



October 16, 2018

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

Re: Medicare Program: Medicare Shared Savings Program; Accountable Care Organizations Pathways to Success

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 Accountable Care Organizations (ACOs) Pathways to Success proposed rule.

ACOs are critical to the success of Medicare's shared savings payment models and the efforts to lower costs while improving care coordination and continuity. PAs are listed by Medicare as one of three types of health professionals who deliver primary care services. However, only patients who have had at least one primary care service provided by a physician are eligible to be assigned or attributed to an ACO. Under the current ACO policy, Medicare beneficiaries treated solely by PAs and nurse practitioners (NPs) can't be assigned to an ACO, except when care is delivered in certified Rural Health Clinics and Federally Qualified Health Centers. This inability for beneficiary assignment with PA-/NP-provided care is especially problematic for patients when a PA or NP is the patient's primary healthcare professional, which is increasingly common throughout the country. The problem of requiring a beneficiary to receive at least one visit from a physician exists under both methods of ACO assignment: claims-based, in which assignment is determined by provider claims submitted to Medicare, and voluntary, in which assignment occurs when a beneficiary proactively chooses a particular ACO health professional, typically through an on-line process.

AAPA has long advocated for a modification to the Code of Federal Regulations (CFR)§ 425.402, to authorize beneficiary visits to PAs and NPs to trigger a patient's ACO assignment.

Given additional flexibility by Section 50331 of the 2018 Bipartisan Budget Act, the Centers for Medicare and Medicaid Services (CMS) proposes to modify language in CFR§ 425.402 pertaining to a beneficiary's voluntary assignment to an ACO. CMS proposes to remove the requirement for a beneficiary to receive a primary care service from a physician in order to be assigned to an ACO. If finalized, beneficiaries who receive all of their care from a PA would be able to be assigned to an ACO if the beneficiary proactively selects a PA as their primary clinician. AAPA supports the change allowing beneficiaries to select a PA as their ACO clinician under one assignment methodology, as it recognizes the importance of respecting a

beneficiary's choice of provider of care and acknowledges PAs as capable of delivering the full range of care for a beneficiary, but an important barrier to full beneficiary choice in ACO assignment remains.

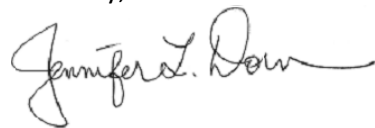
AAPA continues to have serious concerns regarding the ACO assignment methodology. First, this new flexibility only exists under voluntary assignment. The alternative and less administratively burdensome method of beneficiary assignment to an ACO, claims-based assignment, is not given similar flexibility. Under claims-based assignment, a beneficiary still must first receive at least one primary care service from a physician to be eligible for assignment to an ACO. While the Bipartisan Budget Act of 2018 and CMS both indicate voluntary identification by beneficiaries supersedes claims-based assignment, this is only the case if voluntary PA identification is elected. That is, beneficiaries are required to take the additional step of identifying and communicating to Medicare the PA they wish to coordinate their care.

CMS, in its proposed rule, indicates the claims-based assignment methodology is the method by which the "vast majority of beneficiaries are assigned." AAPA requests CMS make the necessary changes to allow patients to achieve ACO assignment with care delivered only by a PA with the claims-made assignment process. If such authority does not exist, then, in the spirit of the flexibility proposed by CMS in this rule, we request the agency work with Congress to authorize beneficiaries who only receive care from a PA to be eligible for ACO assignment under the claims-based assignment methodology.

AAPA is further concerned with the suggestion in the proposed rule that beneficiaries utilize the CMS Physician Compare website to find all Medicare-enrolled health professionals and choose the provider they want as their primary clinician. AAPA is not confident the Physician Compare website, as currently constituted, is accurate and completely inclusive of PAs and other health professionals. AAPA will work with CMS officials and contractor staff of Physician Compare to ensure that PAs are fully represented on the program's site and beneficiaries have accurate information when choosing who delivers their care.

Thank you for the opportunity to provide feedback on the ACO 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,



Jennifer L. Dorn
Chief Executive Officer