

Medicare Physician Fee Schedule Updates

The Centers for Medicare & Medicaid Services released the proposed physician fee schedule for 2010 on July 1, 2009, which contained provisions for significant reductions to the current physician payment schedule in an attempt to limit healthcare expenditures to a sustainable target amount. Without Congressional intervention, physicians are expected to receive a 21.5% payment cut in 2010 and additional cuts between 5 and 6.5 percent in subsequent years.¹ For the past several years Congress has intervened to prevent such previously scheduled decreases. In efforts to thwart the scheduled payment cuts for 2010, the US House Ways and Means Committee and Energy and Commerce Committee have worked together to create a proposal to restructure the method in which physicians are reimbursed by Medicare.²

Under the proposal, payments would no longer be affected by the Sustainable Growth Rate (SGR) formula currently in effect. Rather, payments would grow with the Gross Domestic Product, with primary care being allowed increases of up to GDP plus two percent, and other physician services being allowed increases up to GDP plus one percent. The program, which would exclude pharmaceuticals and laboratory services, would begin in 2011 with a defined update for 2010 based on the Medicare economic index to allow for development of the new payment system.³

While the proposal would cost over \$300 billion over the next ten years, Secretary of Health and Human Services, Kathleen Sebelius, stated that it would be aided in part by recovered monies from increased anti-fraud efforts. According to Sebelius, the government saves \$1.55 for each \$1 spent on anti-fraud programs, and these savings and returned monies would partially offset the costs of the new physician payment system.⁴ No other funding proposals were provided by the House Ways and Means Committee.

In December 2008, the American Medical Association (AMA) stated that reforming both physician payment and the SGR formula would be a top priority for the organization in 2009, calling for improvements to the “*flawed*” formula that they believe does not accurately reflect practice costs, cost increases, and geographic differences.⁵ While the changes proposed by the House Ways and Means Committee provides a more general update to the payment formula and there is no guarantee whether or not these changes will be included in the draft reform bill expected to be completed later this summer, the proposal is, at the very least, an acknowledgement of the need to update and reform Medicare physician payments.

¹ “Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010”, The Centers for Medicare & Medicaid Services, p. 655

² “Reforming SGR and the Physician Payment System: Rewarding Primary Care, Coordination, and Efficiency,” United States House of Representatives, Ways and Means Committee, Press Release, June 15, 2009, <http://waysandmeans.house.gov/news.asp?formmode=release&id=906> (Accessed 6/22/09)

³ “Reforming SGR and the Physician Payment System: Rewarding Primary Care, Coordination, and Efficiency,” United States House of Representatives, Ways and Means Committee, Press Release, June 15, 2009, <http://waysandmeans.house.gov/news.asp?formmode=release&id=906> (Accessed 6/22/09)

⁴ “Administration’s Budget Seeks Changes in Medicare Physician Payment System,” By James Arvantes, American Academy of Family Physicians, May 27, 2009, <http://www.aafp.org/online/en/home/publications/news/news-now/government-medicine/20090527hhs-budget-sebelius.html> (Accessed 6/22/2009)

⁵ “AMA Meeting: Reforming SGR tops Association’s Medicare Agenda for 2009,” By Doug Trapp, AM News, December 1, 2008, <http://www.ama-assn.org/amednews/2008/12/01/prsc1201.htm> (Accessed 6/23/09)



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Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: *“The U.S. Healthcare Certificate of Need Sourcebook”* [2005 - Beard Books], *“An Exciting Insight into the Healthcare Industry and Medical Practice Valuation”* [2002 – AICPA], and *“A Guide to Consulting Services for Emerging Healthcare Organizations”* [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious *“Shannon Pratt Award in Business Valuation”* conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the Senior Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored *“Research and Financial Benchmarking in the Healthcare Industry”* (STP Financial Management) and *“Healthcare Industry Research and its Application in Financial Consulting”* (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser's Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



Anne P. Sharamitaro, Esq., is the Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in *“Healthcare Organizations: Financial Management Strategies,”* published in 2008.