Submitter : Ms. Rebecca Brown

Organization : Ms. Rebecca Brown

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Medicare needs to increase the reimbursement rate that is applied to Sonoma County (Calif)physicians for treating seniors. Sonoma County should be considered equivalent to the rest of the Bay Area, as our senior population is rapidly increasing, we are becoming more urban/suburban and less agricultural, and our cost-of-living is among the highest in the country. The current low Medicare reimbursement rate is causing a mass exodus of physicians and those that remain are no longer accepting new Medicare patients. We are in a crisis; please help.

Submitter : Ms. Bridget Garrison
Organization : Missouri Academy of Audiology
Category : Other Health Care Provider

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Regarding CMS-1502-P

CMS-1502-P-1802-Attach-1.DOC

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,

Bridget Garrison, M.S., CCC/A

Submitter : Dr. Joseph Forand

Date: 09/28/2005

Organization : SCAA/Grantwood Village

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 a member of the Missouri State Board of Health and as an anesthesiologist at St. Anthony's Medical Center in St. Louis, Missouri 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. Attempting to alleviate this shortage by training more Certified Registered Nurse Anesthetists will only exacerbate the massive shortage of nurses nationally, estimated to approach 300,000 by the year 2010. Clearly, good public policy would not seek to enlarge this nursing workforce shortfall.
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 as plumbers in my area charge 143% of Medicare anesthesiology reimbursement rates. The 143% rate does not apply to overtime hours.
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,
Joseph M. Forand, M. D.
7401 Granbury Circle, St. Louis, MO 63123

Submitter : Mr. Matthew Fisher
Organization : Mr. Matthew Fisher
Category : Academic
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Dr. McClellan:

I am writing as a fourth year medical student at the Arizona College of Osteopathic 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 as it will affect the education in anesthesiology of myself as well as others.

Sincerely,

Matthew Fisher
4825 W. Piute Ave
Glendale, AZ 85308

Submitter : Mr. James Zeigler

Date: 09/28/2005

Organization : Asby and Zeigler Audiology Associates LLC

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 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,

James Zeigler MS FAAA:CCC/A
Asby and Zeigler Audiology Associates
403 Third Ave
Kingston PA 18704

Submitter : Dr. Michael Kohanski

Date: 09/28/2005

Organization : University of Texas Medical Branch

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 UTMB Galveston 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.

Submitter : Mrs. IWilli Hilliard **Date:** 09/28/2005

Organization : Healthcare Foundation No. Sonoma County

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

I fully support your proposal to change Sonoma County's Payment locality, and I appreciate the opportunity to comment on this very important issue. In the new locality,
the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.
Sincerely, Willi Hilliard

Submitter : Dr. Peter Dorian

Organization : Dr. Peter Dorian

Category : Other

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

To Whom it May Concern

I am writing to object to the proposed reduction in the reimbursement rates for audiologist. CMS has NOT recognized nor colledted data to justify a change to the current policy. A reduction in reimbursement that is FOUR times greater than any other profession is unfair!

I respectfully request the CMS impose a moratorium on audiologist' reimbursement reductions in its most recent proposad physician fee schedule.

Submitter : Mr. Jeff Moore

Date: 09/28/2005

Organization : Navapache Regional Medical Center

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,

Jeff Moore, MS, CCC-A
Clinical Audiologist

Submitter : Dr. Eric Appelgren

Organization : Dr. Eric Appelgren

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Saint Anthony?s Medical Center, St. Louis to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. I must state that the current Medicare policy does not effect my reimbursement since I am no longer at a teaching institution. However as a recent graduate of a top ten anesthesiology training program (Washington University St.Louis) the current policy is severely limiting the ability of academic institutions to fulfill their obligations of assuring the safety and advancement of our medical system.
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.
Respectfully,

Eric Appelgren, M.D.
10557 Anton Place
St. Louis, MO, 63128
eappelgren@earthlink.net

Submitter : Ms. Julie Fanger

Date: 09/28/2005

Organization : Phoenix Indian Medical Center

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

I am leaving a comment regarding the changes in Medicare reimbursement for audiologists. Please do not decrease the percentages. I work for the government and Medicare reimbursement is vital to my organization. I am not sure if the people making the recommendations understand the scope of practice of an audiologist. We are specialists in hearing. We treat those people who can benefit from amplification, which includes hearing aids, on an on-going basis. We build relationships with these people and do not pass their care off to a physician. Some audiologists are highly skilled in assess balance problems. Some of them provide therapy for their patients. I am not certain the people requesting a decline in reimbursement understand what an audiologist does because there is no category for audiologist! I had to select "other health care provider" because that is my role at my place of employment. Thank you for the opportunity to relay my thoughts.

