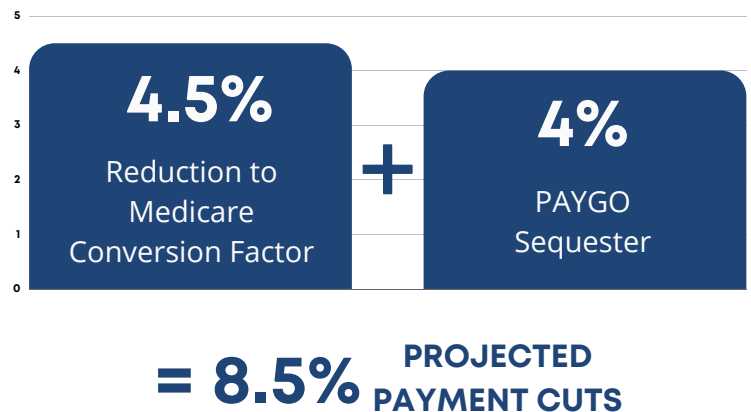


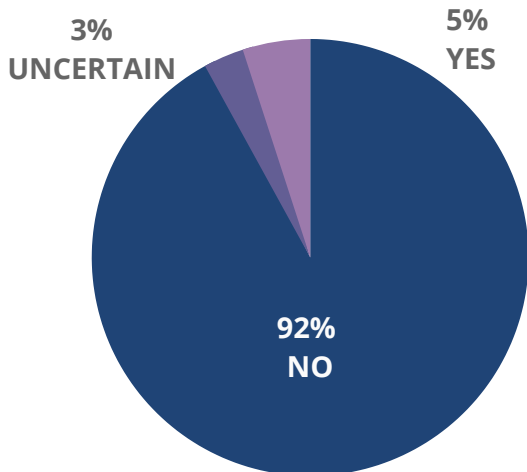


After two years of financial uncertainty due to the ongoing COVID-19 pandemic, practices are once again facing significant projected payment cuts to Medicare in 2023. In 2022, practices absorbed a 2% reduction to Medicare payment with the reintroduction of Medicare sequestration. This is compounded by record-breaking inflation reaching 9.1%. Already challenged with financial constraints and reductions in payment, looking ahead to 2023, group practices face a 4.5% reduction to the Medicare conversion factor and a 4% PAYGO sequester, reducing Medicare payment by at least 8.5%.

PROJECTED MEDICARE PAYMENT CUTS ON JAN. 1, 2023



DOES MEDICARE REIMBURSEMENT IN 2022 ADEQUATELY COVER THE COST OF CARE PROVIDED?



MGMA conducted a survey of 517 medical group practices, ranging from small single provider practices to large 2400 physician health systems across 45 states, assessing the potential impact of such payment cuts to Medicare rates in 2023, and evaluating how their practices would respond to such payment cuts.

According to 92% of surveyed group practices, Medicare rates in 2022, before the projected 8.5% payment cuts take effect, already inadequately cover the cost of furnishing care.

TO OFFSET THE REDUCTIONS IN PAYMENT, GROUPS OF ALL SIZES ARE CONSIDERING WHAT BUSINESS DECISIONS MUST BE MADE TO ENSURE THE FINANCIAL SOLVENCY OF THEIR PRACTICES:

- **58%** are considering **limiting the number of new Medicare patients**;
- **66%** are considering **reducing charity care**;
- **58%** are considering **reducing the number of clinical staff**; and
- **29%** are considering **closing satellite locations**.



TOP FIVE THEMES ACROSS PRACTICES: IMPACT OF PAYMENT REDUCTIONS

MGMA's member questionnaire revealed critical themes across states and geographic regions that will significantly disrupt patient access to care, practice operations, and overall investment throughout the healthcare industry. The top five practice themes that will result:

1. Reducing or eliminating the number of Medicare beneficiaries served.
2. Projected delays in scheduling care, resulting in up to 6 months' wait for visits.
3. Decreased ability to recruit staff at all levels, including physicians, clinical support staff, and administrative staff, especially in rural areas.
4. Reduced participation in value-based payment contracts as limited resources and revenue are diverted away from non-essential practice activities.
5. Closing satellite offices or selling the practice due to insufficient revenue streams.

The projected Medicare cuts go beyond impacting access for Medicare beneficiaries. Medicaid and private payer rates are often contracted as a percent of Medicare rates. As Medicare reimbursement declines, practices will experience an exponential decrease in operating revenues further reducing their ability to provide timely, high-quality care to patients.

CONGRESSIONAL ASK

- ➔ **Provide a 4.5% increase to the Medicare physician conversion factor.** Congress previously appropriated funds in 2022, helping to mitigate the slated cuts due to budget neutrality requirements. This 4.5% increase to the PFS conversion factor will extend the previously enacted funding and prevent additional reductions to Medicare payment in 2023.
- ➔ **Provide an inflationary update** based on the Medicare Economic Index (MEI).
- ➔ **Waive the 4% PAYGO sequester** resulting from legislation unrelated to Medicare (American Rescue Plan in 2021).



MGMA conducted a survey of 517 member group practices across 45 states to evaluate the impact of the projected 7-10% Medicare payment cuts in 2023. Below you will find some of those responses. *Please note, certain quotes have been edited slightly for clarity and/or brevity.

ALABAMA (AL)

"We would have to reduce staff and decrease the number of chronic care management patients that we care for."

- 2 PHYSICIAN FAMILY PRACTICE IN RURAL AL

"Reductions would cause us to limit the number of Medicare appointment slots thus impacting the timeliness of scheduling visits."

- 12 PHYSICIAN OB/GYN PRACTICE IN RURAL AL

"Current inflation is causing employees to leave to go to other practices. We are having to increase salaries to compete for employees and it negatively impacts our bottom line."

- 20 PHYSICIAN MULTISPECIALTY WITH PRIMARY & SPECIALTY CARE PRACTICE IN URBAN AL

"As a regional safety net academic health system in one of the poorest regions of the country, we will not stop caring for our Medicare patients. However, our ability to maintain a sustainable financial situation will be so challenging. We are already stretched thin due to increasing labor and supply costs – a cut in Medicare would be beyond anything we could manage."

