



September 3, 2013

Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
Attention: *Physician Data Comments*  
Hubert H. Humphrey Building, Office 341D-05  
200 Independence Avenue, SW  
Washington, DC 20201

Re: August 6, 2013 HHS Request for Public Comments on the Potential Release of Medicare Physician Data

To Whom It May Concern:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents more than 9,000 oral and maxillofacial surgeons in the United States, I commend the Centers for Medicare and Medicaid Services' commitment to greater transparency in the health care system. The AAOMS, however, has concerns with regards to measures outlined in an August 6, 2013 call for comments pertaining to the most appropriate policy for the agency to follow regarding the release of Medicare physician payment data.

The AAOMS believes that disclosing annual Medicare reimbursement payments to individual physicians may violate privacy interests of both physicians and their patients. If reimbursement data is reported by each patient interaction or event, sophisticated information analyzers could use payment date and codes to speculate on the disorders for which the patient is being treated even if the patient's information is not identifiable. Disclosure of gross payment information (i.e., total Medicare payments per month) also has drawbacks. Patients could improperly imply that a physician incorrectly submitted a claim simply because the gross amount seems large in their opinion. Furthermore, reporting a total amount to the public would not provide an audit path to insure that billing was correct.

With respect to the second question of what specific policies CMS should consider with disclosing individual physician payment data to further the goals of improving the quality and value of care and reducing fraud and waste, the AAOMS believes that beneficiary explanation of benefits (EOBs), which encourages patients who have any concerns about fraud or abuse to contact CMS and/or the Medicare Contractor, already serves as an excellent tool for improving quality and value of care. Conducting formal audits of individual providers is more reasonable, presuming that auditors would

be much better informed about CPT and ICD-9 codes, HIPAA code sets, related services, and appropriate charges than the typical patient. The AAOMS also supports making published reports available to the public regarding average rates of payment for certain types of services. Individual patients could then inquire through their CMS contractor if they suspect impropriety.

Should CMS decide to release individual physician payment information, the AAOMS believes that such information should be aggregate only and should include the total number of hours worked by the physician to provide the billed services so that patients can appreciate an hourly compensation rate. Furthermore, we recommend that publically disclosing such data should also be done first as a pilot project, in select areas, with an outcomes assessment, comparing cost and efficacy of such published methods to conventional audits before deciding to move forward with implementing on a national basis.

In conclusion, the AAOMS believes that there is a risk with disclosing physician payment information as it may degrade the physician-patient relationship when there is no cause nor benefit for doing so. We support efforts to individually audit suspicious cases and announce convictions as a more effective way to prevent fraud and abuse that preserves the privacy of the compliant majority than the gross release of individual doctor-patient financial data.

The AAOMS appreciates your consideration of our comments. Should you have questions, please contact Karin Wittich, CAE, Associate Executive Director, Practice Management and Governmental Affairs, at (847) 233-4334 or via e-mail at [karinw@aaoms.org](mailto:karinw@aaoms.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Miro A. Pavelka, DDS, MSD". The signature is written in a cursive style.

Miro A. Pavelka, DDS, MSD  
President