Julie Fanger MS CCC-A

Submitter : Ms. Rosemary Keller

Organization : Ms. Rosemary Keller

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

It is very important that Sonoma County be included in the higher rate for Medicare reimbursement. We are losing physicians because of the cost of doing business here, and Medicare reimbursement has become a major issue.

Sonoma County is aging, and is truly part of the great San Francisco Bay Area in terms of costs and in terms of geography. Please correct this error that has been so costly to the older residents of the county.

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 and residency program director at Beth Israel Deaconess Medical Center, Boston, MA, 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 only get worse in the future due to the aging of the baby boom generation and their need for surgical services.

Teaching anesthesiologists are 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.

Such a payment policy also discourages assignment of elderly patients to anesthesia trainees, thereby decreasing the exposure of residents to this complex and expanding population. This potentially creates a group of anesthesiologists who graduate training less experienced with geriatric anesthesia, further exacerbating the overall shortage of anesthesia providers.

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.

Stephanie B. Jones, MD

100 Lincoln Rd
Wayland, MA 01778

Submitter : Dr. Reed VanMatre
Organization : Duke University Medical Center
Category : Physician
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-1813-Attach-1.DOC

Department of Anesthesiology
Box 3094
Durham, NC 27710
September 28, 2005

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

Dear Dr. McClellan:

I am writing as an anesthesiology chief resident at Duke 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.

At Duke, we feel these effects on an annual basis, as many of our finest young academic anesthesiologists are drawn to the private sector, where they can be financially compensated in a way that respects their high level of training and skill. We can't afford to better compensate these physicians, yet we also can't afford to lose them from our ranks either. We understand that there will always be a disparity between academic and private sector salaries, but the magnitude of that disparity is greater in anesthesiology than for most specialties. This must partly be due to the anesthesiology teaching payment policy.

Under current Medicare regulations, teaching surgeons and 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.

Just as research and education in medicine and surgery are crucial to the high quality of medical care in the United States, research and education in anesthesiology ensure that Americans are provided safe, high quality care before, during and after surgery. By financially crippling academic anesthesiology departments, the teaching payment penalty jeopardizes the ability of anesthesiologists to fulfill their mission.

Furthermore, academic medical centers care for a significantly higher percentage of Medicare patients than do private hospitals. Many Medicare patients are the type of patients who require the most complex care – the type of care that is best provided by the academic anesthesiologists whom the teaching payment policy affects most.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Reed M. VanMatre M.D.

Chief Resident in Anesthesiology
Department of Anesthesiology
Duke University Medical Center

Submitter :

Organization :

Date: 09/28/2005

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

It is very important that Medicare allows us to provide a quality care to these patients. Further cut will drastically endangers our ability to provide such services. The oncology practices run on a very high overhead and cancer patients require a very detailed and complicated care. At times we have to spend hours with patient and family re patient's problems dealing with side effects of chemo and other related problems. Please and Please help us with this very important and humane task by not cutting further.

Submitter : Dr. Scott Benzuly

Date: 09/28/2005

Organization : Brown University/Rhode Island Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

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

Submitter : Dr. Rockey Krumbholz

Organization : Self Employed

Category : Other Practitioner

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

I do not agree with the proposed fee schedule cut for Audiologists. In fact the schedule should be raised not lowered.

Submitter : Dr. Julie Rhoades **Date:** 09/28/2005

Organization : Penn State Milton S Hershey 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,
Julie A Rhoades, AuD

Submitter : Mr. Robert Manning

Date: 09/28/2005

Organization : University of Louisville Hospital

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

see attached MS Word document

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

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

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

Submitter : Dr. J. Michael Vollers **Date:** 09/28/2005

Organization : University of Arkansas for Medical Sciences

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please change the Medicare teaching anesthesiologists reimbursement policy to acheive parity with other teaching specialties. Please see attachment.

CMS-1502-P-1819-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 Professor of Anesthesiology at the University of Arkansas for Medical Sciences in Little Rock, Arkansas, **to urge CMS to change the Medicare anesthesiology teaching payment policy**.

Medicare's payment arrangement is discriminatory in that it applies only to anesthesiology teaching programs. As such, it has impaired the ability of programs to retain skilled faculty and to train the new anesthesiologists required to meet the widely-acknowledged shortage of anesthesia providers -- a shortage that will only be worsened 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,

J. Michael Vollers, MD

Submitter : Dr. Michele Gerrish **Date:** 09/28/2005

Organization : Dr. Michele Gerrish

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1502-P: 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,

Michele L. Gerrish, Au.D.