- 1,800 PHYSICIAN MULTISPECIALTY WITH PRIMARY & SPECIALTY CARE PRACTICE IN URBAN AL

ALASKA (AK)

"Between the Medicare cuts, state Medicaid cuts, and commercial insurances pushing to renegotiate lower contracted rates, we will need to make tough decisions as a practice to succeed and continue to provide exceptional patient care while maintaining provider- and staff-to-patient ratios that support this level of care."

- 60 PHYSICIAN INTERNAL MEDICINE PRACTICE IN URBAN AK

"Medicare makes up 50% of our payer mix. These cuts would be detrimental to our practice, especially as we are seeing the negative impact of the No Surprises Act. Insurances are also refusing and dropping providers from their networks thus forcing a provider out of network and accepting close to Medicare rates."

- 80 PHYSICIAN MULTISPECIALTY WITH SPECIALTY CARE GROUP IN SUBURBAN AK

ARIZONA (AZ)

"We would be forced to limit new Medicare, Medicaid, and Medicare Advantage patients. We would aggressively pursue increases to our commercial plans, most that already own Advantage and Medicaid lines of business. The decreased reimbursement with a simultaneous increase in administrative burdens and the overall inflation is simply not sustainable."

- 60 PHYSICIAN GENERAL SURGERY PRACTICE IN URBAN AZ

"It will require us to reduce staff that serve the Medicare population and the complexities of providing their care. It will require us to reduce support for participation in the Medicare Shared Savings Program and other incentive programs. It will require us to focus on other patient populations and reduce our Medicare population."

- 2 PHYSICIAN FAMILY PRACTICE IN URBAN AZ

"With the current market for jobs in our area, we struggle with keeping up with the rising pay scales to keep staff before any reductions in payment. I am not sure how we would be able to be competitive in this market if we were to see a continued drop in reimbursement."

- 18 PHYSICIAN ONCOLOGY PRACTICE IN URBAN AZ

"We would be forced out of business."

- 3 PHYSICIAN CARDIAC/THORACIC SURGERY PRACTICE IN URBAN AZ

ARKANSAS (AR)

"We are already fighting the battle of accepting new Medicare patients. Our reimbursement is much lower than private insurance. We have limited the number of new Medicare patients for annual exams to two a month per provider in clinic. At this time, those appointments are scheduled about 6 months out."

- 5 PHYSICIAN OB/GYN PRACTICE IN SUBURBAN AR

"We would likely be forced to limit Medicare patient appointments which could delay care and surgery. Some physicians in our group would consider discontinuing Medicare. We would definitely be forced to limit staff and reduce compensation."

- 9 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN URBAN AR

CALIFORNIA (CA)

"The post pandemic landscape has proven challenging for our medical practice. Staff are commanding higher salaries, safety measures are still in place requiring additional costs, and overhead costs across the board from pharmaceuticals to office rent are on the rise. We are having trouble recruiting doctors and our standard of care is declining before our eyes. Patients often wait two months to be seen. We cannot continue on this path. Further Medicare cuts will severely impact our ability to provide quality care."

- 9 PHYSICIAN CARDIOLOGY PRACTICE IN URBAN CA

CALIFORNIA (CA) CONT.

"The reductions would have an impact on physician compensation, which would reduce our ability to attract new physicians to independent practice. This would result in a reduction in patient access to care and timeliness of scheduling visits due to the lack of physician coverage in our market."

- 410 PHYSICIAN UROLOGY GROUP IN SUBURBAN CA

"We are absorbing huge increases in staff costs (25%) as well as supplies and services. We can't take a reduction in revenue and absorb cost increases and continue to provide high quality care. There would have to be major changes to stay in business."

- 13 PHYSICIAN CARDIOLOGY PRACTICE IN URBAN CA

"This would constrain already strained areas that have experienced staffing shortages. Our costs have increased already, so we might close more of our clinics which would reduce access to care."

- 1,000 PHYSICIAN MULTISPECIALTY WITH PRIMARY & SPECIALTY CARE PRACTICE IN RURAL CA

COLORADO (CO)

"Due to rising employment and variable costs in 2022, the 7-10% reduction will be a significant hit for our private practice. The employment costs alone have risen by 4.5-6% this year and we are beginning to feel the rise in costs with our variable expenses."

- 6 PHYSICIAN NEPHROLOGY PRACTICE IN URBAN CO

"Current reimbursement rates do not cover our costs to deliver care to Medicare and Medicaid recipients now. A further reduction in reimbursement may lead us to limit access to care for these patients."

- 9 PHYSICIAN MULTISPECIALTY WITH SPECIALTY CARE PRACTICE IN URBAN CO

"We would reduce the amount of Medicare patients we see and access to care would be drastically reduced."

- 13 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN RURAL CO

"The major impact will be the ability to provide timely quality value-based care for our patients. At this point, Medicare and Medicaid are supplemented by commercial business in order to provide needed imbedded behavioral health, nutrition, diabetic counseling, and care management addressing social determinants of health, all of which reduce total cost of care for the health care system and greatly improve patient satisfactions and health."

- 50 PHYSICIAN FAMILY PRACTICE IN RURAL CO

CONNECTICUT (CT)

"The pandemic is still very real in our offices with increased expenses a part of that. Something will need to be limited as these cuts continue. Binding the hands of the healthcare providers to provide quality care to a population most in need through continuous cuts, is only hurting the Medicare patient population access to quality care."

- 17 PHYSICIAN OPHTHALMOLOGY PRACTICE IN URBAN CT

"These projected cuts may impact staff salaries and number of staff resulting in turnover at a time when there are already shortages in getting qualified help. Additionally, it may result in delays in scheduling and access to care."

- 65 PHYSICIAN MULTISPECIALTY WITH PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN CT

"Payment reductions by Medicare will result in significant financial difficulty for our practice. We will likely have to lay off staff to cover costs. We will have to limit our care of Medicare and dual-eligible patients."

- 28 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN CT

FLORIDA (FL)

"The projected reductions in payment will probably cause our practice to consider selling to an insurance company or private equity if fees continue to not cover expenses."

