



March 13, 2017

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

RE: Medicare Program; Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics

Dear Dr. Conway,

The American Academy of PAs (AAPA), on behalf of the more than 115,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on the *Medicare Program; Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics* proposed rule. While AAPA supports CMS efforts to enhance patient quality of care, after review of the rule, AAPA finds concern with both the absence of PAs in the proposed rule's language, as well as the rationale for the proposed changes for those who furnish or fabricate prosthetic and custom-fabricated services and supplies that are billed to Medicare.

The Absence of PAs and Other Health Professionals in the Proposed Rule's Language

AAPA is concerned with CMS' lack of specificity regarding the applicability of these new requirements to other affected health professionals beyond those explicitly listed under the definition of "Qualified Practitioner." The American Alliance of Orthopaedic Executives (AAOE) possesses data that indicate that PAs are the second-most frequent Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) services provider in Orthopaedic practices, behind only physicians. However, CMS' proposed rule is largely silent on PAs and other providers beyond those seven groups of professionals for which CMS identified and established definitions for in the category of "Qualified Practitioner."

PAs are authorized by the Medicare program to deliver physician services. PAs who work in orthopaedics should have the same eligibility to be "Qualified Practitioners" as physicians who work in that same specialty.

The absence of either a comprehensive list of relevant practitioners, or more prominent language inclusive of all necessary providers, may lead to health professionals who provide these services facing ambiguous or confusing policy, or worse, the rejection of claims due to interpretations of non-compliance. Uncertainty surrounding who is eligible to be a Qualified Practitioner is especially dangerous considering that, per the proposed rule, a Qualified Supplier's enrollment in the Medicare program may be revoked if one bills for prosthetics and custom-fabricated orthotics not furnished by a Qualified Practitioner.

AAPA recommends that CMS explicitly add PAs to the list of health professionals under Qualified Practitioner as was done for physicians.

The Rationale for the Proposed Change

CMS' proposed rule includes requirements for a Qualified Practitioner to be able to furnish and fabricate prosthetics or custom-fabricated orthotics. Qualified Practitioners must either be:

- Licensed in orthotics, pedorthics or prosthetics by the state; or
- In states that do not provide licenses for orthotics, pedorthics or prosthetics, must be both of the following:
 - Specifically, trained and educated to provide and manage the provision of pedorthics, prosthetics, and orthotics.
 - Certified by the one of the following:
 - American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC)
 - Board for Orthotist/Prosthetist Certification International, Incorporated (BOC)
 - A Secretary-approved organization that has standards equivalent to the ABC or BOC.

AAPA questions whether the burden of proof for additional requirements for the provision of DMEPOS services has been met by CMS. It is unclear that these certifications will enhance quality. In addition, by omitting certain types of health professionals in its time and cost estimates, CMS is likely underestimating the financial and administrative burden of these changes. Additional burdens on health professionals may encourage some practitioners who currently provide DMEPOS services to forgo certification and no longer provide these services, worsening patient access to DMEPOS. We request that CMS provide greater detail surrounding its rationale for these proposed changes, indicating how they will improve quality of care beyond what is provided now, and at what cost.

AAPA appreciates this opportunity to provide feedback on the DMEPOS rule 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 me at 571-319-4345 or michael@aapa.org.

Sincerely,



Michael L. Powe, Vice President
Reimbursement & Professional Advocacy