Doctor of Audiology

Submitter : **Dr. jagdish mishra** **Date: 09/28/2005**

Organization : **Upstate Cardiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

This is regarding Thoracic Electrical Impedance (CPT code 93701) I am a cardiologist in the upstate new york area. Pts in this area are quite sick from cardiac perspective and need very aggressive diagnostic and therapeutic approach.
Thoracic bioimpedance has been very useful and helpful to my patients. I get all kinds of information on their hearts without any invasive procedures. This helps me tremendously in managing their BP, CHF etc.
It takes time to perform this procedure, on an average of 10-15 minutes. It invloves technician's time and my time as well.
Reduction in reimbursement is not a good idea, espcially when the cost of everything else is going up. Reduced reimbursement simply means that MDs will cut corners and eventually that will lead to compromised patient care which after all said and done will lead to rise in hospitalizations etc
Therefore, please recosider your decision regarding cutting the reimburesement any further.
Thank you.
Sincerely,
JP Mishra, MD, FACC

Submitter : **Dr. Sherry Hodge** **Date: 09/28/2005**

Organization : **Advanced Hearing Care**

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,

Sherry Hodge, Au.D.
Doctor of Audiology

Submitter : **Ms. Nancy Catterall** **Date: 09/28/2005**

Organization : **Ms. Nancy Catterall**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

September 28, 2005

RE: CMS-150-P

To Whom It May Concern:

As a practicing audiologist and Directory of Audiology at a nationally known medical school I am writing to strenuously object to the recently proposed reduction in the reimbursement rates for audiologist included in CMS?s proposed fee schedule. This decision seems to have been made without any consideration for practice expense and patient management for audiologic care. This is particularly egregious in view of CMS? consideration for other non-physician practitioner.

A four times greater reduction for audiologists? reimbursement than any other profession requires thoughtful study and data to substantiate the decision. As the population grows older the now more than 40 million people who need our services will increase. There is a good chance that the services will not be available. A reduction of this size will negatively impact my department?s ability to provide the kind of care patients with balance and hearing problems deserve.

I urgently request that CMS impose a moratorium on audiologists? reimbursement reduction in its most resent proposed physician fee schedule.

Sincerely,

Nancy s. Catterall, M.S.P.A., CCC-A
Clinical audiologist

Submitter : **Mr. Bob Dufour** **Date: 09/28/2005**

Organization : **Wal-Mart Pharmacy**

Category : **Pharmacist**

Issue Areas/Comments

GENERAL

GENERAL

Wal-Mart Stores, Inc.
702 SW 8th Street
Bentonville, AR 72716-0230
Phone (479)277-0471
E-mail: Bob.Dufour@Wal-Mart.com
WALMART PHARMACY DEPARTMENT
September 28, 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
P.O. Box 8017
Baltimore, MD 21244-1850

Subject: Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006

To Whom It May Concern:

I am writing to provide comments on the proposed regulation that would change the supplying fees paid to pharmacies by Medicare Part B in 2006. Wal-Mart currently has over 3,600 pharmacies Nationwide, who currently accept assignment for Medicare Part B covered drugs and supplies.
Currently CMS rule requires that "a supplying fee of $24 shall be paid to a pharmacy for each supplied prescription of drugs and biologicals?and a supplying fee of $50 is paid to a pharmacy for the initial supplied prescription of drugs and biologicals?provided to a patient during the first month following a transplant." CMS does not currently pay a fee for Part B prescriptions for the same drug but a different strength supplied in the same day.
The proposal to reduce the supplying fee for each part B prescription from $24 to $8 would represent a significant reduction in reimbursement for these prescriptions. This reduction to the supplying fee, coupled with the ASP-based reimbursement for the product cost would result in a total reimbursement at less than the cost required for a pharmacy to fill these prescriptions.
In the proposed rule, CMS indicates that in the November 2004 final regulation, it "established a supplying fee that was higher than that of other payers due to the lack of online claims adjudication for Medicare Part B oral drugs." In fact, our own internal cost of dispensing survey (see attached) indicates the cost to dispense these drugs is over $19 per prescription.
Factors that drive up costs to dispense Medicare Part B items and differentiate these prescriptions from other Third Party prescriptions include:
? Lack of online adjudication system which results in inability to promptly and accurately determine deductible status, eligibility, or to coordinate benefits with other online payers.
? Time required to execute Assignment of Benefit Forms and DMERC information forms (DIF's)
? Obtaining additional data requirements prior to billing (i.e. diagnosis codes)
? Manual process of applying for Medicare Provider Numbers and re-enrolling every 3 years.
? Higher than average Bad Debt due to opportunities with obtaining all necessary information at time of dispensing
? Additional time required for correcting and resubmitting claims, filing appeals, or refunding customers because deductible information could not be accurately obtained at the time of service.
? Additional costs involved to submit the claims in the 837 Batch format. Many pharmacies, including Wal-Mart must utilize an outside vendor to properly submit the claims on our behalf.

