Submitter : JAMES OROSZ

Organization : JAMES OROSZ

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JAMES OROSZ
155 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 : Ms. k Schmidt

Date: 09/28/2005

Organization : na

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Sonoma County has been classified as rural for Medicare reimbursements to physicians. There needs to be a variance for major population areas within rural counties. A city of 50,000 is not rural! I recognize that much of Sonoma county, especially the "west county" area, is very rural while the county seat in Santa Rosa has a population of 100,000+ and its incorporated cities of Petaluma, Rohnert Park, Santa Rosa, Windsor, Healdsburg and others should be considered with the rest of the Bay Area. I urge your to reconsider the classification of Sonoma County into 2 categories.

Submitter : Mr. Ted MacDonald

Date: 09/28/2005

Organization : The Surgical Clinic, PLLC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1903-Attach-1.DOC

September 27, 2005

Centers for Medicare & Medicaid Services (CMS)
Dept. of Health and Human Services
Washington, D.C.

File Code: CMS-1502-P-MULTIPLE PROCEDURE REDUCTION

Ladies and Gentlemen:

CMS with the recommendation from MedPAC proposes to reduce the technical component of multiple diagnostic procedures performed at the same setting by 50%.

The case made by CMS/MedPAC are built on the following precedents and logic:

1. History of "discounting" multiple surgery procedures.
2. History of "discounting" nuclear medicine diagnostic procedures.
3. Under resourced based PE methodology inputs for direct costs (clinical labor, supplies and equipment are based on individual service. Therefore, subsequent procedures (specifically contiguous body parts) don't require the same inputs.

We agree with CMS logic that multiple procedures on the same patient, at the same time and in the same place require less PE inputs. However, we differ on the percent and the documentation available to CMS that justifies a 50% discount. Let us explain:

1. We can find no documentation that clearly establishing the cost reduction of 50% for surgery. This CMS policy was established prior to the top down methodology for PE and we understand before the Harvard study, which was originally built on flawed charge, utilization, and physician time data. Further, the issues effecting surgery discounting (the surgeon's time is not duplicated for pre and post operative work which is usually significant portion of the overall surgeon's time) is significantly different than the resources effected by contiguous multiple imaging procedures. Therefore allowing this precedent to establish the proposed 50% reduction is not logical.
2. We would contend that nuclear medicine diagnostic procedures were inappropriately discounted based on the surgery policy.
3. Based on resourced based PE methodology there appears to be no hard evidence that 50% reduction has been documented. We grant that several labor activities are not duplicated. We grant that certain supplies are not duplicated. However, a MAJORITY of costs are not direct and still must be covered by the medical practice. We reference the same publication in the Federal Register (CMS-1502-P) page 45755, TABLE 14-Practice Expense Per Hour Figures submitted by various medical specialties and accepted by CMS. Taking into account the office expense, administrative staff, and other expenses (we define as indirect costs) represent a range of 52-70% of the total practice costs.
4. Further, it can be argued that some clinical staff, some medical supplies and most of the equipment are expended resources even on a single patient receiving multiple procedures.
5. Taking into account 3 and 4 about it appears 25% reduction is more in line with TOTAL resources duplicated.

We recommend that CMS not implement this policy and document the true resource reductions. CMS with the assistance of CPEP, PEAC and now PERC have worked for the public good by refining true resources used and applying those resources to PFS. It would be arbitrary to invoke an undocumented precedent (surgery discounting) and apply it to resources used within a small segment of diagnostic imaging. Further, when all resources are taken into account the duplication of services will be less that 50%. We would be willing to work with CMS in determining and measuring duplicated resources within these families of contiguous imaging procedures.

Sincerely,

Ted MacDonald
Chief Executive Officer

Submitter : GEORGE ROMERO
Organization : GEORGE ROMERO
Category : Individual
Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

GEORGE ROMERO
145 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 : C. FREY

Organization : C. FREY

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

C. FREY
118 GLENDEN WAY
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 : JACKIE SPAHR

Organization : JACKIE SPAHR

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JACKIE SPAHR
1457 CAPRI AVE
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: 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.

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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 STRADER

Organization : JEANNE STRADER

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

JEAN STRADER
2807 EASTMAN LANE
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: 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. Enrico Camporesi

Date: 09/28/2005

Organization : University of South Florida College of Medicine

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Please 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 : Mr. Mark Grasela

Organization : Hertiage Medical Associates

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Multiple Procedures Reduction

My comments represent 50 physicians apart of our organization. Based upon our analysis the 50% reduction appears arbitrary. Our cost analysis suggests a 20-25% reduction to be more in order. Also, a phased-in redcution would allow physicians to adjust financially to not only this reduction but the overall 4.3% across the board reduction schedule to go into effect in 2006

Lastly, physicians have made major investments in imgaing equipment based upon an expected revenue stream. That is now threaten and may has serious future financial implications for numerous practices.

Thank you for allowing our comments to be heard,

Mark Grasela
CEO Hertiage Medical Associates, pc

Submitter : Miss. Erica Schoenberg, MS CCC-A **Date:** 09/28/2005

Organization : Miss. Erica Schoenberg, MS CCC-A

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,
Erica H. Schoenberg, MS, CCC-A
Clinical Audiologist

Submitter : Mr. John Barnas

Date: 09/28/2005

Organization : Michigan Center for Rural Health

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

CMS Proposed 2006 Physician Fee Schedule Changes

Proposed Recommendations:

1. Add the following requested services: Medical Nutrition Therapy MNT G0270, 97802, and 97803.

We support including the MNT CPT codes in the final physician fee schedule.

2. Revise section ?410.78 and ?414.65 of the SSA to include individual MNT as a Medicare TeleHealth Service.

We support the CMS decision to add Medical Nutritional Therapy to the list of Medicare TeleHealth services.

3. Revise section ?410.78 of the SSA to add registered dietician and nutrition professional as defined in ?410.134 of the SSA to the list of practitioners that may furnish and receive payment for a telehealth service.

We support the CMS decision to add registered dietician and nutrition professionals to the list of practitioners that may furnish and receive payment for a telehealth service.

4. Rejection of the request to add Group Medical Nutrition Therapy ? CPT codes G0271 and 97804

We disagree with the CMS position on the inclusion of Group Medical Nutrition Therapy as a TeleHealth service. We believe that the provision of group medical nutrition therapy over telehealth is the same as when conducting MNT in-person.

Submitter : Dr. keith boxerman dds

Date: 09/28/2005

Organization : self -dentist

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a local dentist and resident of sonoma county
i ask that the medicare fees- reimbursement be significantly and appropriately adjusted upwards to honor the sophistication of our services, the numbers of citizens in our area of medicare age,and the costs of living and providing care in our county.
this county has one of the highest cost of living in the country and very low medicare reimbursement
our medical community has been devastated by this situation with many fine practioners leaving the area, new physicians discouraged from staying or starting here,and ones practicing here having to mortgage their homes to continue handling the costs of providing care
we even lost a terrific local hmo due to this situation leaving many out of work and unserved
we have a wonderful community here with many fine physicians i implore even beg you to correct this terrible imbalance
thankyou keith boxerman dds

Submitter : **Uta Martin**

Organization : **Uta Martin**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Uta Martin
3406 Sydney Sq.
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 28, 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: Uta Martin

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 :

Date: 09/28/2005

Organization :

Category : **Congressional**

Issue Areas/Comments

GENERAL

GENERAL

In addition, the 2 supporting letters will be forwarded in hard copy.

CMS-1502-P-1914-Attach-1.DOC

September 26, 2005

The Honorable Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
314G Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

File code: CMS-1502-P
Issue identifier: Teaching Anesthesiologists

Dear Dr. McClellan:

Enclosed you will find information from the American Society of Anesthesiologists and the Arizona Society of Anesthesiologists in relation to the current payment policy for the Medicare anesthesiology teaching rule. Academic anesthesiologists from my state have spoken with me about their reimbursement system, which I believe merits further review.

It appears to me that the current practice of reducing the reimbursement for anesthesiologists who supervise two medical residents in overlapping to 50 percent for each case is problematic in the short term for the residency programs, and over time, contributes to the shortage of anesthesiologists in private practice. The safety and quality of services rendered to Medicare beneficiaries are always the primary concern, and I hope CMS will maintain the highest standards in these areas while also paying physicians appropriately.

I have also heard from the nurse anesthetists and want to ensure that a disincentive to train certified registered nurse anesthetists (CRNAs) is not created through any changes to the anesthesiologist reimbursement proposals. I ask you to consider the comments I have enclosed, and work towards a proposal with the American Society of Anesthesiologists and the American Association of Nurse Anesthetists to address the problems in the 2006 Physician Fee Schedule Payment Rule.

I expect no action to be taken on this matter which would be inconsistent with existing rules and regulations. As always, I thank you for your leadership and look forward to hearing from you.

Sincerely,

JON KYL
United States Senator

Submitter : **Edith Goss**

Organization : **Edith Goss**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Edith Goss
42 Charles St. #21
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Edith Goss

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 : **Dorothy Beardslee**

Organization : **Dorothy Beardslee**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Dorothy Beardslee
42 Charles St. #22
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Dorothy Beardslee

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.

