401

SEP 16 2005

September 8, 2005

GPCIs
Centers for Medicare & Medicaid Services
Dept. of Health & Human Services
Attention: CMS-1052-P
PO Box 8017
Baltimore, MD 21244-8017

Gentlemen:

Medical costs in Sonoma Ceuty have risen much faster than other areas and are on average 8% high than similar ceunties.

I support the new rule that would increase the reimbursement rate for Sonoma County by 8%. This would bring Sonoma County back in line with current reimbursement standard and help stabilize our medical community.

Yours very truly,

Laura H. Partch

Laura H. Partch
6552 Meadowridge Dr.
Santa Rosa, Calif.
95409

402

SEP 16 2005

Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8017
Baltimore, MD 21244-8017

September 7, 2005

We are writing this letter to encourage you to change the rural classification to urban for Santa Cruz County. As long time residents of thirty-two years, we are extremely concerned about the lack of availability of doctors in our area. With the high cost of living, few doctors can afford to live or work in Santa Cruz County and as doctors retire there are few if any doctors willing to take their place. By changing this designation, the higher reimbursements for the urban classification might help with these issues. Several years ago I personally experienced the inability to find a doctor who would take me as a patient. Needless to say this was a very concerning situation.

Thank you for this opportunity to share our health care concerns.

Rich and Linda Alsbury
Linda Alsbury Rich Alsbury

723 Cadillac Drive
Scotts Valley, CA 95066

403

SEP 16 2005

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

September 5, 2005

Re: GPCE

To Whom It May Concern:

I am glad that the physicians in my community will now receive payments from Medicare on par with other countries in the San Francisco Bay Area.

Sincerely,

Karen Kolbmann
395 Woodland
Ben Lomond, CA 95005

SEP 16 2005

Sept. 12, '05 404

To Whom It May Concern:

Please increase the Medicare reimbursement to Doctors in Sonoma County, California by 8%.

We are NO longer a small agricultural community. Santa Rosa, alone, has several hundred thousand people, with a larger and growing population of senior citizens each year.

Doctors are leaving the area to practice medicine where they can make a better living.

Please increase their medicare reimbursement in Sonoma County to an amount that befits an expensive urban area.

Thanks.

Sincerely,
Annabel Beliz, age 65
Sonoma County resident
for 33 years.

September 12, 2005

405

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

SEP 16 2005

Dear Sirs,

Medicare reimbursement rates for Sonoma County urgently need to be increased. There is a large population of senior citizens living in this county & the rate of reimbursement is 8% below that of similar counties.

Of the family practioners that can afford to practice here, many refuse to accept new Medicare patients.

Now is definitely the time to correct this inequity

Thank you

Helen M Colvett
1716 E Madison St
Petaluma, CA 94954

Helen M Colvett

Mr. & Mrs. Henry J. Wittrock
188 Mosshill Ct
Santa Rosa, CA 95409-2731

406

188 Mosshill Court
Santa Rosa, CA 95409

September 13, 2005

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

SEP 16 2005

Dear Friends:

We are writing in support of the proposal to increase by 8% the reimbursement rate for Sonoma County, of Medicare.

We are, respectively, 82 and 79 years old, and have lived in Santa Rosa 13 years. We have received excellent medical care, for various surgeries as well as treatment for hypertension, elevated cholesterol, and asthma.

We know that our doctors are dissatisfied with the Medicare reimbursement level and one of ours has left the area. We feel sympathy for newly-eligible persons and those who are new residents, unable to find doctors who will take new medicare patients.

Please do your best to correct the imbalance that now exists between Sonoma County and other areas regarding medical care for the elderly.

Thank you for your attention

Henry J. Wittrock
Marguerite J. Wittrock

30 Woodgreen Street
Santa Rosa, Ca. 95409

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September 9, 2005

SEP 16 2005

Dear Sir,

I am an 83 year old senior citizen who has lived in Santa Rosa, Ca. for over 14 years where I've been very well cared for by Health Plan of the Redwoods Medical Group but now am a member of Kaiser Permanente. However, there are many less fortunate people here who have no health care and need doctors in the various medical specialties to tend to their needs.

In the last few years several groups, including Health Plan of the Redwoods, have gone 'broke' since ~~they~~ have been underpaid with rural community rates. This is not a rural community.

Santa Rosa – sometimes referred to as "The City of the Roses" – is home to over 154,000 residents and the largest city in Sonoma County with many cultural and artistic activities as well as several universities. Except for some grapevines, the area is chiefly dominated by manufacturing and service businesses, including Hewlett Packard, Optical Coating and National Controls among many others.

Our health professionals are still being paid as if they practiced in a rural rather than the urban area Santa Rosa is. Many doctors are fleeing our city and fewer are replacing them or starting a new practice here. Six out of ten Sonoma County Primary Care Physicians are no longer accepting Medicare patients.

At least you need to pay our hard working doctors an amount equivalent to what they would receive in urban communities. As a result we have a shortage of doctors in Santa Rosa, Ca. Pay our doctors adequately and they will remain with us. We urgently need them

Sincerely yours,
Irene Gaurow

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14 September 2005

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

SEP 16 2005

Please help the citizens of Sonoma County, California.

Inadequate compensation for medical services has forced the bankruptcy of several medical groups in the county.
It is difficult for many, on Medicare, to find health service providers due to inadequate compensation. 60% of primary care physicians will NOT accept new Medicare patients while the "60 and overs" form 16.6% of the total population. The county seat, Santa Rosa, is sixth in the U.S. for the highest population of people 85 and older. Despite these facts, Sonoma County has the lowest Medicare reimbursement rate in the State of California.

Results: Thousands of patients, especially those on Medicare, are having difficulty obtaining health care. Physicians are leaving the county to practice elsewhere. From 1995 to 2002, population growth of 13% exceeded physician population growth of 4%.

This letter is in support of the Medicare proposal to increase the reimbursement rate in Sonoma County, California by 8%.

Thank you. Sanford Dickey Kate M. Dickey

Sanford and Kate Dickey 2890 Hidden Acres Road, Santa Rosa, CA 95404

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SEP 16 2005

Date: 12 September 2005
To: GPCIs
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8016
Re: Medicare Reimbursement in Sonoma County
From: Edward and Kathleen Greczkowski
4824 Perezoso Calle
Santa Rosa, CA 95409-2650

Medicare reimbursement in Sonoma County is below standards for the rate of increase in our medical costs. We seniors need to keep the physicians that serve us here in our home environment. Many physicians have left because they cannot afford to keep open offices, or if they stay they no longer are able to see Medicare patients.

Sonoma County has the lowest reimbursement rate in the state, while the population is over 16% seniors over age 60.

As citizens over the age of 70, we implore you to implement the rule change to increase the rate of Medicare reimbursement.

Signed:

Edward J Greczkowski

Kathleen F. Greczkowski

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SEP 16 2005

September 12, 2005

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

Attention: CMS-1502-P

Sonoma County needs a correction in the medicare reimbursement standards to adequately compensate medical doctors and health groups. Elderly citizens represent over 16% of the counties population with a changing rate of growth of 13% in a seven year period from 1995-2002.

Sonoma County medical costs have risen higher and faster than other similar counties and doctors have left the area and medical groups have closed because of low medicare reimbursement rates. The patients on medicare or those without insurance are having difficulties obtaining primary care physicians.

We recently learned that Medicare has proposed an increase of 8% reimbursement rate for Sonoma County. We support the 8% increase to bring the county in line with current Medicare reimbursement standards and hopefully maintain and stabilize our medical community.

Sincerely,

Arden & Gretchen Short

Arden & Gretchen Short
332 Miramonte Way
Santa Rosa, CA 95409

2 copies enclosed

August 29, 2005

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SEP 16 2005

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: August 8, 2005 – Proposed Rule: CMS-1502-P

Dear Doctor McClellan:

On August 8, CMS unveiled its physician payment rules for 2006 and is proposing to move two California counties (Santa Cruz and Sonoma) out of payment Locality 99, "Rest of California" at the cost of reducing reimbursement to the remaining Area 99 counties, including those already adversely impacted by averaging with lower cost counties. The proposed rule would result in a 0.4% cut in physician reimbursement for Monterey County physicians in 2006 – this would be on top of the planned 4.7% cut due to the flawed sustainable growth rate formula.

The San Luis Obispo County Medical Society, representing over 400 physicians practicing in San Luis Obispo County and over 90 retired physicians (Medicare beneficiaries) residing here, objects to the proposed rule because it fails to correct proven inadequacies in physician reimbursement to all the counties in Area 99 that exceed a 5% threshold (the "105% rule") over the national 1.000 average. Specifically by extracting Santa Cruz and Sonoma counties from Area 99, CMS is exacerbating reimbursement deficiencies for the California counties of Monterey, San Diego, Sacramento, Santa Barbara, and El Dorado.

The San Luis Obispo County Medical Society (SLOCMS) supported and continues to support the proposal drafted by the California Medical Association for and at the recommendation of the Centers of Medicare and Medicaid Services. The proposal included a formula to determine which counties qualified for their own payment regions. Unfortunately, we vigorously oppose the half-hearted attempt by CMS is put a tiny and inadequate band-aid on a problem recognized by all physicians in California as a mortal wound.

With respect to Proposed Rule CMS-1502-P, the leadership of SLOCMS is also concerned that the proposed rule does not speak to any continued corrections to payment locality discrepancies by CMS in the future.

In 1996, CMS began an attempt to decrease the number of payment localities for Medicare Part B providers. In determining which counties belonged where, CMS determined that a 5%-or-greater difference in practice costs from other California county's qualifying for its own payment region. When CMS determined that Monterey County did not qualify as a greater-than-5% county, SLOCMS was shocked – national publications had identified San

San Luis Obispo County Medical Society
501C6 Membership Association
www.slocms.org

The Society Group Foundation
501C3 Non-Profit
Public Benefit Corporation
www.thesocietygroupfoundation.org

SLOCME Consortium Committee
501C6 Committee of SLOCMS Board
www.slocms.org

"CITIZENS
For A Healthier
San Luis Obispo County"
501C4 Political Action
To Preserve Health Care in SLO County

"The Cross Roads • 3165 Broad Street • Mailing Address #110 • Suite Address #114 • San Luis Obispo, California 93401
Phone: 805-544-3020 • Fax: 805-544-3035 • Toll Free: 888-SLO-CMS3

San Luis Obispo County
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"CITIZENS
For A Healthier
San Luis Obispo County"
501C4 Political Action
To Preserve Health Care in SLO County

county, SLOCMS was shocked – national publications had identified San Luis Obispo County as one of the counties in America that had the highest health care costs and the lowest reimbursement.

For the past several years, as practice costs in Monterey County have increased at the same rate as those in San Francisco County, physicians have become more and more disillusioned with the Medicare system.

Hopes were high when the California Medical Association House of Delegates was able to secure consensus on a formula that would allow, with CMS' regular updates, for counties demonstrating 5%-or-greater differential from the "Rest of California" to be moved into their own payment locality with the financial burden being spread throughout the entire state, including those counties that were already in their own payment localities.

Who would have thought that California physicians could reach consensus on Medicare GPCI formula proposal in which most counties would have had to accept less reimbursement?

With all the angst, politicking, and frustration that went into obtaining a consensus among physicians, it was quite discouraging to find that the August 1, 2005 edition of the Federal Register obliterated everything the CMA had tried so ardently to achieve. Again, California physicians find themselves butting heads with CMS! Why is it that CMS seems hell-bent on creating divisiveness among physicians in our state?!

