



June 25, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services (CMS)
CMS-1694-P
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; Proposed Quality Reporting Requirements for Specific Providers; Proposed Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (Promoting Interoperability Programs) Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Medicare Cost Reporting Requirements; and Physician Certification and Recertification of Claims

Dear Administrator Verma,

The American Academy of PAs (AAPA), on behalf of the more than 123,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services (CMS) 2019 Hospital Inpatient Prospective Payment Systems (IPPS) rule. This proposed rule recommends several changes intended to improve patient experience and remove care delivery inefficiencies. AAPA is in favor of both goals, but cautions that other issues must be addressed to ensure that policy changes are effective in reaching their objectives. It is within this context that we provide our comments.

Removal of Written Admission Order from the Medical Record

In the 2019 IPPS proposed rule, CMS recommends a revision to the requirements for hospital inpatient admission order documentation. The rule notes that common technical discrepancies consisting of missing practitioner admission signatures, missing co-signatures or authentication signatures, and signatures occurring after discharge, have resulted in denials of Medicare payment for otherwise medically necessary hospitalizations. The revision would eliminate the documentation requirement for inpatient admission orders.

Current CMS policy, as detailed in [Transmittal 234](#) (Chapter 1, section 10.2), indicates that an order for hospital admission may be given by a physician or other practitioner who is: “(a) licensed by the state to admit inpatients to hospitals, (b) granted privileges by the hospital to admit inpatients to that specific facility, and (c) knowledgeable about the patient’s hospital course, medical plan of care, and current condition at the time of admission.” We believe PAs are authorized to order an admission if they meet the above-mentioned requirements. If a PA failed to meet these requirements, CMS still authorizes PAs to write the order, but also requires that a physician co-sign the order prior to the patient’s discharge. If CMS eliminates the need for a written admission order, we recommend that CMS also eliminate any requirement for a physician co-signature when PAs perform the admission history and physical and document medical necessity for the admission in the patient’s chart.

Current CMS guidelines also require that an inpatient be “under the care of a physician.” AAPA suggests that CMS clarify that any physician documentation of participation in the care of an inpatient in the medical record (orders, notes, diagnostic interpretations, etc.) be considered sufficient evidence of the patient being under the care of a physician and, therefore, compliant with Medicare’s Conditions of Participation.

AAPA supports the removal of the requirement to document an admission order, and any requirements that either create unnecessary administrative burdens or cause facilities to unfairly lose payment when medically necessary, Medicare-covered services have been provided.

Interoperability

CMS states its intention to focus more attention on interoperability in hospitals and the capability of electronic systems to communicate with each other and exchange health information. CMS intends to advance interoperability by accentuating measures and metrics that require health information exchange under its incentive programs. To emphasize this new commitment, CMS will rebrand its Hospital Meaningful Use program as “Promoting Interoperability.” CMS is requesting general feedback on how to enhance interoperability.

AAPA supports the concept of interoperability to improve the efficiency and quality of care delivery, as well as to enhance the patient experience and support care coordination. However, AAPA cautions that the benefits of interoperability are diminished if the data or information being transmitted is incomplete or incorrect due to improper attribution. For example, if a hospital receives a patient’s medical record, the information on the record may indicate that care was provided by a physician when in fact care was delivered by a PA. Because of “incident to” or Shared Visit billing, the hospital may be misinformed as to the appropriate health professional to contact with relevant questions, or for the purposes of care coordination in the hospital or post-hospitalization. CMS should identify and act on ways to increase data transparency by modifying requirements under billing mechanisms, such as “incident to” and shared visits, to ensure that the health professional who actually delivered the care is clearly identified in the patient’s medical records and in billing/claims records.

AAPA also cautions that, for interoperability to be most effective, authorization to fully utilize electronic health record (EHR) and billing systems must be extended to health professionals that practice medicine. If health professionals, such as PAs, are prevented from fully accessing EHR systems, the ability of the health professional to sufficiently provide care that is efficient, safe, and coordinated may be jeopardized.

Hospital Price Transparency

In the proposed rule, CMS indicates it will modify regulatory requirements to boost price transparency of hospital services among patients. CMS currently requires some level of price transparency on the part of hospitals, but is seeking to increase the likelihood this information actually gets into the hands of patients. For example, instead of providing the information upon request, CMS is considering requiring hospitals post a list of their charges on the internet. CMS is also soliciting suggestions as to the role of health professionals in making patients aware of hospital charges for services.

AAPA supports efforts to increase price transparency due to the potential for reduced healthcare costs and improved patient decision-making. Currently, patients are often surprised by extremely high out-of-network charges due to the common, but confusing scenario in which a hospital is in network based on the patient’s insurance coverage, but a particular health professional within that facility who is not in-network provides care to the patient (for example, an anesthesiologist). Insufficient patient health literacy and a lack of understanding about medical billing are common, and in this case, potentially costly. If provided with additional information as to the pricing of services and tests, patients may choose to seek lower cost care creating increased healthcare competition in the marketplace.

AAPA supports including health professionals, such as PAs, in helping to alert patients about available information regarding the cost of their care. Health professionals could direct patients to hospital web sites containing pricing information. Health professionals might also be able to assist in this process by identifying which patients do not have internet access and working with the hospital to supply price information to the patient in another manner (perhaps a printed sheet of estimates). However, it is imperative that health professionals not be burdened with yet another administrative responsibility that takes them away from their primary role which is delivering high quality care to patients.

While we support increased information provided to patients regarding healthcare charges, AAPA cautions that further context must be provided to patients, such as the fact that the varying contracts insurers may have with a hospital or health professional may substantially affect the actual cost of care.

Thank you for the opportunity to provide feedback on the IPPS Proposed Rule. AAPA welcomes further discussion with CMS regarding our position and comments. For any questions you may have in regard to our comments and recommendations, please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at 571-319-4345 or michael@aapa.org.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Gail Curtis". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

L. Gail Curtis, MPAS, PA-C, DFAAPA
President and Chair of the Board