Submitter : Mrs. Janet Guidotti

Date: 09/27/2005

Organization : Mrs. Janet Guidotti

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

My husband and I are in our 80's. His family is on their sixth generation in Sonoma County. We hve seen medical care go from a county General Practioner to specialists in a multitude of fields. Until some 20 odd years ago Sonoma County was noted for superior medical service, the best in Northern Calif. Then our choices seemed to narrow down. Sonoma Co. was losing doctors as they were hamstrung by one of the lowest Medicare reimbursements in the country. We were judged an agricultural community. We are no longer the adricultural community we were years ago. Our population has increased and is getting older and the economic picture is as urban as any other Bay Area county. To maintain our prized Medical Community--please reclassify Sonoma County's Medicare status to an upgrade.

Submitter : Mr. Steve Koger
Organization : McFarland Clinic, PC
Category : Physician
Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1703-Attach-1.DOC

Submitter : Mrs. Barbara Morris

Date: 09/27/2005

Organization : Franklin Medical Center

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P

To Whom it May Concern:

I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the non-physician zero work pool codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS considerations for other non-physician practitioners. In view of this proposed policy change that results in a four times greater reduction for audiologists reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists.

As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS rates are used almost universally by other health care insurers. The number of those impacted will only increase as America's population grows and ages. In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability and that of most audiologists to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists reimbursement reductions in its most recent proposed physician fee schedule.

Sincerely,
Barbara A. Morris, M.A.
Audiologist

Submitter :

Date: 09/27/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives medical care from physicians 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 reimburesement rate would be more closely matched to actual practice and expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me, my husband, and other Medicare beneficiearies. 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 very important issue.

Sincerely, Helen Wulff

Submitter :

Date: 09/27/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Centers for Medicare & Medicaid Services ? Comment Division:

As a Radiologist practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. I am a member of a 20 physician group with four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

We vigorously oppose the multiple services grouping reimbursement for this reason: Performing multiple tests requires additional time, skill, power, and resources and directly affects both patients and staff. Grouping procedures to justify a lower reimbursement provides no medical or monetary benefit to the patients and is ultimately detrimental to overall long-term patient care.

Florida has a large elderly population ? in the areas we serve, approximately 60% or greater of the population are Medicare eligible. Twenty-five percent of our practice supports the Medicare population ? imposing a 4.3% reduction in Medicare reimbursement and instituting a multiple procedure discount results in a combined revenue decrease of 6% while operating and practice expenses continue to rise. This decrease will create budget reductions in staffing, customer services, embracing new technology and other items critical to providing quality patient care and comfort.

We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,
Kevin Shamlou M.D.

Submitter :

Date: 09/27/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County. I believe this change is important. Not only would it help Sonoma County physicians improve their care but would also help recruit and retain physicians in the county. I support the proposal to change Sonoma County's locality. I also appreciate the opportunity to comment on this issue.
Loretta Mulert
Santa Rosa, CA

Submitter : **Aryn Culbertson** **Date: 09/27/2005**

Organization : **Aryn Culbertson**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Aryn K. Culbertson
130 Cambria Way
Santa Rosa, CA 95403

MEMORANDUM

DATE: September 27, 2005

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

FROM: Aryn K. Culbertson

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.

Submitter : Dr. Andrew Shaw

Organization : DUMC

Category : Physician

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of a change in the current Medicare teaching anesthesiologist payment rule. The current payment rule seriously devalues the services provided by the teaching anesthesiologist. The future of the field of anesthesia lies in its training programs. However, these programs will face an uncertain future if teaching anesthesiologists do not achieve 100% of the Medicare fee for each of two overlapping procedures involving resident physicians. We are asking to be placed on par with our teaching surgical colleagues who receive 100% of the Medicare fee for each of two overlapping procedures. As a graduate of an accredited training program, I cannot stress the importance of a solid educational program. I was fortunate to receive excellent training. I currently supervise resident physicians in my post-residency position. I am committed to continuing the strong tradition of vigilance, which is the basis of the American Society of Anesthesiologists. This organization has set the bar for the the medical community with regards to improving patient safety. As a larger portion of the American population lives longer, we will have a larger number of Medicare patients requiring anesthesia services. I want tomorrow's senior population to receive the same level of excellent medical care that today's senior population receives when they require anesthesia services. Please reconsider the current Medicare teaching anesthesiologist payment rule and make a committment to excellent care for the future.

Submitter : Dr. David Rose **Date:** 09/27/2005

Organization : Santa Cruz Medical Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

GPCI's

As a practicing physician in Santa Cruz for the past 17 years, it has become painfully evident that it is has become increasingly more difficult to retain and recruit quality physicians. We have already reached a crisis point in several specialties, where we can no longer provide around the clock coverage for many of our patients. The main reason for this is the poor reimbursement rates dictated by the current Area 99 designation. I strongly encourage you to remove Santa Cruz County from the Area 99 designation before our county medical community is dessimated.
Thank you in advance for your cooperation.
David M. Rose, M.D. FACS

Submitter : **Dr. Robert Cinclair** **Date: 09/27/2005**

Organization : **Duke Univ Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

September 27, 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 a resident anesthesiologist at Duke University Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy (CMS-1502-P, Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006.)

Unlike our colleagues in surgery and internal medicine, teaching anesthesiologists supervising resident physicians face a discriminatory payment penalty for each case. The Medicare payment for each case of resident supervision is reduced 50%. Surgeons are able to supervise two cases involving residents and internists are able to supervise four residents in clinic and they still receive full reimbursement from Medicare. I support a change in fee schedule to allow teaching anesthesiologists to be placed on par with other teaching physician colleagues who receive 100% of the Medicare fee for overlapping procedures performed by resident physicians.

Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists. As a current resident, I have seen several top academic physicians in anesthesiology leave for non-academic positions. It is imperative to retain top teaching anesthesiologists in the academic setting. Currently, the medical specialty of anesthesiology is recruiting the some of the top new physicians graduating from medical school. We must ensure their training in the field of anesthesiology is done under the supervision of expert anesthesiologists. Revising the current Medicare fee schedule will help to ensure future physicians are trained by the best anesthesiologists.

Sincerely,

Robert Cinclair, M.D.
Box 3094
Duke University Medical Center
Durham, NC 27703
cincl001@mc.duke.edu

Submitter : **Morris Feldman** **Date: 09/27/2005**

Organization : **Morris Feldman**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Morris Feldman
6477 Turner St.
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 27, 2005

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

FROM: Morris Feldman

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.

Submitter : **Mary O'Donnell** **Date: 09/27/2005**

Organization : **Mary O'Donnell**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Mary J. O'Donnell
6015 Montecito
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 27, 2005

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

FROM: Mary J. O'Donnell

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.

Submitter : **Dr. Ronald Dueck** **Date: 09/27/2005**

Organization : **University of California, San Diego**

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 the University of California, San Diego and Veterans Affairs San Diego Healthcare System, San Diego 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.
Ronald Dueck, MD, 3350 La Jolla Village Dr, San Diego, CA 92161-5085

Submitter : **Ms. Kay Park** **Date: 09/27/2005**

Organization : **Newborn Hearing Services**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P
To Whom it May Concern:

I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination of the "non-physician zero work pool" codes without consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change.