No one disparages Santa Cruz and Sonoma County physicians – the squeaky wheels obviously got the oil – but the San Luis Obispo County Medical Society urges you to reconsider the well-thought-out and debated proposal of the California Medical Association. The CMA proposal established a formula for determining geographic disparities, recommended regularly scheduled Geographic Adjustment Factor updates, and recommended the implementation of regularly scheduled locality adjustments for qualifying counties in California.

The San Luis Obispo County Medical Society supports the California Medical Association's recommendation that Congressman Thomas and the Centers for Medicare and Medicaid Services work together to devise a nationwide fix to the GPCI problem. The proposed rule to extract Santa Cruz and Sonoma counties from California's Area 99 is *not*, in our collective opinion, a viable first step toward that goal.

San Luis Obispo county physicians cannot afford another cut in Medicare reimbursement.

Sincerely,

Dr. Andrew Anthony
President 2005
Family Medicine

San Luis Obispo County
Medical Society
501D6 Membership Association
www.slocms.org

Board of Directors
San Luis Obispo County Medical Society

President
Andrew M. Anthony, MD
Family Practice

President Elect 2006
Paul Christensen, MD
Emergency Medicine

President Elect 2007
Ahmad Amir, MD
Ophthalmology

Secretary/Treasurer
Fred S. Vernacchia, MD
Radiologist

Past President 2004
Gary Donath, MD
Plastic Surgeon

2005 Directors
(Two Year Terms)

David W. Leece, MD
Family Practice

Thomas Spillane, MD
Oncology/Hematology

Scott Robertson, MD
Family Medicine

Deborah Cherry, MD
Internal Medicine

Mark Kowall, MD
Orthopedics

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501D6 Committee of SLOCMS Board
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Phone: 805-544-3020 • Fax: 805-544-3035 • Toll Free: 888-SLO-CMS3

SEP 16 2005

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.decimal .digitally enhanced Compensation/intensity Modulation with alloys
2651 North Design Court • Sanford, FL 32773 • tf: 800.255.1613 • p: 407.330.3300 • f: 407.322.7546

September 15, 2005

The Honorable Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006 Payment Rates; CMS-1502-P

Dear Dr. McClellan:

.decimal, Inc. is pleased to submit these comments to the Centers for Medicare and Medicaid Services (CMS) in response to the August 8, 2005 *Federal Register* notice regarding the 2006 Physician Fee Schedule proposed rule.

.decimal is a manufacturer of customer filters for solid compensator-based intensity modulated radiation therapy (IMRT). .decimal is dedicated, through the delivery of our products, to providing our customers and their patients with better cancer treatment solutions. Our mission is to exceed our customers' expectations for superior quality, responsiveness to their needs and professionalism in the delivery of our products in the fight against cancer.

We would like to thank CMS for the significant changes in IMRT payment policy implemented in 2005 and continued in 2006 under the Physician Fee Schedule. Your decision to provide coverage and reimbursement for compensator-based IMRT has ensured appropriate payment to freestanding radiation oncology centers and meaningful access to high-quality cancer treatment care for Medicare beneficiaries. A summary of our recommendations follows:

- .decimal requests that CMS issue a Medicare Program Transmittal to clarify IMRT coding and include compensator-based IMRT delivery code 0073T.
- .decimal recommends that Medicare replace the Sustainable Growth Rate in 2006 with an annual update system like those of other provider groups so that payment rates will better reflect actual increases in physician practice costs.
- .decimal recommends that CMS more closely examine the impact of the proposed "Bottom-up" practice expense methodology to include a code-specific review and refinement of direct and indirect practice expense input assignments, and if necessary, implement an adjustment factor that limits the reduction to no more than 15 percent of the 2005 RVUs at the end of the 4-year transition period in 2009.

I. Compensator-Based IMRT

Recommendation

.decimal requests that CMS issue a Medicare Program Transmittal to clarify IMRT coding and include compensator-based IMRT delivery code 0073T. Medicare issued Program Transmittal 32 (Change Request 3007) on December 19, 2003 that provided IMRT coding guidance to hospital outpatient departments (see Attachment 1). Program Transmittal 32 does not apply to freestanding radiation oncology centers, is now out of date, and the information is incorrect as compensator-based IMRT delivery may no longer be coded with CPT 77418, but must utilize category III CPT code 0073T effective January 1, 2005.

> 0073T Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session.

.decimal requests that CMS issue IMRT coding guidance that includes clarification of billing for IMRT under the Physician Fee Schedule in 2006, which will ensure that physicians and freestanding radiation oncology centers properly code for compensator-based IMRT when treatment is delivered. We suggest edits to section "5. Billing for Intensity Modulated Radiation Therapy" of Program Transmittal 32 (Change Request 3007) in order to comply with CPT coding guidelines (see Attachment 2).

Medicare Payment Policy

In 2004, Medicare allowed all hospital outpatient departments to bill the existing IMRT procedure codes, CPT 77301 IMRT planning and CPT 77418 IMRT delivery, for compensator-based technology. This payment policy decision was clarified in the December 19, 2003 Medicare Program Transmittal 32 (Change Request 3007) mentioned above.

Effective January 1, 2005, the CPT descriptor for CPT 77418 was changed to explicitly exclude compensator-based technology and a new category III CPT code 0073T was created to describe compensator-based IMRT delivery.

In 2005, CMS established a national payment policy for compensator-based IMRT delivery 0073T performed in hospital outpatient departments and freestanding radiation oncology centers. For payment purposes, Medicare cross-walked compensator-based IMRT delivery (0073T) to CPT code 77418 (multi-leaf collimator-based IMRT delivery) and assigned 18.15 RVUs.

For 2006, CMS proposes to continue the cross-walk of compensator-based IMRT delivery (0073T) to CPT 77418 and proposes 16.84 RVUs. **We support Medicare's decision to cross-walk payment for 0073T to CPT 77418. .decimal requests that CMS issue a Medicare Program Transmittal to include compensator-based IMRT delivery code 0073T and coding guidance for IMRT planning and delivery.**

Impact of Medicare's Payment Policy

In the year 2005, .decimal has added 25 new freestanding radiation oncology centers and hospitals to its customer ranks. Solid filters for IMRT are now in use in 32 states and more than 100 hospitals and freestanding cancer centers – numbers that are growing each month. These customers represent the widespread, practical application of solid filters for superior IMRT treatment delivery. Equivalent reimbursement to other established, proven radiation treatment delivery methods has enabled hospitals and clinics in large metropolitan areas like Detroit and Las Vegas, and rural areas like Plymouth, Indiana and the Appalachian foothills in North Carolina, to effectively treat cancer patients where they live with unparalleled accuracy. In places like Jacksonville, Illinois and rural South Dakota, Nebraska and West Virginia, physicians are now able to treat patients locally instead of having no choice but to have their patients endure uncomfortable travel and long periods away from home to receive treatment at distant hospitals and radiation oncology centers. The accessibility to quality cancer care via solid, compensator-based IMRT that CMS continues to protect and provide for has made a substantial, positive impact to many cancer patients.

For example, in the Appalachian foothills extending from Asheville, North Carolina, the availability of solid IMRT now enables several clinics to provide quality radiation treatment in rural areas. These clinics do not have the budget to purchase expensive equipment and their associated maintenance packages. Fortunately, CMS' continued support of equivalent reimbursement for solid, compensator-based IMRT has enabled these clinics to deliver superior treatment to their patients where the physician deems it medically appropriate. These patients no longer need to travel away from home to larger metropolitan areas for treatment, creating a significantly more comfortable treatment situation for patients and their families.

The clinical impact of compensator-based IMRT is also significant. Palm Tumor Clinic in California and many others have contacted .decimal to talk about the real, tangible patient benefits. For example, users report that the lower monitor units required for compensator-based IMRT has led to patients having far fewer and less severe side effects than other forms of radiation treatment. This has caused fewer missed treatments by patients who had previously been too ill from radiation side effects to maintain a regular treatment schedule.

We commend CMS and its staff in providing coverage and reimbursement for compensator-based IMRT. Your policy decisions have provided for a high-quality, cost-effective cancer treatment for Medicare beneficiaries.

II. Sustainable Growth Rate

While we understand that CMS is required by law to update the conversion factor on an annual basis according to the sustainable growth rate (SGR) formula, we do not support reductions under the SGR system proposed for 2006. The SGR formula is unfair and unworkable as it is tied to the overall U.S. economy (gross domestic product) and does not accurately reflect the health care costs of treating Medicare patients. The SGR formula should not include the costs of Medicare-covered outpatient drugs. Additionally, the current formula does not account for the costs and savings associated with new technologies. The current SGR formula must be replaced with one where payment updates keep pace with practice cost increases.

Medicare should replace the Sustainable Growth Rate in 2006 with an annual update system like those of other provider groups so that payment rates will better reflect actual increases in physician practice costs.

III. Practice Expense

CMS proposes several changes to the existing "Top-down" practice expense methodology including: a new "Bottom-up" methodology to calculate direct practice expense costs; elimination of the Nonphysician Work Pool; and utilization of the current indirect practice expense RVUs except for services affected by the accepted supplementary survey data. Further, CMS proposes to transition the practice expense changes over a 4-year period.

.decimal supports the CMS proposal to blend the AFROC and ASTRO data to calculate an average practice expense per hour of $138.00 that fully reflects the practice of radiation oncology in all settings.

.decimal is concerned, however, that the proposed rule did not provide detailed information regarding the proposed "Bottom-up" practice expense methodology. There is simply not enough information to determine the true impact of this methodology on specific radiation oncology procedure codes. Table 30 titled "Impact of Practice Expense Changes on Total Medicare Allowed Charges" states that the impact for radiation oncology is 1.9% in 2006; 3.9% in 2007; 5.8% in 2008; and 7.9% in 2009. The 2009 fully transitioned RVUs for professional component (-26) services yield positive increases for all radiation oncology codes and increased payments to physicians. However, several radiation oncology codes have significant reductions in global RVUs in 2006 through 2009 that might not yield an overall positive impact for freestanding radiation oncology centers. For example, IMRT CPT codes 77418 and 0073T have a 7.2% reduction in RVUs in 2006 and a 29.4% reduction in RVUs in 2009 at the end of the transition period. Thirteen (13) out of 59 radiation oncology codes have significant reductions greater than 15% when the "Bottom-up" methodology is fully transitioned in 2009.

.decimal recommends that CMS more closely examine the impact of the proposed "Bottom-up" methodology to include a code-specific review and refinement of direct and indirect practice expense input assignments, and if necessary, implement an adjustment factor that limits the reduction to no more than 15 percent of the 2005 RVUs at the end of the 4-year transition period in 2009.

Some freestanding radiation oncology centers will not be able to absorb significant reductions in global payments as proposed by the new CMS practice expense methodology, which may affect Medicare beneficiary access to important, established cancer treatments.

Conclusion

We appreciate your consideration of our recommendations and look forward to publication of a Medicare Program Transmittal that includes coding guidance for compensator-based IMRT. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (703) 534-7979.

