Maryland Academy of Physician Assistants

Message from the President

As I am settling in as President, I have noticed that I’m a lot busier than ever, both with the everyday challenges of the organization as well as learning the details of the operation. Much like being a PA student in those early clinical rotations, everything is exciting, new and a little bit scary. I have to keep in mind the big picture… the light at the end of the tunnel… the goals that I set out to accomplish as President.

I am happy to report that the website is very close to being fully operational, and perhaps, by the time you receive this newsletter, it will be 100% functional. This includes member sign-in, other content availability, the MAPA store for membership renewal (including automatic renewal) and conference registration. Recognizing that this has been problematic in the past, I hope that the new version is much more user-friendly and easier to access.

Membership continues to be a driving force for me. I am hoping with the website changes, new opportunities and benefits for members, and Ken’s ideas, MAPA will increase its membership to be a stronger, better-supported organization. Each member is important to me, personally, as well as the organization. I hope to demonstrate that with a personal responsiveness to communications, inquiries and member needs. Communication is key, and I look forward to connecting with new and old members alike.

There have been some other changes instituted at MAPA, as well. MAPA has a new management company that is also bringing a lot of energy and commitment. We have been well-served by our previous management company, and we hope to improve our outreach and communication efforts even more, now! With that, MAPA has a new phone number (410-818-MAPA) and a new mailing address (P.O. Box 1252 Millersville, MD 21108).

I was very disappointed that no one applied for the Evie Wollman scholarship this past year. This scholarship, in memory of one of the first PAs in Maryland, is worth $1,000 to a lucky Clinical Year (traditionally 2nd year) PA student. The application process is simple and is available on the website. So, for the current students preparing to enter the clinical year in June, please make plans to apply early! In addition, I am happy to announce the development of a new scholarship in memory of Melvin Jacob, PA-C. We are still working on the details of this scholarship which will be geared toward the 1st year (didactic year) students. Stay tuned for more to come including a detailed description and a remembrance of PA Jacob. I am earnestly working with MAPA’s Director of Student Affairs, Lionel Kum, PA-S, from UMES, to make sure that the information for both of these scholarships is disseminated to the schools.

As most who have attended MAPA’s annual CME conference know, MAPA sponsors a silent auction to benefit a charity chosen by the current President. We do request donations from members, businesses, members who know business owners/managers, etc. Every year, we receive amazing donations that raise money for charity… and ALL of it goes to charity! This year, I have chosen the S.A.F.E. program at Mercy Medical Center. This is the Sexual Assault Forensic Examination program that performs evaluations on victims of domestic violence and sexual assault. Many of these women are barely clothed, and any clothes become part of the evidence collection. As such, they are in need of sweatpants, socks, underwear and other basic toiletries. We will be collecting items at the conference in addition to the money generated by the silent auction. This program is not simply at Mercy anymore; it is a nationally-recognized program that is now statewide!

Lastly, I want all members to know that I value your ideas and input. I will continue to work diligently in 2015 to make MAPA a more “user-friendly” organization with better member-directed communications. You will be informed of the legislative efforts (see the legislative update) and the important issues affecting PAs that often go unnoticed! This is where your membership money goes, and you should see those efforts and results!

I welcome you to contact me (President@MDAPA.org) with your ideas or suggestions. Thanks for your confidence and support as we embark on another great year of being PAs!

-Gwendy McCoy, PA-C
Vice President Update

Thank you to all our members who have stayed faithful to MAPA moving into 2015. We are very excited about the changes we have already set in motion and our president Gwendy McCoy is leading us in a great direction so far in the new year.

Our website has launched and although we are still updating things, it has become much more functional, appealing, and provides useful information on events to our membership. One of the best new events has been the addition of the Dine and Learn series. Robin Mozenter, PA-C, a faithful friend of MAPA, has stepped up to organize these events; we have had several very successful educational lectures thus far. To get to know our new Dine and Learn Director, see page 3. We hope that you will come to one of these lectures to socialize and network with other PAs, enjoy some delicious dining, and meet Robin for yourself. At these events, we have opportunities for raffles as well membership applications for those of you who would like to join MAPA or may have let your membership lapse.