This proposed policy change would result in a four times greater reduction for audiologists reimbursement than any other profession. CMS should impose a moratorium on reimbursement changes for audiology. This would allow the collection of data to justify or refute the current reimbursement to audiologists. As you are aware, your changes would affect more than 40 million Medicare subscribers today. These numbers will grow with the aging population and CMS' rates are used almost universally by other health care insurers.

In view of this massive change on hearing and balance care for a large number of Americans, itwould seem casonable to request such a period of study. As a private practice audiologist, a cut of this proportion would negatively impactmy and other audiologists ability to provide the care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists' reimbursement reductions in its most recent physician fee schedule.

Sincerely,

Kay Rabbitt Park
Audiologist and Manager
Newborn Hearing Services

Submitter : **Mr. Jeff von Raesfeld** **Date: 09/27/2005**

Organization : **Mr. Jeff von Raesfeld**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I urge you to increase the Medicare reimbursement rate in Sonoma County. The current rate is adversely effecting health care in Sonoma County for all patients, not just Medicare patients. Medicare patients are effected directly as the low reimbursement rate has caused many doctors to not accept Medicare. Non-Medicare patients are effected indirectly as most private insurers base their reimbursement rates on the Medicare rate.

I am not eligible for medicare but have personally experienced the loss of a doctor due to the low reimbursement rates. My family and I have also experienced difficulty getting timely appointments and have very limited choices in doctors. For much of our non-routine care, we have to travel outside our town. We know people who have had to travel outside the county as well.

There is a worrisome shortage of surgeons in our town. I am concerned that should my family need emergency surgery, we would not be able to get it, in a town of nearly 60,000 people. Similarly, there is a shortage of primary care physicians. My wife's and my primary care physician recently retired, forcing us to select from the fewer remaining physicians.

In conclusion, Sonoma County has one of the highest costs of living nationally, it needs to have a Medicare reimbursement rate comensurate with its high cost of living.

Thank you for your consideration,
The Jeff von Raesfeld Family

Submitter : W A Wulff **Date:** 09/27/2005

Organization : W A Wulff

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCI I fully support your proposal to change Sonoma County's payment locality. I am a Medicare beneficiary who receives medical care from physicians in Sonoma County. 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, my wife and all Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in Sonoma County, which has a large Medicare population. I FULLY SUPPORT YOUR PROPOSAL TO CHANGE SONOMA COUNTY'S PAYMENT LOCALITY. Thank you. W A Wulff

Submitter : Dr. Stewart Chritton **Date:** 09/27/2005

Organization : Brigham

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1732-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 Brigham & Women's Hospital 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.

Stewart Chritton, MD, PhD

BWH Anesthesia Department

Submitter : **Dr. David Rose** **Date: 09/27/2005**

Organization : **Santa Cruz Medical Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

GPCI

Date 9/27/2005

Center for Medicare and Medicaid Services

Department of Health and Human Services

Attention: CMS-1502-P

P. O. Box 8017

Baltimore, MD 21244-8017

Re: File Code CMS1502-P

Issue Identifier: GPCI's / Payment Locality / Support Proposed Rule Change

Dear Sirs:

I am writing to comment on the Proposed Rules governing the Physician Fee Schedule Calendar Year 2006 as printed in the Federal Register of August 8, 2005.

I applaud the proposed removal of Santa Cruz and Sonoma Counties from Locality 99. Doing this does address the GAP between Santa Cruz and its neighbors San Mateo and Santa Clara. It would also address the 10% loss that Santa Cruz would sustain if left within Locality 99. Because of new funds the remaining Locality 99 counties sustain a less than 0.1% decrease.

You have covered all the complex negatives and positives in the discussion.

This action would finally address disparities that existed even before the last California Locality change. I think this is a good start to trying to figure out how to react as measured cost of providing care changes in different localities.

Sincerely,

David M. Rose, M.D. FACS

2911 Chanticleer Ave

Santa Cruz, CA 95065

Submitter : Dr. John Hague **Date:** 09/27/2005

Organization : VCU Health Systems

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-1734-Attach-1.DOC

VCU Health System
P.O. Box 980695
Richmond, VA 23298

Mark McClellan, MD, PhD
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 Virginia Commonwealth University Health Systems to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. I am in agreement with many other anesthesiologists who believe this policy is having and will continue to have a very detrimental effect on the ability of our academic institutions to retain quality academic anesthesiologists. This of course, will then impact the quality of those being taught. I would also add that the anesthesiologists at this institution also teach student nurse anesthetists, and I feel poor quality teachers would eventually impact these student nurse anesthetists as well.

I am told other specialties such as surgery and internal medicine are approved to receive full payment for each case involving residents. Why should anesthesia be singled out as different, but currently, the anesthesia payment is reduced by 50%, when the provider is supervising two resident rooms.

As of this writing, there are over 1300 available jobs for anesthesiologists on a commonly used web site linking anesthesiologists with potential employment. Admittedly, those of us in academic medicine remain in it for reasons other than purely money, but if the salaries are extremely lower than the private sector, this does have an effect. If our academic institutions only have the bare minimum, this puts a much larger burden on those who stay. As a result there is less time for teaching, close supervision of the residents, and for research. The institutions then have a harder time attracting and retaining those who remain for those reasons.

For these reasons, please reconsider this payment policy, and I thank you for your time.

Sincerely yours,

John R. Hague, MD

Submitter : **Mrs. Christina Koehler** **Date: 09/27/2005**

Organization : **Mrs. Christina Koehler**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P

To Whom it May Concern:
I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination of the ?non-physician zero work pool? codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS?considerations for other non-physician practitioners.
In view of this proposed policy change that results in a four times greater reduction for audiologists? reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS? rates are used almost universally by other health care insurers. The number of those impacted will only increase as America?s population grows and ages.
In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule.

Sincerely,
Christina M. Koehler

Submitter : Mr. robert buttera **Date:** 09/27/2005

Organization : Mr. robert buttera

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

Your revisions to reimbursement for audiologists fails to recognize that the profession manages patient care independently of physician involvement. Additionally many audiologist are clincial doctors holding the designation of AUD. Your fee schedule seems to be ignore real world scenerios and the fact that private practice audiologists need remimbursemt for services to sustain their practices.

Submitter : **Ms. Briana Bruno Holtan** **Date: 09/27/2005**

Organization : **Audiology Associates**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P

To Whom it May Concern:

I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the ?non-physician zero work pool? codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS? considerations for other non-physician practitioners.

In view of this proposed policy change that results in a four times greater reduction for audiologists? reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS? rates are used almost universally by other health care insurers. The number of those impacted will only increase as America?s population grows and ages.

In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule.

Sincerely,
Briana Bruno Holtan
Clinical Audiologist

Submitter : **Sheryl Neal** **Date: 09/27/2005**

Organization : **Sheryl Neal**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

To Whom it May Concern: I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the ?non-physician zero work pool? codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS? considerations for other non-physician practitioners. In view of this proposed policy change that results in a four times greater reduction for audiologists? reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS? rates are used almost universally by other health care insurers. The number of those impacted will only increase as America?s population grows and ages. In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule. Sincerely,

Sheryl Neal, Au.D.
Audiologist

Submitter : **B.J. Travernicht** **Date: 09/27/2005**

Organization : **B.J. Travernicht**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

B. J. Travernicht
7777 Bodega #2C
Sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: B. J. Travernicht

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.