Sincerely,

Richard Sweat

Richard Sweat
President & CEO

ATTACHMENT 1

CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 32 | **Date: DECEMBER 19, 2003**

CHANGE REQUEST 3007

I. SUMMARY OF CHANGES: This One-Time Notification outlines changes in the OPPS for calendar year 2004. These changes were discussed in the OPPS final rule for 2004, which was published in the **Federal Register** on November 7, 2003. Unless otherwise noted, all changes are effective for services furnished on or after January 1, 2004. The changes will be implemented through revisions to the Outpatient Code Editor and the OPPS Pricer, which will be in effect for services furnished on or after January 1, 2004. Enactment of the Medicare Prescription Drug, Improvement, and Modernization Act (DIMA) of 2003 does not affect the information in this One-Time Notification. Changes in the OPPS for calendar year 2004 resulting from the DIMA will be addressed separately.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2004
***IMPLEMENTATION DATE: January 5, 2004**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS:
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	**One-Time Notification**
	Recurring Change Notification

***Medicare contractors only**

5. Billing for Intensity Modulated Radiation Therapy Intensity modulated radiation therapy (IMRT), also known as conformal radiation, delivers radiation with adjusted intensity to preserve adjoining normal tissue. IMRT has the ability to deliver a higher dose of radiation within the tumor and a lower dose of radiation to surrounding healthy tissue. Two types of IMRT are multi-leaf collimator-based IMRT and compensator-based IMRT. IMRT is provided in two treatment phases, planning and delivery. Effective January 1, 2004, when IMRT is furnished to beneficiaries in a hospital outpatient department that is paid under the hospital outpatient prospective payment system (OPPS), hospitals are to bill according to the following guidelines:

   a. When billing for the planning of IMRT treatment services CPT codes 77280- 77295, 77300, 77305 -77321, 77336, and 77370 are not to be billed in addition to 77301; however charges for those services should be included in the charge associated with CPT code 77301.

   b. Hospitals are not prohibited from using existing IMRT CPT codes 77301 and 77418 to bill for compensator-based IMRT technology in the hospital outpatient setting.

   c. Payment for IMRT planning does not include payment for CPT codes 77332 - 77334 when furnished on the same day. When provided, these services are to be billed in addition to the IMRT planning code 77301.

   d. Providers billing for both CPT codes 77301 (IMRT treatment planning) and 77334 (design and construction of complex treatment devices) on the same day should append a modifier –59.

Flowchart for Understanding Intensity-Modulated Radiation Therapy [1]

[1] Note that the coding guidance reflected in this flowchart are for Medicare reporting purposes only. Medicare coding guidelines may differ from third party payer policies; therefore, hospitals may wish to contact their local third party payers for specific reporting guidelines related to billing for IMRT services.

2004 Intensity-Modulated Radiation Therapy (IMRT) Treatment *Planning* Code

↓

Use CPT code 77301 for all
(e.g., multi-leaf collimator-based, compensator-based)
types of IMRT *planning*

2004 Intensity-Modulated Radiation Therapy (IMRT) Treatment *Delivery* Code

↓

Use CPT code 77418 for all
(e.g., multi-leaf collimator-based, compensator-based)
types of IMRT *delivery*

When a treatment **device** is furnished along with IMRT ***planning*** on the SAME DAY, then…

↓

Bill the treatment device code (from the list below) in ADDITION to the IMRT planning code

CPT code 77332[2]
CPT code 77333[2]
CPT code 77334[2]

\+

CPT code 77301

[2] Append **modifier -59** to indicate that the procedure represents a distinct service from others reported on the same date of service. A distinct service may be defined as a different session, different surgery, different site, different lesion, different injury or area of injury (in extensive injuries).

When billing for IMRT-related services identified by the following codes:

CPT code 77280	CPT code 77295	CPT code 77310	CPT code 77336
CPT code 77285	CPT code 77300	CPT code 77315	CPT code 77370
CPT code 77290	CPT code 77305	CPT code 77321	

↓

Do **NOT** bill CPT code 77301 in addition to one of the above planning codes

↓

Instead, include charges for the above list of IMRT planning codes within the charge associated with CPT code 77301.

Attachment 2

Suggested Language to Update Program Transmittal 32 (Change Request 3007)

We suggest the following edits to section "5. Billing for Intensity Modulated Radiation Therapy" in order to comply with CPT coding guidelines (suggested text in bold and strikeout):

5. Billing for Intensity Modulated Radiation Therapy Intensity modulated radiation therapy (IMRT), also known as conformal radiation, delivers radiation with adjusted intensity to preserve adjoining normal tissue. IMRT has the ability to deliver a higher dose of radiation within the tumor and a lower dose of radiation to surrounding healthy tissue. Two types of IMRT are multi-leaf collimator-based IMRT and compensator-based IMRT. IMRT is provided in two treatment phases, planning and delivery. Effective January 1, ~~2004~~ **2006**, when IMRT is furnished to beneficiaries in a **physician office or freestanding radiation oncology center** ~~hospital outpatient department~~ that is paid under the **physician fee schedule** ~~hospital outpatient prospective payment system (OPPS)~~, providers ~~hospitals~~ are to bill according to the following guidelines:

a. When billing for the planning of IMRT treatment services CPT codes 77280-77295, 77300, 77305-77321, 77336, and 77370 are not to be billed in addition to 77301; however charges for those services should be included in the charge associated with CPT code 77301.

b. ~~Hospitals~~ **Providers** are not prohibited from using existing IMRT CPT codes 77301 ~~and 77418~~ to bill for compensator-based IMRT ~~technology~~ **planning** in **a physician office or freestanding radiation oncology center** ~~the hospital outpatient setting~~. **However, providers should use CPT 77418 for multi-leaf collimator-based IMRT delivery and 0073T for compensator-based IMRT delivery.**

c. Payment for IMRT planning does not include payment for CPT codes 77332-77334 when furnished on the same day. When provided, these services are to be billed in addition to the IMRT planning code 77301.

d. Providers billing for both CPT codes 77301 (IMRT treatment planning) and 77334 (design and construction of complex treatment devices) on the same day should append a modifier –59.

CMS will need to make further revisions to the "Flowchart for Understanding Intensity-Modulated Radiation Therapy" to include:

- Changing the dates from 2004 to 2006; and
- Clarifying which codes to use for multi-leaf collimator-based IMRT delivery (77418) and compensator-based IMRT delivery (0073T).

[redacted]

413

SEP 16 2005.

September 7, 2005

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

Re: GPCIs

I am a practicing endodontist 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 to other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

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

Sincerely,

James A. Abbott, D.D.S., M.S.

Cc Two copies attached

James A. Abbott, D.D.S., M.S.
A Professional Corporation
Endodontics Exclusively
2755 Mendocino Avenue, Suite 205
Santa Rosa, California 95403
(707) 523-3636

414

John G. Mahaney M.D.

535 Highland Avenue, Santa Cruz, Ca 95060

Sept 8, 2005

SEP 16 2005

Centers for Medicare & Medicaid Services
Dept of Health & Human Services
Attn CMS-1502-P
Box 8017
Baltimore 21244-8017

Dear Sirs,

I am a retired orthopaedic surgeon with more than 30 years of practice in Santa Cruz Calif. I have been retired 12 years. I also spent 14 years on the Santa Cruz City Council and was elected Mayor of the City of Santa Cruz on 2 occasions.

It is time that CMS remove the 2 most disadvantaged counties from CA locality 99 (Sonoma & Santa Cruz) and assign them to their own localities effective Jan 1, 2006.

Thanks for your support!

John G. Mahaney MD, FACS

415

WAKE FOREST
SCHOOL of MEDICINE
THE BOWMAN GRAY CAMPUS

Department of Anesthesiology

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

September 1, 2005

SEP 16 2005

Dear Doctor McClellan:

I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to alter the Medicare anesthesiology teaching payment policy. Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious negative impact on finances of academic anesthesiology training programs – impacting our ability to retain faculty and to train the next generation of anesthesiologists. The impending shortfall in numbers and quality of anesthesiologists will be exacerbated in coming years by our aging population and their need for surgical care.

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 (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 further supervise residents in four overlapping office visits and collect 100% of the fees.

Unlike teaching surgeons and internists, **teaching anesthesiologists supervising residents on overlapping cases face a discriminatory 50% reduction in Medicare payment for each case.** Medicare's teaching payment rules should be applied consistently across medical specialties such that anesthesiology faculty are reimbursed fairly compared with other teaching physicians.

Best regards,

Thomas F. Slaughter, M.D.
Professor of Anesthesiology

Wake Forest University Health Sciences
Medical Center Boulevard • Winston-Salem, North Carolina 27157
(336) 716-4498 • fax (336) 716-8190 • www.wfubmc.edu/anesthesia

ROGER A. KLEIN, M.D.
ORTHOPAEDIC SURGEON, Board Certified

(707) 576-0366

SONOMA AVENUE MEDICAL CENTER
1111 SONOMA AVENUE #106
SANTA ROSA, CA 95405

BILLING:
(707) 576-0374
FAX:
(707) 576-0468

416

SEP 19 2005

September 9, 2005

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

RE: GPCIs

Dear Sir or Madam:

I am an orthopaedic surgeon practicing adult reconstructive and musculoskeletal trauma care in Sonoma County California. I strongly support your proposal to create a new and equitable payment locality for Sonoma County, which is currently lumped with the most rural, low-cost county's within California. The new locality will lessen the severe disparity between practice expenses and Medicare reimbursements, which physicians in Sonoma County are currently suffering through.

This disparity has adversely affected our local health care system for many years and is generating a serious lack of access to qualified care for Medicare and Medi-Cal recipients. In most cases, Medicare reimbursements simply do not cover our cost of medical practice! As a result, we are unable to recruit primary physicians or specialist physicians to Sonoma County. [Median home price for Santa Rosa is now $615,000!] Further, many local physicians have completely stopped taking any new Medicare or Medi-Cal patients and have, in many cases, gone out of business, and have retired early or left the county.

I personally am experiencing great difficulty recruiting new orthopaedic trauma physicians to help my practice and patients in Sonoma County. By creating a new and equitable payment locality within Sonoma County, you will help ensure prompt access to quality physician care in Sonoma County equal to that experienced in adjacent counties of Napa, Marin, and San Francisco (where costs are fairly equivalent to Sonoma County's present practice expenses). Further, your proposal will correct existing payment inequities and help CMMS achieve your goal of reimbursing physicians based on the cost of practice in their locality.

As you know, as well, there have been no geographic price index adjustments to the Medicare and Medi-Cal reimbursements in Northern California since the programs were initiated in the late 1960s. **Absent equitable reimbursement to physicians in Sonoma County, we will experience a growing crisis in access to time-dependent, quality health care in Sonoma County.**

Centers for Medicare and Medicaid Services
Department of Health and Human Services
September 9, 2005

This problem will be exacerbated by the high percentage of Medicare seniors currently living in Sonoma County (16.6% of the total population), with a projected increase in the senior population of 200% in the next 15 years.

Sincerely,

Roger A. Klein, M.D., M.S.
Fellow, American Academy of Orthopaedic Surgeons

RAK:jer

Attachment:
1. Patient petition listing requesting equitable adjustment of Sonoma County's Medicare Payment Locality Geographic Index.

cc: Cynthia Melody, M.D., (Fax: 707-525-4328)
Director
Sonoma County Medical Association
3033 Cleveland Avenue
Santa Rosa, CA 95403

Ray Aronow
PO Box 2423
Sebastopol, CA 95473

Equality

417

SEP 19 2005

September 13, 2005

GPCIs
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8017
Baltimore, Maryland 21244-8017

Attention: CMS 1502-P:

Perhaps my views on the matter of reimbursement in Sonoma County, California are a bit askew from what you are likely receiving but, as indicated above, I am for equality.

Patients, doctors and treatment protocols being fairly uniform throughout the country I fail to follow the rationale for discrimination against our County's doctors in reimbursement. If overhead is a basis, this is one of the highest real estate value areas in the country. On any other basis, does one evaluate each office's efficiency?

