

Medicare Pay Issue Not Affecting Access to Care

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WASHINGTON — Few Medicare beneficiaries are reporting access problems despite ongoing issues over physician payment, according to surveys released at a meeting of the Medicare Payment Advisory Commission.

In a telephone survey conducted by MedPAC this summer, researchers found that access to physicians for Medicare beneficiaries aged 65 years and over was the same as or better than for privately insured people aged 50-64 years. The survey included responses from 2,000 fee-for-service Medicare beneficiaries and 2,000 privately insured individuals.

The majority of Medicare beneficiaries reported few or no problems with respect to access to physicians in 2004. In the survey, 94% of Medicare beneficiaries and 91% of privately insured individuals reported few or no problems accessing care from specialists. In each group, 88% said that they had few problems finding a primary care physician, although both groups reported that they had more difficulty finding a new primary care physician than a specialist.

Access to care is a timely issue, as physicians face 5% annual cuts in their Medicare payments for the following 6 years, starting in 2006, unless a flaw in the reimbursement formula is fixed. An ongoing concern is that physicians will cut back or cease their care of Medicare beneficiaries if their fees are further reduced.

"The MedPAC survey numbers clearly

don't match up with the anecdotal evidence we've been hearing" about physicians scaling back on Medicare patients, said MedPAC Commissioner Alan Nelson, M.D.

"You can stress physicians only to a certain point before they can't take it anymore and start closing practices to Medicare patients," he said, noting that these survey results show that point has not been reached.

Despite increasing reimbursement con-

cerns, physicians continue to feel a responsibility to care for Medicare patients, he said. This doesn't mean that physicians can tolerate a 5% cut in 2006 and that the numbers couldn't change overnight.

The findings also don't necessarily reflect what's happening in all areas of the country, he continued.

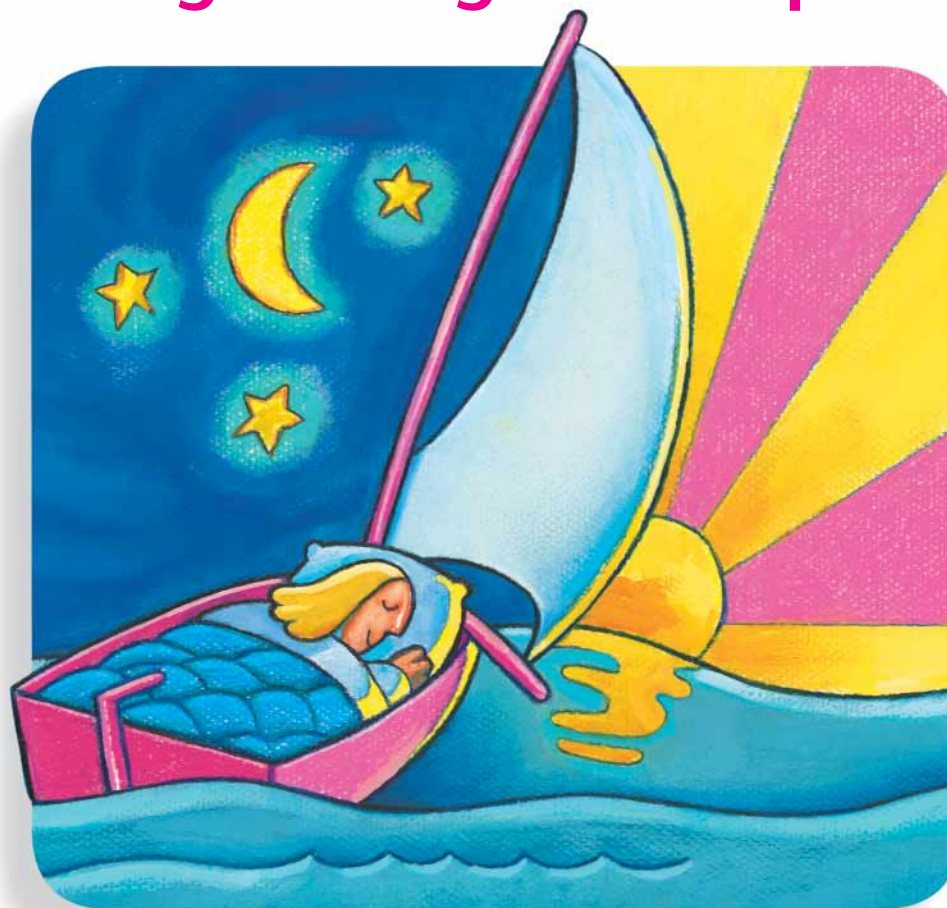
In other results of the MedPAC survey, the percentage of Medicare beneficiaries who had minor problems finding a primary care physician actually dropped,