Submitter : Mrs. Ann Fox

Organization : Mrs. Ann Fox

Category : Individual

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

I am a senior, writing about needed change (GPCI) to the Sonoma County, CA payment policy under the physician fee schedule. Sonoma County is NOT a rural county, like north coast counties, it is a part of the S.F. Bay area and should be reimbursed as such. We have seen many doctors' offices (especially specialists--like the pulmonologist who treated my pneumonia after my primary care doctor missed the diagnosis for months) close and leave areas in the county with no specialty care. Last summer, I needed to see an internist prior to a serious surgery. Despite calls to 7 internists, I could find not one of them who was accepting new Medicare patients, so I had to go out of my county for care. Medicare payments are low in this county, but doctors' office costs are not. Please help our Sonoma County seniors by correcting this inequity.

Submitter : **Kathryn Price**

Organization : **Kathryn Price**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Kathryn Price
PO Box 548
Occidental, CA 95465

MEMORANDUM

DATE: September 27, 2005

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

FROM: Kathryn Price

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 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 : Dr. Grace Shih
Organization : Dr. Grace Shih
Category : Physician

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attacment

CMS-1502-P-1742-Attach-1.RTF

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 Kansas University 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.

Sincerely,

Grace Shih, MD
Associate Professor
Director of Obstetric Anesthesia
University of Kansas Medical Center
3901 Rainbow Blvd Mailstop 1034
Kansas City, KS 66160

Submitter : Dr. David McDonagh
Organization : Duke University Medical Center
Category : Physician
Date: 09/27/2005

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 : **Rachel Pandolfi** **Date: 09/27/2005**

Organization : **Rachel Pandolfi**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Rachel Pandolfi
1508 E. Madison St.
Petaluma, CA 94954

MEMORANDUM

DATE: September 27, 2005

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

FROM: Rachel Pandolfi

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 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 : **Natasha Downing** **Date: 09/27/2005**

Organization : **Natasha Downing**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Natasha Downing
708 Gravenstein Hwy. North
sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Natasha Downing

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 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 : **John Towne** **Date: 09/27/2005**

Organization : **John Towne**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

John Towne
708 Gravenstein Hwy.
Sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: John Towne

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 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 : Dr. Jana Goldsich

Date: 09/27/2005

Organization : Dr. Jana Goldsich

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1747-Attach-1.RTF

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 Kansas University 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.

Sincerely,

Jana Goldsich, MD
Assistant Professor
University of Kansas Medical Center
3901 Rainbow Blvd Mailstop 1034
Kansas City, KS 66160

Submitter : **Edwin Holland** **Date: 09/27/2005**

Organization : **Edwin Holland**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Edwin C. Holland
1780 Marine Dr.
Sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Edwin Holland

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 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 : **Lori Ingram** **Date: 09/27/2005**

Organization : **Lori Ingram**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Lori Ingram
764 Belglen Way
Sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Lori Ingram

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 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 : Dr. Joyce Goldstein **Date:** 09/27/2005

Organization : Dr. Joyce Goldstein

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1750-Attach-1.RTF

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 Kansas University 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.

Sincerely,

Joyce Goldsich, MD
Assistant Professor
University of Kansas Medical Center
3901 Rainbow Blvd Mailstop 1034
Kansas City, KS 66160

Submitter : **Anna Webster** **Date: 09/27/2005**

Organization : **Anna Webster**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Anna Webster
510 Kent St.
Petaluma, CA 94952

MEMORANDUM

DATE: September 27, 2005

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

FROM: Anna Webster

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 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 : **Linda Campbell** **Date: 09/27/2005**

Organization : **Linda Campbell**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Linda Campbell
1443 Georgia Ct.
Rohnert Park, CA 94928

MEMORANDUM

DATE: September 27, 2005

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

FROM: Linda Campbell

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 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 : **Phylis Czajkowski** **Date: 09/27/2005**

Organization : **Phylis Czajkowski**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Phylis Czajkowski
142 Keyt Way
Cotati, CA 94931

MEMORANDUM

DATE: September 27, 2005

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

FROM: Phylis Czajkowski

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 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 : **Dr. Patricia Fogarty Mack** **Date: 09/27/2005**

Organization : **Weill Medical College**

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 Weill Medical College of Cornell University 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.
Let me give you an example. I specialize in Neuroanesthesia. Often when I am anesthetizing the patients being operated on by the Chair of Neurosurgery and I am supervising a resident, the neurosurgeon will ask if we can move his last case into an available operating room to save the cleanup time. If I do that and start that case with a second resident and those cases overlap at all, for even one minute, I lose 50% of the entire reimbursement for each case -even though the overlap may only be 20 minutes out of a six hour anesthetic. The neurosurgeon, on the other hand can expect full reimbursement for both procedures. Is this fair??

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,

Patricia Fogarty Mack, MD
Associate Professor of Clinical Anesthesiology
Director, Neuroanesthesia
Weill Medical College of Cornell University
1300 York Ave.
New York, NY 10021

Submitter : Mel Fox

Organization : Mel Fox

Category : Individual

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

As a senior in Sonoma County, CA, I have seen the effects of Sonoma County being erroneously included in with rural counties for Medicare Physician reimbursement. Sonoma County is part of the San Francisco Bay Area and costs to keep a doctor's office open in this county are similar to the other Bay Area counties--and continue to rise. Doctors, especially specialists, are retiring early, moving away to better reimbursed areas, or just closing their offices. It has become very difficult to find new doctors to come to this county.

Last year, when my wife needed to find an Internal Medicine specialist prior to major surgery, despite calling a large number of offices, she could not find an Internist locally who would accept new Medicare patients, and had to go out of the county for care.

The percentage of seniors in our county is increasing sharply, possibly to the highest rate in the Bay Area--if we have no specialists and fewer primary care doctors who will accept Medicare patients, where will they go for care? This is the fault of Medicare for making the wrong decision in the first place--it is up to Medicare to make this correction ASAP!

Submitter : **Patricia Loewy** **Date: 09/27/2005**

Organization : **Patricia Loewy**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Patricia Loewy
6969 Oakmont
Santa Rosa, CA 95409

MEMORANDUM

DATE: September 27, 2005

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

FROM: Patricia Loewy

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.

Submitter : Dr. Richard Moon

Date: 09/27/2005

Organization : Duke University Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of a change in the current Medicare teaching anesthesiologist payment rule. The current payment rule seriously devalues the services provided by the teaching anesthesiologist, unlike any other physician group. The future of the field of anesthesia lies in its training programs. However, these programs will face an uncertain future if teaching anesthesiologists do not achieve 100% of the Medicare fee for each of two overlapping procedures involving resident physicians. Teaching physicians already have a reduced salary, and it is becoming increasingly difficulty to recruit young anesthesiologists into a teaching career because of the lower salary. We are asking to be placed on par with our teaching surgical colleagues who receive 100% of the Medicare fee for each of two overlapping procedures. I currently supervise resident physicians in my post-residency position, and for each one I carry the same liability risk (whether I supervise 1 or 2). I am committed to continuing the strong tradition of vigilance, which is the basis of the American Society of Anesthesiologists, an organization that has set the bar for the the medical community with regards to improving patient safety. It is only reasonable that tomorrow's seniors receive the same level of excellent medical care that today's senior population receives when they require anesthesia services. Please reconsider the current Medicare teaching anesthesiologist payment rule and make a commitment to excellent care for the future.

