Submitter : Dr. Howard Salvay **Date:** 09/01/2005

Organization : Santa Cruz Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

We are faced with the highest housing prices in the nation/ Medicare reimbursement is below the subsistanance level for groups to survive. We in the healing profession do not turn people away because of need. The outdated modality of reimbursement does not take into account the living situation here in Santa Cruz. Doctors are leaving unable to live in the area. We are committed to the health care of this community as a not for profit organization. It is time that some parity was found for this inequity.

Submitter : Dr. Stephen Connery **Date:** 09/01/2005

Organization : Self

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I WOULD LIKE TO COMMENT ON THE PROPOSED "STARK" EXCLUSION FOR PET SCANS. AS YOU KNOW PET SCANNING IS A VERY EXPENSIVE TECHNOLOGY. THOSE OF WHOSE WHO HAVE INVESTED IN PET SCANNERS OBVIOUSLY HAVE A LOT OF CAPITOL AT STAKE. OF COURSE THERE IS A POTENTIAL FOR ABUSE, BUT THAT IS TRUE OF ALL MEDICAL TESTING. WHAT IS MORE IMPORTANT IS ACCESS AND FAIRNESS. A PET SCANNER IS AN ASSET TO A COMUNITY AND IT IS IN THE BEST INTERESTS OF PATIENTS TO HAVE ONE AVAILABLE. EXCLUDING PHYSICIAN OWNER REFERAL WILL MANDATE PATIENT TRAVELLING LONG DISTANCES TO HAVE A TEST THEY COULD HAVE LOCALLY FOR THE SAME PRICE. THEE ARE NOT THAT MANY PET SCANNERS IN THE WHOLE STATE OF OKLAHOMA SO MANY PATIENTS WILL HAVE TO TRAVEL NEEDLESSLY.

FURTHER, ALL INVESTMENT DECISIONS UP TO THIS POINT HAVE BEEN UNDER THE ASSUMPTION THAT LOCAL PET SCANNERS WILL DO THOSE STUDIES GENERATED LOCALLY. FORCING LOCALLY REFERRED PATIENTS TO LEAVE MAY CAUSE THE FINANCIAL FAILURE OF SCANNERS AND FURTHER RESTRICT ACCESS. FURTHER, EVERY TIME HCFA INTERFERES AFTER THE FACT IN THESE SITUATIONS IT SENDS THE WRONG MESSAGE FOR FUTURE INVESTMENT IN MEDICAL INFRASTRUCTURE. IT TELLS US NOT TO BOTHER TRYING TO UPGRADE OUR LOCAL MEDICAL COMMUNITY BECAUSE THE BUREAUCRATS WILL ARBITRARILY SLAP US DOWN LATER.

PLEASE GRANT A STARK "SAFE HARBOR" FOR PET SCANS, OR AT LEAST "GRANDFATHER" EXISTING PET SCANNERS OUT OF FAIRNESS TO CURRENT OWNERS.

STEPHEN CONNERY M.D.

Submitter : Dr. Allan Hill **Date:** 09/01/2005

Organization : Dr. Allan Hill

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As with most other communities, we have a significant Medicare population. One of our biggest challenges in providing care to patients is the inability to retain younger physicians due to high costs and low reimbursements. Adjusting Sonoma County medicare rates will help significantly to allow us to remain a viable medical community. Many nongovernmental insurers follow Medicare rates, so the effect of the change will have benefit beyond the Medicare population. Without some relief from the current funding trends, we will continue to see doctors leave this area and will be unable to replace them.

Submitter :

Date: 09/02/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-503-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Our teaching practice in North Carolina has been severely affected by this policy. Just this year our department has become financially non-viable and is now negotiating with the hospital for financial support. We also continue to lose teaching anesthesiologists to private practice jobs, which is severely hindering our ability to train new anesthesiologists.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Name Michael Stella, MD

Address 2201 North Wing, CB#7010, Chapel Hill, NC 27599-7010

Submitter : Dr. Diane McGrew **Date:** 09/02/2005

Organization : SCMC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Considering Scotts Valley a rural area with associated lower payment rates is a relic from the past. The houses here are very expensive. We have mobile homes going here for over half a million. I'm a primary care physician and if I didn't have family here I would be somewhere else. We have 3 small children and are still stuck in a 2 bedroom apartment. In fact, my physician friend lives in the apartment next to me. It is a real struggle.

Submitter : **Ms. Susan Ellis** **Date: 09/02/2005**

Organization : **n/a**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am very glad to hear that you are considering making Sonoma County, CA a separate payment locality. I have been working in a medical office for 15 years & have seen the horrible financial losses that doctors have faced because of HMO bankruptcys and reduced Medicare reimbursements. It's not for nothing that we call our county "The Bosnia of healthcare." Many doctors, including 2 from my office, have left the county because they can't afford to practice here. Insurance companies base their payment schedules on Medicare's so, consequently, when Medicare reduces their payment rate, so does everyone else. There is no reason that elderly patients should have to forego medical care because their doctors are dropping Medicare coverage. Please DO make Sonoma County a separate payment locality. Thank you for listening to my views.

Submitter : **Jane Salm** **Date: 09/02/2005**

Organization : **Jane Salm**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

GPCIs - With the median cost of housing in Santa Cruz County at $800,000.00, this area should NOT be classified as rural. Please change the classification to Urban.

Submitter : Mr. LOUIS FUNK **Date:** 09/02/2005

Organization : SONOMA COUNTY MEDICAL ASSOCIATION

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a 93 year old MEDICARE RECIPIENT. The doctors I have seen in Sonoma County have provided me with excellent care. The cost of living in Sonoma County , population approx 454,000, is very high--real estate is at the highest. For a doctor to practice and live here ,he/she, needs proper indemnification for their services. Doctors and hospital should be paid at the same rate as those in RURAL CITIES.....I am afraid that they may have to stop seeing MEDICARE patients---or expect payment in full for their services. PLEASE GIVE THIS MATTYER CAREFUL ATTENTION. THANK YOU. Louis P. Funk 3438 Anderson Drive, Santa Rosa, Ca. 95409

Submitter : **Dr. John Boyle** **Date: 09/02/2005**

Organization : **Southern Ohio Foot and Ankle Associates, Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

The following comment is being made only after careful review of the proposed rule affecting the fee schedule. I can only urge you not to implement non-payment of casting supplies. The standard of care normally dictates careful monitoring of the cast/fracture/injury every 2-3 weeks in which case the cast would be removed and a new cast employed, specifically if the patient has a wound associated with the fracture or has co-morbidities such as diabetes. Typical supplies needed for a non-weightbearing cast would include 4 rolls of cast padding and 4 rolls of casting material, stockinette, etc. To place the ever increasing financial burden on the provider can only lead to marginializing the quality of care. While we as providers continue to pay the constant rising cost of supplies our reimbursement is static or is decreased without regard to its implications and consequences.

I implore you to continue coverage of casting supplies to help us hold the line on just a small part of cost of practice in this age.

Thank you for your time and cooperation in this matter

Submitter : **Dr. Russell Groener** **Date: 09/02/2005**

Organization : **Washington University**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Specific issue identifier TEACHING ANESTHESIOLOGISTS

CMS-1502-P-509-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at Washington University in St Louis to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's payment arrangement is unfair and discriminates against anesthesiologists at teaching programs. It has had and will continue to have a serious detrimental impact on the ability of programs to retain skilled faculty and to train new anesthesiologists. This will ultimately impact on the quality of training that anesthesiologists receive.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced by 50%. This penalty is not fair, and it is not reasonable.

I, as an attending anesthesiologist, may be supervising a fellow in one room doing a premature neonate undergoing a tracheoesophageal fistula repair in one room, and a resident doing anesthesia for an infant having a laparotomy in the room next door, and give them both my full attention during the critical phases of each procedure; yet I will only be paid for 50% of my effort. This is grossly unfair. If one surgeon supervises two fellows in the two rooms, he will receive 100% remuneration for both cases, which compounds the insult.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and

toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Russell Groener, MD

Assistant Professor

Department of Anesthesiology

Washington University in St Louis.