As a former health care provider as well as clinic director and consultant to the "Blues" from eons back (hence this being handwritten) I have some familiarity with billing practices.

I suggest that if reimbursements were fair and on a uniform par there would be lower program costs due to lessened psychological and financial pressure to maximize billings to the nth degree possible.

As a patient I have seen billings for amounts that left me aghast, even allowing for all the years of inflation and the costs of today's technology plus services taking such a small fraction of my time as to never be billed in private practice.

Maybe I'm out of step but maybe I have a point,

Dr. R. Aronow

Peter and Beva Farmer
P.O. Box 222
The Sea Ranch, CA 95497

418

SEP 19 2005

14 September 2005

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

To Whom it may concern:

We the undersigned urge you to do all in your power to correct reimbursement of Medicare payments in Sonoma County, California, Now!

James Peter Farmer
Beva Farmer.

419

SEP 19 2005

STEPHEN C. ALLEN, M.D.

200 Commercial Court, Suite 1
Savannah, Georgia 31406
912-692-0770 (FAX 692-0660)

September 8, 2005

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

To Whom It May Concern:

RE: *ICD-9 / CODING PRO, VOL. 11 NO. 9 September 5, 2005*

According to information that I have heard, Medicare is proposing **elimination** of codes and **reimbursement for cast/splint** codes Q4001-Q4051.

How can you justify cutting the cost of care for fractures? Casting materials are expensive and application of the cast is time consuming and a delicate art. How can that be included in the. already limited re-imbursement for the care of a patient with a fracture? That will not improve patient management or care!

Please do not group the care of the patient with a fracture to include the cost of the materials used and the application of the support or cast. Reconsider the elimination of codes Q4001-Q4051

Sincerely,

Stephen C. Allen, M.D.

420

SEP 19 2005

centers for medicare and medicaid services
dept of health and human services
attn: CMS-1502-P
P.O.Box 8017
Baltimore,MD 21244-8017

Sept 12, 2005

to whom it may concern:

You folks who administer Medicare carry an enormous responsibility to make the program work the way it was intended. I live in a county classified as rural because there are farms in the southern part of the county, and as a result, my doctor is reimbursed at a considerably lower rate than doctors in other counties. Please be advised that the cost of living in this county, Santa Cruz, Calif., is the second highest in the country, higher than Los Angeles, Chicago, New York, Dallas, Boston, or anywhere except San Francisco, and it keeps going up. Therefore, it would be only right, proper and fair, not to mention the crucial factor of doctor retention, for you to reimburse our doctors at rates comparable to the highest in the nation. We have a large population of seniors here and they cannot afford to travel to another county for medical services when our own doctors can no longer afford to serve Medicare patients.

Howard F. Sosbee

Howard F. Sosbee
1400 Weston Ridge Rd.
Scotts Valley,CA 95066
831-335-8401
howard@sosbee.com

421

SEP 19 2005

September 12, 2005

GPCIs
Center for Medicare and Medical Services
Attn: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Dear Sir:

I am a Navy veteran of World War II and use the Veterans Administration Clinic as my only doctor for any of my medical needs. They are paid by the Medicare, and though Medicare is slow they are always forth coming.

I have had to call emergency, more than once, using the number 911. The ambulance and the emergency room, as well as the fire departments have always been immediate. They have been paid, in part by medicare, and though medicare has been slow in payments, have always been just.

I firmly believe that Medicare in California should be brought up to the standards of our nation. If there is anything else that I can do to help you in your efforts, please let me know.

Yours truly

Robert L. Yates

Robert L. Yates
249 Hermosa Cir.
Santa Rosa, CA 95409
telephone: 707 537 8223

1481 Lupine Drive
Santa Rosa, CA 95401
September 17, 2005

SEP 19 2005

Medicare:

It is our understanding that a new rule has been proposed that would increase the reimbursement rate for doctors in Sonoma County. My family definitely supports this proposal.

Sonoma County is one of the most expensive areas in which to live. This used to be a fine medical center. Now many doctors have left. Our primary physician moved to another state. My sister's gynecologist moved to another state. Other people have told of similar experiences.

Please help us keep our doctors by increasing the medicare reimbursement.

Sincerely,
Juanita D. Lagare

University of Connecticut Health Center
School of Medicine

Anesthesiology

423

SEP 19 2005

September 16, 2005

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

Reference File Code: CMS 1505-P
Specific Issue Identifier- "TEACHING ANESTHESIOLOGISTS"

To Whom It May Concern:

Reducing teaching anesthesiologists' payments by 50% when working with two residents on overlapping cases has begun to negatively impact the future training of anesthesiologists in this nation. Recruitment into academic/teaching programs in anesthesiology has become difficult as a result of this punitive system for anesthesiologists in academic centers. Continued loss of revenue for cases under this existing system of reimbursement will lead to the demise of many esteemed academic departments which in turn will paralyze scientific advances in anesthesiology and a steady decline in the number of trained, competent anesthesiologists to meet future surgical needs of an increasing elderly population. Surgeons and internists collect full fees from Medicare when supervising residents in two overlapping operations and four overlapping office visits respectively. This inequity must be corrected as soon as possible.

From a purely economic point, it is illogical to expect a teaching anesthesiologist to be held 100% responsible for patient outcome and malpractice exposure yet reimburse him/her 50% for concurrent supervision. His/her exposure and accountability is 100%, not 50%. What other profession would work under such imbalance between responsibility and reimbursement?

It is my hope that CMS will acknowledge the inequity among the different specialties as it pertains to this issue and the long term consequences of an erosion in the infrastructure of anesthesiology training programs as result of a punitive reimbursement policy. I appeal to you to eliminate the 50% payment penalty for anesthesiology training programs.

Sincerely,

Anthony Peluso, MD
Chairman and Program Director
University of Connecticut/Hartford Hospital Anesthesiology Residency Program

An Equal Opportunity Employer

263 Farmington Avenue
Farmington, Connecticut 06030-2015
Telephone: (860) 679-3516
Facsimile: (860) 679-1275

SEP 19 2005

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MASSACHUSETTS GENERAL HOSPITAL

HARVARD MEDICAL SCHOOL

Department of Anesthesia and Critical Care
55 Fruit Street, CLN3
Boston, Massachusetts 02114-2696
Tel: 617 726-3030, Fax: 617 726-3032
E-mail: zapol@etherdome.mgh.harvard.edu

Warren M. Zapol, M.D.
Anesthetist-in-Chief
Massachusetts General Hospital
Reginald Jenney Professor of Anesthesia
Harvard Medical School

September 13, 2005

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

RE: TEACHING ANESTHESIOLOGISTS

To Whom It May Concern:

The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable. Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology. Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases.

Since its inception, this reimbursement policy has weakened the Department of Anesthesia and Critical Care at Massachusetts General Hospital in the following ways:

- Resident slot vacancies
- High faculty vacancies and turnover
- Below market faculty compensation
- Multiple years of budget shortfalls (late 1990's through early 2000's)
- Faculty assigned to personally perform rather than supervise the provision of anesthesia (particularly in anesthetizing locations outside of the operating rooms)

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere. The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs. Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met.

A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases. This is not fair, and it is not reasonable.

Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues. The Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. Reducing that by 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

Respectfully,

Warren M. Zapol

Warren M. Zapol, M.D.
Anesthetist-in-Chief

DHPPC (recvd.) #570073 425

RICHARD SHELBY
ALABAMA
CHAIRMAN—COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS
COMMITTEE ON APPROPRIATIONS
CHAIRMAN—SUBCOMMITTEE ON COMMERCE, JUSTICE, AND SCIENCE
SPECIAL COMMITTEE ON AGING
110 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-0103
(202) 224-5744
http://shelby.senate.gov
E-mail: senator@shelby.senate.gov

(E-MAIL)

SEP 19 2005

United States Senate

WASHINGTON, DC 20510-0103

STATE OFFICES:
- 1800 FIFTH AVENUE NORTH
  321 FEDERAL BUILDING
  BIRMINGHAM, AL 35203
  (205) 731-1384
- HUNTSVILLE INTERNATIONAL AIRPORT
  1000 GLENN HEARN BOULEVARD
  BOX 20127
  HUNTSVILLE, AL 35824
  (256) 772-0460
- 113 SAINT JOSEPH STREET
  445 U.S. COURTHOUSE
  MOBILE, AL 36602
  (251) 694-4164
- ONE CHURCH STREET
  ROOM C-561
  MONTGOMERY, AL 36104
  (334) 223-7303
- 1118 GREENSBORO AVENUE, #240
  TUSCALOOSA, AL 35401
  (205) 759-5047

August 30, 2005

Director
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

SEP - 8 2005

Dear Director:

Enclosed, please find a copy of correspondence I received from Jennifer Dollar.

Please review the enclosed and address the concerns raised. I have notified my constituent to expect a timely reply directly from you.

Sincerely,

Richard Shelby

Richard Shelby

RCS/art
Enclosure

2005 SEP -8 PM 2:32

425

RICHARD SHELBY
ALABAMA

CHAIRMAN—COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS
COMMITTEE ON APPROPRIATIONS
CHAIRMAN—SUBCOMMITTEE ON COMMERCE, JUSTICE, AND SCIENCE
SPECIAL COMMITTEE ON AGING

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United States Senate

WASHINGTON, DC 20510-0103

STATE OFFICES:

○ 1800 FIFTH AVENUE NORTH
321 FEDERAL BUILDING
BIRMINGHAM, AL 35203
(205) 731-1384

○ HUNTSVILLE INTERNATIONAL AIRPORT
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MOBILE, AL 36602
(251) 694-4164

○ ONE CHURCH STREET
ROOM C-561
MONTGOMERY, AL 36104
(334) 223-7303

○ 1118 GREENSBORO AVENUE, #240
TUSCALOOSA, AL 35401
(205) 759-5047

August 30, 2005

Dr. Jennifer Dollar
869 Shades Crest Road
Birmingham, Alabama 35226-1973

Dear Dr. Dollar:

Thank you for taking the time to contact me regarding a change in payment policy for teaching anesthesiologists.

I have contacted the Centers for Medicare & Medicaid Services on your behalf and have asked them to respond to your concerns. You should expect a reply to your concerns directly from the agency in a timely manner. Please do not hesitate to contact me about this or other matters in the future.

Sincerely,

Richard Shelby

Richard Shelby

RCS/art

425

Y74917

Shelby, Senator (Shelby)

608/25

From: Jennifer Dollar [jennyrd1@aol.com]
Sent: Monday, August 22, 2005 9:23 PM
To: Shelby, Senator (Shelby)
Subject: CMS Teaching Anesthesiologist Payment Rule

Jennifer Dollar
869 Shades Crest Road
Birmingham, AL 35226

August 22, 2005

The Honorable Richard C. Shelby
United States Senate
110 Hart Senate Office Building
Washington, DC 20510-0103

Dear Senator Shelby:

I am writing you as a constituent to ask that you contact the Centers for Medicare and Medicaid Services (CMS) and urge a change in payment policy for teaching anesthesiologists. The current payment rule seriously devalues the services provided by the teaching anesthesiologist. The future of the field of anesthesia lies in its training programs. However, these programs will face an uncertain future if teaching anesthesiologists do not achieve 100% of the Medicare fee for each of two overlapping procedures involving resident physicians. We are asking to be placed on par with our teaching surgical colleagues who receive 100% of the Midecare fee for each of two overlapping procedures. As a recent graduate of the residency training program at UAB, I cannot stress the importance of a solid educational program. I was fortunate to receive excellent training.