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

Submitter : **Salvador Perez** **Date: 09/28/2005**

Organization : **Salvador Perez**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Salvador Perez
42 Charles St. #12
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Salvador Perez

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 : **Josephine Perez**

Organization : **Josephine Perez**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Josephine Perez
42 Charles St. #12
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Josephine Perez

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 : **Julia Bond**

Organization : **Julia Bond**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Julia Bond
42 Charles St. #11
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Julia Bond

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 : **Marlene Sutro**

Organization : **Marlene Sutro**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Marlene Sutro
42 Charles St. #34
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Marlene Sutro

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 : **Mariam Pelot**

Organization : **Mariam Pelot**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Mariam Pelot
42 Charles St. #35
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Mariam Pelot

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.

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

Submitter : **Roberta Padett**

Organization : **Roberta Padett**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Roberta Padgett
42 Charles St. #14
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Roberta Padgett

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.

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

Submitter : **Earl Wagner**

Date: **09/28/2005**

Organization : **Earl Wagner**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Earl Wagner
42 Charles St. #31
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Earl Wagner

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.

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

Submitter : **Beverly Sonada** **Date: 09/28/2005**

Organization : **Beverly Sonada**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Beverly Sonada
42 Charles St. #32
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Beverly Sonada

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 : **Eleanor Schoen** **Date: 09/28/2005**

Organization : **Eleanor Schoen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Eleanor Schoen
42 Charles St. #33
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Eleanor Schoen

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 : **Jean Vandervoort** **Date: 09/28/2005**

Organization : **Jean Vandervoort**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Jean Vandervoort
42 Charles St. #42
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Jean Vandervoort

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 : **Bonnie Morse** **Date: 09/28/2005**

Organization : **Bonnie Morse**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Bonnie Morse
42 Charles St. #43
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Bonnie Morse

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 : **Julie Massey** **Date: 09/28/2005**

Organization : **Julie Massey**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Julie Massey
42 Charles St. #45
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Julie Massey

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 Rea** **Date: 09/28/2005**

Organization : **Pat Rea**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Pat Rea
42 Charles St. #71
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Pat Rea

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 : **Valerie Shaw** **Date: 09/28/2005**

Organization : **Valerie Shaw**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Valerie Shaw
42 Charles St. #74
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Valerie Shaw

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 : **Dixie Geddes** **Date: 09/28/2005**

Organization : **Dixie Geddes**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Dixie Geddes
42 Charles St. #91
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Dixie Geddes

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 : **Jean Forbes** **Date: 09/28/2005**

Organization : **Jean Forbes**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Jean Forbes
42 Charles St. #82
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Jean Forbes

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 : **Christina Williams** **Date: 09/28/2005**

Organization : **Christina Williams**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Christina Williams
42 Charles St. #83
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Christina Williams

Re: GPCIs

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

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

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

Submitter : Dr. Bennett Shatkin

Date: 09/28/2005

Organization : Shatkin Catdiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Reimbursement for cardiology procedures should not be reduced. These procedures are necessary for the management of cardiac diseases, reducing morbidity & mortality and patient hospitalization and length of stay. I perform electrical bioimpedence monitoring in my office to manage my CHF patient's because it's a very useful tool. I feel the benefit of this tool is evidenced by the fact that I have below the national average lenght of stay. However, this and other procedures have increased my need for staff who are able to perform the procedure correctly. I ask that your re-evaluate your assessment used for lowering fees. There is no other profession that reduces the income that a person earns every year. I spent 16 years of training. I trained at the top schools in the country and have been in practice for 18 years. I feel that I should be compensated the same as any other professional, based on education, experience and quality of work. The trend of low compensation for physicians is discouraging the brightest and best in America from entering Medical School and in the end our healthcare in this country will suffer. Please consider this request and do not reduce these fees.

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, M.D. 21244-8017

Cincinnati Children's Hospital
Department of Pediatric Anesthesiology
3333 Burnet Avenue, ML 2001
Cincinnati, Ohio
45229

Dear Dr. McClellan,

I am writing as an academic Pediatric Anesthesiologist at the Cincinnati Children's Hospital to discuss the Centers for Medicare Services (CMS) policy towards reimbursement for academic anesthesiologists.

I was frankly unaware of CMS' policy towards reimbursement until I was alerted by the American Society of Anesthesiology, which indicates that an inconsistent rule concerning payment for anesthesia services exists. Teaching surgeons and internists receive full payment for work with residents but anesthesiologists do not?

Our full participation as anesthesiologists is both legally and ethically required, and is a critical element to maintaining patient safety. However, the financial impact on our specialty is significant, and our ability to attract the best to academic careers has suffered.

I do not understand why Medicare would require that my services be discounted, while those of another medical specialist are not. Why is there not consistency between specialties?

I thank you for your attention to this matter. I am hopeful that CMS will be able to resolve the penalty imposed on teaching anesthesiologists.

Sincerely yours,

Paul J. Samuels, M.D.
Director, Pediatric Anesthesia Fellowship
Associate Professor of Anesthesiology and Pediatrics
Cincinnati Children's Hospital
Cincinnati, Ohio

Submitter : Dr. Enrico Camporesi **Date:** 09/28/2005

Organization : University of South Florida College of Medicine

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Please see Attachment

CMS-1502-P-1936-Attach-1.PDF

USF HEALTH

September 28, 2005

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

Dear Sir or Madam:

I am writing to you as the Chair of the Department of Anesthesiology at the University of South Florida College of Medicine to express my dismay over the ***Proposed Rule for the 2006 Physician Fee Schedule***. I'm very concerned that it does not include a correction of the discriminatory policy of paying teaching anesthesiologists only 50% of the fee for each of two concurrent resident cases.

The University of South Florida is a teaching institution providing primary, secondary and tertiary care to a 17 county region in central Florida. It is the only level one Trauma center within 80 miles. Approximately 35% of our patients use Medicare as their primary insurance carrier. Data from the US Census Bureau reveal that in the year 2000, the number of people in the US greater than 65 years of age was 35 million, representing a 12% increase over 1990. It is projected that by 2025, the portion of the US population over age 65 will increase by a staggering 80%!! The State of Florida has the highest retiree population in the entire country. Our elderly population requires an increasing amount of health care to maintain quality of life. An ever growing number of patients over 65 years of age present for surgery, many of them to teaching hospitals such as ours.

Although we anticipate seeing an increase in the number of elderly patients in our operating rooms, there is a currently a short fall nationally in the number of practicing anesthesiologists. Additionally, anesthesiology training programs are not able to train adequate numbers of physicians to meet the projected future need. Economic factors force salaries for teaching anesthesiologists to be less than those for anesthesiologists in the private sector, so attracting faculty to train the next generation is problematic. I currently have four open faculty positions. The Medicare anesthesia conversion factor is less than 40% of the prevailing commercial rates. Reducing that meager amount by a further 50% for providing medical direction concurrently to two resident's results in revenue stream which is grossly inadequate to cover faculty salaries.

Residents are involved in the care of all patients. The residents gain the experience they need to practice state of the art anesthesia upon completion of their residency and our elders receive cutting edge care. In most of the cases, a faculty anesthesiologist provided concurrent care to a

second case for a portion of time. My Department lost significant revenue as a result of the discriminatory concurrency policy. This is clearly not a sustainable situation for us.

My surgical colleagues are able to supervise residents performing two overlapping surgical procedures and collect 100% of their fee for each case from Medicare. My colleagues in internal medicine can supervise residents in four overlapping outpatient visits and collect 100% of the fee for each case. Reducing a teaching anesthesiologist's fee by 50% is neither fair nor reasonable. Failure to promptly correct this discriminatory policy will continue to adversely affect my ability to train residents in anesthesiology thereby reducing the availability of well trained anesthesiologists to care for tomorrows' senior citizens.

Sincerely,

Enrico Camporesi, MD

Enrico Camporesi, MD
Professor and Chairman, Anesthesiology
Professor of Physiology
Associate Dean for Clinical Practice
University of South Florida College of Medicine

EMC:lv

Submitter : **Irene Danielson**

Organization : **Irene Danielson**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Irene Danielson
42 Charles St. #93
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Irene Danielson

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. Daniel Mitchell

Organization : University of Kansas

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

I am writing both as a private practice anesthesiologist at Shawnee Mission Medical Center and as a volunteer faculty member at the University of Kansas School of Medicine to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. This also results in discriminatory practices against Medicare beneficiaries by encouraging practices to assign Medicare cases to non-physician 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.

Daniel S. Mitchell M.D.

