January 4, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

RE: Access to Care in the Medicaid Program (CMS-2328-FC)

Dear Administrator Slavitt:

The American Academy of PAs (AAPA), on behalf of the more than 104,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on the Medicaid Program; Request for Information (RFI) – Data Metrics and Alternative Processes for Access to Care in the Medicaid Program. Medicaid beneficiaries face numerous challenges in accessing necessary medical care. These challenges exist due to lower reimbursement rates that compel some practices to limit the number of or not accept any Medicaid patients, physician shortages in both primary care and specialties and variations by states in terms of the types of services covered. As more individuals acquire healthcare coverage and physician shortages worsen, obtaining appropriate and timely access to care is likely to become even more difficult for this patient population. PAs are an essential and integral part of the healthcare delivery system and will, if not impeded by inefficient and restrictive rules and regulations, continue to help ameliorate access issues in the Medicaid program. It is within this context that we draw your attention to our comments regarding access for Medicaid beneficiaries.

Policies that Limit Patient Access to Care

Patients are faced with increasingly serious access challenges in distance, availability and wait times, especially in rural and underserved communities. Proven health professionals such as PAs, over 20 percent of whom practice in rural and underserved communities, will be depended on to alleviate these challenges. To do so PAs must be allowed to provide healthcare services to the full extent of their education and experience. However, patient access to care is currently inhibited by certain state Medicaid programs that limit the scope of practice of PAs. Objective studies continue to show PAs deliver care that is equal in quality to care provided by physicians and patient satisfaction with care provided by PAs is extremely high.

One example of an unnecessary restriction is in mental health. While Medicare acknowledges the ability of PAs to personally provide psychiatric services, many state Medicaid programs omit PAs who work closely with psychiatrists or in the mental and behavioral health fields from being able to perform mental or behavioral health services.

AAPA recommends CMS encourage state Medicaid programs to permit PAs to practice to the full extent of their education and expertise by modifying existing regulations to allow PAs to provide the full range of medical services to Medicaid beneficiaries.

PA Enrollment and Access

An absence of PA enrollment in state Medicaid programs is an issue that affects the accurate measurement of access, as well as access itself. AAPA defines enrollment as the ability of PAs to submit claims using their own name and National Provider Identification (NPI) number, rather than under the physician's name, to indicate they rendered a service. The option as to whether to enroll PAs is currently a decision left to state Medicaid programs. Presently, 38 states have policies, or have announced they will soon have a policy, of enrolling PAs in their Medicaid program.

While enrollment of PAs does not increase costs for a state's Medicaid program or duplicate services, there remain 12 states and the District of Columbia that have yet to enroll PAs. Not recognizing PAs as enrolled health professionals in a Medicaid program for the purposes of using their own NPI as the rendering provider contributes to a lack of PA recognition in Medicaid programs generally. This lack of PA recognition often leads to PAs not being included in provider directories made available to patients to find a health professional from which to seek treatment. This exclusion of PAs has a direct impact on access. Beneficiaries in states that do not enroll PAs have an incomplete awareness of healthcare provider options. A clear identification of all health professionals delivering care in their area would make it easier for patients, especially those in underserved communities, to find care options and bolster patient access to Medicaid-covered health professionals.

PA enrollment supports language in the Affordable Care Act that seeks to improve provider accountability, as well as subsequent regulatory actions by CMS which prioritize increased transparency in knowing who is actually delivering care. Medicaid programs will benefit from not only measuring access, but also from knowing which healthcare professional is actually providing care to a patient.

Health Professional Discounting and Access

In the RFI, CMS indicated interest in receiving information regarding the impact of payment rates on access to care. In response, we believe low Medicaid rates have been one of the impediments to increasing provider access for Medicaid patients. These low rates potentially limit the number of Medicaid patients a practice is willing to accept. Practices are incentivized to accept Medicaid beneficiaries when Medicaid reimbursement approaches Medicare or commercial payer rates. While the rule doesn't require states to necessarily increase Medicaid reimbursement rates if an access problem is discovered there is an obligation for states to involve health professionals, such as PAs, and other stakeholders in their overall access review and monitoring process.

In addition, AAPA is concerned about the potential impact of discounted reimbursement levels for health professionals such as PAs and nurse practitioners (NPs) who deliver the same services as physicians, especially in light of the previously mentioned low overall Medicaid payment rates. AAPA believes the basis for equitable payment policy for all third party payers is to pay for a service based on the quality of the service and not based upon the particular health professional that delivered the service. Policies that reduce reimbursement rates to PAs and NPs are arbitrary and not constructed upon sound health policy. We believe it is possible that discounted rates in those states with a reduced reimbursement rate for PAs and NPs could negatively affect access by making employers more hesitant to hire the types of health professionals that will mitigate the effects of physician shortages.

Network Adequacy and Access

We understand the final rule will deal specifically with access under Medicaid fee-for-service programs and will not directly impact Medicaid managed care plans. However, CMS noted in its RFI that the principle of access is the same across both fee-for-service and managed care; so similar access requirements will ease administrative burdens and provide a consistent standard for consumers.

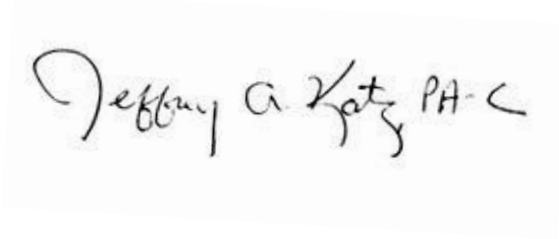
In the RFI, CMS requested feedback regarding "alternative processes for access concerns." While we support additional mechanisms for patients to appeal coverage denials, we also believe one factor that will influence patient access is whether or not there exists a formal appeals process for those *health professionals* who are denied

enrollment within Medicaid plans. Earlier AAPA expressed concern regarding the lack of full enrollment of PAs by certain states and its effect on access. Consequently, should a health professional believe his or her exclusion from enrollment as a provider of care under Medicaid negatively impacts the Medicaid patients they serve; there should be a mechanism for that professional to request a review and an opportunity to demonstrate the negative impact that lack of enrollment will have on Medicaid beneficiary access to care.

AAPA recently submitted **comments** regarding network adequacy on the exchanges. In those comments, AAPA stressed the importance of developing an adequate, flexible, and transparent minimum standard for healthcare professional network adequacy, encouraged sufficient notification when healthcare professionals enter or leave a network, and emphasized the importance of a QHP having an accurate understanding of which professionals are providing care and accepting new patients. Although our comments were regarding Qualified Health Plans, we believe that many of these principles are transferable to Medicaid. AAPA believes that bolstering network adequacy by fully including PAs will ultimately increase access to care.

AAPA appreciates the opportunity to provide feedback on the Access RFI and welcomes further discussion with CMS regarding our thoughts, suggestions and concerns. 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,



Jeffrey A Katz, PA-C, DFAAPA
President and Chair of the Board