In summary, we are concerned that the recent reimbursement reductions experienced under the ASP-based system, the proposed reductions in the Medicare Part B supplying fees that will be paid in 2006, the uncertainty of a possible move to Competitive Bidding for some Part B products, and the administrative burdens of participating in Part B will make this business less than desirable for Retail Pharmacy. We ask that CMS not consider lowering the supplying fee until such time as these prescriptions can be processed using a real time, online adjudicated system, which would in turn, lower the pharmacy's cost to dispense these items.
Thank you in advance for your consideration of these comments, and we look forward to your response regarding a resolution.

Sincerely,

Bob Dufour
Director, Pharmacy Professional Services
and Government Relations

Submitter : **Ms. Barbara Madden** **Date: 09/28/2005**

Organization : **Riddle Memorial Hospital**

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 J. Madden, M.S., CCC-A
Director of Speech & Hearing
Riddle Memorial Hospital
1078 West baltimore Pike
Suite 202
Media, PA 19063
(610) 891-3370

Submitter :

Date: 09/28/2005

Organization :

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1826-Attach-1.DOC

I am deeply concerned that, without much-needed administrative action, community cancer care could face major losses in 2006. On January 1st, the 3% drug administration transition adjustment will fall to zero, the special funding CMS invested in 2005 in quality cancer care will end, and the physician fee schedule will be hit with a 4.3% cut.

These changes are projected to result in a net operating loss for community cancer care of $437,225,175 in 2006 (bad debt additional). In other words, Medicare payments for services provided to beneficiaries in 2006 will be more than half a billion dollars below the estimated cost of those services. This loss could imperil the community cancer care delivery system on which more than 4 out of 5 patients now depend.

To prevent this crisis, I urge CMS to consider the following proposals:

Provide compensation for the pharmaceutical management and related handling costs incurred by community cancer caregivers. CMS has proposed to compensate HOPDs for such costs by providing an additional 2% of ASP. To help prevent the access crisis discussed above and achieve equity among treatment settings, this payment should also be made available to community cancer care. This payment would increase funding for community cancer care by nearly $85 million next year and would offset nearly one-fifth of the $437,225,175 Medicare operating loss projected for 2006 (bad debt additional).

Continue the Agency's investment in quality cancer care. This critical source of funding needs to be maintained for 2006, a step recently endorsed by the House Energy and Commerce Committee when it passed H.Res. 261. Doing so would offset nearly two-thirds of the $437,225,175 Medicare operating loss projected for 2006 (bad debt additional), while preventing patient access disruption in 2006 and supporting quality improvement efforts for cancer care.

Work with Congress to replace the SGR formula with annual fee updates. If the 4.3% cut in the Physician Fee Schedule can be corrected before it goes into effect on January 1st, the fix will offset over 8% of the $437,225,175 operating loss projected for 2006 (bad debt additional). In addition, correction of the SGR cut would also provide relief for the reductions that will also impact radiation oncology and physician evaluation and management services.

Refine the proposed revisions to the practice expense methodology. While I commend CMS for the changes it is proposing to make to Medicare practice expense payment policy, I am troubled by the decision to exclude drug administration services from these revisions. Instead, the Agency should include drug administration services in the phase-in of the bottom-up methodology in 2006 and ensure they are exempt from budget neutrality.

Refine the interpretation of "Prompt Pay Discount." CMS's current view of MMA as requiring that *all* prompt pay discounts be netted out of ASP is reducing Medicare drug reimbursement from 106% of ASP to 104% of ASP. Congressional intent and Supreme Court case law direct that only prompt pay discounts received by the end user-purchasers of drugs should be netted out. Correcting this would restore nearly $85 million in Medicare reimbursement, offsetting one-fifth of the $437,225,175 Medicare operating loss projected for 2006 (bad debt additional).

Review the proposed reimbursement policy for imaging of contiguous body parts. The cost efficiencies that can be achieved through multiple scans in a single setting may total far less than the 50 percent factor proposed by CMS. As a result, the Agency should review this policy to assess whether a smaller reimbursement change would more closely track those overlapping costs that may occur.

Provide reimbursement for Image Guided Radiation Therapy. Image Guided Radiation Therapy (IGRT) has enabled significant progress in the quality of radiation oncology services by enabling treatment to be targeted on cancerous tissue, even if it moves. Because IGRT is so vital for maximizing the effectiveness and minimizing the side effects of radiation therapy, I urge CMS to establish a specific CPT code and provide coverage for this important technology.

Take action to increase access to Intravenous Immune Globulin (IVIG). As you know, IVIG plays a vital role in the care of patients with cancer. In light of the current supply shortage, I urge CMS to review the data on which the IVIG ASP is being calculated and revise the Agency's Prompt Pay Discount interpretation in order to restore a portion of the Medicare reimbursement now lost as a result of the Agency's current interpretation.

Thank you for this opportunity to comment on this proposed rule.