Submitter : **Andal Tomas**

Organization : **Andal Tomas**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Andal Tomas
42 Charles St. #101
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Andal Tomas

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 :

Date: 09/28/2005

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-1941-Attach-1.DOC

Pain & Disability Management Consultants, P.C.
105 Braunlich Dr. (McKnight Plaza)
Suite 410
Pittsburgh, PA 15237
Phone: (412) 635-2920
Fax: (412) 635-9677

"Directions in Healing"

September 28, 2005

Centers for Medicare & Medicaid Services
File Code: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

RE: 2006 Proposed Medicare Fee Schedule Reduction on Intrathecal Pump Analysis/Programming Codes

To Whom It May Concern:

It was brought to our attention that in 2006 there will be a significant reduction to the reimbursement for the analysis and programming codes (62367 and 62368). This is a result of Medtronic's decision in May 2004 to change their pricing policy on programmers to a no charge item.

Prior to May 2004, we purchased a programmer through Medtronics. We feel that we should be allowed to bill the professional component and also for the technical component. This will adequately compensate those physicians who have paid for the programmer and are currently, legitimately billing for the patient use of the device.

Sincerely,

Kelley Gilman

Kelley Gilman
Practice Manager

Submitter : Dr. Jerome Klafta **Date:** 09/28/2005

Organization : University of Chicago

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing as an academic anesthesiologist at the University of Chicago to strongly urge the Centers for Medicare and Medicaid Services to change the Medicare anesthesiology teaching payment policy.

With 9 years experience as a residency program director, I have dedicated much of my academic career to educating the next generation of anesthesiologists and have been fortunate to garner numerous teaching accolades in the process. I write on behalf of all of us who devote much of our professional time and energy to instructing, challenging, and supporting these young resident anesthesiologists. Indeed, our work as academic teaching anesthesiologists profoundly influences the quality of anesthesiology care for years to come.

Quite simply, the current Medicare rule that reduces payment on teaching cases for anesthesiologists by 50% threatens the future of our specialty by hampering the ability of residency training programs to recruit and retain quality faculty. Consistent, quality teaching is impossible without appropriate reimbursement. Expecting our very best teaching anesthesiologists to remain in academics and teach as a 'labor of love' is unrealistic. This 'penalty' for teaching does not apply to academic surgeons or internists and it should not apply to anesthesiologists either.

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.

Sincerely,

Jerome M. Klafta, M.D.
Associate Professor
Associate Chair for Education
Department of Anesthesia and Critical Care
University of Chicago

Submitter : Mrs. Sherry Adkins **Date:** 09/28/2005

Organization : St. Claire Regional Medical Center

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Our ADA Recognized Diabetes Education Program has been utilizing Telehealth services for 7 years. We are centered at a hospital outpatient department and also serve 4 outlying hospital primary care clinics in Eastern Kentucky. The diabetes nurse CDE travels to each clinic at least once a month, and also utilizes Telehealth. The RD, CDE cannot travel to the clinics and has been using Telehealth for those clients unable to make the trip to the hospital. We have a trained and qualified individual at each primary care site that is available to assist the client during a Telehealth class.

Only rarely do we need to do insulin administration education via Telehealth, but we have been able to keep patients out of the hospital by so doing. If the nurse educator needs to instruct a person about insulin administration or insulin delivery devices per Telehealth, we do not do it in a group setting, but conduct an individualized session. The nurse who is with the patient at the receiving site provides the hands on assistance. (It has been our education team?s experience that the group setting does not work well when teaching insulin administration in any case. The emotional aspects of initiating insulin injections make dealing with more than 1 client?s needs too difficult.)

Most of the Diabetes Self-Management Training (DSMT) that is conducted per Telehealth is not insulin education. DSMT can easily and effectively be taught via Telehealth. We always schedule at least one visit ?in person? for all clients. Topics such as sick day management, chronic complications, nutrition, physical activity needs, problem solving, etc. can be taught very easily via Telehealth. Our patient satisfaction and follow-up of self-care behaviors have demonstrated this. Only individuals with special needs, such as those with hearing deficits and blindness, are not good candidates for Telehealth education.

Our request is that DSMT via Telehealth be an approved Medicare service. A program combining ?in person? assessment and general DSMT via Telehealth has met the needs of our patients, who are located in remote and otherwise underserved areas. Denying this coverage will put many patients at risk of not receiving DSMT?a much needed service.

Sherry Adkins, RN, CDE
Diabetes Education Coordinator
St. Claire Regional Medical Center
Morehead, KY 40351

Submitter : Dr. Victoria Harris Au.D.

Date: 09/28/2005

Organization : Hearing Assessment

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,
Victoria L. Harris Au.D.
Doctor of Audiology

Submitter : **Dr. Deena Patil** **Date: 09/28/2005**

Organization : **GHA, St Lukes Episcopal Hospital. TX**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr McCllellan
I am writing this lrttre to urge the CMS to change the Medicare anesthesiology teaching payment policy.
When other subspecialities can collect 100 percent of the fee while working with residents on overlapping cases, Why are anesthesiologist paying the penalty?. This is particularly sensitive issue at current times when there is such a shortage of anesthesia providers. We need our academic anesthesiologists in the teaching institutes to train new anesthesiologists.The current medicare regulations will not help in retaining skilled teaching faculty in our Anesthesiology departments in academic centers.
Correcting this policy now,will help many patients in future in true sense.

Deena A Patil,MD.
Anesthesiologist,
GHA, Houston, TX

Submitter : Dr. Robert Holloway **Date:** 09/28/2005

Organization : Florida Hospital Cancer Institute

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

On behalf of the cancer community in central Florida, I am responding to the reimbursement cuts to community oncology in 2006.

As you know, the Medicare Modernization Act (MMA) reformed reimbursement of cancer care by eliminating the overpayment for drugs; however, payment cuts are too severe. It has been very well documented by CMS that the actual cost of administering oncology care is under-reimbursed under the current formula. The magnitude of these cuts far surpasses the intent of Congress in passing the MMA as shown in a report just issued by PricewaterhouseCoopers. The report estimates that there will be $13.0 billion cut from Medicare funding for cancer care through 2013, which is $8.8 billion higher than the $4.2 billion cuts contained in the MMA. Reducing Medicare funding will make it economically impossible to treat many Medicare patients on many specific oncology protocols. This is already happening at current funding levels, such that Medicare patients are oftentimes displaced to the hospital setting for their chemotherapy. Hospitals in central Florida simply cannot manage the burden of treating all Medicare and Medicaid oncology patients, and therefore I am writing to inform you of the looming crisis.

The MMA did temporarily increase Medicare payment for cancer care services in 2004 but then decreased payments substantially in 2005. To augment the lost Medicare funding, CMS created a $300 million quality of life demonstration project for 2005. However, the one-year demonstration project will end in 2005 and Medicare funding for cancer care will lose at least $400-$500 million from this and other reimbursement decreases. Unfortunately, these cuts are just from Medicare. Now, private insurers are also reducing their reimbursement for cancer care. The decrease in Medicare payments will make it difficult, if not impossible, for our clinic to continue to provide quality cancer care.

I urge you to reconsider the proposed Medicare budget and reverse the $400-$500 million budgetary cut. If this proposed budget goes through, you will have a very large disenfranchised population of Medicare patients in Florida who will find it impossible to receive efficient outpatient office-based oncology care.

Robert W. Holloway, MD
Co-Director Gynecologic Oncology
Florida Hospital Cancer Institute
2501 N. Orange Avenue Suite 689
Orlando, FL 32804

Submitter : Bernard Lyons

Date: 09/28/2005

Organization : Vasca, Inc.

Category : Device Industry

Issue Areas/Comments

GENERAL

GENERAL

Please see attachments.

CMS-1502-P-1947-Attach-1.PDF

CMS-1502-P-1947-Attach-10.PDF

CMS-1502-P-1947-Attach-11.PDF

CMS-1502-P-1947-Attach-12.PDF

CMS-1502-P-1947-Attach-2.PDF

CMS-1502-P-1947-Attach-3.PDF

CMS-1502-P-1947-Attach-4.PDF

CMS-1502-P-1947-Attach-5.PDF

CMS-1502-P-1947-Attach-6.PDF

CMS-1502-P-1947-Attach-7.PDF

CMS-1502-P-1947-Attach-8.PDF

CMS-1502-P-1947-Attach-9.PDF

Attach # 1

VASCA

3 Highwood Drive
Tewksbury, MA 01876
Tel: (978) 863-4400
Fax: (978) 863-4401
www.vasca.com

September 28, 2005

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

Ref: 2006 Proposed Physician Fee Schedule Rule: CMS-1502-P

Dear CMS:

This letter is in comment to the proposed rule for physician payment.

This past April, we submitted a request to CMS to correct a clerical error that has impacted the payment for CPT code 36566, *Insertion of a tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites with subcutaneous port(s).* This clerical error involves the misidentification of the implantable device used to calculate the practice expense value in the CPT code application.

We have been asked to resubmit the information we previously submitted as a comment to the proposed rule, a request we are fulfilling via this correspondence. Our initial letter and supporting documentation is attached.

Since the beginning of this year we have received calls and questions from physicians regarding the payment for 36566. We have explained the situation and answered their questions as best as possible. Their ongoing concerns and further questions have been redirected to the Society of Interventional Radiology (SIR) and American Society of Diagnostic and Interventional Nephrology (ASDIN) as appropriate for their specialty. It is our understanding that both societies will comment separately on this clerical error.