Submitter : **Jodean Lawrence** **Date: 09/27/2005**

Organization : **Jodean Lawrence**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Jodean Lawrence
135 Colgan Ave.
Santa Rosa, CA 95404

MEMORANDUM

DATE: September 27, 2005

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

FROM: Jodean Lawrence

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 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 : **Wilma Wilson** **Date: 09/27/2005**

Organization : **Wilma Wilson**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Wilma M. Wilson
4712 Medica Rd.
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 27, 2005

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

FROM: Wilma Wilson

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.

Submitter : **Cheryl Paulus** **Date: 09/27/2005**

Organization : **Cheryl Paulus**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Cheryl Paulus
7261 E. Hurlbut Ave.
Sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Cheryl Paulus

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 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 : Dr. Terri Lightbody

Date: 09/27/2005

Organization : Hearing Specialists of DuPage, P.C.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I hold a doctor of Audiology degree and have recently opened a private practice in Wheaton, Illinois. I decided to quit working for other professionals, mainly Otolaryngologists, so I could spend more time working with and counseling my patients. The majority of my patients are older adults that have Medicare as their primary insurance. These patients have been receiving poor service for years from other health care providers who did not spend the necessary time with their patients to help them understand the recommended care plan. My goal is to first educate my patients so that they understand their test results and receive the quality of care they deserve.

I am the specialists in the field of Audiology. I am the specialist that should be reviewing the test results with my patients. I should be the professional that is reimbursed for this service, not some other physician. If Medicare reduces my reimbursement rates even futher (it is my belief that the reimbursement is too low already!) this will effect my ability to spend the necessary time with my patients. It may even mandate that I stop taking Medicare assignment. Patients will suffer as their quality of care continues to diminish. Put the patient first. Conduct some research on how much time is necessary to treat and counsel Audiology patients properly. It is NEVER a quick 10 or 15 minute appointment. It is usually more like 60 to 90 minutes in length. I cannot afford to keep up this quality of care if my Medicare reimbursement, and thus consequently other insurance carrier reimbursement, continues to decline.

Submitter : **Cheri Hamilton**

Organization : **Cheri Hamilton**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Cheri Hamilton
52 Silvia Dr.
Cazadero, CA 95421

MEMORANDUM

DATE: September 27, 2005

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

FROM: Cheri Hamilton

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 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 : **Salima Zimmerman** **Date: 09/27/2005**

Organization : **Salima Zimmerman**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Salima Zimmerman
7930 Soll Ct.
Sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Salima Zimmerman

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 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 : **Dr. Steven Abramson** **Date: 09/27/2005**

Organization : **University of Texas Medical School**

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 the University of Texas Medical School in Houston, TX, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy, which so clearly discriminates against teaching anesthesiologists.
This discriminatory payment arrangement, 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.
Steven. I. Abramson, MD

Submitter : Dr. Howard Schwid

Date: 09/27/2005

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1502-P ?TEACHING ANESTHESIOLOGISTS?
I am writing as an anesthesiologist at the University of Washington School of Medicine 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 A. Schwid, M.D._____
Address __18606 NW Cervinia Ct, Issaquah, WA 98027_____

Submitter : **Moyra del Canto** **Date: 09/27/2005**

Organization : **Moyra del Canto**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Moyra del Canto
3520 Hillcrest Ave.
sebastopol, CA 95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Moyra del Canto

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 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 : **Robin Davis**

Organization : **Robin Davis**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Robin Davis
9357 Covey Rd.
forestville, CA 95436

MEMORANDUM

DATE: September 27, 2005

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

FROM: Robin Davis

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 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 : **Helen Clasper** **Date: 09/27/2005**

Organization : **Helen Clasper**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Helen M. Clasper
175 Yulupa Circle
Santa Rosa, Ca 95405

MEMORANDUM

DATE: September 27, 2005

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

FROM: Helen Clasper

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 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 : Douglas Harman
Organization : Douglas Harman
Category : Individual
Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

Douglas Harman
PO Box 895
Novato CA 94948

MEMORANDUM

DATE: September 27, 2005

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

FROM: Douglas Harman

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 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 : **Janelle Strik**

Organization : **Janelle Strik**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Janelle Strik
6998 Junipero
Kelseyville CA 95451

MEMORANDUM

DATE: September 27, 2005

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

FROM: Janelle Strik

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 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 : **Keith Swift**

Organization : **Keith Swift**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Keith Swift
211 Knoll Haven Dr.
Sebastopol, CA95472

MEMORANDUM

DATE: September 27, 2005

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

FROM: Keith Swift

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 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 : **Anna Hansfeld** **Date: 09/27/2005**

Organization : **Anna Hansfeld**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Anna Hansfeld
511 Keokuk St.
Petaluma CA 94952

MEMORANDUM

DATE: September 27, 2005

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

FROM: Anna Hansfeld

Rc: 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 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 : **Melissa Kaplan** **Date: 09/27/2005**

Organization : **Melissa Kaplan**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Melissa F. Kaplan
1508 Wadsworth Ct.
Santa rosa, CA 95405

MEMORANDUM

DATE: September 27, 2005

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

FROM: Melissa Kaplan

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.

Submitter : **Ms. Stephanie Salcido** **Date: 09/27/2005**

Organization : **Ms. Stephanie Salcido**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P

To Whom it May Concern:

I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the ?non-physician zero work pool? codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS? considerations for other non-physician practitioners.
In view of this proposed policy change that results in a four times greater reduction for audiologists? reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS? rates are used almost universally by other health care insurers. The number of those impacted will only increase as America?s population grows and ages.
In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule.

Sincerely,

Stephanie Salcido

Submitter : **Jaclane Williams** **Date: 09/27/2005**

Organization : **Jaclane Williams**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Jaclane Williams
585 Todd Rd.
Santa Rosa, Ca 95405

MEMORANDUM

DATE: September 27, 2005

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

FROM: Jaclane Williams

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.

Submitter : **Susan Anderson**

Organization : **Susan Anderson**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Susan L. Anderson
PO Box 895
Occidental, CA 95465

MEMORANDUM

DATE: September 27, 2005

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

FROM: Susan L. Anderson

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.

Submitter : **Harold Belofsky**

Organization : **Harold Belofsky**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Harold Belofsky
1525 Mammoth Place
Rohnert Park, CA 94928

MEMORANDUM

DATE: September 27, 2005

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

FROM: Harold Belfosky

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 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 : Dr. Brian McGlinch

Date: 09/27/2005

Organization : Mayo Clinic College 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 Mayo Clinic College of Medicine, Rochester, Minnesota 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. Anesthesiology is the model medical specialty in vastly improving patient safety. This improved safety has risen directly from the work of physician anesthesiologists. I ask that you consider the advancements accomplished by anesthesiology and recognize these accomplishments by correcting the reimbursement penalty incurred in anesthesiology training programs.

