



Opting Out of Medicare

PRESIDENT'S MESSAGE



By Bryant Sheehy, MD

A growing number of physicians have stopped treating Medicare patients.

It's not a decision they're happy about, but they have little choice.

I have yet to meet a physician who does not want to provide quality medical care to our aging population. After all, these are our parents, grandparents, and individuals who have prepared the way for all of us to have the opportunity for a better quality of life. They have made our nation not only the most powerful, but also the most democratic and free nation in the world.

In spite of this, physicians - both young and old - are "opting out" of Medicare. Some are limiting the number of Medicare patients accepted into their care.

Why? Who is responsible?

In my opinion, it is the representatives we have elected to our national legislative bodies. To these representatives we have entrusted not only the protection of our freedoms and our nation, but we have also entrusted them with the health options available to our elderly and disabled.

Several years ago, I listened to a US congressman address a physician group here in Sacramento. The congressman was quite frank, warning us that when the legislative bodies of our nation needed money for a project, one of the easiest methods to procure the money was to reduce funds for health care.

Adequate funding for governmental health care programs is a prime objective of the CMA and the AMA. Succeeding in this goal, unfortunately, is a long, continuous, uphill effort.

Odd is it not! Shouldn't adequate funding of healthcare be a prime objective of our government? After all, isn't this a necessity to keep our national healthcare system healthy?

In the past, physicians have continued to deliver care to patients on Medicare despite below borderline reimbursement. However, as government has added to this burden, more physicians are "opting out" of Medicare. The burden has become too great and too threatening.

Besides inadequate reimbursement, there is the burden of coding services and diagnoses and, more recently, the threat of routine office audits. We are all familiar with the horror stories of IRS audits. Well, I am aware of no reason to expect Medicare audits to be different.

It seems logical to me that an auditor who finds nothing wrong will soon be out of a job.

A few years ago, I attended a meeting with three individuals who said they would be

doing Medicare office audits. To my chagrin, they said they would not accept such phrases as "HEENT normal." They said everything examined would have to be described in full detail to qualify as an examination. This, of course, means unnecessary paperwork - and takes time away from patient care.

Facing the threat of unreasonable medical audits, I decided to opt of Medicare. That was two years ago this April.

The result was I lost at least 50 percent of my Medicare patients. However, I felt I could not afford a costly battle with the US government. In my own case, I felt I was doing my best to care for patients in spite of the handicaps imposed by Medicare, and the threat of routine audits was the "last straw."

A physician who opts out of Medicare must be aware that he or she cannot bill Medicare for services, except when those services are delivered in an emergency. The physician's Medicare patients cannot be reimbursed for his or her services. Medicare will continue to pay for other services as usual.

Those interested in learning more about the "opt out" status in Medicare should write to the Medicare Certification Unit, Medicare, Chico, California 95976.

Support your CMA, CALPAC and the AMA. We cannot neglect our input to our legislative bodies, if we are to maintain and improve delivery of quality care to our patients.

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