We want to keep providing more benefits to our members, so if you have other ideas you would like us to consider, please feel free to share with me or another board member. As of now, our Dine and Learn series is open to any PA as we are hoping for our colleagues to come meet us and see what our organization is all about and the direction we are headed. Eventually, we will start having some benefits for members only. So please consider joining and telling your PA friends to join or renew as well!

If you or a PA you know wants to get more involved with MAPA, please feel free to attend our next board meeting on March 11th at 6 pm at Mercy Medical Center in Baltimore. Email me at vicepresident@mdapa.org to RSVP as we will have some light fare provided at the meeting. Also, if you would like to host a meeting in 2015 or 2016 at your hospital/conference area, please email me as we still have dates available and want to vary our meeting locations to reach a wider net of providers.

Thanks for your commitment and all you do for your patients. We will continue to try and serve your best interests.

-Michelle Hill, MSPAS, PA-C

SHP Hero of the Month

The Community College of Baltimore County’s School of Health Professions awarded Jennifer Norris, PA-C, the January “SHP Hero of the Month.” Jenn was surprised with the award while she was teaching Year I PA students in Women’s Health on January 14, 2015.

Jenn is a graduate of the Towson University – CCBC Essex PA Program, and she has worked in Obstetrics and Gynecology since graduation in 2004. Jenn has since served as a PA student clinical preceptor in this specialty; OB/Gyn is one of the most difficult clinical rotations for which sites can be identified. Additionally, Jenn has co-taught Women’s Health with Theresa Neumann, PA-C, in this program for the past 2 years. Jenn’s knowledge and expertise is truly a value to the program! The added benefit is that Jenn is an excellent instructor who easily engages the students and makes the content relevant.

Jenn not only teaches PA students, but she also has been teaching EMT students for years. Robert Henderson, Director of CCBC’s Emergency Medical Technician program, supported the nomination of Jenn for this award without reservation, noting her consistency, timeliness, and excellent student evaluations as reasons to give an adjunct instructor such a coveted award.

Class was strategically in session when Rudy Horner and members of her committee and the School of Health Professions intruded, causing a little curiosity. The students were aware of the surprise and were honored to be a part of it! Jenn was awarded the honor which included a gift card, a balloon and a folder with a certificate and some other information regarding the award. It was a well-deserved honor for a very special PA! Way to go, Jenn!
Thoughts on the PA/Physician Relationship

I had never worked with a PA before I was asked to take over the supervision of the Surgical PA service at Holy Cross back in 2001. The only reason I even knew what a PA was is because a good friend decided to go to PA school around 1980. He became a NICU PA at Duke and I was impressed, and frankly a bit surprised, at the scope of his practice in this setting.

I have worked with a lot of residents and fellows over the years. I liked teaching and being challenged by them when my thinking got muddy or outdated. But they were a moving target, new faces popping up in the MICU constantly. I got to know a few people well, but when I think back on that time most of the faces are just a big blur. People came and went; they had no permanent connection or commitment to the hospital.

The first time I worked with someone whom I consider to be a physician “extender” was in 1995, when I worked for Kaiser as the first (and only at the time) hospitalist at Holy Cross. It was awful; they tried to kill me: the workload was ridiculously heavy. For some reason, they decided to have a clinical pharmacist start rounding with me. He was a godsend. He soon realized he could start pulling up data so he could make recommendations on the next patient’s drug regimen, including insulin dosing, pain meds, antibiotics, TPN rate or composition, etc. While I was dictating a discharge, he would write out all the prescriptions and arrange outpatient clinic visits. He was a huge help and it was great to have a companion on rounds who could help me avoid missteps.

