



Annual income for PAs continues to rise

By Stephanie Matlock Maynor, Manager, Public Relations

The results of AAPA's 2005 Census Survey are in and, among all the details and facts collected, one thing is clear: the more things remain the same, the more they remain the same. Data collected for the 2005 survey indicate that there has not been a major shift in the PA profession compared to last year.

The survey reveals that the majority of clinically practicing PAs are females. The typical respondent is older than 40. Approximately 10% of the respondents work for a government agency, and the Department of Veterans Affairs is the largest employer of PAs working in government. Annual income for PAs continues to rise. The average income for PAs who work 32 hours per week for a primary employer is \$81,129, up from \$78,257 in 2004. More responding PAs in 2005 reported receiving compensation in the form of a bonus or incentive pay based on productivity.

The most common primary work setting is a hospital. The hospital departments cited most frequently as the primary work settings included emergency rooms, inpatient units, outpatient units, and hospital operating rooms. The next most frequently cited work setting by respondents is a physician group practice. Other settings reported as primary work settings include solo-practice physician offices and Federally Qualified Health Centers or community health facilities. PAs reported working in more than 65 specialties and subspecialties; 41% reported that their specialty was one of the primary care fields of family medicine, internal medicine, pediatrics, and obstetrics and gynecology. Other areas with large numbers of PAs are surgery and the surgical subspecialties, emergency medicine, and internal medicine subspecialties.

The 2005 census survey report is based on data collected between March 15 and September 15, 2005. This year, 62,723 eligible PAs received the census surveys — 94.3% of all 66,483 PAs who are eligible to practice. Survey forms were mailed to AAPA members and nonmembers who are eligible to practice as PAs in the United States as of December 31, 2004. This census data and other statistical information can be found on the AAPA Web site at www.aapa.org/research.

New provider practicum in migrant health

The Migrant Clinicians Network is seeking recent graduates from PA programs for its New Provider Practicum in Migrant Health. AAPA has been involved in this program since its beginning and is represented on the selection committee. The practicum provides a 4-month working and learning experience in a migrant health center. The purpose of the practicum is to increase the understanding of migrant health care issues for the participants as they consider careers working with underserved populations. A stipend of approximately \$15,000 is paid for this experience. To learn more about the practicum, go to <http://www.migrantclinician.org/development/practicum>. Applications must be submitted by December 15, 2005. For questions or to request a hard copy of the application form, contact Candace Kugel at (814) 238-6566 or at ckugel@migrantclinician.org.

Non-HIPAA-compliant claims face rejection

By Christopher Doscher, News Editor, *AAPA News*

The Centers for Medicare and Medicaid Services (CMS) announced that it will no longer process non-HIPAA-compliant Medicare claims as of October 1. The good news is that the majority of claims filed by Medicare providers meet CMS standards. As of June 2005, only about 0.5% of Medicare providers were submitting non-HIPAA-compliant electronic claims, according to CMS. As of May 2005, the highest rate of non-compliant claims (1.7%) came from clinical laboratories, CMS stated. Only 1.45% of claims from hospitals were non-compliant, and only 0.45% of claims from physicians were non-compliant.

The end of the contingency period, which began October 16, 2003, affects fee-for-service claims. The contingency will continue for other electronic transactions, but CMS said it expects to end the contingency plan for those transactions in the near future. At the time the contingency plan was put into effect, only about 31% of Medicare claims were compliant. To enable more providers to submit electronic claims, CMS will make available free/low-cost software through Medicare carriers and intermediaries.

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