program. A thorough understanding of CPR is essential to understand the impact of the 1987 Medicare law which provides coverage of PA services in various practice settings at differing rates. He discusses interpretation of a Medicare charge profile and the impact of reimbursement policies on an individual practice.

Davis A. "Reimbursement by Medicare." *Physician Assist.* 11(6): 11, 14, 16-7, Jun 1987.

Journal abstract: Medicare part B reimbursement for PA services is six months old. The present legislation represents only a partial victory for PAs, since coverage is restricted to surgical assisting, hospitals, skilled nursing facilities, and intermediate care facilities. All PAs should understand the full implications of Medicare reimbursement so that they can help patients secure payment. As a member of the American Academy of Physician Assistants' Legislative and Governmental Affairs Committee, the author suggests that the new coverage is at least partially successful despite predictable implementation problems. It is especially important for state chapters to contact local carriers, and for PAs to continue lobbying for full coverage.

Nelson RL. "The impact of Medicare coverage on the PA profession." *Physician Assist.* 11(1):12-3, Jan 1987.

Journal abstract: Federal legislation that took effect on January 1 provides for Medicare part B reimbursement for physician assistant services in several clinical settings. Besides recognizing PAs' contribution to health care delivery, the law may greatly increase demand for PAs (especially in geriatric medicine), allow them to branch out to more nontraditional forms of practice, and prompt a need for a larger pool of graduates from PA education programs. This legislative victory does not diminish—but heightens—the profession's responsibility to show that PA services are cost-effective.

Huber GA, Romoff JA. "Repayment regulations limit use of nonphysicians." *Hosp Med Staff.* p. 2-9, Aug 1980.

Journal summary: Hospital planners are advised to think of physician's assistants (PAs) and nurse practitioners (NPs) as part of the health care team, but to be cautious of enlarging their roles beyond the scope of licensure laws and reimbursement regulations.

Stalker T, Joyner S. "PAs take on the reimbursement bureaucracy." *Physician Assist & Health Practitioner.* 3(12): 36-42, Dec 1979.

An audit of a medical center staffed by a physician and physician assistant by the Prudential Insurance Company, the Medicare carrier for North Carolina, is described. The company demanded a payback for reimbursement of the PA's services. The question of "incident to" services is explored. The need for Medicare law reform is discussed.

Romm J, Berkowitz A, Cahn MA, Cornely PB, Kerlin B, Morris SB. "The physician extender reimbursement experience." *J Ambulatory Care Manage.* 2(2): 1-12, May 1979.

Mendenhall R, Repicky P. *Collection and processing of baseline data for the physician extender reimbursement study*. Final report. Prepared under Contract HEW-05-100-75-0034, Health Care Financing Administration, DHEW and the University of Southern California, Division of Research in Medical Education. 222 p. Aug 31, 1978.

Study abstract: A national study to identify and locate and then to study intensively the practices of physicians employing Nurse Practitioners, Physician's Assistants and Medex began in November of 1974. The appropriate group of practices were identified and a sub-sample of these practices were studied through use of a log-diary. A similar group of physicians without the Nurse Practitioners, Physician's Assistants and Medex were studied. Statistical findings are presented which isolate differences in each type of practice. Of major importance is the finding that (a) practices with Nurse Practitioners, Physician's Assistants and Medex are more productive; however, how much more depends upon where the practice is located, and (b) there are clear differences in what is done with a practice that are attributable to whether the person is a Nurse Practitioner or a Physician's Assistant/Medex. Data are also presented that suggest the optimum number of Nurse Practitioners and/or Physician's Assistants/Medex in a practice. These study findings rule directly on issues of major concern to the Health Care Financing Administration. The very rich clinical data obtained will be useful to those concerned with educational programs as well.

Godkins T. "National health insurance and the physician assistant." *PA J*. 8(1): 43-49, Spring 1978.