Submitter : Dr. Richard Hiscox **Date:** 09/28/2005

Organization : American Osteopathic Associations

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

I would like to take a minute to comment on a fax received from our corporation reguarding a reduction in the reimbursement for Thoracic Electrical Bioimpedance in 2006. Because of the expense of the equipment and repairs of the computer and printer and the time needed for the nursing staff to operate the machine, a reduction in the reimbursement from Medicare and Medicaid would be devastating. This machine provides me with invaluable information in caring for my patients currently suffering with congestive heart failure, stage II & III essential hypertension and cardiomyopathy. A reduction in reimbursement combined with rising overhead costs could lead to an inabilitiy to provide this necessary service to patients in need.

Submitter : Mrs. Sandra Rabin

Date: 09/28/2005

Organization : Rabin Audiological Services,Inc

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

I am writing to object to the proposed reduction in reimbursement for audiology services. Please impose a moratorium on audiologists' reimbursement reduction. In this way, there will be time to gather facts and data so a fair reimburement can be recieved by audiologists.

thank you,
Sandra Rabin

Submitter : Dr. ANNA MARIA ONISEI **Date:** 09/28/2005

Organization : UAMS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-1829-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 University of Arkansas for Medical Sciences to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Please end the anesthesiology teaching payment penalty!

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 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.

Please end the anesthesiology teaching payment penalty!

Thank you,

ANNA MARIA ONISEI MD

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

4301 W MARKHAM ST

LITTLE ROCK AR 72205

Submitter : Dr. DUCU ONISEI **Date:** 09/28/2005

Organization : UAMS

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 University of Arkansas for Medical Sciences to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Please end the anesthesiology teaching payment penalty!
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 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.
Please end the anesthesiology teaching payment penalty!
Thank you,
DUCU ONISEI MD
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
4301 W MARKHAM ST
LITTLE ROCK AR 72205

Submitter : Elizabeth Alderman

Date: 09/28/2005

Organization : Elizabeth Alderman

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please change the reimbursment rate for medicare in Sonoma County. Sonoma county physicians should be reimbursted at the same rate as Marin County and San Francisco.

Submitter : Dr. James Lonergan

Organization : CAA, PC

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at St. Luke?s Hospital in Kansas City 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: James H. Lonergan, MD
Address: Dept. Anesthesia
4400 Wornall Rd.
KC, MO. 64111

Submitter : Ms. Candra Cummings

Date: 09/28/2005

Organization : Safe Sedation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To: CMS
Re: 1502-P "Teaching Anesthesiologist"

The current Medicare teaching Anesthesiologist payment rule must be urgently changed. Presently there is a severe shortage of physicians in our specialty. As the population increases there will be an increased need for additional and competent Anesthesiologists to support that growth. It has become more difficult to attract medical students to the field of Anthesiology because of the current Medicare policy that witholds 50% of the funds. We need 100% funding as malpractice and other costs have gone up. We have been charitable long enough.....it is only fair.....Please keep quality in our specialty by giving us fair and needed treatment , i.e. funding.

Sincerely,
Candra A. Cummings, MD

Submitter : **Bob Thompson** **Date: 09/28/2005**

Organization : **Medtronic, Inc.**

Category : **Private Industry**

Issue Areas/Comments

GENERAL

GENERAL

September 26, 2005

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

Re: File code CMS?1502?P.

We are 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 we 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 annual hospital 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. Many physicians rely heavily upon Independent Diagnostic Testing Facilities (?IDTFs?) 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 that provide cardiac monitoring services 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 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 hospitalizations.

As a manufacturer of the devices used in cardiac monitoring procedures, we are acutely aware of the complex technologies involved in the service as well as the critical role the services play in the diagnosis and treatment of Medicare beneficiaries with implanted devices and other cardiac conditions. We urge CMS to stop implementation of the currently proposed reductions to these services until additional information can be gathered to ensure continued access to these crucial cardiac monitoring services now and in the future. Such a change would be consistent with the CMS decision related to audiology, medical nutrition therapy, ESRD visit codes and the new drug administration codes. CMS noted that these services would be ?significantly impacted by the proposed change? and proposed not to change the RVU for these services at this time, but to include them in next year?s rule when appropriate data becomes available.

Thank you for considering our comments.

Sincerely,

Bob Thompson, MS., MA.
Director, Reimbursement, Economics and Health Policy
Medtronic, CRM

Submitter : **Ms. Jenny Smith**

Organization : **Ms. Jenny Smith**

Category : **Individual**

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Sincerely,

Jenny S. Smith
1652 Culpepper Drive
Petaluma, CA 94954

Submitter : **Dr. Stephen Parrillo** **Date: 09/28/2005**

Organization : **DUMC**

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 in support of a change in the current Medicare teaching anestchsiologist 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 recent graduate of a residency 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.