Submitter : **Catherine Tannaci** **Date: 09/02/2005**

Organization : **Catherine Tannaci**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

As a resident of Santa Cruz, I have watched doctors leave the area due to economics (high cost of housing). There have been reports in the local paper about how few neurosurgeons there are in Santa Cruz. Personnaly I am horrified by this. My husband had a servere head trauma in 1998 while skiing at Heavenly Valley (CA). If there hadn't been a neurosurgeon available in Reno, he would not have lived long enough for me to get to his side. Ultimately he died - but I had a month to be at his bedside and to say goodbye. This was difficult, but it would have been much worse for his family if he had not had the neurosurgery needed to releave the pressure in his brain within 4 hours of the impact. I am terrified that without a fee increase for the physicians, more specialties will leave Santa Cruz and lives will be lost and families will be destroyed. Please allow this rule to be implemented.

Submitter : Mary Mahoney **Date:** 09/02/2005

Organization : Mary Mahoney

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am writing to request that the proposed revisions for Santa Cruz County go forward. It is imperative that this correction is made to enable Medicare patients to continue to access care in Santa Cruz County. Thank you.

Submitter : **Ms. Joyce Jackson** **Date: 09/02/2005**

Organization : **Northwest Kidney Centers**

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

GENERAL

GENERAL

RE: ESRD Composite Payment Rate Wage Index

The Northwest Kidney Centers applauds the effort by CMS to address the outdated computation of the labor related share of the ESRD composite payment. We agree with your methodology for updating this rate.

In addition, the Northwest Kidney Centers agrees with the use of CBSA labor market areas and the methodology used to compute the ESRD Wage Index. We applaud the commitment to update the wage index on an annual basis as part of the overall ESRD payment update.

These changes are major steps toward updating the payment system for the ESRD program.

Thank you.

Submitter : **Dr. William McIlvaine** **Date: 09/02/2005**

Organization : **University of Southern California**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Childrens Hospital Los Angeles and the University of Southern California Keck Schoolof Medicine Department of Anesthesiology to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs such as mine here at USC, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services. We continue to lose the younger attendings and are unable to attract, recruit and retain more experienced teachers and physicians becauseof the financial impact of this rule.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
William B. McIlvaine MD, CM, FRCPC, FAAP
Associate Chair for Clinical Anesthesiology
Childrens Hospital Los Angeles
Los Angeles CA
and
Associate Professor of Clincal Anesthesiology
Keck School of Medicine at USC

Submitter : Dr. Kenneth Furukawa **Date:** 09/02/2005

Organization : Univ. Calif. Davis Medical Center

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am concerned that a Medicare reimbursement issue has not been addressed. That issue is the reduced rate for reimbursement to the attending anesthesiologist while supervising anesthesiology residents. Under current rules, I as the attending anesthesiologist cannot collect full reimbursement for my equivalent role of supervision as compared to my attending surgeon colleagues. I dare say that my level of interaction and intervention in the case is often much more than my surgeon colleagues, yet I can only collect 50% of the Medicare reimbursement.

Such a rule discourages teaching programs from continuing to teach residents. To my knowledge there has not been a HHS mandate to reduce anesthesiologist training positions in favor of encouraging nurse anesthetist trainees. Although there is the general perception that anesthesia is safe in the U.S., the level of safety has generally increased with the increased presence of anesthesiologists in the operating theaters of this country, not by the disappearance of anesthesiologists. Anesthesiology residency programs are the seats of education and research, most of it devoted to clinical safety and technical improvements. As reimbursements have fallen for academic teaching centers, at least some of it due to reduced reimbursement rates, programs have curtailed clinical and basic research support.

As surgical and medical technology improves, we have not really seen the rise of non-invasive medicine but rather, we are entering an era of less disruptive invasive medical procedures. Procedures requiring even more and complex anesthesia support, support that needs to evolve too. Such evolution will only come through education and research, both of which are at risk with the continued Medicare reimbursement plans. Please improve anesthesia training and safety by changing our current Medicare rules.

Submitter : **Dr. Sarah Gillespie** **Date: 09/02/2005**

Organization : **Wake Forest University School of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Sarah Gillespie, M.D.
Assistant Professor of Anesthesiology
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1009

Submitter : **Dr. John Feiner** **Date: 09/02/2005**

Organization : **UCSF Dept. of Anesthesia and Perioperative Care**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

These comments refer to the current 50% reimbursement for anesthesiologists supervising 2 room.

I wish I could say something clear and brief that propery captures the absurdity of this rule. First, it uniquely discriminates against a single specialty, and does not apply in any similar way to any other group in medicine. Two, it penalize academic anesthesiologists who are providing the greatest amount of care to other under- and ininsured groups. Third, it uniquely underpays physicians compared to every other group paid by the goverment. Fourth, please don't pretend that it is a patient safety issue; anesthesia has done more for patient safety than any other field in medicine.

Ultimately, the law of unintended consquences will prevail. Combined with generally low government reimbursement rates for anesthesiologists,this has produced cynical anesthesiologists, a sad state for medicine.

This is clearly just a way for the government to balance its budget. SO if this is reasonable, then please apply it to all professions. We could balance the budget immediately!

Submitter : Mrs. Terry Marino **Date:** 09/02/2005

Organization : Sutter Santa Cruz

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Locality 99 needs this!

Submitter : **Dr. Thomas Templeton** **Date: 09/02/2005**

Organization : **Wake Forest University Dept. of Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS
CMS-1502-P

To Whom It May Concern at CMS:

I am a pediatric anesthesiologist at Wake Forest University, and I am involved in the teaching of residents on a daily basis. Although I care mostly for children, I also participate in the care of many Medicare recipients on days when I am in the adult operating rooms.

I urge you to change the inequitable practice of reducing the already discounted payments to academic anesthesiologists by an additional 50% when they are supervising two residents simultaneously. No other specialty, surgical or otherwise is compelled to suffer this. Surgeons and primary care physicians are free to supervise multiple residents and receive full reimbursement from Medicare while anesthesiologists are not. The concurrency rule is at best unreasonable and at worst most certainly unsustainable.

As an academic facility we take on the burden of both educating future doctors as well as caring for some of the sickest patients that many private hospitals will not or cannot deal with. Many of these very sick patients are elderly and therefore covered under Medicare. Consequently they fall disproportionately at our doorstep. In real fiscal terms it is becoming exceedingly difficult for our academic practice to continue our training, research, and clinical missions because of this ill conceived Medicare policy. Our faculty and chairman are constantly discussing the possibility of a financial shortfall. There is no question, that the removal of the concurrency rule would significantly help us in covering our cost so that we can continue our academic missions.
Revising this unfair policy will also go a long way in assuring continued access to care for our ever aging population in both the short term as medicare recipients represent a significant portion of our department?s patient population and the long term as we train future anesthesiologists.

Sincerely,
Thomas Wesley Templeton M.D.
Assistant Professor of Anesthesiology
Wake Forest University
Winston-Salem, NC
27157

Submitter : Dr. Nir Hoftman **Date:** 09/02/2005

Organization : UCLA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist in a teaching institution, I think it is vital that we be reimbursed for each case we do. If I am covering two residents, my department should be reimbursed for 2 cases in full. The surgeons get reimbursed for 2 cases that they cover with residents, and it should be no different for anesthesiologists. If our departmene cannot bill appropriately, our revenues will decrease, as will my salary. I will then be forced to go into private practice, and future residents will suffer. The great teaching talents will be forced to leave for financial reasons. Please be sure to correct this inequity.

Submitter : **Dr. Brucd Eisendorf** **Date: 09/02/2005**

Organization : **Santa Cruz Medical Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I strongly support removing Santa Cruz from locality 99. Having practiced here for over 13 years, I've seen many skilled and caring physicians leave town because the cost of living is too high and the compensation is not comensurate with it. They move to rural communities where they can earn as much and afford a larger home for half the price. Many physicians who do remain are being forced to limit the number of Medicare patients that they are able to care for. While our clinic hasn't done this yet, we are told that we are losing money on the average Medicare patient. I'm not sure how long we can continue to function with this situation.