Thank you for your consideration.

Sincerely,

Bernard E. Lyons, Ph.D.
President and Chief Executive Officer

Attach # 2

VASCA
3 Highwood Drive
Tewksbury, MA 01876
Tel: (978) 863-4400
Fax: (978) 863-4401
www.vasca.com

March 25, 2005

Pam West
Centers for Medicare and Medicaid Services
Mail Stop C4-03-06
7500 Security Boulevard
Baltimore, MD 21244

Dear Pam:

As we previously discussed, we would like to request a review of the RBRVS for CPT 36566. Specifically, one of the line items listed in the supply list is a "catheter, VCA, tunneled, dual (Tesio)" with a quantity of one and a price of $355.

As background, CPT revised its section on central venous access procedures effective 2004, resulting in several new codes. CPT 36566 reads as: *Insertion of a tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites with subcutaneous port(s).*

While a Tesio catheter is appropriate for CPT 36565, *Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)*, it is not appropriate for 36566 because a Tesio catheter does not include a subcutaneous port. As far as we are aware, the only commercially available product that currently fits into CPT 36566 is the LifeSite® Hemodialysis Access System.

Enclosed is the information you requested. APPENDIX A is a description of the implantation procedure for LifeSite®, APPENDIX B is a comparison of the LifeSite® Hemodialysis Access System and Tesio-Cath, APPENDIX C is a bibliography of relevant articles, and APPENDIX D includes copies of invoices. Additionally, the following link contains the detailed information you requested on LifeSite®:

http://www.vasca.com/pdf_folder/LifeSite_Hemodialysis_Access_System_Instructions_for_Implantation_and_Use.PDF

As noted in the CPT code description and the product literature, implantation requires two devices, which cost a total of $3,500 (2 x $1,750) per patient. Each kit for a single device (1) includes one LifeSite® valve, one 12F silicone cannula 65cm in length, one 13F split sheath introducer, one 12F by 8-inch tunneler, and two Medisystems 14-gauge

needles in sterile packs. Documentation supporting the kit price is in APPENDIX D – INVOICES.

Because of this descriptive and pricing discrepancy, we would like to request a review of the catheter element of the RBRVS for CPT 36566 and a revision to replace the Tesio catheter line item with the LifeSite® Hemodialysis Access System, quantity 2, and total price of $3,500.

I hope this documentation provides the information you require to perform a thorough review. If you have any questions or if you require additional information, please do not hesitate to contact us at (978) 863-4400.

Thank you for your attention to this matter.

Sincerely,

Bernard E. Lyons, Ph.D
CEO
Vasca, Inc.

Enclosures

cc: Mike Mabry, SIR
Jerry Stringham, MTP

APPENDIX A – IMPLANTATION DESCRIPTION

LifeSite® implantation requires maximum barrier protection at the time of implant. For hemodialysis, two separate LifeSite® systems are implanted, allowing for:

- Flexibility of location for the valve and cannula in patients with poor vasculature
- Dual-needle dialysis; one valve used for blood draw and the other for blood return
- Ability to exchange only one cannula or remove only one valve if device-related complications occur

LifeSite® implantation is performed in three stages. First, two silicone cannulas are inserted into the appropriate veins. This is followed by the creation of two subcutaneous valve pockets. The final step is the attachment of the cannulas to the valves and the implantation of the two valves into subcutaneous pockets.

First stage: The operative site is prepared with 4 percent chlorhexdine scrub and draped. The cannulas are inserted into a central vein, typically the right jugular vein, using t he s eldinger o r al ternative t echnique an d u ltrasound g uidance. T he vein is punctured for the first cannula and the first guidewire is placed through the needle and into the vein. Then the vein is punctured for the second cannula and the second guidewire is placed. Fluoroscopy is used to confirm guidewire location. The peel-away sheath of the cannula is removed, and the cannula tips are placed in staggered positions in the right atrium with the tip of the draw cannula approximately 2cm to 4cm above the tip of the return cannula. The cannula tip is positioned with fluoroscopy.

Second stage: Two subcutaneous valve pockets are created side-by-side approximately 2cm to 4cm below the clavicle. The site for the first pocket is anesthetized. Through an incision of 3.5cm sharp dissection, a subcutaneous pocket is created just large enough to hold the valve in the pocket. These pockets are located so that the valves can be covered by 1cm to 1.5cm of subcutaneous tissue and sutured to the fascia. Bleeding vessels are tied off in conjunction with the use of cauterization to achieve hemostasis. The pockets are then irrigated with saline, and a trial placement of the valve is conducted to ensure that it fits in the pocket. The second valve pocket is created in the same manner.

Third stage: The cannulas are then tunneled subcutaneously to the pockets and cut to the proper length. Fluoroscopy is used to confirm that both cannula tips are positioned in the right atrium. The length of the implanted cannula is documented to ensure proper heparin volume is used for the cannula lock. The cannulas are then connected to the valve. Valve function is tested with a 14-gauge needle. Fluoroscopy is used to verify that the cannula is not kinked. Each valve is placed in a pocket, the valve's flat base is sutured to the fascia, and then the pockets and incisions are closed with sutures. The

valves are irrigated with an antimicrobial solution using a 25-gauge needle and accessed with the 14-gauge needle provided. Infusing heparin though the 14-gauge needles into both LifeSite® systems creates heparin locks. The needles are removed and the appropriate dressing is applied. The procedure is dependent on the individual patient, and subjective, expert judgment is involved in determining the final length and placement of the cannula.

APPENDIX B – LIFESITE® AND TESIO-CATH COMPARISON

The Medcomp Tesio-Cath, manufactured by Medical Components, Inc. and referred to as the Tesio-Cath, was one of the predicate devices for the LifeSite® 510(k).

Indications: Both the Tesio-Cath and LifeSite® are used for blood access for hemodialysis. Both are indicated when immediate access for hemodialysis is necessary. LifeSite® is implanted for high flow-rate draw recommended by the KDF-K DOQI as well as for return while the Tesio-Cath for hemodialysis has been proven in clinical trials to have lower flow rates. The preferred implant location is the right internal jugular vein. While the Tesio-Cath has a significant external portion of the device, LifeSite® is totally subcutaneous.

Structural and Functional Comparison: Key structural and functional differences between LifeSite® and other vascular access devices (VADs) such as the Tesio-Cath are:

- Chronic catheters such as the Tesio-Cath are not considered breakthrough technology. They are not valves. LifeSite® has an internal valve mechanism that isolates the device from the associated implanted cannula when not in use, allowing for irrigation of the valve and access tract with an irrigation needle and antimicrobial solution without communicating the irrigation fluid into the vasculature.

- LifeSite® is the only totally subcutaneous VAD for central venous access. Chronic catheters such as the Tesio-Cath have an external portion that is visible, that cannot be covered easily by clothing. Futher, the transcutaneous portion of the Tesio-Cath creates an open, unprotected access to the vascular systems and therefore, clinically documented increased incidence of infection.

- The valve materials are stronger and more expensive for LifeSite® compared to the Tesio-Cath. The LifeSite® valve is made of medical grade titanium, 316 series stainless steel, and silicone elastomers. There are no latex components. Only the LifeSite cannulas share similar materials with the Tesio-Cath as both are made of silicone. The Tesio-Cath is made of silicone rubber and PVC materials.

- LifeSite's internal structure, including the valve elements, has a uniform cross-section that does not disrupt blood flow and minimizes hemolysis. This uniform flow path prevents stagnant flow areas where clots may form. The presence of clots would serve as a breeding ground for infection and would decrease blood flow. Typical implantable central venous VAD such as the Tesio-Cath have no valve mechanism and are very unsophisticated technologies.

- Flow is influenced by the diameter of the catheter or cannula and the length. The LifeSite® cannula is larger in diameter (12F compared to 10F for the Tesio-Cath) and shorter, resulting in higher flow rates (i.e., it is a shorter, bigger straw). A difference of 2Fs in diameter results in approximately 55 percent greater flow.

The LifeSite® design also permits the use of a large bore needle without damage to LifeSite® or the needle. LifeSite® needles are the largest of most VADs (14-gauge) and, in conjunction with the 12F cannula, allow for greater flow than other VADs. Chronic catheters such as the Tesio-Cath are accessed with the luer connector and have been clinically demonstrated to have lower flow rates than the LifeSite® System.

- LifeSite® is designed to minimize accidental needle dislodgement without requiring additional structures or components. In the unlikely event a needle accidentally dislodges, the valve closes, creating immediate hemostatis and no blood loss. Typical chronic catheters can be accidentally dislodged and have no safety features to create hemostasis.

- Compared to other VADs such as the Tesio-Cath, LifeSite® allows more time for fistulas to mature, results in lower complicationsduring the bridge period and therefore, results in a higher prevalence of AV fistulas in dialysis units.

