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FALL NEWSLETTER – NOVEMBER 2011

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Medicare Payment Reductions – Sustainable Growth Rates: The Effect on Seeing a Doctor

On January 1, 2012 physicians in the United States are scheduled for an automatic **29.5 % decrease** in their payments for providing services to patients in the Medicare system. This will include office visits, procedures, hospital visits, home visits, nursing home visits and any other services provided by a doctor to a patient. Private insurance payment rates are directly linked to what Medicare pays for a particular service in a particular locale so that if Medicare lowers its rates by 30% most of the private insurers will follow suit. This means your doctor will get paid 30% less on January 1st than he did on December 31st for the same service.

At the current time most of the medical specialists and surgical specialists I have spoken to in the Boca Raton- Delray Beach area plan to leave (opt-out of) the Medicare Program. They do not believe that they can cover their expenses and live with a 30% reduction in fees. They will be creating a new fee schedule and they will expect to be paid at the time of service in cash, by check or by credit or debit card. They will then give you a receipt and ask you to submit it to your insurance company for eventual reimbursement. If Medicare is your primary health insurance, and your physician has opted-out of Medicare, you will receive NO reimbursement.



The problem is due to a flawed payment system put into law in the early 1980's using a "sustainable growth rate". If payments go up to doctors one year they are supposed to be reduced by that same margin the next year to keep expenses *budget neutral*. In addition, if surgical or procedural costs go up then payment to other physicians goes down to make up for the difference.

Each year the possibility of a reduction in Medicare payments to doctors has resulted in complaints from patients and doctors alike to Congress. Each year Congress has not modified the SGR legislation but just postponed the decrease in payment on a one year basis. The problem is that this year there is an economic downturn and budgetary crisis. The super committee of 12 congressmen appointed to fix the budget is taking a hard stand on the issue. In the past, Congress has not wanted to correct the SGR law because, due to accounting methods used, these year to year losses going back to the first year would be assigned to the Congress and administration that corrects the system. No Congress or President has wanted that attached to their legacy.

We ask you to contact your congressman and senator and ask them to revoke the 29.5% payment reduction scheduled for January 1, 2011. At this time our office intends to keep the annual membership fee the same. We will make a decision on the cost of an office visit for Medicare patients when the final determination of payment status is revealed by the current Congress.

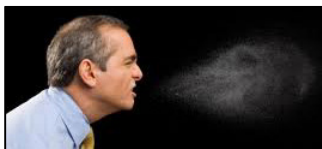
Medicare Part D Plan Selection Time

It is once again time to log on to www.medicare.gov and review and select your 2012 Medicare Part D Prescription Plan. The plans change from year to year from locale to locale. This year the government set up open enrollment starting October 7th and ending three weeks earlier than in previous years with **the enrollment period, ending December 7th**. You will need to select "Choose Drug Plans" and enter your zip code and all the medications, dosages and amount you take each day. The computer will select the most cost effective plan for you. You can enroll right online at that website. If computers are not your cup of tea then you can phone a Medicare counselor at **1.800.633.4227** or Florida's *Serving the Health Insurance Needs of Elders* at **1.800.963.5337**. All Medicare recipients need a Medicare Part D drug plan unless they have good drug coverage from an employer, retiree plan or Federal program such as the Veterans Administration. If you still do not know what to do please call the office and we will bring you in and do the research with you at the time of your visit.

One of the confusing parts of finding the correct drug plan for you is the numerous advertisements from Medicare Advantage Plans. The Federal Government contracted with private insurance companies to provide senior coverage at 95% of what was paid annually on the average for a senior in your locale. The private plans such as Blue Cross Blue Shield, Aetna, Care Plus, are supposed to provide extra benefits such as eyeglasses, hearing aides, gym memberships and fitness programs. The thought was that by fixing the cost the government would be saving money. The truth is, through various adjustments, these private plans actually cost the Federal Government more per patient annually than traditional Medicare. The Medicare Advantage plans cost the patient who enrolls less than traditional Medicare and a supplementary policy which makes it attractive to patients. On the other hand it forces the patient to use a particular panel of doctors, hospitals, imaging facilities and pharmaceuticals. Patients will be provided with an insurance ID card which is identical to a Medicare card and many unscrupulous sales people tell the patient it is traditional Medicare. Doctors out of network are paid very little if anything at all. In our practice several patients have joined these Medicare Advantage Plans. Each time they see the doctor we expect them to pay what Medicare would pay for that service rather than the discounted fee that their Medicare Advantage plan pays. Because these Medicare Advantage Plans cost the government more per patient than traditional Medicare, Congress is considering eliminating this more costly option. Each time a legislator brings it up he/she is accused publically of cutting off seniors Medicare benefits.

Cold and Flu Season Approaching

It is that time of year again when viral upper respiratory tract infections and influenza reappear.