When I picked up the Surgical PA service, I didn’t know anyone in the group and had little idea what they did; I had no vision for the future and saw myself as a caretaker. Fortunately, the PAs had that vision themselves. The service had been started a few years earlier as the number of surgical residents started to fall, to help boost surgical services at the hospital. The surgeons were used to working with residents, SAs, and surgical house officers, who were physicians. The surgeons were very dubious about working with PAs and had little confidence in their training, abilities, and clinical judgment.

This has all changed. Now we have surgeons who would rather operate with a PA than a resident, PAs are covering consults for surgeons at night, and physician house officers have been replaced by PA house officers. How did this happen? I think the answer mostly lies in the relationship that develops between good PAs and good physicians. It starts with respect, discipline, and a service-oriented attitude. I am constantly impressed at the respect shown by PAs toward physicians, a characteristic that may have its roots in the fact that the PA profession was born from leveraging the training of former medics and corpsmen upon leaving the military. The practice of Medicine is now a team sport, and PAs are fantastic team players. Many times working with physicians to implement best practices is like herding cats: everyone seems to have his or her own practice, which is not the case with PAs. This is possibly because PAs have worked with various physicians and have experienced various practice styles. As a result, PAs are more adaptable and not as stuck in their ways.

In addition to their adaptability, PAs and the physicians with whom they work are comfortable at defining and practicing their respective roles. Med students are notoriously competitive amongst themselves, a trait that doesn’t go away after graduation. Many times physicians have trouble working together, partly because of their competitive natures. The physician/PA relationship is free of this impediment. When there are patients to be seen or a procedure to be done, the PA and physician know their respective roles and work together to “divide and conquer” to get the job done, much like the way I worked with my clinical pharmacist friend years ago. Given the shortage of health care providers, especially in primary care, sharing the patient pool between physicians and PAs looks increasingly to be the best way to provide the care needed by our growing population. For all these reasons, I believe the PA profession has a bright future and will continue to thrive.

—Dr. Lee Schwab, MD

Meet our new Dine and Learn Director, Robin

Robin Mozenter Tippett has been a PA for 37 years, graduating from Hahnemann University (now Drexel). She completed the Yale/Norwalk postgraduate residency program and then worked on the CT service at Geisinger. During the course of her career, she established the PA profession at three hospitals. She was the senior surgical PA at Crozer Chester Medical Center for 20 years and assisted on all neurosurgical procedures and the advanced bariatric service. She obtained her Masters from University of Nebraska with a neurosurgery focus.

Robin moved to the Baltimore area 4 years ago due to her husband’s employment. She was recently recruited to be the Chief Surgical PA at MedStar Franklin Square Medical Center. During her years in Philadelphia area she was very active in Pennsylvania Society of Physician Assistants (PSPA). She also established the DelChester PA Association which has CME dinner lectures once a month for 12 years, only missing one meeting due to the 9/11 tragedy.

She was also a PSPA region representative.

When she has free time, she lectures nationally for various companies on a variety of surgical topics. As a consultant for Ethicon, she teaches suture workshops and has her own medical lecturing company. She is also a realtor and a certified professional coder.
Membership

It is not just a new year, but also a new MAPA. We have a new address and phone number as well as new contact information for MAPA business. Since taking office as President in September, Gwendy McCoy has taken the reigns and is leading us through many changes that I think all MAPA Members will appreciate and non-members will want to be a part of. Every MAPA President in the past has had an agenda to further the organization and has worked tirelessly to accomplish what was important at that time. You can find these achievements on our website under the MAPA tab “A brief history of the academy.” Getting our website fully functional is one of our highest priorities and we are working diligently with our web host to find and fix the problems as soon as possible.

Among the tasks at hand, Gwendy will be the “membership” president making member services a priority. One of the first orders of business was to transition a new management team into place and bring some order to the bits and pieces of the organization that have evolved over time. We believe that these changes will make MAPA membership more attractive, user friendly, and functional. We are aware that for an extended period of time, membership applications were being charged to your credit cards but no membership card had been mailed or access to the member’s only page was not available. We are making corrections as we progress through the transition and hope that this inconvenience will not deter you from maintaining your membership. Once this is straight, new cards with updated MAPA information will be sent out. For those affected, on a case by case basis, we will make every effort to make reasonable accommodations to correct your individual problems.