Implantation Procedure Comparison: Insertion of the Tesio-Cath and LifeSite® are similar; however, the key differences lie in the creation of the valve pocket for LifeSite®, tunneling, and suturing of the pockets for two devices. LifeSite® implantation requires more skill and technique than the micropuncture technique of inserting a catheter. This procedural difference is observed especially in creating a valve pocket for the LifeSite® system. The creation of a subcutaneous pocket for LifeSite® involves:

- An incision just wide enough for the valve and deep enough to reach to the fascia pectoralis
- Dissection to create the subcutaneous pocket just large enough to position the valve comfortably within the pocket and to prevent valve migration or shifting
- Meticulous hemostasis (cauterization) to prevent valve pocket hematoma
- Irrigation and trial placement of valve to ensure proper placement of valve
- Creation of second valve pocket
- Tunneling of cannula from venotomy
- Suturing of valve into pockets.

The LifeSite® valve must be placed in the pocket so that the flat surface of the valve with the needle access hole is between 1cm to 1.5cm from the skin surface and the valve surface is parallel to the skin surface. This is necessary to ensure easy cannulation of the device. It also is critical that the LifeSite® valves be placed 1.0cm to 1.5cm below the skin surface due to the limited availability of differing needle lengths for the standard dialysis needles used to access the device. Improper needle seating due to a valve being implanted too deep can result in the development of complications (e.g., bleeding, hematoma formation, infection). Since the LifeSite® valve design is such that its height or profile is significantly more prominent than that of a chemoport, greater precision is required with LifeSite® to ensure the correct amount of subcutaneous tissue over the valve.

Another difference is the requirement for two devices to be implanted with the LifeSite® system as opposed to one with a chemotherapy port. The positioning of the two valves is very important. The implanting physician must ensure the lateral valve is not implanted too far laterally, since this may result in the valve being tilted and difficult for the dialysis nurse to access. Also, the two valves need a sufficient amount of separation to allow for a nurse to place the thumb and forefinger of his/her nondominant hand around the valve in order to stabilize it during the cannulation procedure.

The time involved in creating the two pockets is considerably more than the placement of the Tesio catheter because of the additional techniques required as outlined above. The Tesio-Cath does not require creation of valve pockets or valve stabilization.

APPENDIX C – BIBLIOGRAPHY

Six-month results from the Vasca-sponsored LifeSite® Hemodialysis Access System clinical trial were published in the September 2002 issue of *Kidney International.* This paper supports the use of LifeSite® as a means to achieving K/DOQI recommendations for the creation of AV fistulas and also details superior clinical outcomes with the device versus a standard hemodialysis catheter. This study was conducted in two phases. In the first phase, a multi-center prospective randomized design study was conducted with 34 patients enrolled in the Tesio-Cath group and 36 patients in the LifeSite® group where the an timicrobial solution was .2% o xychlorosene. In the second identical bu t non-randomized phase, 34 LifeSite® patients were studied and 70 percent isopropyl alcohol was the antimicrobial solution. This study shows that the LifeSite® Hemodialysis Access System has superior performance with lower infection rates and better device survival time than a standard cuffed tunneled catheter when used with 70% isopropyl alcohol as an antimicrobial solution.

Twelve-month results from the extension phase of the IDE clinical trial (N=34 additional LifeSite patients) were published by Moran et. al., at the American Society of Nephrology Meeting in 2002. These data were submitted to the FDA and resulted in Vasca's second FDA clearance for a fully implantable blood access system for chronic (long-term) hemodialysis access.

Enclosed is a list of key publications that present information on the clinical use and efficacy of the LifeSite® System.

APPENDIX D – INVOICES

The price of the LifeSite® Hemodialysis System is $1,750. However, due to the need for two devices for an implantation, the total cost is $3,500 per patient implantation. Each kit for a single device includes one LifeSite® valve, one 12F silicone cannula 65cm in length, one 13F split sheath introducer, one 12F by 8-inch tunneler, and two Medisystems 14-gauge needles in sterile packs. The enclosed invoices document this standard pricing.

Attach 3

The LifeSite® Hemodialysis Access System
Publications and Abstracts

Publications:

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- Beathard GA, Posen GA. Initial clinical results with the LifeSite® Hemodialysis Access System. *Kidney International*, 2000; 58:2221-2227.

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  (2004 Annual Conference on Dialysis, San Antonio, Texas)
- Liggett SP, Pitsch R, Clinical outcomes associated with the Use of a Totally Subcutaneous Hemodialysis Access System, (abstract). *Journal of the American Society of Nephrology*, 2003; 14:243A
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Attach # 4

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV25453 Revision: 0
Invoice Date: 06/30/03 Page: 1
Print Date: 03/14/05

Bill To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US
P.O. 161314

Sold To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US

Sales Order: SO28096
Order Date: 06/30/03
Salesperson(s): 202

Credit Terms: NET30
Net 30
Resale:
Remarks: attn recv ref p.o.

Ship Date: 06/30/03

Ship-to: 0002651A
Ship Via: blue
BOL: 1Z1E87E00249624090
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
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LHAS, US						

Lot/Serial Numbers Shipped:

	Qty	Expire	Reference
26949	8.0	05/01/04	04

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Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV25453 Revision: 0
Invoice Date: 06/30/03 Page: 2
Print Date: 03/14/05

Bill To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US
P.O. 161314

Sold To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
Invak03809	EA	4.0	0.0	no	60.00	240.00
LifeSite Hemodialysis Vascular Access Kit						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		
1000884		4.0	04/30/05	00		

faxed in
402-481-5857
sandy houser

Non-Taxable: 14,252.00
Taxable: 0.00
Tax Date: 06/30/03

Currency: USD

1	0.000%	2	0.000%	3	0.000%		
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Freight 20 :	12.00
Restocking 30 :	0.00
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Total:	14,252.00

Attach # 5

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV21901 Revision: 0
Invoice Date: 06/03/02 Page: 1
Print Date: 03/14/05

Bill To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US
P.O. 134617

Sold To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US

Sales Order: SO23407
Order Date: 06/03/02
Salesperson(s): 202

Credit Terms: NET30
Net 30
Resale:
Remarks: fax

Ship Date: 06/03/02

Ship-to: 0002651A
Ship Via: ups blue
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FOB Point: Tewksbury, MA

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LHAS, US						

Lot/Serial Numbers Shipped:

	Qty	Expire	Reference
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Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV21901 Revision: 0
Invoice Date: 06/03/02 Page: 2
Print Date: 03/14/05

Bill To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US
P.O. 134617

Sold To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US

Non-Taxable: 14,012.00
Taxable: 0.00
Tax Date: 06/03/02

Currency: USD

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0.00		0.00		0.00		

Attach #6

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

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Invoice Date: 08/05/04 Page: 1
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. N05109255

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Sales Order: SO30940
Order Date: 08/05/04
Salesperson(s): 403

Credit Terms: NET30
Net 30
Resale:
Remarks:

Ship Date: 08/05/04

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Ship Via: Blue
BOL: 1z1e87e00248596391
FOB Point: Tewksbury, MA

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LifeSite Hemodialysis Vascular Access Kit						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

I N V O I C E

Invoice: IV27626 Revision: 0
Invoice Date: 08/05/04 Page: 2
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. N05109255

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
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82975			2.0	11/01/06 01		
has14120	EA	14.0	0.0	no	1,750.00	24,500.00
LHAS, US						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		
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Non-Taxable: 24,632.00
Taxable: 0.00
Tax Date: 08/05/04

Currency: USD

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					Handling 10 :	12.00
					Freight 20 :	0.00
					Restocking 30 :	0.00
0.000%	2	0.000%	3	0.000%	Total Tax:	0.00
0.00		0.00		0.00	Total:	24,632.00
0.00		0.00		0.00		

Attach #7

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV26006 Revision: 0
Invoice Date: 09/30/03 Page: 1
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. NO491466

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Sales Order: SO28837
Order Date: 09/30/03
Salesperson(s): 404

Credit Terms: NET30
Net 30
Resale:
Remarks: attn recv ref p.o.