- 110 PHYSICIAN MULTISPECIALTY WITH PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN FL

"Our practice has been under significant financial strain since the start of COVID, but those strains have increased 10-fold in 2022. We have been running in the red for months with the increase cost of supplies, staffing issues, and decreased reimbursement. We can't continue to practice like this much longer. These cuts would literally close us."

- 4 PHYSICIAN FAMILY PRACTICE IN SUBURBAN FL

"The practice is already challenged with inflation and a shrinking operating margin. In order to respond to regional healthcare demands, our practice needs to grow and expand to respond to these demands. If we are unable to meet that demand, the health of our community is at risk."

- 72 PHYSICIAN GASTROENTEROLOGY PRACTICE IN URBAN FL

"This would greatly impact our practice. Our hours would decrease, staff would be cut, there would be a delay in scheduling Medicare patients and also a reduction in how many Medicare patients we would see."

- 5 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN URBAN FL

"We will have to rethink our expansion plans, eliminate positions, reduce number of traditional Medicare patients that we can care for. Also, we already struggle to recruit new physicians - this will only make it harder as reimbursement hinders what we can pay a new physician."

- 38 PHYSICIAN PRIMARY CARE PRACTICE IN URBAN FL

FLORIDA (FL) CONT.

"Patients are already waiting 4 to 6 months to schedule a new patient appointment and several weeks to schedule an established patient appointment with our practice. Frankly, this is unacceptable, however, we can only safely manage a certain number of patients with the number of staff we have. Further reductions in Medicare reimbursement would force us to make some very difficult decisions that would further impact access to timely patient care."

- 11 PHYSICIAN CRITICAL CARE PRACTICE IN SUBURBAN FL

GEORGIA (GA)

"These cuts would result in declines in care as we would have to increase patient volume to make ends meet which means less time with each patient. Decline in health of patients. More cost to Medicare due to hospitalizations."

- 7 PHYSICIAN INTERNAL MEDICINE PRACTICE IN RURAL GA

"One commercial payer pays 80% of Medicare. We will opt out of that commercial insurance and Medicare if they go through with the reduction."

- 5 PHYSICIAN DERMATOLOGY PRACTICE IN SUBURBAN GA

"Reducing payment will not limit access to care, but it may limit the type of care provided. Procedures that can be done via telehealth will likely increase, as well as maintenance procedures."

- 300 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN GA

"A reduction in Medicare payments would impact our practice financially as about 75% of our patients are Medicare patients. It would also limit the timeliness of scheduling visits and patient access to care as we would have to reduce clinical staff."

- 6 PHYSICIAN PAIN MANAGEMENT PRACTICE IN SUBURBAN GA

"With this reduction, we would be forced to stop seeing Medicare patients because we cannot see patients and lose money."

- 3 PHYSICIAN OB/GYN PRACTICE IN SUBURBAN GA

"The decrease would be devastating to our independent practice. Most of our contracts, including Medicare Advantage are tied to the Medicare rates. We would be forced to reduce staff and possibly have to sell the practice."

- 2 PHYSICIAN INTERNAL MEDICINE PRACTICE IN SUBURBAN GA

HAWAII (HI)

"Our practice would probably limit or not take new Medicare patients due to the reductions. We would try to continue seeing existing patients but may look to reduce the number of openings that they could be seen to make provider schedules more commercial payers that pay so much better."

- 53 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN HI

IDAHO (ID)

"Medicare payments are already significantly lower than the cost of providing care, and in an environment of inflationary costs related to staffing compensation, benefits, medical supplies, equipment, medications, and other basic costs of doing business, decreasing Medicare reimbursement is unsustainable. We will have to start limiting our care to Medicare and Medicaid patients."

- 25 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL ID

"The impact of the projected 7-10% reductions in Medicare payments will likely force many private practices to shut down. Every year it gets harder and harder to remain independent yet many of us will leave healthcare before joining hospital systems as it is proven that private healthcare settings have better patient outcomes."

- 14 PHYSICIAN UROLOGY PRACTICE IN SUBURBAN ID

"Should the reductions occur, we will be forced to limit the number of Medicare patients that we see. This will cause the 6-month wait to get into behavioral health to grow even longer and continue to cause the behavioral health needs of the community to be underserved. Patients will have limited access to care and reduce their availability of services they can get to in a timely manner when they are in crisis."

- 45 PHYSICIAN PSYCHIATRY PRACTICE IN RURAL ID

"Patient care would suffer as would we not be able to increase staff wages and keep the current employees we have as they can go to hospital systems and get paid more than we can pay them as an independent practice."

- 6 PHYSICIAN FAMILY PRACTICE IN RURAL ID

ILLINOIS (IL)

"Significant changes would have to be made to staffing levels and services provided would have to be reduced. Charity care would be eliminated."

- 18 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN IL

"The cost to provide care to Medicare beneficiaries doesn't cover our cost today. With a reduction in reimbursement we will have to look at the number of Medicare patients we can care for vs. other patients."

- 7 PHYSICIAN DERMATOLOGY PRACTICE IN SUBURBAN IL

"Being a pediatric practice, our reimbursement is based on the CMS Medicare Physician Fee Schedule for many plans. Those currently contracted as a percent of Medicare rates would be affected negatively, due to contract provisions allowing the reduction."

- 1000 PHYSICIAN PEDIATRIC MEDICINE PRACTICE IN URBAN IL

ILLINOIS (IL) CONT.

"Our Medicare population is 40% of our patient population, and we have already reduced the number of new patients we see that have Medicare and are reviewing the number of Medicare Advantage patients we take."

- 1 PHYSICIAN RHEUMATOLOGY PRACTICE IN SUBURBAN IL

INDIANA (IN)

"Our group serves a large number of Medicare patients in the inpatient and outpatient settings, a reduction of 7 to 10% would be a dramatic shift in allowing us to run our business operations at the quality level in which is being asked of us. Staffing challenges already exist for many employers, and is for us as well, if reductions are implemented, then evaluating the amount of staff, would be required, which will further limit the abilities of the team to do what is required."

- 65 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN IN

"Our margins between income and expenses are very narrow with current rates. If allowable rates are decreased, we may need to cut staff, reduce hours, or just close altogether."