Submitter : **Ms. Sally Nieuwstad** **Date: 09/02/2005**

Organization : **Sutter Santa Cruz**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Please support this revision.....the cost of living in our county is extreme. Therefore, very difficult to attact physicians and other health support personnel, because they cannot afford to live here!
Please allow us to maintain quality health care in our community.
Thank You.

Submitter : **Dr. Nir Hoftman** **Date: 09/02/2005**

Organization : **UCLA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-522-Attach-1.DOC

CMS-1502-P-522-Attach-2.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at UCLA to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Nir Hoftman, M.D.

Assistant Clinical Professor

Director of Thoracic Anesthesia

UCLA Dept of Anesthesia

David Geffen School Of Medicine

10833 Le Conte Ave

Los Angeles, CA 90049

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at UCLA to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

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Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Nir Hoftman, M.D.

Assistant Clinical Professor

Director of Thoracic Anesthesia

UCLA Dept of Anesthesia

David Geffen School Of Medicine

10833 Le Conte Ave

Los Angeles, CA 90049

Submitter : Dr. Peter Yu **Date:** 09/03/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Santa Cruz County is a urban locality of the San Francisco Bay Area. It should be removed from locality 99 and receive its own designation. For the last several years, I have treated patients in adjoining Santa Clara County because patients cannot find a physician in Santa Cruz coounty who will accept Medicare patients.

Submitter : Ms. Betty Patten **Date:** 09/03/2005

Organization : Dominican Hospital

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of changing the designation of Santa Cruz County from rural to urban. This change is warranted by the county's proximity to the Silicon Valley and San Francisco Bay area and the county's extremely high cost of living.

Submitter : **Dr. JK Zhang** **Date: 09/03/2005**

Organization : **SUNY at Buffalo**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1502-P Teaching Anesthesiologists

Dear Sir/Madam:

I was profoundly disappointed that CMS officials did not appreciate the deleterious impact that CMS-1502-P has caused academic medical centers with respect to this disparity in payment among physicians in surgical specialties. The current Medicare teaching anesthesiologist payment rule has been shown to be unwise, unfair and unsustainable.

Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology. Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases. At the University at Buffalo, we train 36 residents who fall victim to the inefficiencies in scheduling, personnel allocation, case assignments, and budget shortfalls that are directly attributed to the current Medicare teaching anesthesiologist policy. Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs and meet their mission goals. Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases. This is not fair, and it is not reasonable. Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues. Moreover, the Medicare anesthesia conversion factor is less that 40% of prevailing commercial rates. Reducing that lower payment by an additional 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

Anesthesiologists have made the delivery of anesthesia one of the safest medical practices in the nation. We have been cited by the Institute of Medicine as leading the way for patient safety reform. Ironically, if this rule is not changed, those programs that serve the sickest, poorest and oldest patients in our society will be forced to cut back or close their training sites reversing the century of progress made to reduce medical errors and deaths in the operating room.

Sincerely,
Jk Zhang, MD

Submitter : **Dr. Dyke Finley MD** **Date: 09/03/2005**

Organization : **AAMGI**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I live in one of the most expensive areas of California. I have tried many times to recruit new physicians to this area. The continued unfair level of medicare reimbursement have made it so unattractive economically that there won't be any young physicians in Sonoma County by the time I need medical care.
It is unfortunate that the political leadership has intentionally avoided dealing with this situation. This is not a rural community, it is clearly urban, and the cost of living here is much higher than the average in California and the United States.
Please recognise this error and fix it before it gets any worse.
Thank you
D William Finley MD

Submitter : **Dr. Scott Groudine** **Date: 09/03/2005**

Organization : **Personal opinion**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : Dr. Philip Young **Date:** 09/03/2005

Organization : Head and Neck Surgical Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am a new physician here in Santa Rosa. I have been here only one month. Already, I am feeling the unfair reimbursement policy here in Sonoma county. Because of the lack of adequate reimbursement, Sonoma is unable to attract new physicians. Had I known better of the situation here I would not have come even under the best of conditions set forth in my contract to work here. Physicians are leaving in high numbers to find a better place where they can get better compensated and afford a better home for the price they are paying. An 8% increase for the Sonoma County payment locality should be the absolute minimum. An increase would allow physicians to see more patients that are not properly insured, avoiding sending patients to Tertiary centers and ultimately costing the state as a whole more money. Sonoma County needs ENT, head and neck surgeons. If reimbursements don't improve, I may not be able to stay because I can't afford to live here. People in need of ENT surgical services will then suffer.

I support increasing are reimbursements and increasing the payment locality to the justified level by 8% at least. Please help the people treating and taking care of the population in need of our services by approving this needed adjustment.

Philip Young MD
Cell 707-360-5210
work 707-528-0565

Submitter : Ms. T May **Date:** 09/03/2005

Organization : self

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCI. It is time to recognize that Santa Cruz California is not rural. The costs of living here are the highest in the nation, and doctors should be reimbursed appropriately so that they can live here.The "median" house costs $640,000.US $'s. I am not talking about a mansion. I am talking about a house that could well need fixing up.Please continue to keep Santa Cruz separate as its own locality.

Submitter : **Dr. arnold aigen** **Date: 09/03/2005**

Organization : **cmg**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Santa c ruz county housing costs have skyrocketed. If we wnant quality medical care then the poor medicare reimbursement must improve.

Submitter : **Mr. Dion Johnson II** **Date: 09/03/2005**

Organization : **Mr. Dion Johnson II**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Residents of Santa Cruz County - especially retired and elderly - are suffering unfairly due to the classification of this county as "rural". While it is true we have some good agriculture in Watsonville, the cities in North County have populations and costs/prices more like San Jose. Please do something to help us retain good doctors in this area! Sincerely, Dion L. Johnson II

Submitter : **Mrs. Dorothy Thomas** **Date: 09/04/2005**

Organization : **Mrs. Dorothy Thomas**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-532-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P. O. Box 8017
Baltimore, MD 21244-8017

Re: GPCI

To Whom It May Concern:

I am a Medicare beneficiary who receives care from many excellent and dedicated physicians. This proposed rule is supposed to remove my county, Santa Cruz, from the "Rest of California" physician payment locality designation.

This will mean that the physicians in this county will now receive payments from Medicare on par with other counties in the San Francisco Bay Area.

Hooray! I greatly appreciate your attention to this very important issue. I wholeheartedly support the proposed changes you have made.

Sincerely,

Dorothy D. Thomas
Santa Cruz, CA 95065

Submitter : **Dr. Margaret Miller** **Date: 09/04/2005**

Organization : **Teaching anesthesiologist/ CSA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist who is an assistant professor at the University of Southern California. I am urging the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers. This is a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. Teaching salaries remain so low in comparison to the private sector, that it is difficult for our institution to recruit new faculty. The remaining faculty are penalized with longer working hours and less vacation due to the faculty shortage. The residents also suffer with a less adequate teaching experience. The trend will be a loss of faculty in general who are leaving and will leave to enter the private sector it the future. Changing to eequalize the payment policy will help to correct the problem at our institution.

Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians. Please end the anesthesiology teaching payment penalty.

Margaret Lou Miller, M.D._____
606 West Millard Canyon Road
Altadena, CA 91001

Submitter : **Dr. Brian Kopeikin** **Date: 09/04/2005**

Organization : **Anesthesia Medical Group of Santa Barbara**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Mark McClellan, M.D., Ph.D
As an Anesthesioloigist in community practice I am stunned to learn that the unequal treatment of Anesthesiologists in academic programs is to continue in the new rules proposed for 2006.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.