Having a functional website was paramount in this process. We all have suffered its growing pains, and most of us believe we can’t grow our membership without substantial offerings. On our site, once logged in, members only will start seeing links to discounted CME offerings; Dine and Learn events; advertisements pertinent to your practice; companies offering discounts to MAPA members; job boards and networking opportunities, just to name a few. Some are already there, others are being integrated into the site every day.

So, what else is in it for you? “Fellow Membership” is only $125 per year, that’s less than $0.35 cent a day. At a minimum, this provides for the following:

- A Board of Directors of practicing PAs volunteering their time to support you in your practice.
- Attorneys, lobbyists and a Legislative Committee working on your behalf in the Annapolis legislature to ensure optimal practice benefits.
- MAPA Delegates representing you on the national level with the AAPA.
- A CME Committee that works tirelessly throughout the year to develop and put on outstanding educational opportunities at reasonable rates in desirable locations.
- Annually, MAPA acknowledges a PA and Physician of the Year in recognition for outstanding service to the profession.
- A quarterly newsletter to let you know what’s going on in your profession around the state.
- A scholarship fund and awards for our students and members.
- A website dedicated to membership.

So now when you ask yourself why bother being a MAPA member, you will have tangible resources that make your investment worth every penny. Our numbers remain unhealthily low, and like a low RBC, we need to transfuse new life into the organization. So join, re-join or renew and help make this a healthy organization that represents you in the state. Visit us at www.mdapa.org TODAY!

Ken Pardoe, MS, PA-C

NEW Website

With a lot of hard work from our new webmaster, Beth Pardoe, we now have a functioning webpage. It is still under construction, but SOON you can anticipate new content, access to CME opportunities, a job board, a place to join MAPA, and SO MUCH more!

Please visit http://www.mdapa.org/ now

Facebook

Did you know that MAPA has a Facebook page?!!! Be sure to check it out and LIKE our page. You will be able to see upcoming events, what’s happening in the PA news, as well as interesting articles. We also encourage you to share with MAPA any tidbits your colleagues may find interesting.


Board Review Course:

Join MAPA and CME4LIFE for a 3-day board review course: Demystifying the PA Boards on February 27 through March 1, 2015 at the Sheraton Baltimore North Hotel.

Information and registration can be found at http://conferences.cme4life.com/event-registration/?ee=13
Evie Wollman Scholarship

Evie Wollman (1942-2000) was a hard working, dedicated PA who truly made a difference in many people’s lives. She was a dean’s honors graduate from Essex Community College PA program in 1991. Prior to that, she graduated from Wells College in Aurora, NY in 1964. She worked for a long time as a childbirth educator before deciding to go to PA school. After becoming certified as a PA, she worked in orthopedic surgery at St. Agnes Hospital in Baltimore.

She was more than a PA, however. Friends and co-workers always described her as someone who was constantly learning, sharing, and teaching others around her. She loved to give back and was always raising money to contribute to scholarship funds. Her personality and flare for fashion were impossible to ignore.

In 1999, MAPA presented her with the “Outstanding Service Award.” Unfortunately, she was taken from us in her prime by a long battle with cancer. Even after being diagnosed with this terminal illness, she did not give in, and continued to provide outstanding care to others up until 3 months before she passed away.

MAPA developed the Evie Wollman Scholarship in honor of her service and contribution to the profession and has been giving out this award since 2000.

Who is eligible for this great scholarship?

All second year PA students from any Maryland PA program who is currently residing in Maryland and is also a MAPA member. Applicants should have past or current community service experience.

Included in your application is a short 500 word essay describing how your first year of PA school and clinical time have affected your current view of medicine practices and how it relates to physician assistants. Finally, you need a letter of reference from your program director. Not too bad considering the reward!