- 5 PHYSICIAN OB/GYN PRACTICE IN SUBURBAN IN

"It would not be economically possible to see Medicare patients. This would result in many providers limiting slots for Medicare patients and could seriously impact the health of our seniors."

- 42 PHYSICIAN NEUROLOGY PRACTICE IN URBAN IN

"It would affect access to care as it is unsustainable to see patients with that much reimbursement cuts - we barely break even now."

- 4 PHYSICIAN FAMILY PRACTICE IN SUBURBAN IN

IOWA (IA)

"This would most likely force us to eliminate 2-3 staff members. With the increased stresses associated with care our staff is already spread too thin. In rural Iowa this means members will be driving 20 miles to the closest medical facility. With the state of the economy and gas prices, that puts added stress on our patient's ability to obtain quality medical care."

- 3 PHYSICIAN FAMILY PRACTICE IN RURAL IA

"Our practice will definitely limit Medicare patient slots. We cannot sustain any further reductions. Medicare reimbursement is already below cost for many services."

- 8 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN URBAN IA

"Being in Iowa, one of the lowest Medicare reimbursement states, will make recruiting to rural areas even more difficult. Doctors cost the same or more to get them to Iowa and with a high percent of Medicare age population this reduction will put more stress on the state's healthcare system. Add this cut to the last year's inflation rate and the impact is nearly double."

- 100 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL IA

IOWA (IA) CONT.

"This pay cut will significantly impact our operations to the point that closing at least one, if not more, of our five specialties becomes a real possibility. We are one of few providers in behavioral health who accept Medicare in the area and our podiatry practice is one of a few that provides comprehensive foot and ankle care to patients statewide related to diabetic foot care. A cut like this may require us to reconsider Medicare participation at the very least, particularly when our podiatric practice is majority Medicare and Medicaid."

- 13 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN IA

KANSAS (KS)

"A reduction in Medicare payments would cause our group to consider eliminating low-margin services in our community. Our group is owned by a sole community hospital which is also experiencing significant financial challenges, and the Medicare cuts will cause our hospital to make cuts to both hospital and medical group services."

- 83 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN KS

"These reductions will force us to consider closing these outreach clinics, which means that we will see a reduction in those patients traveling farther to get care. This is majorly impactful to the healthcare system as a whole, because these patients will simply not come in - and then they're conditions do not get treated which will ultimately increase healthcare costs because they don't come in until it's so bad they need Mohs surgery or the cancer has metastasized."

- 4 PHYSICIAN DERMATOLOGY PRACTICE IN RURAL KS

"With our patient population being almost 50% Medicare, any additional reductions would have a significant impact on our practice. We would have to look at reducing the number of Medicare patients and/or opting out of Medicare all together."

- 520 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN KS

"With government payors encompassing over 50% of our patient base, another cut to payments would be devastating to our practice. We would need additional financial support from the hospital in order to stay in business, or we would have to start cutting professional staff positions, therefore decreasing the amount of surgical cases which could be covered."

- 10 PHYSICIAN ANESTHESIOLOGY PRACTICE IN SUBURBAN KS

KENTUCKY (KY)

"We will be forced to limit Medicare patients on our schedules. This would ultimately bottleneck every practice in the country, delaying or even eliminating great patient care. Every industry in the country has been negatively impacted during the COVID-19 pandemic; now more so than the previous two years. Practices are faced with the rising cost of support-staff wages, supplies, malpractice insurance, and day-to-day expenses."

- 4 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN KY

KENTUCKY (KY) CONT.

"35%-40% our patients are Medicare beneficiaries. Most have skin cancer, and we do not have the resources to meet the demand. Currently we are looking at a three month wait for surgery, while our goal is 3-4 weeks. We are facing skyrocketing costs, medical equipment that is nearly impossible to source, physicians retiring early due to the pandemic, and we were forced to raise wages in order to compete with the hospitals for labor."

- 7 PHYSICIAN DERMATOLOGY PRACTICE IN SUBURBAN KY

LOUISIANA (LA)

"Considering we are still playing catch up in a post-pandemic world where we're trying to get to 2019 volumes, our revenues are already struggling to meet budgeted numbers after this past year's reductions in overall pay from Medicare. Today, Medicare makes up about 30% of total volumes, so a 7-10% cut in 2023 would mean tougher decisions on how and what services we continue to offer-- which includes breakthrough research as well."

- 500 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN LA

"In order to be relevant to retain and employ good employees we must pay more. Supplies cost more than they ever have. This will force private practices out of business."

- 35 PHYSICIAN CARDIOLOGY PRACTICE IN RURAL LA

"We would limit the number of Medicare patients the practice can accommodate and suspend charity care."

- 4 PHYSICIAN ONCOLOGY PRACTICE IN RURAL LA

"This would be absolutely devastating. We cannot continue to suffer reductions in payments while everything else is increasing."

- 6 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN LA

MAINE (ME)

"We will not be able to build the federal qualified health center (FQHC) infrastructure to support the large number of Medicare members to come. We will struggle to retain clinical staff and keep our doors open. "

- 150-200 PHYSICIAN FEDERALLY QUALIFIED HEALTH CENTER IN RURAL ME

"Our practices will run deficits, which will result in lower retention of employees, reduction in service availability and rationing of limited availability of care. No ability to maintain existing facilities and equipment."

- 100 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL ME

MARYLAND (MD)

"This would be devastating. We are a hospitalist/intensivist/post-acute practice. We have to maintain enrollment with Medicare and Medicaid, but we cannot be selective in our patient population. We would need to increase our support payments from the hospital to maintain appropriate provider to patient numbers and continuity of care. The reduction last year hurt the practice."

- 300 PHYSICIAN HOSPITALIST & POST-ACUTE CARE PRACTICE IN SUBURBAN MD

"Since commercial payers follow CMS' lead, and generally pay at or below Medicare rates, any cuts to Medicare reimbursements will have a cascading effect on the commercial payer reimbursement. Regardless of payer mix, our practice will see a major reduction in revenue causing us to scale back our services."