Sincerely,

Brian N Kopeikin MD
22 Nicholas Lane
Santa Barbara, CA 93108

CMS-1502-P-534-Attach-1.DOC

Dear Mark McClellan, M.D., Ph.D

As an Anesthesioloigist in community practice I am stunned to learn that the unequal treatment of Anesthesiologists in academic programs is to continue in the new rules proposed for 2006.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Brian N Kopeikin MD
22 Nicholas Lane
Santa Barbara, CA 93108

Submitter : **Dr. Charles Durbin** **Date: 09/04/2005**

Organization : **(University of Virginia)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

To CMS

RE: Medicare Teaching Anesthesiologists Rule ? CMS 1502P

Academic anesthesiology is in crisis. There is a national shortage of anesthesia providers which has been worsening for the past 5 years and which will not abate for the next 10 years. This has resulted in a dramatic rise in anesthesia salaries, and a shift in how anesthesiologists are paid. Instead of the patient (or their insurance carrier) providing the only payment based on direct services, the shortage has shifted the burden of salary to the hospital. This is because hospitals need anesthesia services to keep the operating rooms open, generating income for the hospital and hospitals pay additional sums to attract needed anesthesiologists in this time of shortage. Demands for anesthesia services outside of traditional operating rooms have risen dramatically and the reimbursement for these services is not well-covered.

Academic (teaching) anesthesiologists have been less successful at garnering salary support from their teaching institutions and are dependent on Medicare to support their income. The result is that private practice anesthesiologists are making 2-2.5 times the income as those in academic environments despite longer working hours caring for sicker patients.

The best teachers are leaving to enter private practice. Although it will not completely solve the salary deficiency issue, allowing teaching anesthesiologists to bill Medicare completely for 2 concurrent anesthetics will help. We now reduce our billing in half for two resident supervised cases, even if the overlap is one minute. Allowing simultaneous billing for two resident supervised cases brings the anesthesiologist to a par with surgeons who can bill full fee for two simultaneous resident procedures. Other academic physicians working with residents can bill for up to 4 patients cared for simultaneously. It only seems fair to be treated the same as other academic specialists. Please change this hurtful and discriminatory rule. We need to keep the best teachers for the future care of the Nation and this will help.

Thank you for your attention to this matter.

Sincerely yours,

Charles G. Durbin, Jr., MD, FCCM
Professor of Anesthesiology and Surgery
University of Virginia
Charlottesville, VA 22908

Submitter : **Dr. Carmen J Finley** **Date: 09/04/2005**

Organization : **Dr. Carmen J Finley**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

This is in support of an 8% increase in payment to doctors in Sonoma County. Sonoma County is the best medical center north of San Francisco, but many doctors have chosen to leave the community because their medicare payments are lower than neighboring counties of Marin and other Bay Area Counties.

Please recognize our need to maintain a good medical center and pay our doctors in accordance with others in the Bay Area.

Submitter : Dr. Todd Kaye **Date:** 09/04/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposal to change the physician payment localities that removes Santa Cruz county from California's Locality 99. CMS has not changed localities for almost a decade and Santa Cruz County has high health care delivery costs!

Submitter : **Dr. Philip Lumb** **Date: 09/04/2005**

Organization : **Keck School of Medicine of USC (LAC USC MC)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment
Hard copy to follow

CMS-1502-P-538-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

September 4, 2005

Re: Teaching Anesthesiologists

The Medicare Fee Schedule changes released on August 1, 2005 do not include a proposed correction to the current policy of paying teaching anesthesiologists 50% of the fee for each of two directly supervised but concurrent resident teaching cases. The language indicates that the current rule is discriminatory and does not accommodate the needs of anesthesiology or the patients this medical specialty and its subspecialties (Critical Care Medicine, Pain Medicine, Pediatric Anesthesiology, etc.) support.

The Joint Commission on the Accreditation of Hospital Organizations (JCAHO) recently made assessment of pain the fifth "Vital Sign". Anesthesiology is the leading medical specialty with specific teaching interests in managing acute and chronic pain, and in palliative medicine and management of the terminally ill.

Critical Care Medicine was first recognized in anesthesiology, and it is apparent that as the population ages, specialists in this vital field are necessary. All manpower studies indicate that there is a current shortage of as many as 20,000 physicians in this field alone despite the fact that the Leapfrog Group has indicated that 24 * 7 coverage of critical care units by a specialist is anticipated to reduce length of stay and improve outcome. Not only are immediate hospital cost savings important, but also the reduction in morbidity should improve quality adjusted life years (QALY) for the patients and further reduce society's costs.

Specialized anesthesia care in managing Trauma, Pediatrics, Obstetrics, Cardiac Surgery, Neurological Surgery and all types of surgical care requiring general or regional anesthesia are best managed personally by or under the management of an anesthesiologist. Currently there is a manpower shortage in the specialty, and the academic departments charged with training the next generation of providers are under significant financial pressure. The current Medicare Rule will do nothing to ease the constraints and may force a number of departments to close.

Furthermore, and despite the fact that minimally invasive surgical techniques and the development of invasive, percutaneous procedures in cardiology and neuro-radiology were anticipated to decrease the need for trained anesthesiologists, it has become apparent that the reverse has occurred. Contrary to the belief that light sedation is uniformly safe and can be administered by non-anesthesiology personnel, overall

direction by anesthesiologists is required and has been demonstrated to provide a level of safety and improved outcomes that is unavailable in alternate environments.

I represent and work in the Keck School of Medicine of the University of Southern California's Department of Anesthesiology. Our Department provides service to Los Angeles County General Hospital and the affiliated Women's and Children's Hospital (LAC+USC MC) and also to the University of Southern California University Hospital (USCUH), the Doheny Eye Institute and the Norris Cancer Center. Additionally, the Department of Anesthesiology at the Children's Hospital of Los Angeles (CHLA) is part of our Department. We currently train 54 residents across all three years and employ 52 anesthesiologists. We are responsible for covering 50 anesthetizing locations every morning and maintain 24 * 7 coverage for all six institutions as needed. Emergency services at LAC+USC MC support the nation's busiest penetrating trauma program for the citizens of Los Angeles; the US Navy has established its Trauma Training Program at our institution to provide "combat" experience to Navy surgeons, anesthesiologists and allied health professionals prior to deployment overseas.

Budgetary constraints are negatively impacting our ability to attract quality faculty and maintain the high teaching standards necessary to insure the future health of the American public. It is apparent that academic teaching centers are the cornerstone of the American health "safety net", and further reduction in our ability to maintain this service cannot be tolerated. The biggest competition to the academic centers is the robust private sector market in which the support of government sponsored and indigent care is far less than that noted in the teaching programs. The Medicare Fee Schedule change proposed by Anesthesiology is neither unique nor untested. Academic surgeons (who receive a far higher proportion of their usual fee through Medicare than do Anesthesiologists) can be reimbursed for supervising two concurrent surgical procedures by insuring their presence during the key portions of the surgical procedure. It is important to recognize that the individuals being supervised are physicians with appropriately credentialed intermediate skills prior to participation in this teaching paradigm.

Anesthesiologists practice in an identical manner; we are penalized by 50% reimbursement. The periods of a surgical procedure in which the direct presence of an anesthesiologist is necessary are predictable. Perhaps more importantly, the coverage requirements of an academic practice supports emergency situations more effectively than solo practice; i.e. it is easier to assign personnel to help in an emergency when experienced faculties can be transferred to areas of acuity and unanticipated need. The Anesthesiology Residency Review Committee (RRC) of the Accreditation Council of Graduate Medical Education (ACGME) has a longstanding commitment to insuring the integrity of supervisory ratios and the experience acquired by residents prior to graduation, and I am confident you will find that the nation's accredited academic anesthesiology programs maintain these ratios diligently despite Medicare's discriminatory reimbursement policies.

In summary, I would like to reiterate the following:

- The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable.

- Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology.

- Anesthesiology teaching programs like mine are suffering severe economic losses that cannot be absorbed elsewhere. We are a vital component of the medical emergency coverage for the city of Los Angeles.

- The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.

- Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

- A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases.

- This is not fair, and it is not reasonable.

- Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues.

The Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates; reducing that by 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

I look forward to resolution of this important issue. I shall be happy to answer any questions you may have or to clarify any details of this letter. I write with the support of our Hospital Administrators who are happy to endorse these statements. I understand the significant demands on the Medicare budget, but the future health of the nation's critically ill, injured and indigent patients rests with the current and future care provided by its academic centers. Intimately connected with current health care is the necessity to support the research and development of new strategies to support new requirements. The research mission of the academic centers must also receive priority attention.

Thank you for your consideration of this request. I look forward to the positive action of the agency on these issues.

Yours sincerely,

Philip D. Lumb, M.D., FCCM
Professor and Chairman
Department of Anesthesiology
Keck School of Medicine of USC
#14-901, 1200 State Street
Los Angeles, CA 90033
(323) 226-4597

Submitter : **Mr. Wes Brubacher** **Date: 09/04/2005**

Organization : **Mr. Wes Brubacher**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Being an eighteen year resident and four year Medicare beneficiary in Sonoma County, California, I am intimately aware of and associated with the problems of physician reimbursement and retention within the County.

The proposal to bring physician reimbursement within Sonoma County into line with Napa and Marin Counties is long overdue. Living costs in this County have soared over the last ten to fifteen years and are presently very comparable to Napa and Marin Counties. The disparity of the present reimbursement rates between the three Counties has resulted in the loss of many physicians in Sonoma County and forced many prospective physicians to look elsewhere for a place to locate their practice. This problem is being compounded by the fact that, increasingly, seniors are finding Sonoma County to be a favorable place, except for healthcare, to which they can retire.

Your favorable action on this proposal will certainly be appreciated by all as it directly affects everyone in the County.

Sincerely,

Wes Brubacher
Geyserville California

Submitter : **Joseph and Elaine Lieber** **Date: 09/04/2005**

Organization : **Joseph and Elaine Lieber**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Please approve a new payment locality for Sonoma County (California). The cost of living in this area is very comparable to that of the San Francisco Bay Area in general, but our physicians are paid approximately 8% less than comparable physicans in adjoining counties. This is creating a situation where we are having difficulty attracting and retaining well-qualified physicians in our County. This county has a lot of retired and elderly people that need high quality medical care.

This disparity has been going on for years now and needs to be addressed immidately.

Thank you.

Joseph and Elaine Lieber

Submitter : **Ms. Pamela ERwin** **Date: 09/04/2005**

Organization : **Ms. Pamela ERwin**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

"GPCIs"
File Code "CMS-1502-P" I support the change in Medicare payments for doctors in Santa Cruz and Sonoma counties

Submitter : **Mr. Ralph Harms** **Date: 09/04/2005**

Organization : **Mr. Ralph Harms**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I support a new payment locality for Sonoma County. We need to keep the physicians we have and recruit others. The low re-imbursement is detrimental to the quality of care we need and want.

Submitter : Mr. WILLIAM HOFFARD **Date:** 09/04/2005

Organization : Mr. WILLIAM HOFFARD

Category : Federal Government

Issue Areas/Comments

GENERAL

GENERAL

I SUPPORT YOUR PROPOSAL TO CHANGE SONOMA COUNTY'S PAYMENT LOCALITY, AND I APPRECIATE THE OPPORTUNITY TO COMMENT ON THIS IMPORTANT ISSUE.
SINCERELY,
WILLAIM HOFFARD
1163 HOPPER AVE #51
SANTA ROSA, CA. 95403-1638

Submitter : **Ms. Jo McBain** **Date: 09/04/2005**

Organization : **Ms. Jo McBain**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of the federal government making a change that would create a new "payment locality" for Sonoma County. Our community here in west Sonoma county has a great number of elderly citizens who need local care. If you don't increase the local Medicare reimbursement, our fear is that we will lose some of our Physicians to other counties as they will not be able to stay in practice. Our Family has already lost 2 Physicians for this reason within the past 2 years and it is a serious situation not only for the patients, but the Physicians as well. When will our Federal Government begin to listen to those of us who cast votes and pay our bills? We need to work harder at taking care of the elderly population in this Country.
Thank you.
Jo McBain

Submitter : **Ms. Mary Dixon** **Date: 09/04/2005**

Organization : **Ms. Mary Dixon**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to encourage a new "payment locality" for Sonoma County physicians. Sonoma County is an expensive area located between Marin and Napa Counties. There is a significant disparity between what Marin and Napa physicans receive for Medicare patients and what Sonoma County physicians currently receive. This low reimbursement rate is driving physicians out of our County. My husband and I support this proposal.

Submitter : **Ms. Maureen Middlebrook** **Date: 09/04/2005**

Organization : **Ms. Maureen Middlebrook**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I live in Sonoma County California and am writing to support increased Medicare reimbursements for our County. Our doctors need that support. The surrounding counties are higher and the cost of living is comparable here. It is impacting whether doctors are going to continue to practice in our community. PLEASE increase the payments.

Submitter : **Dr. Russell and Lynne Beale** **Date: 09/04/2005**

Organization : **Dr. Russell and Lynne Beale**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

We wish to support the proposal(CMS-1502-P) to create a new Medicare "payment locality" in Sonoma County. This proposal would increase the Medicare reimbursement rate to physicians and would help to retain physicians in the County and encourage needed specialists to move here. The low reimbursement rates have driven doctors out of the County. We have a desparate need for more doctors not less.

Submitter : **Mrs. Debbie Schneider** **Date: 09/04/2005**

Organization : **Mrs. Debbie Schneider**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

RE: GPCIs
I fully support your proposal to create a new payment locality for Sonoma County, because living expenses have skyrocketed here and there are many underprivileged people who are struggling. Doctors we know have moved out of state after taking out second mortgages on their houses and still going bankrupt, so the Medicare reimbursement rate really needs to be more closely matched to actual practice expenses or we will lose more and more of these physicians.
Thank you for your attention to this problem.
Sincerely, Debbie Schneider

Submitter : **James Shelton** **Date: 09/04/2005**

Organization : **James Shelton**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

A new "payment locality" for Sonoma County is very much needed to bring payments to local physicians in line with general cost factors for the county. Sonoma County is no longer a "rura" county, but is very metropolitan. If this county is to maintain a reasonalbe level of health care and be able to attract younger doctors to replace those whoare retiring or leaving the county, the doctors MUST be paid comensurat with the cost of living and the cost of setting up and maintaining a practice.

Submitter : **Edmund Maness** **Date: 09/04/2005**

Organization : **Edmund Maness**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

4 September 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Edmund B. Maness
963 Ellen Court
Rohnert Park, CA 94928
emaness@earthlink.net

Submitter : **Mrs. Catherine Hes** **Date: 09/04/2005**

Organization : **Mrs. Catherine Hes**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Date:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which has been growing in population and is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now, allowing quality physicians the compensation they deserve.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Name: Catherine Hes
Address:5740 Davis Circle
Rohnert Park, CA. 94928

Submitter : Mr. HUVE RIVAS **Date:** 09/05/2005

Organization : Watsonville Video Academy

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-552-Attach-1.RTF

Santa Cruz neeeds to be included with neighboring counties in order to be able to keep its doctors.

Submitter : **Ms. Karen Jones** **Date: 09/05/2005**

Organization : **Ms. Karen Jones**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I don't understand why this is even up for debate. Why shouldn't Sonoma County doctors be reimbursed the same as other doctors in California? It is utterly unfair and incredibly selfish to do anything else. We need our doctors to stay and specialists are understandably avoiding Sonoma County. Please do the right thing. Thank you.

Submitter : **Mr. Leroy Danhausen** **Date: 09/05/2005**

Organization : **Mr. Leroy Danhausen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I don't want to see my doctors leaving my county where they are so badly needed. I know their Medicare reimbursement is far less than surrounding counties, even though Sonoma County is an increasingly expensive place to live and work.

In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me and other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Submitter : **Kathryn Rosser** **Date: 09/05/2005**

Organization : **Kathryn Rosser**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I want to comment on Medicare?s reimbursement level for doctors in Sonoma County.