Journal summary: ....The physician assistant concept is but one attempt of many to alleviate the problem of access to health care of an acceptable quality. Another concept is national health insurance as a measure to bridge the economic gaps in medical care not met by Medicare, Medicaid, and private health insurance; and to make better use of all health resources. Physician assistants can have a beneficial impact on health care under national health insurance by: improving access to care; keeping practice costs down; and improving the quality of care provided. A program of national health insurance will undoubtedly create increased public demand to provide more health services than currently offered by federal programs. National health insurance can succeed only if an appropriate financing mechanism is developed and valid attempts are made to utilize available manpower such as physician assistants. These issues are discussed.

Fox JG, Zatzkin SR. "Third party payment for nonphysician health practitioners: realities and recommendations." *Fam Community Health*. 1(1): 69-80, Apr 1978.

System Sciences, Inc. *Survey and evaluation of the physician extender reimbursement experiment*. Final report. Prepared under contract SSA-600-76-0167, DHEW, Health Care Financing Administration, Office of Policy, Planning and Research. Mar 1978.

Validated data collected in the USC *Collection and processing of baseline data for the physician extender reimbursement study* and collected additional data for analysis. Of the practices included in the USC study, 70 physician extender (PE) practices and 50 control practices were selected for on-site visits and collection of data pertaining to practice characteristics and costs. Quality of care provided in practices with PEs was rated higher in comparison with practices without PEs. Average charges per visit to the patient or third party payor were lower in practices with PEs than in non-PE practices: PE practices provided more patient visits per \$1,000 of practice costs than non-PE practices.

Schweitzer S, Record J. "Third-party payments for new health professionals: an alternative to fractional reimbursement in outpatient care." *Public Health Rep.* 92(6): 51-526, Nov-Dec 1977.

The issue of fractional reimbursement—paying for NHP services at less than the fee allowable for physician services—to contain costs is incompatible with another Federal policy—increasing the use of NHPs in the delivery of outpatient services. An alternative reimbursement proposal based on reimbursement for services provided rather than provider is presented. Third-party payers would differentiate simple and complex morbidity situations, which translate into NHP-appropriate and physician-requisite—or delegable and nondelegable—tasks, with disparate allowable fees. This proposal would allow the insurer to realize the cost containment potential in using NHPs: the physician would have an incentive to use an NHP to perform simple services for the lower reimbursable rate.

Godkins T. *Non-physician reimbursement under national health insurance: the physician's assistant.* Presented to the National Health Insurance Advisory Committee, Regional Hearing, Hartford, Connecticut, 14 p. Sep 23, 1977.

Utilization of physician assistants will impact directly on national health insurance costs because: (1) production costs are significantly lower in comparison to physician manpower, (2) opportunity costs to society are recouped, and (3) delivery costs will be reduced by substituting physician assistants for physician manpower when appropriate. The present system of health care and the Medicare and Medicaid programs and their drawbacks are noted. Suggestions for consideration in formulating a national health insurance program are given: some of the suggestions are universal coverage of all US residents, participation by the consumer in policy and administration, a collaboration of private organizations, state and federal government for administration purposes, an incremental approach to provision of comprehensive benefits and utilization of physician's assistants in the provision of primary, secondary, and tertiary care.

Bicknell WJ, Walsh DC, Tanner MM. "Physician assistants and nurse practitioners in the United States: roadblocks to success." *PA J.* 6(3): 130-137, Fall 1976.

Journal summary: An overview of the current status of primary care physician assistants and nurse practitioners in the United States reveals substantial developments both in the kinds and numbers of training programs available and in professional, legal and public recognition of their potential role. Over the past decade major strides have been taken. But the final, and probably the most challenging hurdles to effective, widespread use of primary care assistants have yet to be cleared, and may not be unless and until the basic characteristics of the U.S. medical care system, particularly the hospital training and the payment systems for medical services, are radically changed.

Morris S. "Third party payment for the services of the primary care physician assistant." *PA J.* 6(2): 72-78, Summer 1976.

Journal abstract: Third party payment plays a major role in meeting the costs of health care in the United States.... Current third party policies vary with regard to medical services provided by physician assistants, but the prevailing attitude appears to be that physician assistants are not a well identified or uniform class of medical providers. The major unresolved issues include legal and professional definitions, quality of care, and the cost implications of payment for physician assistant services. The Social Security Administration's Physician Extender Reimbursement Study will address most of these issues and should make useful information available for developing sensible and fair third party payment policies.