Sincerely,

Stephen J. Parrillo, MD
Assistant Professor
Dept. of Anesthesiology
Duke University Medical Center
Box 3094
Durham, NC 27712
Parri004@mc.duke.edu

Submitter : GENELLE ERICKSON
Organization : GENELLE ERICKSON
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

GENELLE ERICKSON
7000 OAK LEAF DR
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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. John Sanders

Organization : University of New Mexico

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at the University of New Mexico 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.

Currently at the University of New Mexico we have four unfilled faculty positions. This affects not only our ability to provide consistent high quality care for patients but also prevents us from conducting the many teaching roles that we have in the anesthesiology residency program, other residency programs, the medical school and the community. Our vacancies are largely due to budget shortfalls that prevent us from recruiting new personnel. Fair and equitable payment for clinical services provided would reduce this shortfall tremendously. The CMS anesthesiology teaching rule must be changed to allow academic anesthesiology programs, who cover most of the Medicare and indigent patients, to cover their costs.
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,

Dr John C Sanders
Associate Professor, Anesthesiology, University of New Mexico

Submitter : GERALD ERICKSON
Organization : GERALD ERICKSON
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

GERALD ERICKSON
7000 OAK LEAF DR
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : BARBARA GLASER

Organization : BARBARA GLASER

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

BARBARA GLASER
424 TRAIL RIDGE
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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. Hatem Al-Takrouri

Date: 09/28/2005

Organization : UAMS

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 University of Arkansas for Medical Sciences (UAMS) 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: Hatem Al-Takrouri, MD
Address: UAMS, Department of Anesthesia, slot 515
4301 West Markham
Little Rock, AR72205

Submitter : JOHN COCHRANE

Organization : JOHN COCHRANE

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JOHN COCHRANE
6427 STONE BRIDGE
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : LORNA GIOSSO
Organization : LORNA GIOSSO
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

LORNA GIOSSO
5555 MONTGOMERY #74
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : PEGGY LINDELL

Organization : PEGGY LINDELL

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

PEGGY LINDELL
331 TWIN LAKES DR
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : CAROLINE MURPHY
Organization : CAROLINE MURPHY
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

CAROLINE MURPHY
218 BOHEMIAN WAY
SEBASTOPOL, CA 95472

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : THOMAS GEARY

Organization : THOMAS GEARY

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

THOMAS GEARY
1577 MANZANITA AVE
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : DAVID BARR
Organization : DAVID BARR
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

DAVID BARR
3546 HAPPY VALLEY RD
SANTA ROSA, 95404

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : **Elizabeth ORR**

Organization : **Elizabeth ORR**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

ELIZABETH ORR
6912 FAIRFIELD DR
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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. Agata El-Bayoumi **Date:** 09/28/2005

Organization : UAMS

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 University of Arkansas Medical Science and Arkansas Children Hospital to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, applying 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).
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 and is just NOT HONEST-it is a clear DISCRIMINATION towards anesthesiologist in the country of equal opportunities .
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.

Agata El-Bayoumi, MD
UAMS/ACH
Little Rock ,AR

Submitter : MABEL HURD **Date:** 09/28/2005

Organization : MABEL HURD

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

MABEL HURD
4295 HESSEL RD
SEBASTOPOL, CA 95472

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : **Suzanne Sklaney**

Organization : **Suzanne Sklaney**

Category : **Other Practitioner**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Suzanne Sklaney, M.S.
Doctoral Candidate, Penn State University
Assistant Professor
Bloomsburg University
400 East Second Street
Bloomsburg, PA 17815

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 the ability of 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,

Suzanne Sklaney, M.S.

Submitter : JOYCE GRAMS

Organization : JOYCE GRAMS

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JOYCE GRAMS
PMB 162 122 CALISTOGA RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : PAT THOMPSON **Date: 09/28/2005**

Organization : PAT THOMPSON

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

PAT THOMPSON
3646 HELFORSE PLACE
SANTA ROSA, CA 95404

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : DON OLSON **Date: 09/28/2005**

Organization : DON OLSON

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

DON OLSON
438 MALLARD
SANTA ROSA, CA 95401

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : VERNA OLSON **Date: 09/28/2005**

Organization : VERNA OLSON

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

VERNA OLSON
438 MALLARD DR
SANTA ROSA, CA 95401

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : ERNEST SHONPRU **Date:** 09/28/2005

Organization : ERNEST SHONPRU

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

ERNEST SHONPRU
3646 HELFORD PLACE
SANTA ROSA, CA 95404

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : JEROME SPEUKE
Organization : JEROME SPEUKE
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JEROME SPEUK
2428 VALLEY WEST DR
SANTA ROSA, CA 95401

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : SETSUKO SPEUKE

Date: 09/28/2005

Organization : SETSUKO SPEUKE

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SETSUKO SPEUKE
2428 VALLEY WEST DR
SANTA ROSA, CA 95407

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : RAMONA SMITH

Organization : RAMONA SMITH

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

RAMONA SMITH
1313 WIKIUP DR
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : WESLEY LORENCE