I have seen too many good doctors leave this county in the past 10 years because of the cost of living. My family physician, in order to pay for two children in college, relies on family members and retirees to run the office. Doctors in this area are driving Toyotas, the winery owners and business people are driving Lexus. Sonoma County has a large amount of land compared to the number of people, but having lived here for more that 30 years I assure you that we ceased being rural many years ago.

While I feel strongly about how my tax money is spent, I believe an increase in Medicare reimbursement is needed. I want the assurance that Sonoma County will continue the good level of health care we have received up to now.

Submitter : Mr. lloyd chelli **Date:** 09/05/2005

Organization : Mr. lloyd chelli

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please change the disparity in payment to doctors in Sonoma County. Authorize the 8 percent increase in reimbursemrents. This increase is long overdue. I have more comments and if you would like to hear them please call me at 707-525-9373. I can give you several examples or maybe you don't want to hear them.

Submitter : Joyce Harr **Date:** 09/05/2005

Organization : Joyce Harr

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

As a Senior, I am concerned about keeping good doctors available in our community. If the doctors in Sonoma County are not reimbursed as they should be, we will lose many of them. Please make sure their reimbursement is fair.

Submitter :

Date: 09/05/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I understand that you are considering a proposal to raise the Medicare reimbursement rate for physicians in Santa Cruz County, California. I urge you to support this proposal.

I am not on Medicare, but this proposal directly affects me. Medicare is an important component of our local health care delivery system which is suffering. My primary care physician left Santa Cruz to work in San Jose, where compensation is greater. In part this is due to their higher Medicare reimbursement rates. Turnover at our local medical clinic is high; the result is more and more physicians are the youngest and most inexperienced. We are becoming a training ground for new doctors: stay here a couple of years, until a higher paying position can be secured in San Jose or elsewhere where Medicare reimbursement rates are higher.

Please help reverse this situation by allowing greater reimbursement to Santa Cruz physicians. Thank you, Rick Hyman

Submitter : **Dr. Terrigal Burn** **Date: 09/05/2005**

Organization : **Palo Alto Medical Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am in favor of removing Santa Cruz and Sonoma counties from California's locality 99. The cost of living there makes them comparable to counties that are classified at a higher payment rate, and they should therefore be reclassified.

Submitter : **Mr. William Veltrop** **Date: 09/05/2005**

Organization : **Self-Employed**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Attention: CMS-1502-P

Re: GPCI

To Whom It May Concern,

I am a Medicare beneficiary who depends on physicians willing to work in Santa Cruz, CA. I understand that this proposed rule will remove my county from the Rest of California physician payment locality designation.

I also understand that the physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay Area.

We greatly appreciate your attention and support in correcting what has been an unfair imbalance. We wholeheartedly support the proposed changes that you have made and trust you will follow through as needed to achieve alignment with living costs.

With blessings and gratitude,

William Veltrop
1450 Hidden Valley Road
Soquel, CA 95073
831-462-1992
BillVeltrop@earthlink.net

Submitter : **Harry Bartholomew** **Date: 09/05/2005**

Organization : **self**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-561-Attach-1.DOC

To Whom it May Concern:

I am a Medicare beneficiary who receives care from a dedicated and excellent Physician. I understand that this proposal will remove my county (Santa Cruz) From the Rest of California physician payment locality designation.

I also understand that the physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco bay Area.

I appreciate your attention to this important issue and strongly support the proposed changes.

Thanks

Harry Bartholomew
2603 Willowbrook Lane, #27
Aptos, CA 95003
bart0@earthlink.net

831 475 5083

Submitter : MArvin Hiles **Date:** 09/05/2005

Organization : MArvin Hiles

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-562-Attach-1.PDF

September 5, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me and other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Marvin S.Hiles
240 Sun Court
Healdsburg, CA. 95448.

Submitter : **Robert Schmidt** **Date: 09/05/2005**

Organization : **Robert Schmidt**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare and Medicaid Services Department of Health and Human Services Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: GPCI

To Whom It May Concern:

I am a Medicare beneficiary who receives care from an excellent and dedicated physician. I understand that this proposed rule will remove my county from the Rest of California physician payment locality designation.

Hopefully physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay Area. Santa Cruz County has had the greatest physician cost/payment mismatch in the state for nine years. It has the widest boundary payment discrepancy in the nation. (A 25% difference between Santa Cruz and Santa Clara counties.) Most health plans tie payments to physicians based on the locality-adjusted Medicare fee schedule which compounds the uniquely negative position that Santa Cruz County has been in.

We greatly appreciate your attention to this very important issue. We wholeheartedly support the proposed changes that you have made.

Sincerely,

Robert K. Schmidt

Submitter : Robert Schmidt
Organization : Robert Schmidt
Category : Individual
Date: 09/05/2005

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment.

CMS-1502-P-564-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: GPCI

To Whom It May Concern:

I am a Medicare beneficiary who receives care from an excellent and dedicated physician. I understand that this proposed rule will remove my county from the Rest of California physician payment locality designation.

Hopefully physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay Area. Santa Cruz County has had the greatest physician cost/payment mismatch in the state for nine years. It has the widest boundary payment discrepancy in the nation. (A 25% difference between Santa Cruz and Santa Clara counties.) Most health plans tie payments to physicians based on the locality-adjusted Medicare fee schedule which compounds the uniquely negative position that Santa Cruz County has been in.

We greatly appreciate your attention to this very important issue. We wholeheartedly support the proposed changes that you have made.

Sincerely,

Robert K. Schmidt

Submitter : Mrs. Janeanna Athy **Date:** 09/05/2005

Organization : Mrs. Janeanna Athy

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am an 88 year old recipient of Medicare benefits and feel adamantly that an increase in the reimbursement formula for Sonoma County physicians is LONG OVERDUE! This has not been a rural community for a very long time, and our hard working physicians deserve to be reimbursed at a more equitable rate commensurate with their expenses in providing quality care for all in Sonoma County. This is a very expensive place to reside and practice medicine, and we find more and more physicians relocating for that reason and fewer recruits willing to come here. I completely support the adoption of CMS-1502-P in an effort to rectify these discrepancies. Sincerely, Janeanna Athy

Submitter : James Spahr **Date:** 09/05/2005

Organization : James Spahr

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Sonoma County California needs your organization to allow reimbursement rates for doctors taking Medicare patients based on SMSAs for non-rural areas. You are considering a change in the so-called payment locality for Sonoma County to increase reimbursement rates by 8%. As a Medicare enrollee, I urge you to approve this change to (1) keep qualified doctors from leaving the county and (2) to make it possible for those remaining to continue to accept Medicare reimbursement. James Spahr

Submitter : **Ms. B Joyce Parker** **Date: 09/05/2005**

Organization : **Ms. B Joyce Parker**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I would like to support the Medicare proposal that increases payments to doctors in rural areas as I live in Sonoma Valley and our medical personnel are greatly effected by the low payments currently. We have a hard time recruiting new medical doctors because of the extremely high cost of living in this area and low reimbursements from Medicare.

Submitter : **Dr. Lois Connolly** **Date: 09/05/2005**

Organization : **Medical College of Wisconsin**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS

I, a teaching anesthesiologist, understand the proposed changes to the Medicare Fee Schedule for 2006 did not include a correction for the discriminatory policy of paying teaching anesthesiologists only 50% of the fee when participating in concurrent resident cases. Anesthesiology is the only medical specialty that has suffered this payment rule.

Teaching programs as a whole will suffer financially if cuts continue. Currently we have 6 faculty positions open. Though our residency program is filled, we rely on these individuals to fill faculty positions in the future. There is no attractiveness to a job that has budget shortfalls, so salaries are lowered and staffing is unfilled. Quality medical care and patient safety along with the increasing Medicare population relys on having a stable pool of competent physicians trained in anesthesiology. Anesthesiology teaching programs are SUFFERING SEVERE ECONOMIC LOSSES, which cannot be absorbed elsewhere. The Medicare conversion factor of less than 40% of commercial rates added on a 50% reduction for the teaching anesthesiologist supervising 2 rooms results in grossly inadequate revenue that will not sustain any academic program. In our group currently our Medicare population is just less than 50% but many areas of the country this is over 80%!