Brian McGlinch, M.D.
Assistant Professor
Department of Anesthesiology
Mayo Clinic College of Medicine
Rochester, MN 55905

Submitter : **Arlene Singen**

Organization : **Arlene Singen**

Category : **Individual**

Date: **09/27/2005**

Issue Areas/Comments

GENERAL

GENERAL

Arlene Singen
6484 Meadowridge Dr.
Santa Rosa, CA 95409

MEMORANDUM

DATE: September 27, 2005

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

FROM: Arlene Singen

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.

Submitter : Dr. Randall Maydew **Date:** 09/27/2005

Organization : Dr. Randall Maydew

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 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.
Randall P. Maydew, M.D., M.B.A.
6910 Wildglen, Dallas, Texas 75230

Submitter : Ms. Shirley Black

Date: 09/27/2005

Organization : n/a

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I live in Sonoma County, CA. I strongly urge the government to revise upward the reimbursement rate paid to physicians in Sonoma County. The formula you use is years out of date. Sonoma County is now an expensive area in which to live and do business. We are losing good doctors because they can no longer afford to take Medicare patients. We are losing good doctors because they are making the decision to leave this area due to the high cost of living and the too low rate of reimbursement from Medicare. We lost a very good doctor from Cloverdale, where I live, because he could not remain in business here given the inadequate/too low rate of reimbursement. He was a good doctor, a caring and dedicated doctor. It was a big loss to our town and to me personally. I now have to drive a minimum of 18 miles for medical care because the choices of doctors in this town is so poor. Given my age, health, and income this is truly a problem. Please get the reimbursement rate in line with the cost of living. Sonoma County is now one of the most expensive areas in the state and in the country in which to live and maintain a business/medicalpractice. We need good choices of medical care. For that doctors must be fairly paid.

Submitter : Ari Hauptman, MD

Organization : Ari Hauptman, MD

Category : Physician

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

Sept. 27, 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

As a physician practicing medicine in Sonoma County, California, I strongly support your proposal to create a new payment locality for Sonoma County. The new locality would lessen the disparity between practice expenses and Medicare reimbursements.

This disparity has adversely affected our local health care system for several years. In many cases, Medicare reimbursements don?t cover expenses, and a significant number of local physicians have stopped taking Medicare patients or have simply left the county. The disparity has also hampered efforts to recruit new physicians to Sonoma County.

By creating a new payment locality for Sonoma County, you will help ensure the viability of physician practices in the county and will improve access to care for local Medicare beneficiaries. Your proposal will correct existing payment inequities and will help you achieve your goal of reimbursing physicians based on the cost of practice in their locality.

Thank you for the opportunity to comment on this important issue.

Sincerely

Ari Hauptman, MD
3925 Old Redwood Hwy.
Santa Rosa, CA 95403

Submitter :

Date: 09/27/2005

Organization : **American Academy of Ophthalmology**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-1783-Attach-1.TXT

CMS-1502-P-1783-Attach-2.DOC

September 27, 2005

Mark McClellan, M.D., PhD.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P.O. Box 8017
Baltimore, Maryland 21244

Dear Dr. McClellan:

The undersigned medical organizations are writing today to ask for a delay in practice expense changes in the proposed Medicare physician fee schedule rule for 2006. While physicians agree that Medicare's practice expense payment system should be based on accurate data, and utilize an easily understood methodology that provides a stable payment system, adoption and implementation of the new methodology and data should nevertheless be delayed for one year. Such a delay is justified for a number of reasons:

1. **CMS has failed to provide enough data and information to allow physicians to adequately review and assess the validity of the new methodology** and its impact on the various specialties. For example, CMS has not provided real or hypothetical code-specific illustrations of the new methodology and the various steps for calculating the new PE RVUs. Thus, it is difficult if not impossible for physicians to replicate the methodology using the available data to test its validity.

2. **CMS has failed to provide enough data and information to allow physicians to adequately review and assess the validity of the supplemental data.** Physicians are concerned that the data have become so distorted that their validity is questionable. First, over the years, CMS has treated supplemental survey differently. For example, some supplemental data were blended with SMS data and some data replaced the SMS data. Also, some specialties conducted supplemental surveys under the more rigorous standards originally required, and may be disadvantaged by new data that was collected under more lenient criteria. In addition, CMS claims that the new supplemental data has been deflated using the Medicare Economic Index (MEI) to ensure that it is comparable with the original SMS data from 1995. However, virtually all specialties who submitted additional data received significant increases for their indirect practice costs. This raises the question of whether or not the MEI is an appropriate inflation adjuster or whether some other index would have been more appropriate. Finally, combining different sets of data into the same calculation methodology is empirically inappropriate as the various data sets are not compatible.

3. **CMS has failed to give physicians *adequate time* to fully review, analyze and test the proposed methodology.** This proposal was released without any prior

discussion and physician groups were not prepared for the ramifications of such a dramatic and sudden policy shift. Even assuming that CMS provided the medical community with the data and other necessary information to analyze the proposal, the 60-day comment period is woefully inadequate to assess the validity of the new methodology and data so as to provide CMS with thoughtful, substantive comments and suggestions.

4. **CMS has failed to give physicians *adequate time* to consider the various options that the agency might use for updating and refining the indirect practice expense methodology** and are therefore unable to answer the following questions: Should CMS, the RUC or some other entity conduct an SMS-type survey of all physicians? If so, how much will such a survey cost and who should bear this expense? Should CMS allow individual medical specialty societies to continue to provide supplemental survey data? Should CMS or the RUC establish a process to validate indirect practice expense data, similar to that which was done for the direct cost inputs? How often should the PE RVUs be updated and refined?

5. **Without adequate information and time to fully analyze the data and new methodology, physicians have not had a reasonable opportunity to participate in the rulemaking process.** Furthermore, given the fact that the comment deadline is September 30 and CMS must publish the final regulation by November 1, we are concerned that the agency itself does not have adequate time to fully evaluate and consider all the comments it receives. Delaying the implementation of the new methodology and data would help ensure that CMS complies with the rulemaking requirements of the Administrative Procedures Act.

6. **Phasing-in the new PE RVUs over a four-year period does not obviate the need for a one-year delay.** Physicians need to have confidence that the data and methodology are appropriate *prior* to their implementation. Once implementation has begun, correcting errors would be more disruptive to all groups.

7. **No statutory requirement or deadline for changing the practice expense methodology is imposed on CMS.** In addition, although CMS is required to accept supplemental data that meets the agency's criteria, there is no statutory timeframe by which the agency must implement the supplemental data. Indeed, over the past several years CMS has extended the date for submitting supplemental survey data several times; thus demonstrating a precedent for delaying practice expense changes.

8. **The Practicing Physicians Advisory Council (PPAC) recommended that CMS delay implementation of the new data and methodology for one year.** The PPAC's recommendations should be given significant weight as it represents the broad spectrum of physicians, including specialties that "win", "lose" or remain neutral under the proposed PE changes.

Thank you for considering our comments. We look forward to working with CMS staff to ensure the accuracy of the practice expense RVUs.