Influenza is a particular type of virus that causes high fevers, aches and pains, cough and can last for days to weeks. You can prevent catching influenza by receiving a flu shot. The flu shot is a "dead" inactivated vaccine that takes 10 days to two weeks to stimulate your body's defenses to provide resistance and immunity. If by chance you still come down with a case of influenza it should be much milder if your immune system has been stimulated with the annual flu shot. The diagnosis of influenza can be made by clinical history and exam and may be confirmed with a nasal swab rapid flu test available commercially but not necessary to make the diagnosis. If the flu is diagnosed early we can shorten the course by prescribing antiviral medications.

Colds are caused by many different viruses. They are generally less intense and shorter in duration than influenza but can be extremely annoying and inconvenient. Runny nose, sinus and nasal congestion, post nasal drip, sore throat, ear congestion and fullness, cough, upset stomach, general malaise with aches and pains and low grade fever are common.

The treatment is supportive and tries to reduce the intensity of the symptoms. Rest, warm fluids, throat lozenges, cough medicine, decongestants, anti inflammatory drugs and tincture of time are the mainstays of therapy. Antibiotics do nothing to reduce the intensity of the symptoms or shorten the course. We generally use antibiotics for viral infections if the patient has chronic obstructive lung disease, asthma or is immunosuppressed. There are some research studies that suggest that sucking on zinc tablets EVERY TWO HOURS for the first twenty four hours reduces the intensity and course of the cold. There is weak evidence that Echinacea Purpuera 300 mg three times a day may reduce the intensity and duration of the illness. Patients who are allergic to ragweed, daisies, chrysanthemums and marigolds should avoid Echinacea. Vitamin C has no beneficial effect on shortening the course, duration or intensity of a cold once symptoms begin. There is some evidence that Vitamin C, especially obtained in the form of fresh fruits and vegetables, can help prevent catching a cold. Of course avoiding sick people, frequent hand washing, eating sensibly, exercising to get the immune cells circulating throughout your body and sufficient sleep and rest are time honored ways of preventing catching a cold.

Influenza Vaccines Available



If you haven't already done so, I recommend you get your flu shot now. Call the office to make a reservation or if you have any questions.

While obtaining your flu shot don't forget to update your tetanus/ whooping cough, immunity and please consider pneumonia prevention with Pneumovax (age 65 or greater) and shingles vaccine Zostavax if you are 50 or older.

2012 Annual Membership Fees

At this time we will be keeping the annual fee at \$1,800 per year per patient. We have not increased the fee since the practice opened in 2004.

We have been asked by numerous patients for a discounted rate for their adult children not living at home but living in the area. Thus, we will be offering a discounted membership rate to new members age 40 years or less of \$900 per year. These new members will be required to receive a new patient physical exam for \$150 and then subsequent visits will cost a flat fee of \$25. This is an attempt to accommodate those requests.



The lower fee for younger patients is designed to attract younger patients with less complicated medical needs who utilize the services less frequently. We will interview all potential new members and reserve the right to not apply the \$900 discounted fee to complicated individuals with medical time needs similar to older more chronically ill patients. At the current time the practice has six members forty years of age or less.

We hope to keep the per visit rate for our Medicare beneficiaries unchanged. We currently bill Medicare and accept assignment on your visit. If Congress proceeds with the decrease in reimbursement of 29.5 %

for service delivered as of January 1, 2012 we will need to make an adjustment in our per visit fee and annual membership fee. **If you pay your annual membership fee in full prior to the Congressional change on January 1, 2012 we will honor the \$1,800 payment.**

We will continue to offer a \$300 discount off the next annual membership to any patient who refers someone who joins the practice. We appreciate your referrals and thank you for supporting us.

New Staff Join Our Practice



We're happy to introduce you to two new staff members. Nancy Tunis has joined our practice in the dual role of medical assistant / receptionist. Nancy is a master phlebotomist with 34 years of experience running a 8 physician internal medicine/cardiology group on the north shore of Long Island in the N.Y. Metropolitan area.

Carmen Garcia returned to Florida from Texas and is working part-time at the front desk. She brings a wealth of practical experience and is well trained and experienced in the hospitality and service industry. She is filling in for Patti Marks who is out on personal leave.

I'm confident you'll enjoy getting to know both Nancy and Carmen and will be welcomed with a warm greeting each time you speak with them.

My Blog – Boca Raton Concierge Doctor

Be sure to visit my blog as I frequently add new posts. You can access it via the my web site or directly at <http://bocaratonconciergedoctor.wordpress.com/>.



Facebook Page



Be sure to visit my Boca Concierge Doctor page on Facebook. It will allow you to stay in touch with our practice and any developments. Also, be sure to click the "Like" button when you're on the page. And, if you have something to share, you can post it to my "Wall".



My staff and I look forward to seeing each of you in the near future.

My practice is a concierge medical model that provides gracious service in a comfortable and private office setting while administering 21st century care and technology with old fashioned attention and concern.

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