

10 Reasons Why Your Doctor Won't See Medicare Patients

☒ Many patients are panicked that their physician will stop seeing Medicare patients, and that is not without cause. Physicians that care for Medicare patients do so at a loss to their practice which they can only hope to make up for from other payers. As money gets tighter and tighter, physicians are forced to decide if they can continue to see *any* patient at a loss.

Although a number of surveys indicate that few Medicare patients (less than 18% nationally) have difficulty finding primary care physicians, much has been written criticizing the methodology of these surveys. [A survey in North Carolina in August 2012](#) revealed that of 200 family physicians called by "mystery shoppers", only 100 offices indicated they accept new Medicare patients.

Here are 10 reasons why physicians might consider not seeing new Medicare patients, not participating with Medicare or opting completely out of the Medicare program.

#1: Medicare does not pay enough to cover the expenses associated with the services provided.

Physicians are doing everything they can to reduce their expenses while keeping the quality of their care high. No matter what they do, it does not change the fact that the fees Medicare pays physicians – especially primary care physicians – are not enough to cover the overhead of rent, utilities, staff, benefits, malpractice, and technology.

Each year for the past 10 years, physicians have faced the

possibility of a cut in their Medicare payments. Prior to the freeze on the accumulated 27% cut slated for 2013, many physicians said they would throw in the towel and opt out of Medicare. Just as physicians breathed a sigh of relief, the sequester kicked in and a 2% cut took affect.

According to a 2013 survey by Deloitte, a quarter of physicians would place new or additional limits on the acceptance of Medicare patients if there were potential payment changes to the Medicare program, such as lower payments or a switch to vouchers (Deloitte 2013 Survey of U.S. Physicians: Physician perspectives about health care reform and the future of the medical profession.)

A July 2012 [survey by the Texas Medical Association](#) found only 58% of Texas physicians would accept any new Medicare patients.

#2: Filing Medicare insurance is more complex than any other insurance.

Medicare billing codes and rules are different than the codes and rules that every other payer uses. Due to the lack of standardization physicians must employ qualified staff or purchase sophisticated technology to file Medicare claims. If incorrect codes are used, Medicare may see this as a “red flag” – in other words, an attempt to gain more payment from Medicare.

#3: Medicare does not pay for an annual physical.

Most Medicare patients want a head-to-toe annual visit, but Medicare is geared toward “sick care” not “well care.”

Medicare did introduce new wellness visits in 2011, but these visits are counseling visits only, and do not include a physical exam. Physicians are stuck between a rock and a hard place as they try to give patient the care they are asking for without having the patient pay 100% out-of-pocket for it.

#4: Medicare patient care often involves taking more time to deal with the same issues.

This includes more time for patients to ambulate, more time to undress and dress, extra time for communication due to hearing issues or memory issues, extra time for blood draws or getting urine samples, and in general more time needed to discuss complex or multiple problems.

The 2013 MedPac Report noted that 20% of Medicare patients age 65 to 74 have 4-5 chronic conditions (Report to Congress: Medicare Payment Policy, March 2013.)

#5: Medicare patients are the least tech-savvy of the patients, so they may not take of advantage of the patient portal.

One of the ways physician practices can offer efficient service and communication is via the patient portal. The patient portal allows physicians to communicate securely with patients about test results and allows patients to receive automated appointment reminders, schedule appointments and request refills or records. This automation can reduce the amount of staff needed to accomplish these important tasks.

#6: Medicare patients often have more emotional needs dealing with end-of-life discussions, loss and depression.

The National Institute for Mental Health estimates that as many as five million elderly people in the U.S. suffer from subsyndromal depression, which can lead to major depression if left untreated. Depressed elderly are at high risk for suicide. Although senior citizens comprise only 12 percent of the U.S. population, they accounted for 16 percent of all suicides in 2004 ([NIMH, 2007.](#)) Helping patients with these types of issues often falls to the primary care physician, who may have a long-standing relationship with the patient. Although it is not condoned by Medicare, we know that many physicians do not charge adequately for counseling-type visits.

#7: Medicare patients often have adult children in other states who want to call and speak to the physician about their parent's condition.

Medicare does not reimburse for phone calls from loved ones.

#8: Regional Medicare carriers (MACs) create their own local rules for Medicare patients in specific states.

This is another level of guidelines and codes to adhere to in

addition to having specific rules for Medicare nationally.

#9: Medicare requires physicians to adhere to a number of specific program requirements or lose anywhere from .05% to 2% of their payment.

These include prescribing electronically, reporting quality measures related to patient care, and using an electronic medical record system. These are all good things, but most physician practices are overwhelmed with all the requirements of participation in Medicare.

Why are physicians hanging in there with the Medicare program? Because they care deeply for their patients and find it almost impossible to decide they cannot care for them any longer.

#10: Medicare has 6 – 8 different audit programs in place at any given time looking for fraud and abuse.

Physician offices are kept busy with a constant flow of paperwork in answering audit requests, supplying medical records, and tracking medical record disclosures to adhere to HIPAA, the privacy law. Auditors include:

- Medicare Administrative Contractors (MACs)
- Recovery Auditors (RACs)
- Program Safeguard Contractors
- Zone Program Integrity Contractors (ZPICs)
- Comprehensive Error Rate Testing (CERT) Review

Contractor

- Office of Inspector General (OIG) Annual Work Plan

This quote from family physician Su Zan Carpenter, MD, of Texas, who opted out of Medicare almost a year ago says it all:

“Every time you turn around someone has a new rule or a new regulation or a new audit or a new inspection or a new something,” she said. “There’s a point where enough is enough. You need to see the patient, talk to the patient, examine the patient, and actually do something with your patients for your patients. All that stuff is starting to get in the way of practicing medicine and helping people.” ([Texas Medical Association website](#))