Date: 09/28/2005

Organization : WESLEY LORENCE

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

WESLEY LORENCE
2124 VALDES DR
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : ANGIE LORENCE

Date: 09/28/2005

Organization : ANGIE LORENCE

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

ANGIE LORENCE
2124 VALDES DR
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : JOHN HESS **Date:** 09/28/2005

Organization : JOHN HESS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

JOHN HESS
522 GARFIELD PARK AVE
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : MILDRED HESS **Date: 09/28/2005**

Organization : MILDRED HESS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

MILDRED HESS
522 GARFIELD PARK AVE
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : LAURENS EDWARDS **Date: 09/28/2005**

Organization : LAURENS EDWARDS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

LAURENS EDWARDS
1017 BENTON ST
SANTA ROSA, CA 95404

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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. david grossman **Date:** 09/28/2005

Organization : The Cancer Center of Chester County

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed changes in Medicare reimbursement are having a substantial negative impact on my practice. We are now no longer making any money caring for these patients and in fact, we would lose money on some patients but they are now forced to go to the hospital and will not be treated in our office.

In the absence of a substantial increase in reimbursement or adjustment to the ASP numbers, my practice of 8 oncologists will no longer treat Medicare patients in our clinic as of January 1, 2006.

The ASP systemn is failing our patients. Our average riembursement from Medicare is purchase price + 2% and we are the largest private group in the Philadelphia area. We cannot be price competitive with the Universities who have cut special deals with suppliers and with Medicare. If this continues, patients 40 miles west of Philadelphia will be forced to go to the city for their care.

Submitter : JAMES DIAS **Date: 09/28/2005**

Organization : JAMES DIAS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

JAMES DIAS
2218 FRANCISCO AVE
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 DIAS **Date: 09/28/2005**

Organization : MARY DIAS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

MARY DIAS
2218 FRANCISCO AVE
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : PHYLLIS CARROZZA **Date: 09/28/2005**

Organization : PHYLLIS CARROZZA

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

PHYLLIS CARROZZA
2270 NIGHTINGALE
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : ANTHONY CARROZZA **Date: 09/28/2005**

Organization : ANTHONY CARROZZA

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

ANTHONY CARROZZA
2270 NIGHTINGALE
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : KATHY SCHEMBARI **Date: 09/28/2005**

Organization : KATHY SCHEMBARI

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

KATHY SCHEMBARI
2123 NYLA PLACE
SANTA ROSA, CA 95401

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : R. CURTIS SMITH **Date:** 09/28/2005

Organization : R. CURTIS SMITH

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

R. CURTIS SMITH
1313 WIKIUP DR
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : ROY STOLZHIESE **Date:** 09/28/2005

Organization : ROY STOLZHIESE

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

ROY STOLZHEISE
4519 RANCHETTE RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : CAROLYN STOLZHIESE **Date: 09/28/2005**

Organization : CAROLYN STOLZHIESE

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

CAROLYN STOLZHEISE
4519 RANCHETTE ROAD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : GEORGE WAYT **Date:** 09/28/2005

Organization : GEORGE WAYT

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GEORGE WAYT
5349 MARIGOLD LANE
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : THELMA WAYT **Date:** 09/28/2005

Organization : THELMA WAYT

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

THELMA WAYT
5349 MARIGOLD LANE
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : DAVE MARTIN **Date:** 09/28/2005

Organization : DAVE MARTIN

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

DAVE MARTIN
579 JEAN MARIE DR
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : JEANNE MARTIN **Date:** 09/28/2005

Organization : JEANNE MARTIN

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

JEANNE MARTIN
579 JEAN MARIE DR
SANTA ROSA, CA 95403

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : **Elizabeth EDWARDS** **Date: 09/28/2005**

Organization : **Elizabeth EDWARDS**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

ELIZABETH EDWARDS
1017 BENTON ST
SANTA ROSA, CA 95404

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : LUCY CALLISON **Date:** 09/28/2005

Organization : LUCY CALLISON

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

LUCY CALLISON
2030 MARLOW RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : Mrs. Pamela Granger **Date:** 09/28/2005

Organization : n/a

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

It is vital that the Sonoma County designation for Medicare reimbursement be changed from 'rural' and that our doctors be more fairly paid for their services. The cost of living in this county is anything but rural. Friends are being forced to seek medical attention in neighboring counties because many of our doctors are unwilling or unable to accept any more Medicare patients. This is ongoing. When my mother-in-law moved to Rohnert Park in 1994 from Fountain Valley in Orange County, there was only one doctor that I contacted willing to accept a new Medical patient. Thank you for retifying this long-standing error in classification.

