DOCTORS ARE BEING LIED TO

Ok, the words “lied to” are not politically correct, so perhaps we should say “misled” or “deceived”? Nah – they are being lied to, so let’s be direct. Wow – so who is lying to the doctors in the USA and what are the lies?

First, the who: Associations that are supposed to be looking out for the best interests of the doctors are some of the liars. From what I could tell, it seems like doctors are paying over $340 a year for national membership in some associations and over $500 a year for some state associations. You would think for that kind of money that folks would be giving the doctors the truth. I also have heard office managers and billers lying to doctors as well. Now, not all of these people that are lying know they are lying. Oh – is it still a lie when the perpetrator doesn’t know they are lying? I don’t know – but if it’s not true – then what should we call it?

So – what are the lies or untruths? One of them is pretty rampant and it is similar to “Family doctors lose money on Medicare patients” or “Doctors make more money on commercial insurance patients than Medicare patients”. Is this always a lie? No – sometimes it’s true – but MANY times, it’s a lie. There are people that always believe this lie and then they spread it around to others – hurting doctors. Most doctors are believing it, as evidenced by reports like:

Modern Healthcare reported “The Texas Medical Association found in a 2016 survey that 35% of its members said they would not accept new Medicare patients, up from 22% in 2000. Also, in the same article “Doctors have shown less and less interest in Medicare participation as the program's reimbursement has not kept up with the cost of providing care and regulations have increased, according to Donna Kinney, director of research and data analysis at the Texas Medical Association.” Wow. People read this and then think “I’ll lose money on Medicare patients” or

“I can make more money by not taking Medicare patients”! You would be surprised how many doctors I talk to at the conventions or my seminars who tell me “I no longer take new Medicare because I lose money” or “I’m in the process of getting rid of my Medicare patients”. HOLY COW!

While that may be true of SOME specialties, it is just the opposite of true for primary care physicians, such as family practice, internal medicine or Geriatric medicine physicians. So, while the vascular surgeon doing the same surgery on a Medicare patient may make less, I am going to take a few minutes to show you where Medicare patients are the MOST PROFITABLE of any patients that a FP, IM or GM physician can see. NO, I’m not giving away all of my tricks – but here are some to help.

While the uninformed will point to one code, such as a 99213 and say, “Commercial insurance averages a payment of $91 for this code and Medicare has an average allowed of $76, so Medicare patients are less profitable”, I will show the opposite is actually true when you look at the total picture.

I am 63 years old and the only main diagnosis I have is hypertension. I might see my primary care doctor once a year, if at all, since my cardiologist sees me yearly for the heart. Since I do not have a myriad of chronic conditions, my Internal medicine doctor may order some labs like cholesterol, iron, etc (which the lab bills), so my doc may get $105 to 125 out of me. I’m not alone – as many people younger than Medicare do not go to the doctor 4 times a year, like most Medicare.

Oh, by the way – are doctors doing what I’m about to show you? Nope. Very, very few do, because they do NOT KNOW what they do not know. Most PCP docs are missing between $200K and $400K a year and some exceed $700,000 per year in missed income.

They have not been told what Medicare expects or that they should probably be averaging $1200 to $1600 a year in Medicare

payments, per Medicare patient, if they are doing what Medicare suggests. As a consequence, the average FP averages between $210 and $280 per year. The average Family Physician averages $244 to $317 per year. The average Geriatric Medicine doctor averages $131 to $342 per year. How do I know this? It's simple. I have Medicare's data showing how much they paid every doctor, what codes were billed/paid, how many times, etc. on all the doctors – on my computer and I ran the averages.

So – what does Medicare expect? Medicare has not come out and said "here is a list of what every family physician or internal medicine physician should be doing – so we have to glean it from different places where CMS and Medicare has published it.

For instance, Medicare published in 2011, the PQRS (Now – it is called MIPS), and the first measure back then said that every controlled diabetic should get an A1C quarterly. By the way – most docs do 1.4 per year on average, per each diabetic patient. That's definitely not quarterly. So, this means 4 office visits per year, and even if they are all 99213, that's about $72 times 4 or $288 a year (that's already more than most IM docs make in a year per Medicare patient.

Medicare expects every Medicare patient to get an annual wellness visit (no – the AWV is not an annual physical either) that is performed by either the nurse or the doctor or some other staff member (yes – it can be done 100% by the nurse). Not all PCPs are doing these. In fact, the average is that only 17% of Medicare patients are getting one yearly and even then, most clinics are not doing them correctly. If they were, they would be making over $250 per each one instead of the $112 they are currently averaging. In fact, if they are TRULY doing them correctly, they should be getting paid much more than that as they would also be doing the cognitive testing and the cognitive assessments appropriately (cognitive testing increases $ about $72 and cognitive assessments are about $260).

Only about 11% of patients are getting chronic care management and not only does the CCM pay, but by doing the CCM and the AWV properly, a clinic can easily max out their MIPS scores – again – meaning money. Medicare's average allowed on a basic CCM is about $42 per month – so that is another $480 a year.

Medicare started paying SUPER well in January of 2019 for remote patient monitoring. Even if the clinic has to rent the blood pressure monitors they send home with the patient (www.telecare-usa.com), the PCP is still looking at about $720 per year, NET income by having the patient transmit the data to the office and having the MA in the clinic (or working from home) spend a minute a day looking at it.

We didn't even discuss transitional care management or removing impacted cerumen, miscoding on removing AKs or signing the HHA 485 forms (yep – just signing them which has nothing to do with the 30 minutes a month that someone may lie about). The list goes on and on and we didn't even mention diagnostics like EKGs, spirometers, ABIs and more.

Now, you're starting to see why PCPs can easily be paid (paid – not just allowed by Medicare and secondary) $1400 to $1600 per year. On top of that, we didn't get into several other areas that are seeing increases in 2020. And now, they are averaging less than $380?

So – if your practice wants us to spend an hour on the phone on a Zoom call where you'll be able to see your own historical billing data and ask questions, let us know. You'll quickly see how easy it is for 90% of PCP practices to increase their annual payments by more than $70K a year. You can pick out your own time and schedule this with no risk at www.donself.com Remember, at the end of our Zoom analysis with you, we'll ask you one simple question. "Do YOU believe this hour we just spent helped you increase your annual clinic income by at least $20K a year?" If you say yes, you pay our $500 fee for that hour. If you say no –

you won’t owe us anything for that consultation. You are in control.

Don Self, CPC, CMCS, CASA
donself@donself.com
www.donself.com