- 12 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN MD

"Cuts in Medicare payments would significantly hinder this practice from providing timely care to Medicare recipients. It would be a significant impact financially due to the high % of Medicare and Medicare Advantage patients in this practice. We would not be able to keep pace with ancillary staff salary requirements. We would not have financial ability to reinvest in the practice."

- 5 PHYSICIAN RHEUMATOLOGY PRACTICE IN SUBURBAN MD

MASSACHUSETTS (MA)

"Eliminate minor margins and likely would require us to affiliate with a hospital system or close our doors."

- 3 PHYSICIAN ONCOLOGY PRACTICE IN SUBURBAN MA

"Medicare is a big percentage of our revenue. It would impact our practice financially. Our practice would have to meet and discuss what action we would need to take."

- 1 PHYSICIAN DERMATOLOGY PRACTICE IN RURAL MA

"We are already getting paid poorly by Medicare, and to get paid less will definitely impact our revenue."

- 2 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN MA

MICHIGAN (MI)

"This decrease would be devastating to our practices. We have approx. 65% governmental payor mix. Service offerings and timeliness of access would be impacted."

- 60 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN MI

MICHIGAN (MI) CONT.

"Due to poor reimbursement our ambulatory clinic practice does not meet the lung disease needs of the community already, we simply cannot earn enough to expand and cover the shortfalls with more volume."

- 8 PHYSICIAN CRITICAL CARE PRACTICE IN SUBURBAN MI

"Would no longer accept new Medicare patients and would most likely opt out of Medicare. We would also have to reduce the number of clinical staff as Medicare reimbursement cuts would have significant impacts on our day to day. The reimbursement for Medicare services as it stands currently, is below average and makes it unappealing to accept new patients. This would have serious implications as inflation is skyrocketing out of control. We pay more and more for insurance each year and get less and less in return."

- 9 PHYSICIAN FAMILY PRACTICE IN RURAL MI

MINNESOTA (MN)

"We are seeing record inflation and increase in PPE requirements and other regulations that are costing us more, at the same time our costs are soaring."

- 8 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN MN

"It would require expense reductions, which may include reduction in staffing and services that patients need but may not be profitable."

- 12 PHYSICIAN FAMILY PRACTICE IN RURAL MN

"With reimbursement (income) decreasing it's leaving us with very tough decisions of how to make budgets work as expenses are only climbing at rather large rates."

- 10 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN RURAL MN

MISSOURI (MO)

"The continued cuts will require major changes in the budget, this will be reflected in decreasing staff, limiting or eliminating salary or cost of living increases, decreasing or eliminating benefits we currently offer our staff and physicians. It will limit our ability to improve or replace technology. Also limit the ability to provide other services to our patients."

- 5 PHYSICIAN NEPHROLOGY PRACTICE IN URBAN MO

"We are already overwhelmed with meeting the requirements for Primary Care First. The reduced payment for each visit impacted us significantly more than predicted. Any further cuts to Medicare payments could well lead us to withdraw from this alternative payment model."

- 2 PHYSICIAN FAMILY PRACTICE IN SUBURBAN MO

MISSOURI (MO) CONT.

"We are already stretched thin due to staffing shortages, to reduce payments would put even more stress on staff as we would be unable to offer some benefits that make working for us desirable. Physicians would be asked to do more with less."

- 19 PHYSICIAN NEPHROLOGY PRACTICE IN SUBURBAN MO

MONTANA (MT)

"We would be forced to opt out of Medicare if reimbursement cuts go into effect."

- 1 PHYSICIAN OTOLARYNGOLOGY PRACTICE IN RURAL MT

"With a patient mix of over 60% Medicare, these cuts will have a dramatic effect on our ability to provide care. Certainly, the medications we provide that are reimbursed by Medicare will most likely be stopped, as we already lose money on some. This will ultimately impact cancer care for patients."

- 5 PHYSICIAN UROLOGY PRACTICE IN URBAN MT

"Most likely the decision will be to stop being Medicare and Medicaid participating providers. The reimbursement is already so low, it barely covers what our providers do. Not only is the reimbursement so low, the denials are rampant. I appeal which is costly, end up getting payments-delay in payments can take up to 120 days."

- 2 PHYSICIAN NON-SURGICAL ORTHOPEDIC PRACTICE IN SUBURBAN MT

NEBRASKA (NE)

"It would just be devastating. At the current level of inflation, we are in crisis without an increase in Medicare fee, let along reductions in payment."

- 51 PHYSICIAN OPHTHALMOLOGY PRACTICE IN RURAL NE

"As a dermatology practice, we see a significant number of Medicare patients for skin checks and excision of cancer/melanoma. The cost of staffing, medical supplies, insurance, basically everything is difficult enough to adjust too. If our reimbursement is cut 7-10% on top of that, in actuality, our bottom-line revenue will decrease by more than 20%."

- 2 PHYSICIAN DERMATOLOGY PRACTICE IN SUBURBAN NE

"We will severely reduce the number of new Medicare and Medicaid patients we see. Currently these patients make up 35% of our panel, I expect to reduce it to around 10%."

- 1 PHYSICIAN GASTROENTEROLOGY PRACTICE IN URBAN NE

"We would greatly be impacted as our payer mix includes 60% Medicare patients. We would definitely have to limit the number of Medicare and Medicaid patients seen at our clinic. We do not want to do this but may not have a choice. We are the only urology provider in the city forcing patients to wait or travel to another town for urologic care. The quality of patient care would be impacted without a doubt."

- 9 PHYSICIAN UROLOGY PRACTICE IN RURAL NE

NEVADA (NV)

"It would significantly impact access as we would have to limit Medicare visits in order to remain viable."

- 6 PHYSICIAN NEUROLOGY PRACTICE IN SUBURBAN NV

"The current reimbursement barely covers price of equipment and supplies for many of these procedures."

- 2 PHYSICIAN VASCULAR SURGERY PRACTICE IN URBAN NV

"It will make taking care of Medicare patients not sustainable. When costs are going up, inflation for us in wages and supplies is up 15% and reduction in revenue could be 10%, the margin for physician pay is almost wiped out."