Ship Date: 09/30/03

Ship-to: 0004266A
Ship Via: blue
BOL: 1Z1E87E00250056782
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
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LHAS, US						

Lot/Serial Numbers Shipped: Qty Expire Reference
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*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

I N V O I C E

Invoice: IV26006 Revision: 0
Invoice Date: 09/30/03 Page: 2
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. NO491466

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
hvak03809	EA	5.0	0.0	no	60.00	300.00
LifeSite Hemodialysis Vascular Access Kit						
Lot/Serial Numbers Shipped: 62006				Qty 5.0	Expire 07/01/06	Reference 01

greg watt 405-307-7794

Non-Taxable: 17,812.00
Taxable: 0.00
Tax Date: 09/30/03

Currency: USD

Line Total:							17,800.00
0.00%	Discount:						0.00
	Handling	10 :					0.00
	Freight	20 :					12.00
	Restocking	30 :					0.00
1	0.000%	2	0.000%	3	0.000%	Total Tax:	0.00
	0.00		0.00		0.00	Total:	17,812.00
	0.00		0.00		0.00		

Attach # 8

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV24055 Revision: 0
Invoice Date: 12/16/02 Page: 1
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. N0374543

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Sales Order: SO26209
Order Date: 12/16/02
Salesperson(s): 404

Credit Terms: NET30
Net 30
Resale:
Remarks:

Ship Date: 12/16/02

Ship-to: 0004266A
Ship Via: ups red am 8:00
BOL: 1Z1E87E01548160185
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
issk00120	EA	5.0	0.0	no	60.00	300.00
LifeSite Insertion Kit						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		
30968		5.0	10/01/03	02		

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

I N V O I C E

Invoice: IV24055 Revision: 0
Invoice Date: 12/16/02 Page: 2
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. N0374543

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
lhcek0000	EA	5.0	0.0	no	150.00	750.00
LH Exchange Kit						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		
30953		2.0	06/01/04	01		
30954		3.0	06/01/04	01		
lhvak03809	EA	10.0	0.0	no	60.00	600.00
LifeSite Hemodialysis Vascular Access Kit						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		
1000884		10.0	04/30/05	00		
lhas14120	EA	12.0	0.0	no	1,750.00	21,000.00
LHAS, US						
Lot/Serial Numbers Shipped:		Qty	Expire	Reference		

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV24055 Revision: 0
Invoice Date: 12/16/02 Page: 3
Print Date: 03/14/05

Bill To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA
P.O. N0374543

Sold To: 00004266

Norman Regional Hospital
PO Box 1308
Accounts Payable
Norman, OK 73070
USA

Item Number	UM	Shipped	Backorder	Tax		Price	Ext Price
Thas14120		***Cont***					
26939			12.0	03/01/04	03		

405-307-1157

Non-Taxable: 22,695.00
Taxable: 0.00
Tax Date: 12/16/02

Currency: USD

1	0.000%	2	0.000%	3	0.000%		
	0.00		0.00		0.00		
	0.00		0.00		0.00		

Line Total:	22,650.00
0.00% Discount:	0.00
Handling 10 :	0.00
Freight 20 :	45.00
Restocking 30 :	0.00
Total Tax:	0.00
Total:	22,695.00

Attach # 9

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV21432 Revision: 0
Invoice Date: 05/06/02 Page: 1
Print Date: 03/14/05

Bill To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

P.O. 40164

Sold To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

Sales Order: SO22848
Order Date: 05/06/02
Salesperson(s): 212

Credit Terms: NET30
Net 30
Resale:
Remarks: attn recv ref p.o.

Ship Date: 05/06/02

Ship-to: 0003045A
Ship Via: blue
BOL: 1z1e87e00249363729
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120	EA	4.0	0.0	no	1,750.00	7,000.00
LHAS, US						

Lot/Serial Numbers Shipped:

	Qty	Expire	Reference
26920	4.0	02/01/04	03

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV21432 Revision: 0
Invoice Date: 05/06/02 Page: 2
Print Date: 03/14/05

Bill To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

P.O. 40164

Sold To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120		***Cont***				
faxed in						
281-295-5225						

Non-Taxable: 7,012.00
LHA Taxable: 0.00
Tax Date: 05/06/02

Currency: USD

1	0.000%	2	0.000%	3	0.000%		
	0.00		0.00		0.00		
	0.00		0.00		0.00		

Line Total:	7,000.00
0.00% Discount:	0.00
Handling 10 :	0.00
Freight 20 :	12.00
Restocking 30 :	0.00
Total Tax:	0.00
Total:	7,012.00

Attach #10

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

I N V O I C E

Invoice: IV24964 Revision: 0
Invoice Date: 04/14/03 Page: 1
Print Date: 03/14/05

Bill To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

P.O. 54228

Sold To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

Sales Order: SO27456
Order Date: 04/14/03
Salesperson(s): 212

Credit Terms: NET30
Net 30
Resale:
Remarks: attn recv ref p.o.

Ship Date: 04/14/03

Ship-to: 0003045A
Ship Via: blue
BOL: 1Z1E87E00248344564
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120	EA	4.0	0.0	no	1,750.00	7,000.00
LHAS, US						

Lot/Serial Numbers Shipped:

	Qty	Expire	Reference
26945	4.0	04/01/04	03

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV24964 Revision: 0
Invoice Date: 04/14/03 Page: 2
Print Date: 03/14/05

Bill To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

P.O. 54228

Sold To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120		***Cont***				
faxed in						
andrea						
fax# 281-295-5225						

Non-Taxable: 7,012.00
LHA Taxable: 0.00
Tax Date: 04/14/03

Currency: USD

				0.00%	Line Total: 7,000.00
					Discount: 0.00
					Handling 10 : 0.00
					Freight 20 : 12.00
					Restocking 30 : 0.00
1	0.000%	2	0.000%	3	0.000% Total Tax: 0.00
	0.00		0.00		0.00 Total: 7,012.00
	0.00		0.00		0.00

Attach # 11

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV27412 Revision: 0
Invoice Date: 06/21/04 Page: 1
Print Date: 03/14/05

Bill To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

P.O. 71306

Sold To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

Sales Order: SO30662
Order Date: 06/21/04
Salesperson(s): 212

Credit Terms: NET30
Net 30
Resale:
Remarks: attn recv ref p.o.

Ship Date: 06/21/04

Ship-to: 0003045A
Ship Via: blue
BOL: 1Z1E87E00250393891
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120	EA	6.0	0.0	no	1,750.00	10,500.00
LHAS, US						

Lot/Serial Numbers Shipped:

	Qty	Expire	Reference
64962	6.0	03/01/06	04

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

I N V O I C E

Invoice: IV27412 Revision: 0
Invoice Date: 06/21/04 Page: 2
Print Date: 03/14/05

Bill To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

P.O. 71306

Sold To: 00003045

Corpus Christi Medical Ctr
P.O. Box 5010
Sugar Land, TX 77487-5010
US

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120		***Cont***				
willie woods						
281-295-5142						

Non-Taxable: 10,512.00
LHA Taxable: 0.00
Tax Date: 06/21/04

Currency: USD

			0.00%	Line Total:	10,500.00
				Discount:	0.00
				Handling 10 :	0.00
				Freight 20 :	12.00
				Restocking 30 :	0.00
1	0.000%	2	0.000%	3	0.000%	Total Tax:	0.00
	0.00		0.00		0.00	Total:	10,512.00
	0.00		0.00		0.00		

Attach # 12

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV27956 Revision: 0
Invoice Date: 11/03/04 Page: 1
Print Date: 03/14/05

Bill To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US
P.O. 194735

Sold To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US

Sales Order: SO31350
Order Date: 11/03/04
Salesperson(s): 202

Credit Terms: NET30
Net 30
Resale:
Remarks: Sandy Houser - 402-481-8575

Ship Date: 11/03/04

Ship-to: 0002651B
Ship Via: Blue
BOL: 1z1e87e00248840438
FOB Point: Tewksbury, MA

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHAS14120	EA	6.0	0.0	no	1,750.00	10,500.00
LHAS, US						

Lot/Serial Numbers Shipped:

	Qty	Expire	Reference
83149	6.0	04/01/06	05

*** CONTINUED ***

Vasca, Inc.
3 Highwood Drive
Tewksbury, MA 01876

INVOICE

Invoice: IV27956 Revision: 0
Invoice Date: 11/03/04 Page: 2
Print Date: 03/14/05

Bill To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US
P.O. 194735

Sold To: 00002651

Bryan LGH Medical Center
Accounts Payable
1600 South 48th Street
Lincoln, NE 68506
US

Item Number	UM	Shipped	Backorder	Tax	Price	Ext Price
LHVAK03809	EA	3.0	0.0	no	60.00	180.00
LifeSite Hemodialysis Vascular Access Kit						

Lot/Serial Numbers Shipped: Qty Expire Reference
83219 3.0 11/01/06 02

Non-Taxable: 10,692.00
Taxable: 0.00
Tax Date: 11/03/04

Currency: USD

1	0.000%	2	0.000%	3	0.000%	Line Total:	10,680.00
	0.00		0.00		0.00	Discount:	0.00
	0.00		0.00		0.00	Handling 10 :	0.00
						Freight 20 :	12.00
						Restocking 30 :	0.00
						Total Tax:	0.00
						Total:	10,692.00

Submitter : **Lonnie Smith**

Organization : **Lonnie Smith**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Lonnie Smith
42 Charles St. #111
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Lonnie Smith

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 : **Maria Ortega**

Organization : **Maria Ortega**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Maria Ortega
42 Charles St. #113
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Maria Ortega

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. Timothy Cooper

Date: 09/28/2005

Organization : Woods Mill Anesthesia, Inc.

Category : Health Care Professional or Association

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 Barnes-Jewish St. Peters Hospital to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty. We are the physicians that are responsible for the safety of patients undergoing surgical procedures.

Timothy Cooper, MD
3905 Jacobs Landing
St. Charles, MO 63304

Submitter : **Clemmen Clemmensen** **Date: 09/28/2005**

Organization : **Clemmen Clemmensen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Clemmen Clemmensen
42 Charles St. #121
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Clemmen Clemmensen

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. William Edwards, Jr.