Applications with all the details can be found on the MAPA website. Submit now!

Kevin Woodward PA-C, MMS

Hey! Can you lend me 14 cents a day?

My name is Rick Rohrs and I really need to “borrow” some of your loose change. I am hoping that you can find a nickel and a dime in your pocket, purse, car, etc. You see, I am part of your PA PAC (Physician Assistant Political Action Committee) and frankly, we’re broke. In fact, despite personal loans from many of the MAPA leaders, we barely have enough funds to keep our checking account open. What does that mean to you, the practicing PA or student? Well, we gave zero contributions to Maryland legislators despite this being an election year. In the past we were able to always to help our biggest supporters. This year, we did nothing.

Additionally, there has been a HUGE turnover in the state’s legislature with many new faces who have never heard of us!

So will this impact our legislative success in the upcoming session? Hopefully, not. We have a long track record with many key committee chairs and leaders and they should remember our prior support. However, if we miss the next cycle – and other health providers won’t – I suspect that doors that are normally open might be a little harder to get through. Phone calls may not be returned as quickly. Needed amendments to legislation may not be favorably received. Annapolis is politics. We may not like it, but it’s the nature of how our government works. If we believe strongly in a candidate, we support that candidate and hope they remain in office. When that support comes from somewhere else or if that candidate loses, then we lose a part of our voice in the legislature.

The current legislative session ends in mid-April. At that time, we will have the opportunity to show our appreciation for those who recognize the important role that PAs play in Maryland healthcare. Our goal is to have $25,000 in your PA PAC by then. Seems like a lot of money when I’m only asking for 14 cents a day but if just 500 of the 3,000 PAs in Maryland step up to the plate and make a $50 contribution we will meet our goal. That’s only one out of every six PAs in the state! Imagine if every PA in Maryland pulled their weight!! If you can give more—that’s fantastic. If you can give anything, it will be appreciated. REMEMBER, MAPA CANNOT MAKE POLITICAL DONATIONS – ONLY YOUR PA POLITICAL ACTION COMMITTEE CAN CONTRIBUTE DIRECTLY TO CANDIDATES. This is why we need you to spend a little to ensure our future. PA salaries and positions are at an all time high. That didn’t happen by accident, but rather a long history of hard fought political battles. That job is not done and we can never truly sit back and just be spectators.

Don’t be one of the bystanders who watch while others do the heavy lifting. Take out your checkbook today and send whatever you can to:

PA PAC
6712 Autumn View Court
Eldersburg, MD 21784
Legislative Update

It’s the start of another Legislative Session, and this year brings many new faces to the General Assembly. There are already several healthcare-related bills submitted for debate, and there will be many more to come. If you know of a bill that you think MAPA should comment on, please let me know.

MAPA has no immediate plans to submit legislation this year. There was a last minute possibility that we would pursue fluoroscopy this session, but it does not really seem to be the right time. MAPA is in the midst of addressing the Medicaid issue discussed later. In the interim, MAPA has been asked by the DHMH to assist with development of educational requirements for use of the mini-C-arm (non-fluoroscopic mode). Perhaps next year, with the newest legislators having a year of service under their belts, MAPA could push for changes in the Radiology statute that would open the door for properly trained PAs to use fluoroscopy. In the interim, it is still illegal.

As for Medicaid, after meeting with representatives from DHMH this past summer, new Medicaid regulations were proposed and published in the Maryland Register the first week of January. Despite cautious optimism, MAPA and the AAPA were not happy! These proposed regulations did acknowledge that PAs were “licensed” healthcare providers, not “certified” and “registered”. They also did away with on-site physician supervision (a major problem in rural and underserved areas/clinics) which was a big “win.” PAs will be acknowledged as Medicaid providers and be able to bill as such! All good, right??