- 15 PHYSICIAN OB/GYN PRACTICE IN SUBURBAN NV

NEW HAMPSHIRE (NH)

"We already have significant backlogs in scheduling patients and have a substantial Medicare population. However, Medicare payment cuts would cause the practice to seriously think about what priority Medicare patients would receive."

- 11 PHYSICIAN GASTROENTEROLOGY PRACTICE IN SUBURBAN NH

NEW JERSEY (NJ)

"The reduction is going to have a hugely negative impact requiring some providers to opt out of Medicare. Other providers will see an influx of these patients as they seek new care providers which will cause operational and financial burdens."

- 100 PHYSICIAN DERMATOLOGY PRACTICE IN SUBURBAN NJ

"The combined impact of the pandemic and the current inflationary environment have created a recipe for financial disaster for most, if not all community-based practices. Those practices that provide cognitive services to the neediest populations will be most adversely affected."

- 17 PHYSICIAN NEUROLOGY PRACTICE IN URBAN NJ

"As with all practices, revenues are used to cover expenses. During the great resignation we have had to increase salaries to retain and hire staff. Inflation has also caused the cost of medical supplies to increase. A decrease in reimbursement will cause us to make some significant decisions/choices."

- 100 PHYSICIAN OB/GYN PRACTICE IN SUBURBAN NJ

NEW MEXICO (NM)

"Reducing Medicare would also directly affect commercial contracts as well since reimbursement is tied to Medicare rates. We already have to limit new Medicare patients and such a large reduction will cause us to have to reduce current Medicare patients."

- 2 PHYSICIAN PSYCHIATRY PRACTICE IN SUBURBAN NM

"Currently in the state of New Mexico, there is a severe shortage of specialists and the impact that a 7-10% cut in reimbursement is going to cause an even greater hardship on physician's decisions to see Medicare patients. This is a lose/lose situation. Patient's will find it even more increasingly difficult to get in with a specialist to get the care they need, and physicians will consider retiring early to leaving the state to avoid the demand to work harder for less reimbursement. With inflation at an all-time high and the demand for substantially higher salaries for nurses, physicians cannot afford to take any more cuts in their reimbursement. Physician's need to be supported and valued before we end up losing them all."

- 3 PHYSICIAN RHEUMATOLOGY PRACTICE IN SUBURBAN NM

"It would severely hurt our ability to cover the costs associated with creating timely access and patient support functions."

- 25 PHYSICIAN FAMILY PRACTICE IN URBAN NM

NEW YORK (NY)

"Losses would be substantial and may limit us in staffing physician offices appropriately. Access to care would decrease as we likely can't staff the smaller offices, forcing them to close. Those in the more rural areas would be disproportionately impacted."

- 65 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL NY

"Our practice serves primarily Medicare and Medicaid patients. The Medicaid reimbursement is below cost. The Medicare reimbursement is marginal. Our physician practices need to see more people daily than most physician offices, in order to pay the bills. Additional cuts can only make the situation more impossible than it already is."

- 70 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN NY

"Medicare payment reductions will limit the finances necessary to maintain efficient operations to allow for optimal patient care. It would also limit research and technology opportunities for the organization."

- 208 PHYSICIAN MULTISPECIALTY W/ SPECIALTY CARE ONLY PRACTICE IN URBAN NY

"We are a pediatric subspecialty practice. While we don't have a large Medicare population, our payer contracts are based on a percentage of Medicare reimbursement. If Medicare has a reduction so will all of our payers. We may not be able to continue to provide the much needed pediatric subspecialty care on the scale that we have done in the past. We service 7 counties in Western New York state and have already had to close one satellite location due to the pandemic."

- 100 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN NY

NORTH CAROLINA (NC)

"Fewer Medicare patients would be accepted as new patients. Staffing will need to be re-evaluated as salary expectations of providers and clinical support are surpassing reimbursement for care - especially considering the additional requirements for Medicare recipients."

- 51 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL NC

"We are already experiencing staffing issues that may limit the number of providers that we can keep working to see patients. Staff expenses have increased significantly also. We cannot continue to provide the same level of service to Medicare patients if we get such a cut in reimbursement."

- 59 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN NC

"Business decisions will need to be made regarding any decrease in Medicare payments. As a group, we are discussing the potential impacts and developing a tiered plan to manage and mitigate the impact."

- 450 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN NC

"This would have a devastating effect on our practice as Medicare is our largest payer. We see patients primarily in the hospital or skilled nursing setting, and a reduction would certainly require us to scale back our staff and overall operations. This would also mean we would be unable to serve as many patients."

- 20 PHYSICIAN INTERNAL MEDICINE PRACTICE IN URBAN NC

"This will affect how many existing Medicare patients we have and how many we may have to turn away after all these years."

- 10 PHYSICIAN FAMILY PRACTICE IN RURAL NC

OHIO (OH)

"This reduction in payment would certainly result in staff reduction, which would impact timeliness of scheduling visits, i.e. patient access. Most commercial carriers base their contracts on a percent of the current Medicare fee schedule, so the impact to the practice would not just be on Medicare reimbursement but all reimbursement across the board."

- 20 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN SUBURBAN OH

"These cuts would have a dramatic impact on our practices. Many have very high Medicare and Medicaid populations already and are already have either negative margins or close to. As hospital-based practices, these cuts would force some serious strategic decisions across our health system in terms of what practices we maintain, what specialties we continue to grow, and the salary structure of our providers (which will place us at a large disadvantage with our competition and cause us to lose staff & providers)."

- 350 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN OH

OHIO (OH) CONT.

"Reduce timeliness of scheduling visits as our practice would consider downsizing, cut office hours in order to cut overhead."

- 3 PHYSICIAN NEUROLOGY PRACTICE IN OH

"A reduction would impact patient care. We are in a rural area and would have to close some offices."

- 4 PHYSICIAN SURGICAL PRACTICE IN RURAL OH

OKLAHOMA (OK)

"Absolutely will consider no longer accepting Medicare patients."

- 5 PHYSICIAN FAMILY PRACTICE IN SUBURBAN OK

"We would have to start looking at reducing physician compensation and cutting back on services we offer/provide. Along with delaying or terminating any future expansion plans."

