

Letters

Our readers respond to articles in the “Medicare Minutes” sections of past issues of *Medicare Patient Management*.

Who's Getting 12%?

In reading the September issue of *Medicare Patient Management* (p. 45, “Medicare Minutes”), I found the short information section titled “AMA Campaigns to Ensure Equal Pay” very interesting. We all know that physicians have been underpaid for years—contrary to what the public thinks about physician reimbursement. But the last part of that paragraph in parentheses about 12% higher reimbursement rate in Medicare Advantages plans really caught my eye. Please tell me who is receiving that added 12% increase. I can tell you I have not seen that in our reimbursements from those Advantage plans. I am getting exactly what regular Medicare pays and not a penny more. If there are truly payouts of 12%, then I would look at the insurance carriers that are administering those plans for those funds, as we surely are not seeing that on our Explanation of Benefits (EOBs). Maybe you can shed more light on this issue. Thank you for listening.

—Mari Piasecki, RN
Business Manager
Medical Office Management LLC

Mari—The 12% payment is to the plan, which usually goes to expanded benefits and increased administrative expenses. Thanks for raising this issue. I'll be sure to address it in our next issue.

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AMA Oblivious

I find it quite amusing that on page 43 in your July/August issue of *Medicare Patient Management* (“Medicare Cuts Will Reduce Access to Doctors: AMA Poll”), you quote the AMA Board Chair Dr. Cecil B. Wilson as saying, “the AMA is deeply concerned by the alarming news that 60% of America’s physicians will be forced to limit the number of new Medicare patients they will be able to care for next year when Medicare cuts physician payments.” The reason why I find this sickly amusing is that how could the AMA Board Chair be so oblivious to what has been going on for the past 2 years. I personally have not had a pay check in a year and a half because of overhead costs and the lack of reasonable reimbursements from Medicare. The people that most need our care are the ones that we cannot afford to see. This just shows you how incompetent and uninformed the high levels of management are in the business of medicine. I have been practicing urology for over 30 years. This whole system makes me sick!

—Frank R. Bacqué, MD
Urologist
Lafayette, Louisiana

Dear Frank—We agree and are surprised that we have not received more letters like yours. It seems that many leaders in health care are unaware of the tipping point—or rather, cliff—that we are about to hit, at which point a significant number of physicians will not only close their doors to new Medicare patients but opt out of Medicare completely. The problem is and has always been that physicians become physicians not because of the financial rewards but the reward of helping patients in need. This latter reward has kept physicians tied to the Medicare system despite obvious financial benefits to work outside this system. Time will tell if we are able to prevent ourselves from falling off the cliff—a disaster that will surely hurt a large number of seniors and must be prevented. **MPM**

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