Sincerely,

American College of Surgeons
American Society of Anesthesiologists
American Academy of Ophthalmology
American College of Emergency Physicians
American Association of Neurological Surgeons
Congress of Neurological Surgeons
American Society of Cataract and Refractive Surgery
The Society of Thoracic Surgeons
American Association of Orthopaedic Surgeons
American Academy of Otolaryngology-- Head and Neck Surgery
American Society for Surgery of the Hand

Submitter : Dr. W. Cary Letien **Date:** 09/27/2005

Organization : Hearing Healthcare Associates

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P
To Whom it May Concern:
I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the non-physician zero work pool codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS considerations for other non-physician practitioners.
In view of this proposed policy change that results in a four times greater reduction for audiologists reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS rates are used almost universally by other health care insurers. The number of those impacted will only increase as America's population grows and ages.
In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability and that of most audiologists to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists reimbursement reductions in its most recent proposed physician fee schedule.
Sincerely,
Dr. Letien

Submitter : Angie Nauful **Date:** 09/27/2005

Organization : PDSHeart

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1785-Attach-1.DOC

PDSHEART

"The Company You Deserve"

September 27, 2005

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

I am writing with regard to the 2006 Proposed Physician Fee Schedule Rule that was published in the August 8, 2005 Federal Register. Under the Proposed Rule, there are a number of CPT codes related to cardiac monitoring services which would suffer drastic payment reductions, including some cuts of up to 90%, and I encourage CMS to stop implementation of the new RVUs applied to these codes until a better assessment of their impact could be completed. The affected codes include the codes for holter monitoring, cardiac event monitoring, pacemaker monitoring and INR monitoring.

In reviewing these decreased RVUs, CMS should be mindful of the following points:

1. Cardiac rhythm abnormalities impact millions of patients each year, resulting in over a million hospitals annual admissions and an even greater number of emergency room visits.
2. Cardiac monitoring services are a critical measure in the prevention of serious cardiac conditions and allow doctors to treat a patient before his or her illness progresses to a stage requiring hospitalization or surgery.
3. Cardiac physicians rely heavily upon Independent Diagnostic Testing Facilities ("IDTF") to provide cardiac monitoring services (and other related services) to their patients. In fact, for some services, IDTFs are responsible for a substantial portion of the procedures performed on patients.
4. Due to the constant nature of cardiac monitoring, IDTFs must operate on a 24 hours a day, 7 days a week basis and maintain a complex infrastructure in order to accurately monitor patients.
5. The decreased payment rates currently proposed under the Rule will single-handedly drive IDTFs providing cardiac monitoring out of business, resulting in reduced accessibility of these important services for beneficiaries and increasing overall Medicare costs by hindering a physician's ability to stabilize and treat cardiac conditions before they require expensive surgeries and hospitalization.

Thank you for considering my comments.

Sincerely,

Angie Nauful
Vice President, Accounts Receivable

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West Palm Beach, FL 33401
Monitoring Center (877) 921-0700
Fax (877) 231-1451
www.pdsheart.com

Submitter : Dr. Andrew Walker

Organization : Dr. Andrew Walker

Category : Physician

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

I understand the NURSE anesthetist group AANA has been pushing to cut payments to DOCTORS in training in Anesthesia. They would like to see all the SAFETY and IMPROVEMENTS made in the last 20 years in anesthesia go away. They want YOU to LEGISLATE EDUCATION: why go through gruelling MEDICAL SCHOOL and INTERNSHIP and a 4 year RESIDENCY, when a bachelor's degree plus some courses would do? Please do the right thing and support DOCTORS who dedicate themselves to patient safety.

Submitter : Dr. Sheri Gostomelsky **Date: 09/27/2005**

Organization : Audiology Associates of Deerfield, PC

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in it's proposed fee structure. The sudden elimination of 'non-physician zero work pool' codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized or collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS' considerations for other non-physician practitioners.

In view of this proposed policy change that results in a four times greater reduction for audiologist's reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS' rates are used almost universally by other health care insurers. The number of those impacted will only increase as America's population grows and ages.

In view of this massive change on hearing and balance care services for such a large number of Americans, it would be reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability-and that of most audiologists-to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists' reimbursement reductions in its most recent proposed physician fee schedule.

Submitter : **jeanne hennessy** **Date: 09/27/2005**

Organization : **jeanne hennessy**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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 n 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,

Jeanne K. Hennessy
7720 Bodega Ave. #8
Sebastopol, CA 95472

Submitter : Dr. Steven Huart **Date:** 09/27/2005

Organization : Mayo Clinic

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Regarding the fee schedule decrease for audiology services.
It is not practical to reduce fees to this level. The equipment used to perform these complex audiologic diagnostic tests is costly to own, operate and maintain. The space required for sound treated rooms where hearing testing is performed must generate enough revenue to cover overhead expenses independent of professional services provided in that space.
Audiologists also spend time consulting with patients before and after their diagnostic evaluations. Physicians usually see the patient for medical or surgical problems but do not consult them routinely about matters related to the hearing loss itself.
I am available to provide more information if you wish.
I can be contacted at: Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale, AZ 85259. Phone: 480.301.5351.
Respectfully submitted 9/27/05.

Submitter : Ms. Stephanie Faust

Date: 09/27/2005

Organization : Island Cardiology

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

Island Cardiology strongly disagrees with the reduced reimbursement for cardiology related procedures. We have very sick patients that need highly-trained and highly skilled staff caring for them. This decision decreases that level of training and skill by decreasing the funds to train our staff and employ highly skilled staff. As a result, the patients suffer. Again, Island Cardiology strongly disagrees with this decision.

Submitter : Mrs. Julie Smith

Date: 09/27/2005

Organization : Catalina ENT

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Audiology reimbursements should not be reduced.

Submitter : Dr. Roy Siragusa

Organization : Radiology Associates

Category : Physician

Date: 09/27/2005

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-1792-Attach-1.DOC

CMS-1502-P-1792-Attach-2.DOC

September 26, 2005

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

Dear Centers for Medicare & Medicaid Services – Comment Division:

As an employee of a radiology group practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. Our organization is a group with 20 radiologists, four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the *best clinical decisions* for our patients and not on administrative decisions driven by costs and reimbursement.

We vigorously oppose the multiple services grouping reimbursement for this reason: Performing multiple tests requires *additional* time, skill, power, and resources and directly affects both patients and staff. Grouping procedures to justify a lower reimbursement provides no medical or monetary benefit to the patients and is ultimately detrimental to overall long-term patient care.

Florida has a large elderly population – in the areas we serve, approximately 60% or greater of the population are Medicare eligible. Twenty-five percent of our practice supports the Medicare population – imposing a 4.3% reduction in Medicare reimbursement *and* instituting a multiple procedure discount results in a combined revenue *decrease* of 6% while operating and practice expenses continue to rise. This decrease will create budget reductions in staffing, customer services, embracing new technology and other items critical to providing quality patient care and comfort.

We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

September 26, 2005

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

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We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

Submitter : Ms. Denise Merlino **Date:** 09/27/2005

Organization : Society of Nuclear Medicine

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See attached detailed comments.