I hope you’re sitting down for the bad news about the proposed Medicaid regulations. The DHMH wants every PA note/chart to be co-signed by the supervising physician! MAPA successfully eliminated the statutory need for co-signatures in 2006! It was unenforceable and detrimental to patient care. Now, DHMH wants to bring them back for Medicaid recipients who are treated by a PA! Nowhere in any of the new EMR systems is there the capability for such requirements; it’s a technological nightmare that will ultimately prove to be prohibitive to PA practice.

Another deal-breaker for MAPA is the DHMH requirement that any advanced procedure being performed by a PA requires a signed patient attestation acknowledging that the procedure is being performed by a PA! There is already a COMAR regulation that requires PAs to identify themselves by wearing a name badge, providing verbal identification as such, and by having the PA’s license visible/available in an office setting. The proposed regulation fails to take into consideration any emergency procedures in which the patient lacks capacity to provide such an attestation. Again, it is PA-practice prohibitive, and it singles PAs out amongst all other healthcare providers!

The last thing that is a negative is some ambiguous language regarding the potential for duplicate billing in hospital-based and outpatient facilities. The language in the proposed regulations might lead some billing personnel and/or office managers to avoid billing for PA services despite documented need and appropriate delivery. MAPA believes that the language, mainly used to address “bundled services” and DRGs, needs clarification by the DHMH.

The comment period for these regulations ends February 9th. MAPA felt the urgency of addressing these proposed regulations sooner rather than later. MAPA submitted its comments on January 26th, and the DHMH responded favorably to the co-signature requirement and some administrative language thought to have been redundant, but they are holding fast regarding the patient attestation and billing language. At the time of this update, another response to the DHMH has been drafted and is in the process of being edited such that it can be submitted by Monday, February 2nd. More to come…

If you are interested in reading the proposed regulations, please visit MAPA’s website (www.mdapa.org) under Legislative Issues. MAPA needs your continued support, even if it is simply a renewable membership. These efforts cost money due to the need for legal expertise. With implementation of the Affordable Care Act and the new Healthcare Exchanges, there are many more people who have entered the ranks of “the insured.” Many of these people are recipients of Medicaid programs, and PAs are part of the answer to the physician shortage. PAs need to be providers for this program in order to extend medical services to the many people needing service. This is a necessary initiative. Please support us, and get your fellow PAs to support us.

-Theresa Neumann, PA-C
When do we torture the patient?

In an America that was recently found to engage in torture, healthcare providers were coerced to consult and participate.

Being involved in torture is more than a change for healthcare providers; it is a destruction of the values of an entire system. We know that healthcare structure is changing, but the values that drive the professionals providing care can stay the same. Healthcare providers make life easier and more comfortable for the people we care for.

There is no medical reason for rectal force feeding.

Any physician, nurse, optometrist, dentist, physician assistant, podiatrist or other person involved in the caring fields that doesn’t agree should have their state-provided rights to practice pushed away from them, if they aren’t detained somewhere for a long period of time.

Why did the US Government’s report on torture cite numerous instances of healthcare providers participating and providing expertise to those doing the torture? My answer is that it has to do with who is in charge and who has the power to make things happen. Employed providers did what their bosses told them to do, and it was wrong.

Healthcare providers need to be the adults here. Healthcare providers are responsible for everything that they do. There are gaps in the system where issues can arise. Many of those gaps are in the space between providers of healthcare— an issue that needs to be addressed.

Different types of providers generally play in parallel in the same sandbox but not together. Providers do their jobs with little overlap between them, and discussions are mostly focused on the details of care. It is time for professionals to start to act together and protect our values and practice! If we don’t, then we might find ourselves working with people looking for help doing things that we shouldn’t be doing.

MedChi is organizing an Interprofessional professional group for the Presidents of each of the healthcare professions and caregiver groups in Maryland. We need to address the issues that matter to us and know where we want to see medical care go. If one group engages in behavior that is torture or just plain wrong, having a peer group of people who have health as a goal will need to bring out the issue. This community is one that true providers will need to be part of if they expect professional respect.