I currently supervise resident physicians in my post-residency position at The Children's Hospital of Alabama. I am committed to continuing the strong tradition of vigilance, which is the basis of the American Society of Anesthesiologists. This organization has set the bar for the medical community with regards to improving patinet safety. As a larger portion of the American population lives longer, we will have a larger number of Medicare patients requiring anesthesia services. I want tomorrow's senior population to receive the same level of excellent medical care that today's senior poplation receives when they require anesthesia services.

Please let me know as soon as possible your position on this critically important issue for our program.

Sincerely,

Jennifer R. Dollar, M.D.

Rm.

425

SEP 14 2005

FAH-11

Jennifer R. Dollar, M.D.
869 Shades Crest Road
Birmingham, Alabama 35226

Dear Dr. Dollar:

Senator Shelby asked me to thank you for your e-mail regarding proposed rule, CMS-1502-P, "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2006," that was published in the *Federal Register* on August 8, with a comment period ending September 30, 2005.

The purpose of this notice was to solicit comments from interested parties. All comments received during the comment period will be considered before the final notice is published. A summary of the comments and our reaction to them will be included in the final regulation.

Be assured that we appreciate your interest in the Medicare program and will carefully consider your comments in the development of the final regulation.

Sincerely,

Herb B. Kuhn
Director, Center for Medicare Management

426

SEP 19 2005

Loyd & Beth Felter
1144 Halyard Drive
Santa Rosa, CA 95401
Sept. 13, 2005

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

To whom it may concern:

My wife and I are retired and basically live on Social Security. We have Kaiser Permanente as our supplementary insurance to Medicare.

Our premiums have gone up quite drastically in the past few years, and it comes as a surprise to us that our premiums and fees are much higher than in other areas because Sonoma County has the lowest Medicare reimbursement rate in California.

We live in an area that Medicare may consider more prosperous than some other areas in this state; but, actually there are many areas more prosperous than this area. And it surely does not mean that older retired citizens have more money. Rather, they have less, because of the extra fees that other areas do not have.

Please correct your reimbursement in Sonoma County now. We are really stretched!

Sincerely,

Loyd Felter

427

SEP 19 2005

September 13, 2005

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

Gentlemen:

Please increase the Medicare physician's reimbursement by 8% in Sonoma County.

We are losing doctors right and left, and those who are staying are refusing to accept new Medicare patients. This is very alarming to us as senior citizens.

Sonoma County is one of the most expensive areas in California with a growing aging population. The doctors must be reimbursed accordingly.

Thanks for your consideration.

Sincerely,

Les + Carol MacLeod

Lester & Carol MacLeod
5243 Lockwood Circle
Santa Rosa, CA 95409

428

September 15, 2005

SEP 19 2005

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

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, California. I would like to address some specific concerns from the perspective of members of the Lupus Support Group of Sonoma County:

- Santa Rosa now ranks with retirement destinations such as Clearwater, St. Petersburg, and Miami, Florida.
- Among cities with a population of 100,000 or more, Santa Rosa is sixth in the United States for the highest percentage of people 85 and older.
- According to State of California Department of Finance, seniors 60 and older represent 16.6% of the total population in Sonoma County, with a projected rate of change of 196% by 2020.

Amid the astounding growth in our elder population, Sonoma County is facing strains on the health care delivery network that are unacceptable to Medicare recipients:

- The number of practicing physicians in Sonoma County has not kept pace with local population growth. From 1995 to 2002, the population increased 13%, but the number of practicing physicians increased by only 4%.
- As of July 2005, 60% of Sonoma County primary care physicians were NOT accepting new Medicare patients.
- Many physicians are leaving our county to practice where reimbursement is more favorable. As a result, many specialties are under-supplied. For example, we have only two gerontologists in the county for more than 76,000 seniors.

The new locality would increase the Medicare reimbursement rate to more closely match actual practice expenses, helping Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also aid efforts to recruit and retain physicians in the county, which has a large Medicare population. I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Kerry L. Mertle, President
Lupus Support Group of Sonoma County
1011 Jack London Ct.
Santa Rosa, CA 95409

cc: Two copies attached

Original

429

193 Mosshill Court
Santa Rosa, California 95409-2731

SEP 19 2005

September 14, 2005

GPC1s
Centers for Medicare & Medicaid Services
Dept. of Health & Human Services
Attn: CMS 1502P
P. O. Box 8017
Baltimore, MD 21244-8017

Gentlemen:

Please increase the reimbursement percentage to the physicians of Sonoma County by 8%. The cost of living and doing business in Sonona County is as high as that of surrounding counties, such as Marin County.

Physicians are leaving Sonoma County because of this lack of adequate reimbursement, or are refusing to accept Medicare patients.

I am an 85 year old female and would not be able to afford medical care if I didn't have access to a qualified physician. My husband is 83 so is also dependant upon Medicare.

Sincerely,

Jeane Venneri

Jeane Venneri
Mrs. Albert Venneri

430

5555 Mongomery Dr. D-4
Santa Rosa, CA 95409
September 13, 2005

SEP 19 2005

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

Gentlemen,

As a **retired Federal bureaucrat**, I know how hard it is to get anything changed. So let me put in my two cents worth.

Santa Rosa is **not** in a rural area. It is a major metropolitan area with traffic jams comparable to those is Washington. We have the sixth highest percentage of seniors of comparable cities in the United States. Our doctors are overworked and underpaid. We lose many of the best because they are not adequately reimbursed for their services. Costs for physicians are 8% higher than in similar counties.

Please adopt the proposed increase in reimbursement rates for Sonoma County medicare physicians.

Alan Y. Phinney

EDWARD DERMOTT, J.D.
4311 RAYMONDE WAY
SANTA ROSA, CA 95404
(707) 544-1380
e-mail edermott@att.net

431

SEP 19 2005

September 13, 2005

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

To whom it may concern;

I have been a resident of Sonoma county CA for more than 50 years. I have seen the medical community grow from 100 doctors to 1000 doctors more or less.

I have seen this medical community shrink because Doctors cannot afford the cost of living. Doctors are leaving the community because they are being reimbursed for caring for Medicare patients at a lower rate than those in adjacent counties where the cost of living may actually be less that in Sonoma County.

Local doctors are turning away new Medicare patients because they cannot afford to treat them at the current reimbursement rate.

Hospitals in the area are losing money at a time when they are required to retrofit or build new facilities to meet California law. We are facing the possibility of losing more doctors and having hospitals close unless they can be fairly reimbursed in a similar manner as adjacent counties.

The proposed new Medicare rule increasing the reimbursement would bring Sonoma County in line with other comparable counties and would help to relieve the drain of qualified doctors leaving the county.

I would urge your serious consideration to bring Sonoma County in line with current Medicare reimbursement rates.

Respectfully,

Edward Dermott

Edward Dermott

Sept 12, 2005.

To all it may concern:

The recent full page, Health Care ad, re Medicare reimbursement in Sonoma County is a very important matter.

Physicians are leaving our area, as they cannot afford to live here anymore. Senior Citizens predominate - Medicare does not pay enough for services rendered.

Please rethink your scale you have set, for these fine Medical Doctors, in Sonoma County

Very Sincerely

Mary Macdonald Norton.
522 Matheson Ave #5
Healdsburg
Calif 95448.

433

SEP 19 2005

8917 Acorn Lane
Santa Rosa, CA 95409
Sept. 13, 2005

GPCIs
Centers for Medicare & Medicaid Services
Dept. of Health and Human Services
Attn: CMS-1052-P
PO Box 8017
Baltimore, MD 21244-8017

Dear Medicare Officials:

We are writing to urge you to support the proposal to increase Medicare reimbursements to Sonoma County physicians.

Our understanding is that the Sonoma County reimbursement was set upon the assumption that this is a rural county with low expenses. Nothing could be further from the truth, since we are part of the San Francisco Bay Area, with living expenses among the highest in California, if not in the nation.

Hence we have suffered from a loss of doctors who are not receiving sufficient income from their patients on Medicare. This is happening at a time when the number of senior citizens in Sonoma County is growing and is projected to grow even further.

Please bring our reimbursements in line with other similar areas.

Sincerely,

Shirley Spina
Shirley Spina

Ned Spina
Ned Spina

434

SEP 19 2005

September 14, 2005
229 Purrington Rd.
Petaluma CA, 94952

GPCIs
PO Box 8017
Baltimore, MD

Attention CMS-1502-P

I would urge you to accept the current proposal to increase the reimbursement rate for Medicare to doctors and hospitals in Sonoma County. We have lost many doctors and services in our area due to the low rate they are being reimbursed. We live in one of the highest real estate markets in the country, and we have a large ageing population, over 16%.

I am currently traveling to another city other than my own to get medical care that I need. This is largely due to physicians leaving our area to practice where reimbursement is more favorable.

Please, correct the low reimbursement for Medicare in Sonoma County, now. In fact, I think the reimbursement should be the same for all communities throughout the country.

Sincerely,

Sharon Mansfield

Sharon Mansfield

435

SEP 19 2005

2901 Bristol Rd.
Kenwood, CA, 95452
September 12, 2005

GPCIs
Centers for Medicare & Medicaid Servcices
Department of Health and Human Services
Attention: CMS-~~1052~~-P 1502
P.O. Box 8017
Baltimore, MD 21244-8017

Attention: **Geographic Practice Cost Indices**

I am a senior citizen living in Kenwood, California. For medical care I travel to Santa Rosa, California. I am very concerned about the compensation coverage for doctors in Sonoma County. The cost of houses and living in Sonoma County has increased greatly in the last 10 years and compensation from medicare has not kept up with the costs. Approximately 5 years ago a doctor, for whom I have a great deal of respect , stopped taking medicare patients. He was not able to make his expenses. A few years ago our insurance company, Health Plan of the Redwoods, went bankrupt. We had to find another health insurance company.

Seniors in Sonoma County are increasing, but doctors are not. We need for our doctors to be compensated at the same rate as Marin County. Our costs in Sonoma County are extremely high.

Please increase the rate in Sonoma County to 8% or more. It is truly needed.

Sincerely,

Dolores Thistle

Dolores Thistle
2901 Bristol Road
Kenwood, Ca. 95452

436

September 14, 2005 SEP 19 2005

Centers for Medicare &Medicaid Services
Department of Health and Human Services

To whom it may concern:

I am a resident of Santa Rosa, Sonoma County, California. I strongly urge anyone with the power to do so, so change the Medicare and Medicaid designation for this area from rural to urban. Our cost of living is the same as any other part of the urban greater San Francisco Bay Area, and as so, should be reimbursed as such.

Thank you for your attention.

Miriam Mackey

Miriam Mackey
109 Yulupa Circle
Santa Rosa, CA 95405

RAYMOND R. CARRILLO, M.D.
MICHAEL DICUS, M.D.
G. GOPAL KRISHNA, M.D.
BARBARA L. REVER, M.D., M.P.H.
NANCY A. SMITH, RN. MSN. ANP.

DIPLOMATE AMERICAN BOARDS
OF INTERNAL MEDICINE
AND NEPHROLOGY

917 BLANCO CIRCLE
SALINAS, CALIFORNIA 93901
TELEPHONE (831) 755-7999

437

SEP 19 2005

August 24, 2005

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

Re: **File Code SMS-1502-P**

Issue: GPCIs / Payment Locality / Oppose Proposed Rule Change

To Whom It May Concern:

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

I oppose the proposed removal of California's Santa Cruz and Sonoma counties from Medicare reimbursement Locality 99. Doing this does not address the problems of other counties within Locality 99 who suffer from significant cost disparities close to those of Santa Cruz and Sonoma counties. By proposing that these two counties be removed from Locality 99 into their own localities, exacerbates the problems of the remaining Locality 99 counties - especially those of Monterey, San Diego, and Santa Barbara.

