

“BRING IT ON!”

“Managed Care.” Those words invoke a visceral, slightly nauseous reaction, which makes one want to reach for the Compazine or Zofran, depending on your anti-nauseate of choice.

Someone (I won't mention names) last year lambasted our past president with some trite gibberish about becoming infected with the “resident illness of the MCMS presidency” for not liking managed care. Now let me see: patients don't like it, doctors don't like it, and employers don't like it. It seems like nobody likes it except those that profit from it, which comes at the expense of patients, nurses, doctors, and hospitals.

One of my mentors had described it as “a totally unproductive artificial situation that has been purposely created by third party payers as a scheme to delay, reduce, or avoid payment altogether.” I thought that summed it up pretty well. In addition to this, some practices are now approaching 20-25% of their total income just trying to collect their fees! I'm supposed to like this system?

Take “pre-authorization,” which I fail to find the purpose of; the amount of time our offices spend obtaining it is astronomical! These energies could be put to a more productive use. Once you obtain authorization, there's our favorite phrase attached “authorization does not guarantee payment.” So why do we obtain it? Could it be so that if we don't get it they can guarantee non-payment? In addition to all that, I can't remember not eventually getting authorization to do what needed to be done anyway!

Did anyone take Dr. Bass' advice last year and drop the bottom 20% of payers? I hope so. Our office did. One of my junior partners came into my office brimming with the news and the numbers that his revenue had increased significantly over the previous three quarters. After reviewing all the variables the only thing that was different was the payer mix. I don't know of any doctor's offices that are empty; most are backlogged by a significant amount. So this is an easy way to increase the bottom line!

Of course there is always going to be a few who don't have enough respect for themselves or our profession and willingly sign contracts for significantly less than what is prudent. We all see it. Is it paranoia? Lack of self-confidence? Is it so they will appear busy? You can “busy” yourself right into the poor house in this manner. Do you know that our neighbors in Texas get two or three times our reimbursement? Why? Because they just won't sign poor contracts!

The MCMS can, and does, review contracts as part of your membership. MCMS cannot, and does not, negotiate contracts but will advise the physician of any catch phrases to watch out for. I don't think there's a contract we haven't seen. Utilize this service! It can be quite helpful and productive! One thing we need to work on is our collegiality. We need to shrug off the “dog eat dog” mentality that was fostered in premed and now is being perpetuated by the insurance companies to manipulate us. Aren't we smarter than that? I hope so.

As I conclude this editorial, I can envision the managed care militia firing up their word processors (I almost said typewriters) to send me their vitriol. I can only say “bring it on!” I will

place these letters in the same black hole that some of my insurance claims seem to go. Then when they call for my response, I'll give them the same answer that I've been getting for years! "We never received it!" TOUCHE!

See you next month!

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President