CMS-1502-P-1793-Attach-1.PDF

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September 27, 2005

Submitted Electronically: http://www.cms.hhs.gov/regulations/ecomments

Administrator Mark McClellan M.D. PhD
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
ROOM 445-G
200 Independence Avenue, S.W.
Washington, DC 20201

ATTN: FILE CODE CMS-1502-P

Re: Medicare Program; Revisions to Payment Policy Under the Physician Fee Schedule for Calendar Year 2006; Proposed Rule

Dear Administrator McClellan:

We are writing in response to the proposed 2006 Medicare Physician Fee Schedule Rule, 70 Fed. Reg. 45764, August 8, 2005. The Society of Nuclear Medicine (SNM) representing more than 16,000 physicians, scientists, pharmacists and nuclear medicine technologists appreciates the opportunity to provide comments to assist the Centers for Medicare and Medicaid Services (CMS) in further refining the resource-based practice expense relative value unites (PE RVUs) and proposed changes to payments based on supplemental survey data for practice expense and revisions to CMS methodology for calculating practice expense RVUs, as well as make other proposed changes to Medicare Part B payment policy. We look forward to working with the CMS collaboratively as you respond to our concerns and recommendations herein.

Additionally, we appreciated the opportunity to meet with CMS on September 8, 2005, along with the ACR and AMI, regarding appropriate reimbursement for diagnostic CT when performed in conjunction with PET/CT (CPT 78814-16). The issue is summarized in our letter to Dr. Simon dated July 11, 2005 which is attached (Addendum A). Our specific concern is appropriate reimbursement for technical and global services when a diagnostic CT is acquired as part of the same data set as for the PET/CT study itself (what we have referred to as a "*single CT acquisition*"). Oncology practice is changing as the clinical usefulness of PET/CT technology is learned and applied. Although not yet widely adopted, increasing numbers of facilities are capable and are currently performing *single CT acquisition* when their referring physicians order both a diagnostic CT and a PET/CT. At that meeting, we agreed that many of the technical resources for acquiring the diagnostic CT data were the same as for the CT data set for attenuation correction and anatomical localization of the PET/CT, when only *a single CT acquisition* is performed. However, there are added costs for acquiring the diagnostic CT data, including the cost of contrast and the appropriate nursing and technical personnel. These were not included in the cost determination by the PEAC, when a PET/CT study only is performed. These costs should be reflected in any new

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payment scheme proposed. Further, there are also concerns about how to properly code for a diagnostic CT when performed as single acquisition during a PET/CT study. The SNM will continue to work with CMS, the AMA CPT Editorial Panel and the AMI and the ACR on this issue.

The SNM offers comments and recommendations on the following topics addressed in the proposed rule:

1. Practice Expense
2. Multiple Procedure Payment Reduction for Diagnostic Imaging
3. The National Coverage Decision (NCD) process
4. Physician Referrals for Nuclear Medicine Services

"Background"

Practice Expense Issues

In this proposed Rule and specifically Addendum B pages 45975 to 45977, CMS has omitted some non-facility and facility PE RVU values. These omissions were also present in the total columns for each of these PET codes and would negatively affect the rates to physicians for these PET services if not corrected by CMS. We call to your attention these PET CPT codes as follows: 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815 and 78816. We believe this was an error and urge CMS to correct these omissions. ***The SNM requests the CMS publish a correction including the PE values omitted for the PET CPT codes, on their web site and in the final rule for all the affected columns.***

CMS proposes to use a Bottom-Up Methodology to Calculate Direct PE costs. Transition to Resulting Revised PE RVUs over a four-year period.

The SNM has reviewed the proposed bottom-up direct PE methodology for 2006 through 2009 and the changes from the current top down that CMS has made available. CMS implies in this proposed rule, that this bottom-up methodology yields a more transparent, appropriate and stable outcome. From our initial review of the available data and the CMS current explanation of the two methodologies, we are not prepared to comment about this proposal. We are concerned that the major increases and decreases in nuclear medicine procedures, do not seem logical. ***The SNM requests the CMS supply clarification regarding the bottom-up methodology and how it was applied to get these results.***

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CMS proposes to utilize the Current Indirect PE RVUs except for those services affected by the accepted supplementary survey.

The SNM did not submit supplemental survey data to CMS for the specialty of nuclear medicine. Nuclear Medicine is a specialty, which is represented by several medical professional societies. However, the SNM was not involved in the data collection, nor have we had an opportunity to review either the ACR or the ACC survey data as it applies to the specialty of nuclear medicine. The SNM is unable to respond to this proposed CMS change absent the opportunity to see all the data as it relates to the specialty of nuclear medicine. ***We request CMS make the nuclear medicine supplementary survey information and impact available to the SNM.***

Supply and Equipment Items Needing Specialty Input,

The SNM notes CMS request in Table 19 ER025 Densitometry Unit, whole body, SPA 22,500, Radiology 78350 for specially societies to provide input. We were unable to find any manufacturers who are producing these units. There may be companies which refurbish old units and sell this equipment to providers. However, we were unable to locate any to provide a quote for CMS.

"Multiple Procedure Reduction"

CMS proposes to implement the MedPAC recommendation to "reduce the technical component payment for multiple imaging services performed on contiguous body parts." Specifically, CMS proposes to make full payment for the procedure with the highest payment rate and to make a 50% reduction in the payments for technical services for some second and subsequent imaging procedures, performed in the same session. The SNM agrees with the CMS position that, when some of the procedures identified by CMS are performed in the same session, the resource costs are not necessarily incurred twice. However, the SNM has serious concerns about the CMS methodology to determine when and to what degree this occurs.

Additionally, CMS references some nuclear medicine procedures to which CMS applied the multiple procedure policy reductions effective January 1, 1995. CMS applied this multiple procedure policy to nuclear medicine diagnostic procedures, (CPT codes 78306, 78320, 78802, 78803, 78806, 78807) and we are not aware of any analysis to validate the 50% reduction. We ask that the CMS use the same analysis of these nuclear medicine codes that is used when it reviews the issue of multiple procedure reductions for radiology families, so as to apply consistency in policy across all imaging modalities.

We support the ACR and NEMA regarding their request for at least a one-year delay regarding the adoption of the proposed payment reductions for multiple diagnostic imaging procedures for these 11 families and with medical specialty and industry undertake a complete study of clinical practice patterns prior to implementing.

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"NCD Timeframes"

CMS proposes to eliminate the reference to the 90-day implementation for the national coverage process time-line and implement a 30-day comment period for the public. We understand that in some instances, this could result in a period longer than 90 days to implementation. However we believe the opportunity for official public comment far outways the minor delay in implementation. ***The SNM supports CMS decision to implement a 30-day comment period prior to implementation of any NCD.***

"Nuclear Medicine Services"

CMS is proposing to amend § 411.351 to include diagnostic nuclear medicine services in the definition of "radiology and certain other imaging services," and to include therapeutic nuclear medicine services in the definition of "radiation therapy services and supplies." The Society of Nuclear Medicine does not oppose the prohibition of physicians making referrals to a facility in which they are investors. If CMS reclassifies nuclear medicine as a designated health service, the SNM strongly encourages CMS to protect those physicians who entered into ownership arrangement in good faith and relied on existing regulations to do such. Additionally, the SNM would not wish this change in policy to prematurely close facilities and limit patient access to this important technology. ***Therefore, should this prohibition be adopted as a final rule, the SNM recommends a phased implementation over two to three years to decrease the chances that patient access is compromised.***

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Again, the SNM appreciates the opportunity to comment on this Proposed Physician Fee Schedule CY 2006 rule to the CMS. Should you find it appropriate to do so, the SNM is ready to discuss any of its comments on the above issues. Please contact the Society of Nuclear Medicine coding and reimbursement advisor, Denise A. Merlino at dmerlino@snm.org, or at 781-435-1124.