I am also concerned that no where in the proposed rule is it mentioned that this "two-county fix" is the beginning of a greater effort to move all counties in the state and nation into payment localities that truly reflect their respective costs of providing medical services.

The Centers for Medicare & Medicaid Services should be responsible for calculating new Geographic Area Factors and Geographic Practice Costs Indices and making immediate locality adjustments to *all* counties exceeding the so-called "5% threshold".

Sincerely,

Barbara L. Rever, M.D.

BLR:ef

RAYMOND R. CARRILLO, M.D.
MICHAEL DICUS, M.D.
G. GOPAL KRISHNA, M.D.
BARBARA L. REVER, M.D., M.P.H.
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Sincerely,

Ray Carrillo, M.D.

RC:ef

439

SEP 19 2005

RAYMOND R. CARRILLO, M.D.
MICHAEL DICUS, M.D.
G. GOPAL KRISHNA, M.D.
BARBARA L. REVER, M.D., M.P.H.
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DIPLOMATE AMERICAN BOARDS
OF INTERNAL MEDICINE
AND NEPHROLOGY

917 BLANCO CIRCLE
SALINAS, CALIFORNIA 93901
TELEPHONE (831) 755-7999

August 24, 2005

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Department of Health and Human Services
Attention: CMS-1502-P
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Baltimore, M.D. 21244-8017

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Sincerely,

Dennis Phan, M.D.

DP:ef

440

SEP 19 2005

RAYMOND R. CARRILLO, M.D.
MICHAEL DICUS, M.D.
G. GOPAL KRISHNA, M.D.
BARBARA L. REVER, M.D., M.P.H.
NANCY A. SMITH, RN. MSN. ANP.

DIPLOMATE AMERICAN BOARDS
OF INTERNAL MEDICINE
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917 BLANCO CIRCLE
SALINAS, CALIFORNIA 93901
TELEPHONE (831) 755-7999

August 24, 2005

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

Re: **File Code SMS-1502-P**

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Sincerely,

G. Gopal Krishna, M.D.

GGK:ef

RAYMOND R. CARRILLO, M.D.
MICHAEL DICUS, M.D.
G. GOPAL KRISHNA, M.D.
BARBARA L. REVER, M.D., M.P.H.
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DIPLOMATE AMERICAN BOARDS
OF INTERNAL MEDICINE
AND NEPHROLOGY

917 BLANCO CIRCLE
SALINAS, CALIFORNIA 93901
TELEPHONE (831) 755-7999

441

SEP 19 2005

August 24, 2005

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

Re: **File Code SMS-1502-P**

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Sincerely,

Michael Dicus, M.D.

MD:ef

442

September 13, 2005

SEP 19 2005

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

It is my understanding the government is considering changing the payment disparity as it applies to doctors treating Medicare patients in Sonoma County, California. The disparity that currently exists is of considerable importance to both Medicare patients and the availability of good doctors to this area. It is my desire, and that of many Medicare patients, that this unjust treatment of Sonoma County medical providers be corrected by making them the same as adjacent Napa and Marin Counties..

Sonoma County doctors are paid less for services than are adjacent Napa and Marin County doctors, even though the economic, demographic, and other county variables are very similar. This condition is causing good doctors to either decline treating Medicare patients or worse yet, relocate their practices to the other more favorable repayment locations. Sonoma County needs good doctors and medical specialists. The low Medicare reimbursement rate is unfounded under today's terms and is an issue that must be corrected.

MAKE SONOMA COUNTY MEDICARE REIMBURSEMENT RATES EQUAL TO ADJACENT COUNTIES WITH SIMILAR ECONOMIC CIRCUMSTANCES.

Yours truly,

Shirley Pierce

Shirley Pierce
4745 Harrow Court
Santa Rosa, CA. 95405

443

September 13, 2005

SEP 19 2005

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

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MAKE SONOMA COUNTY MEDICARE REIMBURSEMENT RATES EQUAL TO ADJACENT COUNTIES WITH SIMILAR ECONOMIC CIRCUMSTANCES.

Yours truly,

William Harrington

William Harrington
4745 Harrow Court
Santa Rosa, CA. 95405

444

September 12, 2005

RESURGENS[PC]
ORTHOPAEDICS

SEP 19 2005

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

RE: 2006 Medicare Orthopaedic Cuts

To Whom It May Concern:

According to the ICD-9 / CODING PRO, VOL. II NO. 9 September 5, 2005, Medicare is proposing elimination of codes and reimbursement for cast/splint codes Q4001-Q4051 and roll them into the global fee for fracture care. There is no increase in the global fee payment for including cast/splinting. Fracture care will be a money losing service (not even breakeven) for most practices, if implemented. In fact, they propose a 4.3% across-the-board reduction in the 2006 conversion factor for all orthopaedic care.

Orthopaedists stand to suffer a loss of 5% for total hip arthroplasty, hip/femur fracture and total knee arthroplasties!

Payments for all office services are to be reduced by 4 to 5%.

This reduction of reimbursement will mean physicians will absorb the costs of providing medical care. Since this is untenable, the access to care will be steeply reduced, placing patients at greater risk for morbidity.

This is bad finance and bad medicine.

Sincerely,

Jon Hyman, MD
Orthopaedic Surgeon, Sports Medicine
Resurgens Orthopaedics

5671 Peachtree Dunwoody Rd. • Suite 700 • Atlanta, Georgia 30342 • *phone* 404.847.9999 • *fax* 404.531.8466 • www.resurgens.com

445

GPCIs
Ceenter for Medicre & Medicaid Services
Department of Health and Human Services
Attention: CMS-1052-P
P.O.Box 8017
Baltimore, MD 21244-8017

09-14-05

SEP 19 2005

Dear Friends,

Medicare is trying to have Medical Reimbursements increased for Sonoma County, California.

Petaluma is a city in Sonoma County that is experiencing a rapit increase in building --two and three storied mixed-use buildings--large groupings of single family homes. These are for middle and low income people. Rapid population growth including a good portion of low-incme and retired people spells a need for more doctors and medical personel.

Doctors wont come unless trhe pay meets their needs. A good portion of their patients will be retired with medicare - ore low income with medical. Reimbursement is a pressing issue. So, please, do everything in your power to correct the current Federal Guidelines

Sincerely

Josephine F. Govaerts
611 E Street
Petaluma, Ca, 94952

Josephine F Govaerts

BOSSHARD LAW & MEDIATION
10096 SOQUEL DRIVE, SUITE 2
APTOS, CALIFORNIA 95003
(831) 688-9112
FAX: (831) 688-6374

447

SEP 1 0 2005

September 9, 2005

Center for Medicare services
Department of Health and Human Services
Post office box 8017
Baltimore Maryland 21244-8017

RE: File Code CMS-1502-P

To Whom It May Concern:

I am a resident of Santa Cruz County, California, which unfortunately has one of the highest costs of living in the United States. Right now, a moderate sized three-bedroom home would cost approximately $750,000 here.

I am therefore writing to voice my strong support for the proposed revision in the physician payment localities in California that you published in the reference rule. I believe Santa Cruz County should not be classified as "rural", which has been the practice in the past.

Please continue doing what you can to correcting this inequity as soon as possible.

Sincerely,

JEFFREY BOSSHARD
Attorney at Law

448

SEP 19 2005

Donna Hardy
Licensed Marriage & Family Therapist
4846 Rockridge Lane
Santa Rosa CA 95404
Phone 707-528-8578; Fax 707-528-0114
Email: Hardyhardy@aol.com

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

We need to correct reimbursement in Sonoma County, now.

I have Medicare and supplemental coverage with AARP. I thought I was paying my way. I felt humiliated when I called a rheumatologist to assess and treat me and—when asked about my insurance—was told the doctor was not taking Medicare patients.

I was not asking for charity, but apparently the physicians in Sonoma County, who practice in a high-wage, high-rent urban market are not paid enough to bother with us who are on Medicare. I am told 60% of our primary care doctors do not accept new Medicare patients.

You need to change the reimbursement rate for Sonoma County to be in accord with the economic standards of this area. You need to do it for the doctors and for us patients.

Yours truly,

Donna Hardy

SEP 19 2005 449

Santa Rosa CA 95404
Sep. 13, 2005

GPDS.
Centers for Medicare + Medicaid Services
Dept. of Health + Human Services
Attn: CMS-1502-P
P.O. Box 8017
Baltimore MD 21244-8017

Re: Medicare reimbursement for physicians in Sonoma County, California

I am a 79 year old Medicare/AARP superesident of Santa Rosa and now find myself searching for doctors who will take me as my old physicians retire or "close" their practice. I and other seniors in this very expensive city need help in the form of Medicare reimbursement for our physicians based on cost of practice in this city. Help us please.

Gerald D. Hardy
4846 Rockridge Lane
Santa Rosa CA 95404

SEP 19 2005

450

RICHARD L. FASSIO
NORMA RAE FASSIO
2011-17TH AVE
SANTA CRUZ, CA 95062
SEPTEMBER 13, 2005

CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPT. OF HEALTH AND HUMAN SERVICES
ATTN: CMS-1502-P
P.O. BOX 8017
BALTIMORE, MD 21244-8017

RE: GPCI

TO WHOM IT MAY CONCERN:

AS BENEFIARIES UNDER MEDICARE
WE SUPPORT THE CHANGES THAT YOU
HAVE MADE ON THIS ISSUE.

WE HAVE EXCELLENT PHYSICIANS IN
THIS COUNTY AND THEY DESERVE TO
RECEIVE PAYMENT EQUAL TO OTHER
COUNTIES IN THE SAN FRANCISCO BAY AREA.
HELP US TO RETAIN THE QUALITY
CARE NOW PROVIDED

SINCERELY,
Richard L Fassio
Norma Rae Fassio

SEP 1 0 2005

451

To Whom It May Concern—

I am writing to you to urge you to increase the Medicare reimbursement schedule. The burden we have to face for health care is insurmountable. We must have answers to health care problems in Sonoma County.

Please reevaluate your current policy.

Thank you,

Robin Levander

Sept. 13, 2005

To whom it may concern: SEP 19 2005 452

Medicare has proposed a a new rule that would increase the reimbursement rate for Sonoma County, long over due, by 8%. This proposal will bring Sonoma County back on line with current Medicare reimbursement standards, which will stabilize our Medical community.

Voting yes is vital on this issue. I thank you for your support.

Sincerely

Shirley M Eaton

SEP 19 2005 453

CASCADE AUDIOLOGY
401 15th Ave S, Ste 207
Great Falls, MT 59405
406-727-6577

Date: 9/12/2005

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

Re: CMS-1502-P

Dear Dr. McClellan:

I am concerned about the Centers for Medicare & Medicaid Services' (CMS) proposed changes for Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiological services. Although I believe that it is important to cover medical services through Medicare, I'm not sure how that benefits a person if they are not able to communicate, hear and understand their physician. There is no other service more critical to human beings, especially with age than the ability to hear, participate in communication in their daily lives and with addressing effectively their own medical needs. Cutting audiological services would likely result in not receiving appropriate care for hearing and other medical services. Ultimately, the result is miscommunication, isolation and increased medical problems. Cutting these services would also likely in an increase non-professional services resulting in higher cost and poorer management of their hearing circumstances. Equitable reimbursement for audiology services is essential to cover the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. There is a very high incidence of hearing impairment in the Medicare population that is likely affecting more than 50% of that population.