from 18% in 2003 to 11% in 2004. But in another finding, Medicare beneficiaries listing primary care physician access as a "big" problem increased from 7% to 11% from 2003 to 2004.

"Does this mean we need to be concerned about the primary care physician?" MedPAC Commissioner Nancy-Ann DeParle asked. MedPAC staffers responded that neither finding signified a specific trend, at least not yet, but that they would continue to track both issues.

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Medicare Changes For the New Year

At press time, the Centers for Medicare and Medicaid Services released the final Medicare physician fee schedule.

For this year, physicians would have seen a 3.3% cut in Medicare payments if the Medicare Modernization Act hadn't blocked that decrease and, instead, increased payments by 1.5%.

In other MMA mandates, Medicare now will pay for a "Welcome to Medicare" physical and for cardiovascular and diabetes screening tests. In addition to payment for the physical, physicians can bill and be paid separately for a screening electrocardiogram, and may also bill for a more extensive office visit at the same time as the physical, as long as the services are medically necessary.

The fee schedule also increases payments for vaccinations and other types of injections. For instance, payments for administering the flu vaccine will increase from \$8 to \$18.

These changes boost aggregate spending under the fee schedule from \$53.1 billion in 2004 to \$55.3 billion in 2005.

On the issue of getting timely appointments, Medicare beneficiaries fared slightly better than the privately insured patients for routine care. And 73% of Medicare beneficiaries and 66% of privately insured individuals reported that they never had to delay an appointment.

Only 2% of Medicare beneficiaries and 3% of privately insured individuals reported always experiencing a delay. "As expected for illness or injury, delays were more common for both groups," said Cristina Boccuti, an analyst at MedPAC who presented the findings at the meeting.

Overall, 6% of Medicare beneficiaries and 11% of privately insured individuals

thought they should have seen a doctor for a medical problem in the last year, but did not. Within this group, physician availability issues such as finding a doctor or getting an appointment time were the most common responses.

Another survey sponsored by the Centers for Medicare and Medicaid Services reported similar findings on access to care. More than 90% of fee-for-service beneficiaries reported

no problems getting a personal physician since joining Medicare, or getting a specialist within 6 months.

The survey focused on Medicare fee-for-service beneficiaries in 11 market areas that were targeted by the 2001 Consumer Assessment of Health Plans—Fee-for-Service

Survey as having the highest rates of reported physician access problems. CMS received about 3,300 surveys that had been

completed, an agency spokesman said.

"Even in these areas suspected of higher than average access problems, only a small percentage of beneficiaries had access problems attributed to physicians not taking new Medicare patients," Ms. Boccuti said.

Access problems were more common among transitioning beneficiaries—those new to Medicare or recently disenrolled from the Medicare Advantage Plans, or new to the market area in general. These beneficiaries had more difficulties finding a personal doctor or specialist—"and in some respects that can be expected," Ms. Boccuti said. ■

'The MedPAC survey numbers clearly don't match up with the anecdotal evidence we've been hearing' about scaling back on Medicare patients.

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