- 500 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN URBAN OK

"Our costs continue to increase and are not offset by reimbursement increases. The government's COVID-19 responses added undue burdens to many small practices. We have managed to survive so far, but additional payment reductions will create a perhaps untenable situation."

- 1 PHYSICIAN DERMATOLOGY PRACTICE IN URBAN OK

OREGON (OR)

"We serve a large Medicare population within our surrounding community, therefore meeting the needs of this population while maintaining enough revenue to support our clinic and employee costs would be severely impacted and unsustainable."

- 7 PHYSICIAN GASTROENTEROLOGY PRACTICE IN SUBURBAN OR

"Not only has the pandemic generated staff shortages, employee burnout, and ever-increasing costs, but a reduction in Medicare payments, coupled with payer decreases for reimbursements and contracted rates will lead to unsustainability for small, private, specialty practices. Consumers are left with limited choices for cost-effective, patient-centered care."

- 2 PHYSICIAN SLEEP MEDICINE PRACTICE IN URBAN OR

"With the current Medicare reimbursement, we are already severely limited on how many new Medicare patients we can accept into our clinic. The rising costs to run an office with reduced income are increasing the difficulty to keep an office open. Medicare already reimburses incredibly poorly, the needs of those on Medicare are often times much more complex than any other type of healthcare coverage and yet the reimbursement rate is the lowest. Our clinic is very much in danger of closing its doors if something is not done about the parity of payment, across all insurances, Medicare being the worst of them."

- 3 PHYSICIAN FAMILY PRACTICE IN URBAN OR

OREGON (OR) CONT.

"Seriously consider consolidating clinical sites, limiting staff, and closing unprofitable business units. This would impact access and timeliness of visits."

- 200 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN OR

"My clinic is privately owned in a severe healthcare shortage area. Lower revenue eventually impacts our ability to recruit providers, which is already tough where I live. Community members are already suffering from lack of ability to find a primary care physician. Also, healthcare costs go up with these cuts, as more people must get care at the emergency department. We are trying to keep costs down for recruiting purposes but find we cannot attract staff with current salaries. We are trying everything we can to face this challenge without further impacting our ability to find providers to meet community needs."

- 19 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL OR

PENNSYLVANIA (PA)

"We would have to reduce benefits and staff as the cost of staff dramatically increased with the pandemic along with inflation it is costing us more to provide the same care. Investments would be delayed, longer wait times for patients which could mean more emergency room visits."

- 13 PHYSICIAN MULTISPECIALTY W/ SPECIALTY CARE ONLY PRACTICE IN SUBURBAN PA

"With the rising cost of providing patient care, including higher wages for staff, and staff burn out from the pandemic, independent and large group practices alike cannot sustain this type of decrease in reimbursement. This will drive practices to sell or close their doors. We already have decreased access to care in our area and this payment decrease will only exacerbate that issue."

- 20 PHYSICIAN PAIN MANAGEMENT PRACTICE IN SUBURBAN PA

"We are still recovering from impact of COVID-19, Medicare reductions on top of price increases will definitely impact how we do business."

- 14 PHYSICIAN OB/GYN PRACTICE IN SUBURBAN PA

"These reductions will significantly impact the health network overall and constrain the opportunity to grow practices or invest in any kind of technology or capital improvements which could impact future care for patient populations not only at our institution but for healthcare organizations across the country."

- 2,000 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN PA

SOUTH CAROLINA (SC)

"This would force us to change spending in other areas. We would do our best to not let it affect patient access or care."

- 2,000 PHYSICIAN MULTISPECIALTY W/ PRIMARY CARE PRACTICE IN RURAL SC

"The loss of revenue and the increasing patient needs will place a negative financial impact on our practice and how we care for patients with limited resources, less staff and services will result in decreased patient outcomes."

- 9 PHYSICIAN FAMILY PRACTICE IN SUBURBAN SC

"We have considered opting out of Medicare due to rising costs and lower reimbursements. This reduction will prompt us to get off the fence and opt out."

- 2 PHYSICIAN GENERAL SURGERY PRACTICE IN SUBURBAN SC

"If Medicare reimbursement does not go up, we most likely will need to close."

- 2 PHYSICIAN DERMATOLOGY PRACTICE IN SUBURBAN SC

SOUTH DAKOTA (SD)

"With labor, supply, and equipment costs substantially increasing now is a terrible time to cut Medicare reimbursement. Insurance contracts are not going up. This leaves clinics with serious decisions to make."

- 44 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL SD

"We are a rural primary care clinic with a high population of Medicare patients in our community. We need to have our costs covered in order to continue to see patients!"

- 5 PHYSICIAN FAMILY PRACTICE IN RURAL SD

"As a cardiology provider we are seeing our Medicare rate go from 61% to 65%. This is due to aging population and possibly a rebound from COVID-19. Projected Medicare cuts will force us to determine the best steps to limit the losses we are experiencing. Options are to limit Medicare patients, reduce staff, delay updating equipment and cutting our outreach to rural areas across SD, MN and IA."

- 24 PHYSICIAN CARDIOLOGY PRACTICE IN RURAL SD

TENNESSEE (TN)

"Staffing in clinics today is already an issue and the rates to employ are continually going up. Provider comp is also on the rise with fewer providers available. Supply costs are also increasing due to labor, inflationary factors, cost of transportation, etc. With further constraints, quality will also suffer as there will be less staff available to perform those functions. Further rate reductions will absolutely impact access to care."

- 2,400 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL TN

TENNESSEE (TN) CONT.

"A 7-10% reduction in Medicare reimbursement would be a severe negative hit to our operating income. Some of our Internal Medicine and Family Medicine practices are 40-50% Medicare. We would have to review all options for dealing with that significant reduction in revenue. It could impact our ability to take Medicare patients, which could in turn extend the lead time for patients to get in to see their provider."

- 125 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL TN

"The most critical is the staff wages. We have had to increase wages twice in the last 6 months to remain competitive in the marketplace and to have moral responsibility to the staff to assist them in the ever-increasing cost of living."

- 10 PHYSICIAN GASTROENTEROLOGY PRACTICE IN URBAN TN

"With inflation raging our employees need raises not cuts. This will make it impossible to staff our clinics."

