

FOR IMMEDIATE RELEASE (November 13, 2007)

New Orleans, La: The Board of Directors of the Society for Excellence in Eyecare, Inc. (SEE) voted unanimously to eliminate the requirement that its members be “Participating Physicians” in the Medicare program. Since its inception in 1989, SEE has required all of its members to be participating physicians, which required them to accept assignment for all of their Medicare claims. The purpose of the requirement was to show support for the Medicare program and, most importantly, the Medicare patients. “We always strive to be our patients’ advocate,” explained Dr. Jerre Freeman (Memphis, Tennessee), “and we believed that by accepting assignment, it was one more way to reduce the burden on our patients. But when there is a greater threat to the quality of care we can deliver, we had to make a difficult choice.”

The Board’s decision was made in response to the proposed cuts in Medicare reimbursement by the Centers for Medicare and Medicaid Services (CMS). Earlier this month CMS announced a 10.1% reduction in the 2008 Medicare fee schedule, which was required based on application of a legislative formula known as the sustainable growth rate (SGR). “Depending on overhead, the proposed 10.1% cut could reduce net income by 30% or more for a practice with a significant Medicare population, which is the patient population served by most of our members,” said Board member Marc Michelson of Birmingham, Alabama. “We are small businesses and face the same financial pressures as other small businesses. We struggle to maintain a well-trained staff to care for our patients, to pay for malpractice premiums that continue to increase, and to purchase the latest in technology to make the best care available for our patients. All of this costs money, and these cuts threaten our ability to do that.” Dr. James Loden,

Nashville, Tennessee (also a Board member) agrees. “The government has not kept up with properly reimbursing medicine. As a relatively new practitioner, I have expended a great deal of income in financing and purchasing equipment, hiring personnel and running a practice that will provide quality of care to my patients. The constant cuts in reimbursement we have faced over the past years, means that I must now pay for these items and my overhead with less income than when I made these investments”

“As a Society, we feel that changing our requirement for membership will give our current and future members a choice on how to address their own practice issues concerning Medicare,” stated SEE Chairman R. Gale Martin (Southern Pines, North Carolina). “This is a huge change for SEE as we were the only Ophthalmology Society that required Medicare Participation for membership.”

In 1985, Medicare reimbursement for cataract surgery was as much as \$2500 per case; it now averages \$701. The proposed 2008 reimbursement will reduce Medicare reimbursement for cataract surgery to \$560.18. “The government has to address this problem to avert a drastic reduction in the number of Medicare providers which will ultimately impact the availability of care to the patient.” added Dr. Martin. “We urge CMS and the Congress to fix the SGR issue and eliminate the proposed cut.”

The Society for Excellence in Eyecare, Inc. is a national ophthalmology Society. Among its mission is to be a patient's advocate to promote high quality, cost efficient eye care services. For further information, please contact the SEE office at info@excellenteyesurgery.com or calling 630-699-1929.