Date: 09/28/2005

Organization : The Surgical Clinic, P.L.L.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1952-Attach-1.DOC

September 27, 2005

The Surgical Clinic, PLLC

Centers for Medicare & Medicaid Services (CMS)
Dept. of Health and Human Services
Washington, D.C.

File Code: CMS-1502-P-MULTIPLE PROCEDURE REDUCTION

Centennial Physicians Park
2400 Patterson St., Ste. 309
Nashville, TN 37203
Phone: (615) 327-4808
Fax: (615) 327-2476

Baptist Medical Plaza I
2011 Church St., Ste. 404
Nashville, TN 37203
Phone: (615) 329-7887
Fax: (615) 340-4537

St. Thomas Medical Plaza East
4230 Harding Rd., Ste. 525
Nashville, TN 37205
Phone: (615) 385-1547
Fax: (615) 297-9161

Business Office
2400 Patterson St., Ste. 311
Nashville, TN 37203
Phone: (615) 292-5722
Fax: (615) 346-6225

Ladies and Gentlemen:

CMS with the recommendation from MedPAC proposes to reduce the technical component of multiple contiguous diagnostic procedures performed at the same setting by 50%.

The case made by CMS/MedPAC are built on the following precedents and logic:

1. History of "discounting" multiple surgery procedures.
2. History of "discounting" nuclear medicine diagnostic procedures.
3. Under resourced based PE methodology inputs for direct costs (clinical labor, supplies and equipment are based on individual service. Therefore, subsequent procedures (specifically contiguous body parts) don't require the same inputs.

We agree with CMS logic that multiple procedures on the same patient, at the same time and in the same place require less PE inputs. However, we differ on the percent and the documentation available to CMS that justifies a 50% discount. Let us explain:

1. We can find no documentation that clearly establishing the cost reduction of 50% for surgery. This CMS policy was established prior to the top down methodology for PE and we understand before the Harvard study, which was originally built on flawed charge, utilization, and physician time data. Further, the issues effecting surgery discounting (the surgeon's time is not duplicated for pre and post operative work which is usually significant portion of the overall surgeon's time) is significantly different than the resources effected by contiguous multiple imaging procedures. Therefore allowing this precedent for surgery coding to establish the proposed 50% reduction is not logical.
2. We would contend that nuclear medicine diagnostic procedures were inappropriately discounted based on the surgery policy.
3. Based on resourced based PE methodology there appears to be no hard evidence that 50% reduction has been documented. We grant that several labor activities are not duplicated. We grant that certain supplies are not duplicated. However, a MAJORITY of costs are not direct and still must be covered by the medical practice. We reference the same publication in the Federal Register (CMS-1502-P) page 45755, TABLE 14-Practice Expense Per Hour Figures submitted by various medical specialties and accepted by CMS. Taking into account the office expense, administrative staff, and other expenses (we define as indirect costs) represent a range of 52-70% of the total practice costs.
4. Further, it can be argued that some clinical staff, some medical supplies and most of the equipment are expended resources even on a single patient receiving multiple procedures.
5. Taking into account 3 and 4 about it appears 25% reduction is more in line with TOTAL resources duplicated.

We recommend that CMS not implement this policy and document the true resource reductions. CMS with the assistance of CPEP, PEAC and now PERC have worked for the public good by refining true resources used and applying those resources to PFS. It would be arbitrary to invoke an undocumented precedent (surgery discounting) and apply it to resources used within a small segment of diagnostic imaging. Further, when all resources are taken into account the duplication of services will be less that 50%. We would be willing to work with CMS in determining and measuring duplicated resources within these families of contiguous imaging procedures. Further reductions in payments threaten the access to quality health care that the Medicare population expect and deserve.

Sincerely,

William H. Edwards, Jr. M.D.
Chief Manager, The Surgical Clinic, P.L.L.C.

Submitter : **Jan Clemmensen**

Organization : **Jan Clemmensen**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Jan Clemmensen
42 Charles St. #121
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Jan Clemmensen

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 : **Ed Rhatigan**

Organization : **Ed Rhatigan**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Ed Rhatigan
42 Charles St. #124
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Ed Rhatigan

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. Mary Caccavo

Organization : Lafayette Hearing Center

Category : Other Practitioner

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 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 practioners.

In view of this proposed policy change that results in a four times greater reduction for audiologists' reimbursement than any other profession, CMS shoud 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 audiologist-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 physican fee schedule.

Submitter : **Norma Rhatigan** **Date: 09/28/2005**

Organization : **Norma Rhatigan**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Norma Rhatigan
42 Charles St. #124
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Norma Rhatigan

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 : **Patrice Turetzky**

Organization : **Patrice Turetzky**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Patrice Turetzky
42 Charles St. #125
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Patrice Turetzky

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 : **Carlos Brenner**

Organization : **Carlos Brenner**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Carlos Brenner
42 Charles St. #123
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Carlos Brenner

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 : **Adel Brenner**

Organization : **Adel Brenner**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Adel Brenner
42 Charles St. #123
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Adel Brenner

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 : **Ed Berey**

Organization : **Ed Berey**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Ed Berey
42 Charles St. #122
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Ed Berey

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 : **Fidel Lopez**
Organization : **Fidel Lopez**
Category : **Individual**
Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Fidel Lopez
42 Charles St. #112
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Fidel Lopez

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 : **Ali Zanjani** **Date: 09/28/2005**

Organization : **Ali Zanjani**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Ali Zanjani
42 Charles St. #103
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Ali Zanjani

Re: GPCIs

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

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

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

Submitter : Mrs. Elizabeth Cozzi **Date:** 09/28/2005

Organization : Carondelet St. Joseph's Hospital

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,
Elizabeth Cozzi, M.S. CCC-A
Clinical Audiologist
Carondelet St. Joseph's Hospital
Tucson, Arizona

Submitter : Dr. gregory mitchell

Date: 09/28/2005

Organization : blood pressure center of annapolis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

This comment is in regards to the proposed reduction in cardiology -related procedures, more specifically CPT code 93701 thoracic electrical bioimpedance. The equipment itself cost over $36,000 to purchase. The leads to do one test cost $10.00 and it takes a tech about 10-15 minutes to do the test which averages about $5.00 for the techs time. You also need to factor in the doctors time in reviewing the results with the patient. That is at least 10- 15 minutes at the minimum. Staff wages have not decreased instead they are steadily increasing and the cost of supplies also are increasing. We feel that you should not be decreasing the RVU but instead increasing it.

Submitter : **Fatemeh Farahmand**

Organization : **Fatemeh Farahmand**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Fatemeh Farahmand
42 Charles St. #103
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Fatemeh Farahmand

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 : **Maaza Lemma**

Organization : **Maaza Lemma**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Maaza Lemma
42 Charles St. #102
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Maaza Lemma

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 : **Bob Victor**

Organization : **Bob Victor**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Bob Victor
42 Charles St. #94
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Bob Victor

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 : **Robin Birdfeather**

Organization : **Robin Birdfeather**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Robin Birdfeather
42 Charles St. #92
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 2005

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

FROM: Robin Birdfeather

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 : Luz Placios-Sagastre

Organization : Luz Placios-Sagastre

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Luz Placios-Sagastre
42 Charles St. #81
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Luz Placios-Sagastre

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 : **Ray Lundgren**

Organization : **Ray Lundgren**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Ray Lundgren
42 Charles St. #73
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Ray Lundgren

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 : **Micaela Contreras**

Organization : **Micaela Contreras**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Micaela Contreras
42 Charles St. #72
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Micaela Contreras

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 : **Elsie Bondi**

Organization : **Elsie Bondi**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Elsie Bondi
42 Charles St. #13
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Elsie Bondi

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 Ebitson** **Date: 09/28/2005**

Organization : **Barbara Ebitson**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Barbara Ebitson
42 Charles St. #41
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Barbara Ebitson

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 : **Lola Deck**

Organization : **Lola Deck**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Lola Deck
42 Charles St. #44
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Lola Deck

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 : **Jessie Deck** **Date: 09/28/2005**

Organization : **Jessie Deck**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Jessie Deck
42 Charles St. #44
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Jessie Deck

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 : **Roslyn Garber** **Date: 09/28/2005**

Organization : **Roslyn Garber**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Roslyn Garber
42 Charles St. #52
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Roslyn Garber

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 :

Date: 09/28/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

According to recent analyses, community cancer care will be hit with major losses in 2006 unless targeted administrative action is taken. The impact of these losses could be widespread. Data compiled by the Centers for Disease Control & Prevention (CDC) indicate that more than 83.4% of all major cancer care encounters in the 1990s took place in community facilities. If the projected losses occur, I am concerned that more than 4 out of 5 Americans with cancer could lose access to the care they need.

On January 1st, Medicare changes will significantly reduce cancer care funding: the 3% drug administration transition created by the Medicare Modernization Act (MMA) will be eliminated, the special quality cancer care program that the Centers for Medicare & Medicaid Services (CMS) created in 2005 will end, and the physician fee schedule will be reduced by 4.3%.