The dental concept of comfortable functionality is applicable for more than oral care. The number of teeth is not as important as the ability to use the mouth as a whole unit. Healthcare providers have not defined what a comfortable functionality is for a multi-professional provider team. As providers move from independent care providers to employees of multi-organizational healthcare systems comfortable functionality is being defined by administrators, policymakers and not the providers. Torture would clearly not be a concept or behavior that could be comfortable for any healthcare provider.

It is time to share our professional experiences with those designing the future of healthcare in Maryland and the United States (US). Providers are experts at knowing good care and knowing who the providers that care are. They know what systems work and which do not. They are learning to work well within a multi-professional provider team daily.

DO’s, MD’s, PA’s, NP’s DDS, DPM, ND’s, DVM, DPT, DC, OD’s, Nurses, Military Medical personnel and other professional have already started the discussion. Maryland Academy of Physician Assistants is enthusiastic and has committed to continuing the communication. An early supporter, Gwendy McCoy, PA-C, President, has been an enthusiastic and active supporter.

Issues will be more than the major obvious ones like torture. Ebola is another one where providers have general agreement on goals, while business and politics have other answers. All of the patients affected by Ebola in the US are healthcare providers. Healthcare providers are the highest-at-risk-patients, especially with the lack of specialized protocols and proper personal protective equipment. Initially, Centers for Disease Control and Prevention (CDC) blamed the provider-patients. Holding a person responsible without telling them what they could have done is another clearly wrong way of doing things.

As a group, the Interprofessional professionals discussed supporting an Army nurse who is being threatened with court martial for refusing to force feed a patient as punishment and not care. What some thought was a “nursing” issue, is an ethical issue that cannot be ignored. We will do what we can to protect providers from being asked to do things that they shouldn’t be doing.

There are a significant number of issues to address. The big lesson in the informal meeting was the issues that unite providers are greater than those that divide. All healthcare providers have the same goals, to treat the patient.

Tyler Cymet, DO, FACP, FACOFP
Chief of Clinical Education
American Association of Colleges of Osteopathic Medicine
Reimbursement

Did you know…….

- December 18, 2014 TRICARE issued new regulations that authorize PAs to order DME.
- The PQRS registry is available through AAPA at https://cme.aapa.org/AAPA Learning Central – Click “start now” button in PQRS Wizard box.
- Medicare can be billed with the physician’s NPI with reimbursement at 100 percent in hospital setting if all criteria are met under shared billing. If any of the criteria are not met, bill Medicare with the PA’s NPI with reimbursement at 85 percent.
- When PAs perform procedures and critical care in the hospital, they must bill Medicare with their own NPI with reimbursement at 85 percent.
- Billing Medicare “incident to” in a hospital setting is never allowed.
- MAPA is supporting you to become a provider in the Maryland Medicaid program, we hope that Maryland PAs can enroll and be reimbursed for their services in the near future. MAPA needs your support by becoming a member and encouraging your colleagues to become members. Membership dues go towards lobbying efforts and to help maintain and improve practice standards in Maryland. Join Now at mdapa.org.
- PAs can bill for VAC changes, Compartment measurement, Central lines, A-lines, Ports, Swan-Ganz, CVP, I&D’s, Wound debridements, Intubation, Joint injections/aspirations and many other procedures.
- PAs can bill for Consults (private payers may pay, Medicare does not), Office Visits (includes Medicare consults), Admission H&P, Daily subsequent visits, Counseling and Coordination of care, Discharge summaries (if not included in global fees), Preventive Visits, Annual Wellness visits, Medical Nutrition Therapy, Medical Genetics/Counseling Services, Education/training for Self management established pts using standradized guidelines (CHF, Coumadin, Genetics, Immune, Transplant Svc), Home Services (E&M), Home Health, physician services in a home setting, procedures, Preventive Medicine-Counseling, Risk factor reduction, obesity counseling and smoking cessation counseling and many other services.

MAPA is supporting you. If you have questions about what is payable or how to submit for payment contact us reimbursement@mdapa.org or aapa@aapa.org.

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