Submitter : JOHN PRIDEAUX
Organization : JOHN PRIDEAUX
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JOHN PRIDEAUX
288 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : HILLARY BRUNN

Organization : HILLARY BRUNN

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

HILLARY BRUNN
191 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 FACTOR** **Date: 09/28/2005**

Organization : **ROBIN FACTOR**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

ROBIN FACTOR
285 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : **BENJAMIN MARTIN** **Date: 09/28/2005**

Organization : **BENJAMIN MARTIN**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

BENJAMIN MARTIN
350 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : RUSSELL RICE **Date:** 09/28/2005

Organization : RUSSELL RICE

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

RUSSELL RICE
6120 ORCHARD ST
SEBASTOPOL, 95472

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : ANN BALDWIN **Date:** 09/28/2005

Organization : ANN BALDWIN

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

ANN BALDWIN
190 FRATES RD
PETALUMA, CA 94952

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : **Mr. Samuel Staples** **Date: 09/28/2005**

Organization : **Mr. Samuel Staples**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

The payment policies under the Physician Fee Schedule for Sonoma County, CA (where I live)must be adjusted upward to match our neighboring counties, Napa, and Marin. In many cases the current payment does not even cover the cost of the service. Physicians are restricting their practice to not accepting new Medicare patients, and new Physicians are not being attracted to our area. Everyone knows the Fee Schedule is really wrong, please correct it.

Thank you -- Sam Staples (County resident and Medicare enrollee)

Submitter : **Ms. Laura Axtell** **Date: 09/28/2005**

Organization : **Ingenix**

Category : **Health Plan or Association**

Issue Areas/Comments

GENERAL

GENERAL

I am a reimbursement policy manager for Ingenix, and one of the policies that I co-manage is UnitedHealthcare's Multiple Procedure policy. I have a question regarding the National Physician Fee Schedule (NPFS) multiple procedure status indicator for CPT code 58605-Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure). Currently, per the NPFS, code 58605 is eligible for multiple procedure reductions when billed with another reducible code for the same date of service. Frequently, physicians or other health care professionals will submit a vaginal delivery code, for example 59400, and 58605 for the tubal ligation, for the same date of service. From a clinical standpoint, my understanding is that the tubal procedure would be done in a separate setting from the vaginal delivery, thus multiple procedure reductions would not be appropriate. I'm wondering if CMS might consider changing the status indicator of code 58605 to a no-reduction status, as per CPT this is a highly specialized code- performed during the same hospitalization as a vaginal delivery- and it is clinically unlikely that multiple surgical procedures would be performed under these CPT-defined circumstances. This would greatly reduce the number of circumstances wherein code 58605 submitted on the same date of service as a vaginal delivery code is being reduced inappropriately.

Thank you for your time and consideration.

Sincerely,

Laura Axtell
Reimbursement Policy Manager

Submitter : EDMIN FREUSTABY **Date:** 09/28/2005

Organization : EDMIN FREUSTABY

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

EDWIN FREUSTABY
18 PINACLE
PETALUMA, CA 94952

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : Abel Smith **Date:** 09/28/2005

Organization : Tucson Ear Nose

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1891-Attach-1.PDF

(Recommended letter to CMS on the proposed reduction of audiology reimbursement)

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,

Submitter : **RUKIE ROARK** **Date: 09/28/2005**

Organization : **RUKIE ROARK**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

RUKIE ROARK
547 STUDLEY
SONOMA, CA 95476

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : SHADI SHAMSAVIAN **Date:** 09/28/2005

Organization : SHADI SHAMSAVIAN

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SHADI SHAMSAVIAN
190 ROCK ROSE LN
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : JOSEPHINE THORNTON **Date: 09/28/2005**

Organization : JOSEPHINE THORNTON

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

JOSEPHINE THORNTON
613 CORONA RD
PETALUMA, CA 94952

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : ELLEN LICHENSTEIN

Organization : ELLEN LICHENSTEIN

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

ELLEN LICHENSTEIN
587 MARIA DR
PETALUMA, CA 94954

MEMORANDUM

DATE: September 20, 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: Theresa Duff

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 : EUNICE LA DELL ESCOLA
Organization : EUNICE LA DELL ESCOLA
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

EUNICE LA DELL ESCOLA
356 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : REYNOLD ESCOLA, JR

Organization : REYNOLD ESCOLA, JR

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

REYNOLD ESCOLA, JR
356 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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 : GENE BARNETT **Date:** 09/28/2005

Organization : GENE BARNETT

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GENE BARNETT
361 BREY RD
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 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: Claire Collingwood

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. Leonard Klein

Date: 09/28/2005

Organization : Dr. Leonard Klein

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I'm afraid that 2006 may be the year that all of us hard working and dedicated Oncologists may finally n ot be able to provide the kind of care that is needed for our pts.