8/4/14

You are busy and keeping up with the news is not easy...

BUT this is all about YOUR income, now and in the future...so take a minute and CONTACT YOUR SENATORS for their support for Medicaid fair pay!! Check below for more info and a quick link to get the job done!!

If you are a member of AIMn (Advocates for Internal Medicine network) you have already received this notice and have already written to your Senators. You already know that it is ridiculously easy.

If you are not yet a member of AIMn, this is your perfect opportunity...once you send your message, you will be given the opportunity to join. It takes only minutes.

Click on the link below the bright blue box.

Take Action

Please Ask Your Senators to Co-sponsor the Medicaid Parity Bill, S. 2694, Today

On July 30, Sens. Patty Murray (D-WA), chair of the Senate Budget Committee, and Sherrod Brown (D-OH), member of the Senate Finance Committee, introduced the Ensuring Access to Primary Care for Women & Children Act (S. 2694). The bill authorizes continuation of a program that is scheduled to expire at the end of 2014. It ensures that Medicaid payments for designated visits and immunizations provided by internists and other primary care specialties, and by internal medicine and pediatric subspecialists, can be no less than the Medicare rates. Please ask your senators to co-sponsor S. 2694
E-mail your senators today

Under the bill, the services that are eligible to be paid at no less than the Medicare rates (i.e., payment parity) include office and hospital visits, other evaluation and management services, and immunization services furnished by primary care physicians in the specialties of internal medicine, pediatrics, and family medicine. The program also provides payment parity for the same designated services when provided by internal medicine and pediatric subspecialists.

ACP has been working diligently for an extension of this program. Thanks in part to Advocates Leadership Day efforts, Sens. Brown and Murray agreed to introduce this bill—and in a form completely consistent with ACP policy! You can view ACP’s letter of support here.

We must now get this legislation enacted before the payment parity program expires at the end of this calendar year. It will take the combined efforts of you, College governance, and ACP staff to get this done. Congress is in recess during August; Movement on the bill in the Senate is possible in September. Please strengthen its support by asking your senators to co-sponsor S. 2694 now. The more cosponsors we can garner the more leverage it has in being advanced this fall. Please personalize your e-mail.

More Information on the Legislation

In addition to continuing Medicaid-Medicare pay parity for specified primary care and immunization services through 2016, the legislation would also:

- Include obstetricians and gynecologists as qualified specialists, so long as at least 60 percent of their Medicaid billings consist of primary care services as defined under current law. ACP supports their inclusion as specified.
- Include nurse practitioners, physician assistants, and certified nurse midwives, operating in accordance with state law, as eligible for pay parity at 85 percent of the physician rate, if at least 60 percent of their Medicaid billings consist of primary care and immunization services as defined under current law. (The bill does not increase their scope of practice).

Background on Medicaid Parity

The two-year Medicaid Primary Care Pay Parity program was enacted as part of the Affordable Care Act (ACA) in 2010, and is effective Jan. 1, 2013, through Dec. 31, 2014. Although the program was
originally included in the ACA—because Congress anticipated that millions of new patients would enroll in Medicaid, and would need access to primary care physicians—the program applies to Medicaid enrollees and physicians in all states, whether they have expanded Medicaid eligibility or not. Medicaid enrollment is growing in every state so the need to continue this program is greater than ever.

Before this program went into effect, many practices were unable to accept more Medicaid patients because Medicaid reimbursement rates in their states were much lower than Medicare and other payers, often below the cost of delivering the care.

The financial impact of this program for physicians treating Medicaid patients is significant. In most states, Medicaid pays primary care physicians at rates that are well below Medicare (and private insurance). In 2012, before this program took effect, average Medicaid payment rates for primary care services were 58 percent of Medicare rates—and as low as 33 percent of Medicare! You can view a state-by-state accounting of Medicaid-to-Medicare payment ratios here.

In April 2014, ACP conducted a survey of a representative sample of its members who spend the majority of their professional time engaged in direct patient care. Forty-six percent of respondents who indicated they had enrolled in the Medicaid Primary Care Pay Parity program would accept fewer Medicaid patients in 2015 (40 percent) or drop out of Medicaid entirely in 2015 (6 percent) if the Medicaid Pay Comparability program expired on December 31, 2014.

Please ask your senators to co-sponsor S. 2694, today.

http://www.capwiz.com/acponline/issues/alert/?alertid=63290816&type=TA

If you don’t speak for Internal Medicine, who will?

Jolynne M. Flores
Supervisor Grassroots Advocacy & PAC
American College of Physicians
jflores@acponline.org
(202) 261-4532

Twitter @advocatesIM
Facebook /acpinternists
Legislative Action Center

If you no longer wish to receive e-mail from us, please click here.