Respectfully Submitted,

Gary Dillehay, M.D., FACR, FACNP
Chair, Coding and Reimbursement Committee

Cc: Kenneth Simon, MD (CMS)
Edith Hambrick, MD (CMS)
Carolyn Mullen (CMS)
Pam West (CMS)
SNM Coding and Reimbursement Committee
SNM Board of Directors

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Addendum A

July 11, 2005

To: Kenneth Simon M.D.
Re: Coding for PET/CT plus Diagnostic CT

CPT codes 78814-16 were first published in CPT 2005 to report tumor PET functional imaging in CT anatomical space. Over two years ago, when the Society of Nuclear Medicine Inc and American College of Radiology applied for those new codes, *Tumor PET combined with concurrent CT for both attenuation correction and anatomical localization: limited, torso,* or *whole body*, it was not thought that diagnostic quality CT data could or would be acquired during the CT phase of the study. Now, however, state of the art PET/CT integrated systems can acquire CT data for attenuation correction, anatomical localization and CT diagnosis simultaneously.

This was not anticipated. Although CPT does instruct users to add modifier 59 to a CT study done in addition to a PET/CT study, it was our general understanding at the time, that this would be for those uncommon occurrences that a separate CT study might be indicated on the same day as the PET/CT study (e.g. a chest CT for possible pulmonary embolism on the same say as a PT/CT done for neoplasm restaging).

Diagnostic CT studies are being requested by referring physicians and done not uncommonly with PET/CT studies on the same day. There are several possible acquisition scenarios:

1. Separate diagnostic CT(s) done on a CT device separate from the PET/CT.
2. Separate diagnostic CT(s) acquisition done after the PET/CT study (where the first CT data acquisition, done without contrast and as part of the PET/CT study, may be done at less than state of the art diagnostic quality using low maS for attenuation correction and anatomic localization, on the same device.
3. Diagnostic CT(s) done as part of the attenuation correction and anatomical phase of the PET/CT study.

The technical resources required to obtain the imaging data would not be the same for all three, even though the final product would be the same: a PET/CT study with anatomical localization and one or more diagnostic CTs, (e.g. chest, abdomen and/or pelvis.
#1 requires a minimum three imaging acquisitions (one PET and two CT) on two devices, #2 requires these three imaging acquisition on one device, and #3 requires a minimum of two imaging acquisitions (one PET and one CT) on one device.

As discussed with you, we would like to meet with CMS to discuss the current state of PET/CT imaging in oncology, and to develop a common understanding of the possible resource costs associated with the various imaging algorithms. The American College of Radiology, the Academy of Molecular Imaging and the Society of Nuclear Medicine, Inc would attend.

Ken McKusick M.D
Society of Nuclear Medicine

Submitter : Dr. Christine Mare

Date: 09/27/2005

Organization : University Physicians Healthcare

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P
To Whom it May Concern:
I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the ?non-physician zero work pool? codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS? considerations for other non-physician practitioners.
In view of this proposed policy change that results in a four times greater reduction for audiologists? reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS? rates are used almost universally by other health care insurers. The number of those impacted will only increase as America?s population grows and ages.
In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule.
Sincerely, Christine L. Mare, Au.D.

Submitter : Dr. Joan DAlessandro

Date: 09/28/2005

Organization : Advanced Hearing

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P
To Whom it May Concern:
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In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule.
Sincerely,

Joan DAlessandro, Au.D,
Doctor of Audiology

Submitter : Mrs. Lynn Byrne

Date: 09/28/2005

Organization : Audiologists Northwest

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P To Whom it May Concern: I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the 'non-physician zero work pool' codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS' considerations for other non-physician practitioners. In view of this proposed policy change that results in a four times greater reduction for audiologists' reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS' rates are used almost universally by other health care insurers. The number of those impacted will only increase as America's population grows and ages. In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability, and that of most audiologists,to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists' reimbursement reductions in its most recent proposed physician fee schedule. Sincerely, Lynn Byrne, Licensed Audiologist

Submitter : Mrs. Rosemary Remington

Organization : Mrs. Rosemary Remington

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

I fully support your proposal to change Sonoma County's payment locality. This would help physicians to remain in this expensive to live area and to improve the care they give to Medicare and other patients. There is a large Medicare population in this area. We need to keep our physicians. Thank you for the opportunity to comment on this important issue.

Submitter : Dr. John Engelken

Organization : Dr. John Engelken

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

As a Radiologist practicing in Florida, I provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

I vigorously oppose the multiple services grouping reimbursement for this reason: Performing multiple tests requires additional time, skill, power, and resources and directly affects both patients and staff. Grouping procedures to justify a lower reimbursement provides no medical or monetary benefit to the patients and is ultimately detrimental to overall long-term patient care.

Florida has a large elderly population ? in the areas we serve, approximately 60% or greater of the population are Medicare eligible. Twenty-five percent of our practice supports the Medicare population ? imposing a 4.3% reduction in Medicare reimbursement and instituting a multiple procedure discount results in a combined revenue decrease of 6% while operating and practice expenses continue to rise. This decrease will create budget reductions in staffing, customer services, embracing new technology and other items critical to providing quality patient care and comfort.

We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

I know of groups that will do only one procedure and force the patient to return on a later date for the second procedure. This is not fair to the patient and we should not be forced to exibit such behavior to get fairly reimbursed.

Sincerely,

John D. Engelken, M.D.

Submitter : Ms. Rebecca Norwick

Organization : Southwest Community Health Center

Category : Nurse Practitioner

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

I moved from rural Arizona (Page) to suburban Santa Rosa in Northern California and I found it easier to find specialists for my patients in the middle of the desert than in Sonoma County!! The barriers to care are ridiculous so close to an urban center. We have patients traveling a hundred miles to see an opthamologist or neurosurgeon. If they are in too much pain to sit in the car that long or if they have no transportation, then they are out of luck. This has got to change.

Thank you.

Issue identifier GPCI

Submitter : Dr. Catherine Marquis

Organization : Wake Audiology

Category : Other Practitioner

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P
To Whom it May Concern: I am writing to object to the proposed reduction in the reimbursement rates for audiologists, which CMS has included in its proposed fee structure. The sudden elimination the ?non-physician zero work pool? codes without any consideration of practice expense or patient management factors is inappropriate. CMS has not recognized nor collected data for audiologic care that would justify this change to a policy that has existed for decades. This is especially egregious in view of CMS? considerations for other non-physician practitioners. In view of this proposed policy change that results in a four times greater reduction for audiologists? reimbursement than any other profession, CMS should impose a moratorium on reimbursement changes for audiologists. A moratorium would allow for collection of data to justify or refute the current reimbursement levels to audiologists. As you are aware, your proposed change would affect more than the 40 million Medicare subscribers today, particularly as CMS? rates are used almost universally by other health care insurers. The number of those impacted will only increase as America?s population grows and ages. In view of this massive change on hearing and balance care services for such a large number of Americans, it would seem reasonable to request such a period of study. As a practicing audiologist, a cut of this proportion would negatively impact my ability?and that of most audiologists?to provide the type of care patients deserve. Thus, I respectfully request that CMS impose a moratorium on audiologists? reimbursement reductions in its most recent proposed physician fee schedule.
Sincerely,
Catherine T. Marquis, Au.D.