These changes are projected to result in a net operating loss for community cancer care of $437,225,175 in 2006. In other words, Medicare payments for services provided to Medicare beneficiaries in 2006 will be more than half a billion dollars below the estimated cost of those services. This loss could significantly reduce access to quality cancer care in community settings.

I would like to join members of the cancer care community in requesting CMS?s consideration of the following regulatory relief proposals:

? Cover the costs of pharmaceutical management and handling services. CMS proposes to provide hospital outpatient departments (HOPDs) an additional 2% of Average Sales Price (ASP) to cover these costs. To help prevent the access crisis discussed above and achieve equity among treatment settings, this payment should also be provided to community cancer care. This proposal would restore nearly $85 million next year, offsetting an estimated 19% of the $437,225,175 Medicare operating loss projected for 2006.

? Continue CMS?s vital investment in quality cancer care. CMS?s quality investment for 2005 achieved two key goals: it has supported improvements to cancer care quality, and it has prevented the patient access disruption that would have otherwise occurred this year. This critical source of funding needs to be maintained for 2006, as endorsed by the House Energy & Commerce Committee when it passed H.Res. 261. This proposal would offset nearly 62% of the $437,225,175 Medicare operating loss projected for 2006.

? Refine the interpretation of ?Prompt Pay Discount.? Currently, all prompt pay discounts are netted out of ASP, reducing Medicare reimbursement from 106% of ASP to 104% of ASP. Congressional intent and Supreme Court case law indicate that only discounts received by end user-purchasers should be netted out. As a result, current MMA interpretation should be modified to conform to intent and case law. This proposal could restore an estimated 19% of the $437,225,175 Medicare operating loss projected for 2006.

While the above proposals would offset the losses projected in 2006, an additional shortfall is expected due to ?bad debt? (treatment costs that are not paid). Projected to total $245,501,081, this shortfall also needs to be offset through such proposals as the following:

Work with Congress to replace the Sustainable Growth Rate formula with annual updates. On January 1st, the Physician Fee Schedule will be cut by 4.3%. Correcting that problem before it goes into effect would provide relief to medical oncology, radiation oncology, and physician evaluation and management services. This proposal would offset an estimated 13% of the bad debt projected for 2006.

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

Submitter : **Jody Fischer**

Organization : **Jody Fischer**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Jody Fischer
42 Charles St. #61
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Jody Fischer

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 : **Brigid Krzesowiak** **Date: 09/28/2005**

Organization : **Brigid Krzesowiak**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Brigid Krzesowiak
42 Charles St. #62
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Brigid Krzesowiak

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 : **Alois Karger**

Organization : **Alois Karger**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Alois Karger
42 Charles St. #63
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Alois Karger

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 : **Eleanor Reusche**

Organization : **Eleanor Reusche**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Eleanor Reusche
42 Charles St. #23
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Eleanor Reusche

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 : Mr. Joseph Raap, MA CCC-A

Date: 09/28/2005

Organization : Mr. Joseph Raap, MA CCC-A

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

(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, Joseph Raap, M.A. CCC-A

Submitter : **Ray palmineri** **Date: 09/28/2005**

Organization : **Ray palmineri**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Ray Palmineri
42 Charles St. #51
Cotati, CA 94931

MEMORANDUM

DATE: September 28, 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: Ray Palmineri

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 : Cynthia Newman

Organization : Cynthia Newman

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Cynthia Newman
PO Box 242
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Cynthia Newman

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 : Dee Cunningham

Organization : Dee Cunningham

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Dee Cunningham
106 Drake Muir
Sonoma ca 95476

MEMORANDUM

DATE: September 28, 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: Dee Cunningham

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 : **Donna Price**

Organization : **Donna Price**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Donna Price
545 Armstrong Dr.
Sonoma CA 95476

MEMORANDUM

DATE: September 28, 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: Donna Price

Re: GPCIs

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

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

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

Submitter : **Donald Taylor**

Organization : **Donald Taylor**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Donald L. Taylor
500 E. Napa St.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Donald Taylor

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 Kirk

Organization : US Oncology

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

According to recent analyses, community cancer care will be hit with major losses in 2006 unless targeted administrative action is taken. The impact of these losses could be widespread. Data compiled by the Centers for Disease Control & Prevention (CDC) indicate that more than 83.4% of all major cancer care encounters in the 1990s took place in community facilities. If the projected losses occur, I am concerned that more than 4 out of 5 Americans with cancer could lose access to the care they need.

On January 1st, Medicare changes will significantly reduce cancer care funding: the 3% drug administration transition created by the Medicare Modernization Act (MMA) will be eliminated, the special quality cancer care program that the Centers for Medicare & Medicaid Services (CMS) created in 2005 will end, and the physician fee schedule will be reduced by 4.3%.

These changes are projected to result in a net operating loss for community cancer care of $437,225,175 in 2006. In other words, Medicare payments for services provided to Medicare beneficiaries in 2006 will be more than half a billion dollars below the estimated cost of those services. This loss could significantly reduce access to quality cancer care in community settings.

I would like to join members of the cancer care community in requesting CMS?s consideration of the following regulatory relief proposals:

? Cover the costs of pharmaceutical management and handling services. CMS proposes to provide hospital outpatient departments (HOPDs) an additional 2% of Average Sales Price (ASP) to cover these costs. To help prevent the access crisis discussed above and achieve equity among treatment settings, this payment should also be provided to community cancer care. This proposal would restore nearly $85 million next year, offsetting an estimated 19% of the $437,225,175 Medicare operating loss projected for 2006.

? Continue CMS?s vital investment in quality cancer care. CMS?s quality investment for 2005 achieved two key goals: it has supported improvements to cancer care quality, and it has prevented the patient access disruption that would have otherwise occurred this year. This critical source of funding needs to be maintained for 2006, as endorsed by the House Energy & Commerce Committee when it passed H.Res. 261. This proposal would offset nearly 62% of the $437,225,175 Medicare operating loss projected for 2006.

? Refine the interpretation of ?Prompt Pay Discount.? Currently, all prompt pay discounts are netted out of ASP, reducing Medicare reimbursement from 106% of ASP to 104% of ASP. Congressional intent and Supreme Court case law indicate that only discounts received by end user-purchasers should be netted out. As a result, current MMA interpretation should be modified to conform to intent and case law. This proposal could restore an estimated 19% of the $437,225,175 Medicare operating loss projected for 2006.

While the above proposals would offset the losses projected in 2006, an additional shortfall is expected due to ?bad debt? (treatment costs that are not paid). Projected to total $245,501,081, this shortfall also needs to be offset through such proposals as the following:

Work with Congress to replace the Sustainable Growth Rate formula with annual updates. On January 1st, the Physician Fee Schedule will be cut by 4.3%. Correcting that problem before it goes into effect would provide relief to medical oncology, radiation oncology, and physician evaluation and management services. This proposal would offset an estimated 13% of the bad debt projected for 2006.

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

Submitter : **Michael Bray**

Organization : **Michael Bray**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Michael Bray
18988 Carillo Ct.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Michael Bray

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 Browning**

Organization : **Robin Browning**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Robin Browning
820 #20 W. Spain St.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 2005

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

FROM: Robin Browning

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.

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

Submitter : **Lisa Ohara**

Organization : **Lisa Ohara**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Lisa Ohara
698 Cherry Ave.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Lisa Ohara

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.

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

Submitter : **Jennifer Shipston**

Organization : **Jennifer Shipston**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Jennifer Shipston
68760 Jami Lee
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Jennifer Shipston

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 : Cathy Arata

Organization : Cathy Arata

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Cathy Arata
4834 Grove St.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Cathy Arata

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.

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

Submitter : **Pamela Anderson**

Organization : **Pamela Anderson**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Pamela Anderson
198 Piper Lane
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Pamela Anderson

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 : patrick Anderson

Organization : patrick Anderson

Category : Individual

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

Patrick Anderson
198 Piper Lane
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Patrick Anderson

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.

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

Submitter : **Cathie Prince**

Organization : **Cathie Prince**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Cathie Prince
2030 Lovall Valley Rd.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Cathie Prince

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.

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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. Francis Brescia

Organization : Dr. Francis Brescia

Category : Physician

Date: 09/28/2005

Issue Areas/Comments

GENERAL

GENERAL

As a Family Physician in practice for over 26yrs.I can no longer continue to take a financial loss by lowering my fees.RVUs for office visits and Thoracic electrical bioimpedance are suppose to include practice expenses-My office supplies have increased over 102% in the last year,my office staff medical insurance by 54% and yet the government wants to lower my reimbursement.I will have to reconsider taking care of Medicare patients if my fees are lowered

Submitter : **Barbara Lee**

Organization : **Barbara Lee**

Category : **Individual**

Date: **09/28/2005**

Issue Areas/Comments

GENERAL

GENERAL

Barbara Lee
321 Francisco Dr.
Sonoma Ca 95476

MEMORANDUM

DATE: September 28, 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: Barbara Lee

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.

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