- 33 PHYSICIAN GENERAL SURGERY GROUP PRACTICE IN SUBURBAN TN

TEXAS (TX)

"We will need to change our payer mix to support more commercial payers over Medicare."

- 300 PHYSICIAN DERMATOLOGY GROUP PRACTICE IN SUBURBAN TX

"A 7-10% reduction in Medicare payments would cause us to stop seeing Medicare patients and disenroll. We are barely able to keep our heads above water now and are depending on alternative revenue streams as it is to be able to provide benefits for staff."

- 2 PHYSICIAN FAMILY PRACTICE IN SUBURBAN TX

"With a reduction of payment amounts, our practice would be unable to bring on additional staff to allow a larger patient census and will create provider burnout and staff retention issues, as well as limit scheduling of patient visits based on availability of limited staff."

- 45 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN TX

"Our internal medicine practice is 60% Medicare patients. We will have to make some hard choices. My former practice reduced costs by terminating all loyal, long-term employees that cost more."

- 9 PHYSICIAN INTERNAL MEDICINE PRACTICE IN URBAN TX

"The cuts will result in us having to re-evaluate opening new service locations for persons with chronic conditions. We will also have to reduce staffing in clinical and non-clinical areas in response to the cuts. 10% reduction is not sustainable for the quality of care our practice has grown accustomed to providing."

- 10 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN URBAN TX

UTAH (UT)

"During the pandemic, we were very busy keeping up with COVID-19 testing and vaccination. Since COVID-19, our volumes are dropping, but inflation in supply costs and staff wages have made it much more difficult for us financially. We will have to make cuts to keep providing services if reimbursement is cut."

- 20 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN UT

"Cuts would negatively impact the viability of practices."

- 150 PHYSICIAN FAMILY PRACTICE IN SUBURBAN UT

"Will need to find ways to improve productivity and reduce overall costs. Likely to reduce patient advocate service roles to help with billing questions and problems, less customer service greeters to direct to locations, help people with wheelchairs, trim more service-oriented positions, thus reducing the patient experience."

- 215 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN UT

VIRGINIA (VA)

"Will very likely no longer care for Medicare patients in our office-based surgery center. Patients will be sent to hospital facility for more costly care."

- 9 PHYSICIAN GASTROENTEROLOGY PRACTICE IN SUBURBAN VA

"We will have to reduce the number Medicare patients or somehow increase commercially insured patients to offset losses on Medicare patients."

- 160 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN SUBURBAN VA

"Reimbursement is currently not adequate enough to cover rising labor wages and inflated supply costs. This drastic cut will require us to reduce staff thus limiting our ability to care for patients seeking care."

- 55 PHYSICIAN UROLOGY GROUP PRACTICE IN SUBURBAN VA

"Although we would not completely stop taking new Medicare patients, we would seriously limit the number of new Medicare patients we would accept into the practice. Medicare patients already have a difficult time in our geographical area finding primary care providers that will accept new Medicare patients due to the low reimbursement and complexity of care which isn't acknowledged or reimbursed appropriately."

- 7 PHYSICIAN FAMILY PRACTICE IN SUBURBAN VA

WASHINGTON (WA)

"Healthcare practices are already facing the cold reality that current reimbursement does not sufficiently cover costs. Many have already had to take action to reduce expenses often leading to layoffs. This proposed reduction will result in our office having no choice but to stop accepting Medicare patients."

- 31 PHYSICIAN FAMILY PRACTICE IN SUBURBAN WA

"We are already experiencing difficulty as a rural public hospital due to site neutral cuts. This has significantly slowed our progress in expanding to the area that needs services. We have brought in a master planner to help us figure out how to leverage the space on our campus to generate enough revenue for small capital purchases for our offsite locations. We also only receive 60 cents on the dollar that it costs us to provide the care. Unfortunately, Medicare/Medicaid are 70% of our patient population."

- 92 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL WA

"This will be disastrous to our cancer clinic, and we may be forced to turn away very ill people who need our services because we cannot keep our doors open."

- 30 PHYSICIAN ONCOLOGY PRACTICE IN URBAN WA

"Traditional Medicare is 38% of our payer reimbursement, when we add in Medicare Supplemental and Managed Care plans, our total Medicare payer percentage is 82%. Further reduction in reimbursement would result in our inability to care for our increasingly aging population causing us to further reduce if not eliminate services and ultimately, could result in our clinic closure."

- 10 PHYSICIAN OPHTHALMOLOGY PRACTICE IN SUBURBAN WA

WEST VIRGINIA (WV)

"Our practice would have to scale down. Simply stated, it cannot continue as is if reimbursement is cut again."

- 6 PHYSICIAN OPHTHALMOLOGY PRACTICE IN URBAN WV

"We will need to reduce the appointment slot availability for Medicare patients to try to replace those with commercial patients."

- 70 PHYSICIAN MULTISPECIALTY W/ PRIMARY & SPECIALTY CARE PRACTICE IN RURAL WV

WISCONSIN (WI)

"It is barely feasible now to continue seeing Medicare and Medicaid patients - and maintain a private practice. With every other cost rising and staffing shortages we have already curtailed hours, scheduling of patients - all which limits access to care."

- 6 PHYSICIAN ORTHOPEDIC SURGERY PRACTICE IN URBAN WI

WISCONSIN (WI) CONT.

"In all honesty, we will have to sell the practice to either private equity or a local hospital as our projections show that we cannot sustain ourselves with a 7-10% reduction given that 75% of our patients are Medicare."

- 11 PHYSICIAN CARDIOLOGY PRACTICE IN URBAN WI

WYOMING (WY)

"The majority of our patient population is Medicare age. It would impact us financially. It is extremely hard for small practices to sustain themselves anyway without additional payment cuts."

- 3 PHYSICIAN UROLOGY PRACTICE IN URBAN WY

"The demographics of this practice is 70%+ Medicare. With the cuts over the past years, we already cannot compete for new physicians' salary requirements and cannot compete for employee recruitment due to the significantly low reimbursement for Medicare patients. It is unclear the future of this practice."

- 6 PHYSICIAN CARDIOLOGY PRACTICE IN SUBURBAN WY

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms.

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