MGMA Center for Research
American College of Medical Practice Executives
Medical Group Management Association

September 17, 2010

Secretary Kathleen Sebelius
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act

Dear Secretary Sebelius:

The Medical Group Management Association (MGMA) is pleased to submit the following comments in response to the interim final rule entitled, "Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act (ACA)," as published in the July 19, 2010 Federal Register. We look forward to collaborating with the Department of Health and Human Service (HHS), Department of Labor (DOL) and Department of Treasury (DOT) on the issues in this interim final rule and others associated with the ACA.

MGMA, founded in 1926, is the nation's principal voice for medical group practice. MGMA's nearly 22,500 members manage and lead 13,700 organizations, in which 275,000 physicians provide more than 40 percent of the health care services delivered in the United States. MGMA's core purpose is to improve the effectiveness of medical group practices and the knowledge and skills of the individuals who manage and lead them. Individual members, including practice managers, clinic administrators and physician executives, work on a daily basis to ensure that the financial and administrative mechanisms within group practices operate efficiently so that patient care remains the focus of physicians' time and resources.

MGMA agrees that providing recommended preventive health services without imposing patient cost-sharing requirements will help improve the overall health of Americans and decrease long-term health care costs. A specific concern, however, raised by MGMA members is the rule's silence on physician reimbursement as it relates to these new health plan requirements. Typically, a physician agrees to provide a clinical service based on a contractually agreed upon payment amount with a health plan. Contracts often include provisions requiring the physician to collect patient

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coinsurance and/or co-payments amounts. A simple example might result in a health plan paying a physician 80 percent of a contracted amount for a service, with the physician responsible for collecting the remaining 20 percent directly from the patient.

Congress clearly intended in the ACA to incentivize patient access to preventive services as well as the physician provision of such care. The rule should prohibit health plans from penalizing physicians that would have otherwise been contractually entitled to collect co-insurance or co-payments from patients for these services. Physician work associated with this care has not been reduced. Health plans should not be allowed to shift the financial responsibility of this regulation to physicians. The rule should explicitly obligate plans to pay 100 percent of contracted amounts with physicians for all preventive services covered by this rule.

MGMA appreciates your consideration of these comments. If you have any questions, please contact Leah Cohen in the Government Affairs Department at (202) 293-3450.

Sincerely,

William F. Jessee, MD, FACMPE
President and Chief Executive Officer