CMS anesthesiology teaching rule must change to allow departments to cover costs! The rules should be in-line with other teaching services: surgeons supervise two residents and collect 100% of the fee from Medicare; internists may supervise residents in 4 outpatient visits and collect 100%! Teaching anesthesiologists suffer and collect 50% of the fee is supervising 2 overlapping resident case.

The current rule is unwise and unsustainable. I urge prompt action to correct this - teaching programs are suffering tremendous economic shortfall.

Sincerely

Lois A. Connolly, MD
Associate Professor Department of Anesthesiology Medical College of Wisconsin
Chief of Anesthesiology Services, Froedtert Hospital, Milwaukee, WI

Submitter : **Ms. Esther Crandall** **Date: 09/05/2005**

Organization : **NA**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support the creation of a new "payment locality" for Sonoma County which would increase the local Medicare reimbursement to doctors by 8%. We want to keep our good local doctors.

Submitter : Raymond Smith **Date:** 09/05/2005

Organization : Raymond Smith

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment CMS-1502-P/GPCI

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : **Ms. Carole Dochtermann** **Date: 09/05/2005**

Organization : **Medicare User**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

Please create a new "payment locality" for Sonoma County. We don't want to lose our good doctors. Thank you

Submitter : **Mrs. Sharon Robison** **Date: 09/05/2005**

Organization : **Mrs. Sharon Robison**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sharon S. Robison
Santa Rosa, CA 95409

Submitter : **Elizabeth Jimenez** **Date: 09/05/2005**

Organization : **Individual**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I would like to see the fees for physicians increased to the 8% level for Sonoma County. We are a very diversified county and have many income levels of patients. We have lost many of our physicians-in all specialties. We are far from the rural category in many respects - our county is growing faster and MORE COSTLY BY THE DAY. To continue to have adequate medical coverage we must give our doctors the ability to make a living. We have greater problems than the truly rural counties. We have a large number of transients who need medical care, we have a growing number of elderly, we are being priced out of rental and home ownership and without the increase in Medicare reimbursements to 8% we will be priced out of medical care. We have the same problems and higher cost as many of the urban areas. Please help us keep our doctors. Thank you.

Submitter : **Madelyn Ketchum** **Date: 09/05/2005**

Organization : **Madelyn Ketchum**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Please consider Docket: CMS-1502-P. We need to keep the doctors we have here in Sonoma County. With adjoining county doctors able to earn more money with larger Medicare payments it too tempting to leave Sonoma Couty. Please help us and our great doctors here.

Submitter : Mrs. Donna Jeye **Date:** 09/06/2005

Organization : Mrs. Donna Jeye

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please create a new payment locality for Sonoma County. This is a very expensive place to live. The average price of a house here is over $650,000! The cost of living in Sonoma County is similar to that of Marin and Napa Counties, as is the cost of office space, staff, workers' compensation and a dozen other variables. The low reimbursement rate has driven doctors out of Sonoma County and has prevented needed specialists from moving here. This disparity needs to be corrected - quickly! The healthcare of Sonoma residents depends on it. A locality change would benefit efforts to recruit and retain physicians in this county, which has a large Medicare population. I fully support your proposal to change Sonoma County's payment locality.

Submitter :

Date: 09/06/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

For heaven's sake, INCREASE the payment percentage for physicians and hospitals in Sonoma County. We are NOT a rural community! We cannot attract qualified physicians in this county and are losing others or they won't treat those on Medicare. How would you like to be a patient needing a physician and not be able to get one?????

Submitter : Mr. Ed Hasson **Date:** 09/06/2005

Organization : Mr. Ed Hasson

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I live in Sonoma County, California, a suburban county of nearly 500,000 residents. It is also one of the most expensive places to live in the country with the mean single family home approaching $600,000. Yet, for medical reimbursement purposes it is classified as a rural county. The resulting lower physician reimbursement rates has caused an exodus of physcians from the county. Many physicans will not accept medical patients. This problem needs to be rectified. I urge you to revise the reimbursement schedule and recognize Sonoma County for what it is not for what it was 30 years ago! Thank you for considering my comments.

Ed Hasson
161 Espana Way
Windsor, CA 95492

Submitter : Eric Boll **Date:** 09/06/2005

Organization : Eric Boll

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I would like to submit my support, as a private citizen and as an employee in the health care industry, to the proposal to remove Santa Cruz county from "Locality 99" and give it its own locality. As you may have already read from previous submissions from others, the disparity in Medicare reimbursement creates a situation where doctors and other providers either stay away from potential employment in the county, or relocate elsewhere within a short time from their hire. This physician retention and recruitment issue creates a situation where Medicare patients in this county find it increasingly difficult to either retain a solid patient/physician relationship, or to find a provider that will accept Medicare patients at all.

Implementing the proposed change will be of great benefit to the Medicare patients in this county.

Submitter : **Ms. Kendra Mon** **Date: 09/06/2005**

Organization : **Burbank Heights**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

While doctors in Sonoma County, California, have living and business expenses similar to their colleagues in neighboring Napa and Marin Counties, they are reimbursed by Medicare for their services at a considerably lower rate. This has resulted in the loss of many fine doctors and contributed to the loss of a popular health plan. Please take action to correct this disparity and assure quality health care for our Medicare recipients.

Submitter : Dr. Rafi Avitsian **Date:** 09/06/2005

Organization : Cleveland Clinic Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to ask that you use this year's physician payment rule to revise the current arrangements under which Medicare reimburses teaching anesthesiologists for the hands-on teaching of medical residents.

The current reduction of 50% payment for working with two residents concurrently is unfair to anesthesiologist training programs and is not consistent with CMS payment policies to other teaching physicians, such as surgeons. This reduction is unwise, unfair, and unsustainable.

This will cause less anersthesioglogists to be attracted to academic positions and will decrease the quality of health care and education.

I strongly encourage CMS to revisit this payment methodology and pay teaching anesthesiologists the full CMS fee schedule for overlapping cases.

Submitter : **Dr. Jonathan Mark** **Date: 09/06/2005**

Organization : **Duke University Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

September 6, 2005

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at Duke University Medical Center and the Durham Veterans Affairs Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers ? a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty. Thank you very much for your consideration of this important issue.

Sincerely,

Jonathan B. Mark, M.D.
Professor and Vice Chairman
Department of Anesthesiology
Duke University Medical Center

Chief, Anesthesiology Service
Veterans Affairs Medical Center
Durham, North Carolina

Submitter : Dr. Thomas Hill

Date: 09/06/2005

Organization : Catawba Valley Med Ctr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
Dear Dr. McClellan:
Currently, Medicare regulations provide teaching surgeons and internists the opportunity to supervise residents on overlapping cases and receive full payment; so long as the supervising physician is present for critical portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he/ she is supervising. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when appropriate requirements are met.
Teaching anesthesiologists are also permitted to supervise residents on overlapping cases so long as they are present for critical events of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who supervise residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Academic anesthesiology continues to provide superb clinicians and extensive research applicable to all specialties of medicine.
We need to preserve and support these physician educators/investigators.
Please amend the supervision rules currently discriminating anesthesiologists from payments allowed to other academic physcians.
Thank you for your support of our academic coleagues.

Thomas R. Hill, M.D.
Staff anesthesiologist, Catawba Valley Medical Center, Hickory, NC
Clinical Asisstant Professor of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC
President-elect, NC Society of Anesthesiologists.

Submitter : Shirley Fitterer

Date: 09/06/2005

Organization : Shirley Fitterer

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

It is essential that Medicare increases reimbursements for medical services in Sonoma County. I moved to Santa Rosa three years ago and was stunned to discover that many excellent physicians had left the area due to low reimbursement from Medicare and the fact that they were unable to afford to stay in one of the most expensive areas in the country.