I would encourage communication with the American Academy of Audiology and any audiologist that has a good sense of how this change might significantly impact the elderly population

Thank you for your attention in this matter.

Sincerely,

454

American
Academy of
Home Care
Physicians
ACADEMY of HOME CARE
AMERICAN PHYSICIANS

September 15, 2005

SEP 20 2005

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

Gentlemen:

This is to offer the comments of the American Academy of Home Care Physicians on the proposed revisions to payment policies under the physician fee schedule for 2006.

1. Proposed Revisions to the CPO, Certification and Recertification codes

We want to begin by thanking CMS for continuing to include reimbursement for these codes as part of the physician fee schedule. They are important to our members, who focus their practices on home care medicine, and to the many other physicians who use the codes for work in relationship to home care agencies. We understand the source of CMS's recommendation in this regard, but must respectfully object to any reductions in payment for these codes. We believe that these actions have the potential of a chilling effect on physician willingness to actively participate in managing patient care in the home. The result may be higher costs due to less use of home care and a compensatory increase in more expensive institutionally based resources, such as emergency departments and hospitalizations, with a decline in both quality of care and outcomes.

2. Telemedicine Proposals

To the extent telemedicine is approved for nursing homes, we also request that it be extended to domiciliary care facilities, and other congregate-living arrangements, at least on a pilot basis. As we have argued elsewhere, many domiciliary care facilities are serving patients comparable to those in nursing homes.

Thank you for your consideration.

Sincerely,

C. Bayne MD

C. Gresham Bayne, MD
President

P.O. Box 1037
Edgewood, MD 21040-0337

Phone: (410) 676-7966
Fax: (410) 676-7980
Email: aahcp@comcast.net
Web Site: http://www.aahcp.org

455

Carol Young
7061 Bennett Valley Road
Santa Rosa, CA 95404
September 13, 2005

GPCIs
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-1052-P
P.O.Box 8017
Baltimore, MD 21244-8017

The purpose of this letter is to encourage you to update the Medicare reimbursement standards for Sonoma County.

I am a Physical Therapist who has practiced in this community for 28 years. This has enabled me to see the steady decline in the quality of life the salary of an ancillary health care professional provides. Salaries have not kept up with housing, fuel, food and general living costs. It is nearly impossible to recruit new physical therapists to this area. Jobs, especially in the nursing home and extended care arena, go unfilled for months.

The population of Sonoma County is aging. We have a serious demand for professionals from the medical doctors to the ancillary care providers and this demand will only increase in the next decade.

However, the compensation to these professionals lags significantly behind those in neighboring counties of the bay area. There is a huge disparity in compensation for the same treatment provided by clinics owned by my employer in San Francisco and clinics here in Sonoma County. The costs of living do not justify such a disparity. Is it any wonder, people sit on freeways for 3 hours a day to obtain a better salary?

Of greater concern to your agencies is access to health care for your enrollees. Local practices are simply not accepting any new Medicare patients. Between the paperwork (a whole other issue) and the reimbursement, our elderly are simply not desirable as patients to many.

Please consider updating and increasing reimbursement for health care in Sonoma County.

Carol Young PT
Carol Young, PT

456

338 Los Alamos Rd.
Santa Rosa, CA 95409
September 12, 2005

SEP 20 2005

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

Re: GPCIs

Sirs:

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

Sonoma County's population is far more "urban" than "rural", and as such is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population. Over the past several years, we have lost more than half of the physicians in several important specialties, and this trend endangers all of us.

Please reclassify our County to "urban" for the purpose of improving the Medicare reimbursement rates.

P.S. I'll be eligible for Medicare in two years and I'm worried there won't be a doctor here who is willing to accept any more Medicare patients

Sincerely,

Fran Danoff

Fran Danoff
338 Los Alamos Rd.
Santa Rosa, CA 95409

cc: Two copies attached

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GPCIs
Centers For Medicare & Medicaid Services
Attention CMS-1502-P
P O Box 8017
Baltimore, Md 21244-8017

SEP 20 2005

Gentlemen:

I strongly support the new rule that is under consideration to increase reimbursement rates in this area for doctors who treat medicare patients.

I am a medicare recipient who moved to Sonoma County three years ago to be near family. I soon discovered many doctors here do not accept Medicare patients. They tell us they lose money treating these patients.

I am afraid if this funding is not changed, soon there will be no medical care available for us.

Thank you for your support.

Sincerely,

Elvera J Yinger

Elvera J Yinger
6467 Meadowridge Drive
Santa Rosa, Ca 95409

9/13/05

458

SEP 2 0 2005

SEPTEMBER 13, 2005

GPIs
CENTERS FOR MEDICARE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTENTION CMS -1502- P
P O BOX 8017
BALTIMORE, MD 21244-8017

THIS IS TO REQUEST THAT THE FEES PAID TO COUNTY OF SONOMA MEDICAL PROFESSIONALS, HOSPITALS, LABORATORIES, AND OTHER HEALTH CARE PROVIDERS UNDER THE MEDICARE UMBRELLA HAVE THEIR REIMBURSEMENTS UPGRADED TO REFLECT THE LIVING COSTS IN THIS COUNTY. THE COST OF LIVING IN THIS COUNTY IS NOT REFLECTED IN YOUR PRESENT SCHEDULE OF REIMBURSEMENTS.

HOPEFULLY YOU WILL BE REVIEWING THIS ISSUE AND CONSIDERING IT I A REALISTIC MANNER.

WE WILL BE LOOKING FORWARD TO THE ADJUSTMENTS THAT SHOULD BE FORTH COMING.

Mr and Mrs Bud Giacomelli

MR. AND MRS. BUD GIACOMELLI
1480 SANDERS ROAD
WINDSOR, CA. 95492

459

SEP 20 2005

September 14, 2005

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

RE: GPCIs

I am receiving Medicare benefits for medical care from a Sonoma County, California, physician. I understand that Medicare is proposing creation of a new payment locality for Sonoma County, which is becoming a more 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 change of locality would also benefit efforts to recruit and retain physicians in this county, which has a large population of Medicare recipients.

I fully support your proposal to change Sonoma County's payment locality, and I am grateful for the opportunity to offer my opinion on this important issue.

Sincerely,

Rose S. Stoll

Rose S. Stoll
300 Fountaingrove Parkway
Santa Rosa, CA 95403

cc: Two copies attached.

SEP 20 2005 460

THE CLEVELAND CLINIC FOUNDATION

Armin Schubert, M.D., M.B.A.
Chairman
Department of General Anesthesia / E31
Office: 216/444-3754
Fax: 216/444-9628
E-mail: schubea@ccf.org

September 16, 2005

Hon. Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
Post Office Box 8017
Baltimare, MD 21244 8017
www.capwiz.com/asa/home/

RE: Teaching Anesthesiologists

Dear Dr. McClellan:

I am writing to ask that you revise current arrangements under which Medicare reimburses TEACHING ANESTHESIOLOGISTS for the hands-on instruction of medical residents.

Under current Medicare regulations, teaching surgeons and other teachers of "high-risk" medical specialties are permitted to work with residents on overlapping cases so long as the teacher is present for critical or key portions of the procedure. The teaching surgeon may bill Medicare for FULL reimbursement for each of the two procedures in which he or she was involved.

Teaching anesthesiologists, who also are "high-risk" specialists, likewise are permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure and immediately available during the other portions of the procedure. However, unlike teaching surgeons, the teaching anesthesiologists who work with residents on overlapping cases face a HIGHLY DISCRIMINATORY payment penalty of 50% for each case.

The 50% payment penalty has had a significant adverse impact on teaching programs in my state. The anesthesia penalty reduces annual Medicare revenues in Ohio academic anesthesia departments by more than $2 million dollars. Academic programs therefore have difficulty retaining skilled faculty to train new anesthesiologists. In some cases, the revenue shortfalls which result from this inequitable policy threaten the economic viability of the programs.

Your support for correcting the anesthesia teaching inequity in this year's payment rule in a manner consistent with Medicare's teaching payment rules for other complex or high-risk specialties is essential to assure that important academic programs in our states can continue to fulfill their mission to train future generations of physicians. I respectfully ask you to include this correction in the proposed rule on the Physician Fee Schedule for 2006 and would appreciate your advising me of your actions on this matter.

Thank you for your consideration.

Sincerely,

Armin Schubert, MD, MBA
Chair, Department of General Anesthesiology
The Cleveland Clinic Foundation
Professor of Anesthesiology
Cleveland Clinic Lerner College of Medicine
Phone: 216-444-3754
Fax: 216-444-9628
e-mail: schubea@ccf.org

BARBARA BOXER
CALIFORNIA

SEP 22 2005

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COMMITTEES:
COMMERCE, SCIENCE, AND TRANSPORTATION
ENVIRONMENT AND PUBLIC WORKS
FOREIGN RELATIONS

United States Senate

HART SENATE OFFICE BUILDING
SUITE 112
WASHINGTON, DC 20510-0505
(202) 224-3553
http://boxer.senate.gov/contact

September 15, 2005

Administrator Mark McClellan
Center for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Administrator McClellan:

I write to express my very strong support for CMS' proposed revision to the physician payment localities for Santa Cruz and Sonoma counties.

There is currently a large payment discrepancy for physicians in Santa Cruz and Sonoma counties due to their being classified as "rural" counties. Counties neighboring Santa Cruz and Sonoma counties have some of the highest payment levels for physicians in the nation. The discrepancy is causing physicians to leave Santa Cruz and Sonoma counties, and quality health care has suffered as a result. This reassignment will help the counties provide sufficient health care services for its residents.

I commend CMS for acknowledging the discrepancy in payment for physicians, and for proposing this change to correct the situation. Should you have any questions, please feel free to contact Jennifer Tang in my San Francisco Office. Thank you for your consideration.

Sincerely,

Barbara Boxer
United States Senator

BB:jbt

1700 MONTGOMERY STREET
SUITE 240
SAN FRANCISCO, CA 94111
(415) 403-0100

312 NORTH SPRING STREET
SUITE 1748
LOS ANGELES, CA 90012
(213) 894-5000

501 'I' STREET
SUITE 7-600
SACRAMENTO, CA 95814
(916) 448-2787

1130 'O' STREET
SUITE 2450
FRESNO, CA 93721
(559) 497-5109

600 'B' STREET
SUITE 2240
SAN DIEGO, CA 92101
(619) 239-3884

201 NORTH 'E' STREET
SUITE 210
SAN BERNARDINO, CA 92401
(909) 888-8525

462

Coalition For The Advancement Of Brachytherapy

660 Pennsylvania Avenue, S.E.
Suite 201
Washington, D.C. 20003
(202) 548-2307
Fax: (202) 547-4658

SEP 22 2005

September 20, 2005

The Honorable Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006 Payment Rates; CMS-1502-P

Dear Dr. McClellan:

The Coalition for the Advancement of Brachytherapy (CAB)[1] is pleased to submit these comments to the Centers for Medicare and Medicaid Services (CMS) in response to the August 8, 2005 *Federal Register* notice regarding the 2006 Physician Fee Schedule proposed rule (see attachment 1). CAB recommends that CMS more closely examine the impact of the proposed "Bottom-up" practice expense methodology on a code-specific basis, review and refine the indirect and direct practice expense input assignments, and if necessary, implement an adjustment factor that limits the reduction to no more than 15 percent of the 2005 global relative value units (RVUs) at the end of the 4-year transition period in 2009, as many radiation oncology procedure codes have significant reductions slated for 2005 through 2009. Reductions in RVUs combined with the forecasted reductions in the annual update factor could have a major impact on the provision of radiation oncology procedures to Medicare beneficiaries in a freestanding radiation oncology center.

