**Medicare Red Tape Relief Project**

Submissions accepted by the Committee on Ways and Means, Subcommittee on Health

Date: August 25, 2017

Name of Submitting Organization: Physicians Advocacy Institute

Address for Submitting Organization:

Name of Submitting Staff: Kelly Kenney, Executive Vice President/CEO

Submitting Staff Phone: (312) 543-7955

Submitting Staff E-mail: k2strategiesllc@gmail.com

Statutory ✓

Regulatory ✓

**Please describe the submitting organization’s interaction with the Medicare program:** PAI is a not-for-profit advocacy organization focused on securing fair and transparent payment for physicians. PAI’s Board is comprised of CEOs/former CEOs of state medical associations from California, Connecticut, Georgia, Nebraska, New York, North Carolina, South Carolina, Tennessee and Texas and a Kentucky physician. A significant portion of the members of these and other states’ medical societies treat Medicare patients and submit claims to Medicare.

**Short Description:** Medicare Annual Wellness Visits (“AWV”)

**Summary:** As part of the Affordable Care Act, if a Medicare beneficiary has been on Part B Medicare for over twelve months, they are eligible for a medical exam to develop or update a personal prevention health plan. It is designed to prevent further health problems and identify disease risk factors. It is free to the patient. Physicians or other health care providers conducting the exam are reimbursed based on a filed claim. Only one AWV claim is allowed per eligible patient in a twelve-month period.

Several medical advocacy organizations have received complaints from physicians about third party vendors performing Medicare Annual Wellness Visits (AWV) for Medicare Advantage (MA) plan patients. Some of these third parties use deceptive marketing tactics, such as holding “wellness fairs” to reel in unsuspecting patients, and then submit a bill for the patient’s AWV to the MA plan. They do not tell patients that the screening will constitute their AWV and they will not be able to get their AWV from their regular primary care physician. The patient’s primary care physician may not receive a report of the results of these third-party screenings. Some MA plans are known to contract with third parties for these services to save costs, instead of having AWVs provided by patients’ primary care physicians, who know more about the patient’s medical history and can identify and provide any needed follow-up care.

Medicare Administrative Contractors (MACs) and MA carriers are all over the board as to how their provider networks can check to see if one of their regular patients has already received their AWV. Consequently, it is not easy to know whether an AWV has been conducted until the carrier denies the AWV claim filed by the patient’s doctor. Neither physicians nor patients know where to turn for help. Resulting problems include:

* These third parties disrupt continuity of care provided by the patient’s regular doctor.
* If no report is generated by the third-party screener to the patient’s primary care doctor, undiagnosed conditions requiring treatment plans or additional diagnostic work-ups cannot take place in a timely manner.
* If a patient’s AWV has already taken place for the year, it cannot be repeated by the patient’s doctor without cost to the patient or the doctor repeating the exam without reimbursement.

**Related Statute/Regulation:**

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| 42 CFR 411  CMS Guidance (“Who is Eligible to Provide the Annual Wellness Visit?”) |

**Proposed Solution:**

CMS should institute protections for patients that allows only the patient’s established primary care physician to conduct, and bill for, the Medicare annual wellness visit. CMS should also promulgate a rule that prohibits MA plans from contracting with third-party screeners to conduct AWVs.

CMS should clarify that primary care physicians are the only clinicians that can conduct and bill for Medicare annual wellness visits.