Submitter : **Dr. Howard Davis** **Date: 09/06/2005**

Organization : **Dr. Howard Davis**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Name_Howard Davis, M.D._____
Address _Erie County Medical Center Buffalo, NY 14215_____

Submitter : **Dr. Howard Davis**

Organization : **Dr. Howard Davis**

Category : **Physician**

Date: **09/06/2005**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Erie County Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the abi¹ity of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Name_Howard Davis, M.D._____
Address _Erie County Medical Center Buffalo, NY 14215_____

Submitter : Mrs. Nancy Horrall

Date: 09/06/2005

Organization : Santa Rosa Memorial Hospital

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I have been a nurse for 34 years. I have lived in Sonoma County and worked contiuously in an acute care hospital. I feel very strongly about the need to increase physician re-imbursement from a rural to more urban schedule. (GPCIs) I have witnessed doctors taking out second mortgages on their homes to keep their practises open. I know personally one physician who left private practice because his wife, an ICU nurse, was making more money than he was. (A sad state of affairs with the length of time doctors must go to school & the responsibility they bear.) I know one trauma surgeon who was making less money than my husband, who is an Xray Technologist. He moved to Texas, where he can afford to raise his family. I work with a group of Gastroenterologists who have had great difficulty recruiting another doctor, due to the high cost of living here. Sonoma County was fairly rural when I moved here; but now home prices are as high or higher than Marin County & San Fransisco. The stress on the physicians I work with is just profound! One in his 40's already had cardiac bypass surgery, another left on a true stress disability & will never practice medicine again. The climate here for our doctors is the worse I've ever seen: I have many more examples of fine doctors who have left our community due to this very problem. (Another Trauma surgeon left for New Hampshire, a wonderful ENT doctor went to Montana) I only ask that these fine men & women be re-inbursed fairly, so they can concentrate on healing, not just finances & politics. I would be happy to speak to anyone who wants to contact me on this subject. Nancy Horrall R.N., C.G.R.N. 3880 Holland Dr. Santa Rosa, California 95404 707-542-0705

Submitter : Dr. Jay Cunningham **Date:** 09/06/2005

Organization : Oklahoma Soviety of Anesthesiologist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: Teaching Anesthesiologist rule.
You are well aware of the disparity of payment under Medicare for teaching anesthesiologist who supervise residents. It is absolutely unfair that sugery attendings can supervise the two surgeries and get full reimbursement for both surgeries and the attending anesthesiologist supervising the same two surgeries receives 50% reimbursement. This antequated rule for reimbursing teaching anesthesiologist must be changed if our teaching programs are to survive. This rule puts an enormous financial strain on anesthesiology teaching programs across the country. It effects not only the number of residents that can be trained at a time when there is a shortage of anesthesia providers, but it also effects tha quality of trainer and the research that has made our specialty one of the safest.

It is time for CMS to do the right thing, the fair thing to revoke this rule and level the playing field. As our population ages the burden becomes greater, and the strain on our teaching facilities increases. Please act now and do the right thing. Revoke the teaching rule for anesthesiologist.

Submitter : **Mr. Donald Schwartz** **Date: 09/06/2005**

Organization : **Mr. Donald Schwartz**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives care from an excellent and dedicated physician. I understand that his proposed rule will remove my county for the Rest of California physician payment locality designation. I also understand that the physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay area. We greatly appreciate your attention to this very important issue We wholeheartedly support the proposed changes that you have made. Thank you, Don and Carol schwartz

Submitter : **Ms. Deborah Ball** **Date: 09/06/2005**

Organization : **Santa Cruz Medical Foundation**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

GPCIs
With the amount of growth Santa Cruz County has experienced over the last decade, it would seem logical to change our "rural" status. This would assist with the physician recruitement and retention process, which impacts the patient care area. Thank you

Submitter : Dr. Lawrence Shapiro

Date: 09/06/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly urge CMS to removes Santa Cruz and Sonoma Counties from California's Locality 99. The combination of the high price of housing and the locality 99 designation with it's concommittant lower reimbursement for Medicare in Santa Cruz, makes it very difficult to recruit new physicians. In the long run if this desination is not changed, it will severely limit the availability of physicians to care for the Medicare population.

Submitter : Mrs. Laurel Mastro **Date:** 09/06/2005

Organization : St. Joseph Health Care System - Santa Rosa

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,
Laurel Mastro RN,BC,OCN,MPH
Director of Nursing Center of Excellence
Santa Rosa Memorial Hospital

Submitter : **Ms. Lizanne Whitlow, CPMSS, CPCS** **Date: 09/06/2005**

Organization : **Santa Rosa Memorial Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

September 6, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Thank you for your attention.

Lizanne Whitlow, CPMSM, CPCS
Lead Credentials Analyst
Santa Rosa Memorial Hospital
Santa Rosa, CA 95405

Submitter : **Ms. Brenda Smith** **Date: 09/06/2005**

Organization : **Community Memorial Hospital**

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

GENERAL

GENERAL

I feel that a two-way interactive video for purpose of telehealth services is appropriate for some services, however, a one-way video is not interactive and should not be used in healthcare.
I also feel that using either a one-way video or interactive audio for phsyician at the distant site to examine a patient in unacceptable in healthcare.
Face to face contact with patients is best, both in patient compliance and the patient's level of confidence with their healthcare team.

Submitter : Dr. David Hooper **Date:** 09/06/2005

Organization : Palo Alto Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I agree with the proposal to separate Santa Cruz and Sonoma Counties from the "locality 99". No changes have been made in these designations for quite some time, and I believe it is overdue to recognize these two counties as separate from the other rural areas in California.

Submitter : Mrs. Mary Crowell **Date:** 09/06/2005

Organization : Mrs. Mary Crowell

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

As a long time resident of Santa Cruz County, I can only be concerned about the effect of the unfair rural designation on our county.
1. As our Dr.'s continue to receive poor reimbursement, our elder population will lose access to medical care.
2. As a county, we are losing qualifed specialists. It is difficult to attract and recruit quality professionals due to poor reimbursement.

Thank you for your attention to this matter.

Submitter : **Mr. Fred Kirshman** **Date: 09/06/2005**

Organization : **Mr. Fred Kirshman**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary receiving care from local physicians. I understand that the proposed rule will remove Santa Cruz county from the rest of California physician payment locality designation.
By receiving payments from Medicare on par with other counties in the San Francisco Bay Area we will have a better opportunity to attract doctors to our community especially as the price of houses in Santa Cruz county are on a par with those in the Bay Area.
Consequently I wholeheartedly support the proposed changes that you have made.

Sincerely, Fred Kirshman

Submitter : **Mr. John Dwyer** **Date: 09/06/2005**

Organization : **Santa Cruz Medical Clinic**

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear CMA Staff,

I am personally excited by the August 16th proposed rule CMS -1502-P and wholeheartedly support it's adoption by CMS for the following reasons:

1. The "Locality 99 / Rural" CMS designation for Santa Cruz County, California has been a terrific burden on our local Santa Cruz County Medical Community for many years as too many local Physicians cannot cover their costs under the very low reimbursement of rural, Locality 99 designation for our County.

2. As a result, our Senior citizens cannot easily access local physicians in all the Specialties that they need.

3. Chronic shortages of Doctors in our community has been the result.

4. The Santa Cruz County cost of living is comparable to Santa Clara & San Mateo Counties -- certainly much higher than rural areas of California.

I look forward to the relief of the above challenges that this proposed CMS rule 1502-P will provide and fully endorse it's adoption for Santa Cruz County!!!

Many thanks,

John Dwyer
Director, Managed Care
Santa Cruz Medical Clinic
1414 Soquel Avenue, Suite 102
Santa Cruz, CA 95062
Office: (831) 458-5841 Fax: (831) 421-9082 e-mail: dwyerj@sutterhealth.org

Submitter : Lois Schwab **Date:** 09/06/2005

Organization : Lois Schwab

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Due to the fact of poor reimbursement, Santa Cruz County has a very difficult time recruiting and keeping physicians for our elderly population.The effect of the unfair rural designation is going to exacerbate this problem. As a concerned citizen I would not like to face the fact of limited medical care when I am a senior citizen.
Thank you.