I. Practice Expense

Supplemental Practice Expense Survey Data

CMS proposes to blend the AFROC and ASTRO data to calculate an average practice expense per hour that fully reflects the practice of radiation oncology in all settings. **CAB supports the revised radiation oncology practice expense per hour of $138.00.**

[1] The Coalition for the Advancement of Brachytherapy was organized in 2001 and is composed of the leading developers, manufacturers, and suppliers of brachytherapy devices, sources, and supplies. CAB's mission is to work for improved patient care by assisting federal and state agencies in developing reimbursement and regulatory policies to accurately reflect the important clinical benefits of brachytherapy. Such reimbursement policies will support high quality and cost-effective care. Over 90% of brachytherapy procedures performed in the United States are done with products developed by CAB members and it is our mission to work for improved care for patients with cancer.

Revisions to the Practice Expense Methodology

CMS proposes several changes to the existing "Top-down" practice expense methodology including: a new "Bottom-up" methodology to calculate direct practice expense costs; elimination of the Nonphysician Work Pool; and utilization of the current indirect practice expense RVUs except for services affected by the accepted supplementary survey data. Further, CMS proposes to transition the practice expense changes over a 4-year period.

CAB is concerned that the proposed rule did not provide detailed information, including the steps to achieve practice expense RVUs under the proposed "Bottom-up" methodology. There is simply not enough information to determine the true impact of this methodology on specific radiation oncology procedure codes. In addition, Table 30 titled "Impact of Practice Expense Changes on Total Medicare Allowed Charges by Physician Specialty" states that the impact for radiation oncology is 1.9% in 2006; 3.9% in 2007; 5.8% in 2008; and 7.9% in 2009. The 2009 fully transitioned RVUs for professional component (-26) services yield positive increases for all radiation oncology codes with the exception CPT 77776-26, which realizes a minimal reduction of 0.3% RVUs in 2009. However, several radiation oncology codes have significant reductions in global RVUs in 2006 through 2009 that might not yield an overall positive impact for freestanding radiation oncology centers. For example, 2 of 4 HDR brachytherapy CPT codes 77781 and 77782 have significant reductions under the proposed practice expense methodology. CPT 77781 has a 16.3% reduction in 2006 and a 65.5% reduction in 2009 at the end of the transition period. CPT 77782 has a 6.2% reduction proposed in 2006 and a 25.4% reduction in 2009. There are a total of 13 out of 59 codes or 22% of all radiation oncology global procedures that have reductions greater than 15% when the "Bottom-up" methodology is fully transitioned in 2009 (see table 1).

Table 1 Radiation Oncology Codes with Reductions in RVUs 2006 and 2009 (Bold text indicates reductions greater then 15% in 2009)

CPT Code	Descriptor	2005 RVU	2006 Proposed RVU	2009 Proposed RVU	2005-2006 RVU Change	2005-2009 RVU Change
77295	3D Simulation	35.67	30.60	15.20	-14.2%	**-57.4%**
77300	Basic Dosimetry Calculation	2.26	2.21	2.04	-2.2%	-9.7%
77305	Simple Isodose Plan	2.94	2.68	1.88	-8.8%	**-36.1%**
77310	Intermediate Isodose Plan	3.90	3.59	2.66	-7.9%	**-31.8%**
77315	Complex Isodose Plan	4.94	4.75	4.17	-3.8%	**-15.6%**
77321	Special Teletherapy Port Plan	5.55	4.89	2.90	-11.9%	**-47.7%**
77333	Intermediate Treatment Devices	3.15	2.78	1.64	-11.7%	**-47.9%**
77334	Complex Treatment Devices	5.12	5.02	4.70	-2.0%	-8.2%
77336	Continuing Medical Physics Consult	3.14	2.73	1.44	-13.1%	**-54.1%**
77370	Special Medical Physics Consult	3.67	3.63	3.43	-1.1%	-6.5%
77401	Superficial Radiation Treatment Delivery	1.88	1.64	0.89	-12.8%	**-52.7%**
77417	Radiology Port Films	0.63	0.60	0.48	-4.8%	**-23.8%**
77418	IMRT Treatment Delivery	18.15	16.84	12.81	-7.2%	**-29.4%**
77470	Special Treatment Procedure	14.61	12.32	5.36	-15.7%	**-63.3%**
77781	HDR Brachytherapy; 1-4 catheters	23.63	19.79	8.15	-16.3%	**-65.5%**
77782	HDR Brachytherapy; 5-8 catheters	24.78	23.24	18.49	-6.2%	**-25.4%**

Further, there are other catheter/needle insertion codes and diagnostic radiology codes associated with brachytherapy procedures that have significant global RVU reductions proposed under the new "Bottom-up" methodology (see table 2).

Table 2 Brachytherapy Related Procedure Codes with Reductions in RVUs 2006 and 2009 (Bold text indicates reductions greater then 15% in 2009)

CPT Code	Descriptor	2005 RVU	2006 Proposed RVU	2009 Proposed RVU	2005-2006 RVU Change	2005-2009 RVU Change
19296	Delayed Breast Interstitial Radiation Treatment	129.38	121.96	98.81	-5.7%	**-23.6%**
19298	Placement Afterloading Brachytherapy Catheters Into Breast	48.59	46.00	37.94	-5.3%	**-21.9%**
76965	Ultrasound Guidance for Interstitial Radioelement Application	7.71	6.57	3.14	-14.8%	**-59.3%**

There appears to be several anomalies associated with the new practice expense methodology. We believe that the direct practice expense inputs may not have been properly assigned to the technical component portion of the radiation oncology codes. For example, CPT 77290 Complex simulation has a total 15.2 RVUs at the end of the transition period in 2009, as does CPT 77295 Three-dimensional simulation. The practice expense inputs for CPT 77295 are much greater for three-dimensional simulation than complex simulation (CPT 77290). Further, the total RVUs for CPT 77295 in 2005 (35.67) are 4-fold the current CPT 77290 RVUS (9.0). A similar example exists for treatment device codes 77332 and 77333. CPT 77332 involves the design and construction of a simple treatment device (e.g. simple block, simple bolus) and has 2.44 RVUs in 2009. CPT 77333 is defined as an intermediate device (e.g. multiple blocks, stents, bite blocks, special bolus) that would have greater practice expense inputs but is assigned only 1.64 RVUs in 2009—33% less RVUs than the simple treatment device code 77332.

In addition, there are major increases for many radiation oncology codes, eleven of the daily radiation treatment delivery codes (77402-77416) have increases greater than 100% at the end of the transition period. The hyperthermia codes (77600-77620), which are rarely used, have increases that range from 99.8% to 355% in 2009.

CAB recommends that CMS more closely examine the impact of the proposed "Bottom-up" methodology on a code-specific basis, review and refine the indirect and direct practice expense input assignments, and if necessary, implement an adjustment factor that limits the reduction to no more than 15 percent of the 2005 global RVUs at the end of the 4-year transition period in 2009.

Some freestanding radiation oncology centers will not be able to absorb significant reductions in global payments as proposed by the new CMS practice expense methodology, which may affect Medicare beneficiary access to important cancer treatments.

II. Sustainable Growth Rate

The proposed rule indicates that payment rates for physicians' services will be reduced by 4.3 percent for 2006, a reduction required by the statutory formula that takes into account substantial growth in overall Medicare spending in 2004. CMS anticipates further negative updates in future years.

While we understand that CMS is required by law to update the conversion factor on an annual basis according to the sustainable growth rate (SGR) formula, we do not support reductions under the SGR system forecasted for 2006. The SGR formula is unfair and unworkable as it is tied to the overall U.S. economy (gross domestic product) and does not accurately reflect the health care costs of treating Medicare patients. The SGR formula should not include the costs of Medicare-covered outpatient drugs. Additionally, the current formula does not account for the costs and savings associated with new technologies. The current SGR formula must be replaced with one where payment updates keep pace with practice cost increases.

CMS should replace the Sustainable Growth Rate in 2006 with an annual update system like those of other provider groups so that payment rates will better reflect actual increases in physician practice costs.

Conclusion

Brachytherapy offers important cancer therapies to Medicare patients. Appropriate payment for brachytherapy procedures and sources is necessary to ensure that Medicare beneficiaries will continue to have full access to high quality cancer treatment in a freestanding radiation oncology center or physician office.

We hope that CMS will take these issues under careful consideration during the development of the 2006 Physician Fee Schedule final rule, as they will have a great impact on provider's ability to offer important cancer treatments to Medicare beneficiaries. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (703) 534-7979.

Sincerely,

Raymond Horn
Chair

Lisa Hayden
Vice-Chair

Attachment 1

Coalition for the Advancement of Brachytherapy (CAB)

The Coalition for the Advancement of Brachytherapy (CAB) is a national non-profit association composed of manufacturers and developers of sources, needles and other brachytherapy devices and ancillary products used in the fields of medicine and life sciences. CAB members have dedicated significant resources to the research, development and clinical use of brachytherapy, including the treatment of prostate cancer and other types of cancers as well as vascular disease. Over 90% of brachytherapy procedures performed in the United States are done with products developed by CAB members.

Member Companies

BrachySciences
C.R. Bard, Inc.
Cytyc Corporation
MDS Nordion
Mentor Corporation
Nucletron Corporation
Oncura
Pro-Qura
SIRTeX Medical, Inc.
Theragenics Corporation
Varian Medical Systems
Xoft, Inc.

CAB Advisory Board

American Brachytherapy Society
American College of Radiation Oncology
Association for Freestanding Radiation Oncology Centers
Society for Radiation Oncology Administrators

SEP 22 2005

American Association of Physicists in Medicine
One Physics Ellipse
College Park, MD 20740-3846
(301) 209-3350
Fax (301) 209-0862
http://www.aapm.org

September 20, 2005

The Honorable Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006 Payment Rates; CMS-1502-P

Dear Dr. McClellan:

The American Association of Physicists in Medicine (AAPM) is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) in response to the August 8, 2005 Physician Fee Schedule proposed rule for 2006.

AAPM's mission is to advance the practice of physics in medicine and biology by encouraging innovative research and development, disseminating scientific and technical information, fostering the education and professional development of medical physicists, and promoting the highest quality medical services for patients. Medical physicists contribute to the effectiveness of radiological imaging procedures by assuring radiation safety and helping to develop improved imaging techniques (e.g., mammography CT, MR, ultrasound). They contribute to development of therapeutic techniques (e.g., prostate implants, stereotactic radiosurgery), collaborate with radiation oncologists to design treatment plans, and monitor equipment and procedures to insure that cancer patients receive the prescribed dose of radiation to the correct location. Medical physicists are responsible for ensuring that imaging and treatment facilities meet the rules and regulations of the Nuclear Regulatory Commission and various State Health Departments. AAPM represents over 5,000 medical physicists.

AAPM recommends that CMS more closely examine the impact of the proposed "Bottom-Up" practice expense methodology, including a code-specific review and refinement of the indirect and direct practice expense input assignments, and if necessary, implement an adjustment factor that limits the reduction to no more than 15 percent of the 2005 global relative value units (RVUs) at the end of the 4-year transition period in 2009. Reductions in global RVUs combined with the proposed multiple procedure reduction factor, and the forecasted decreases in the annual update factor could have a major impact on the provision of radiation oncology procedures to Medicare beneficiaries in the freestanding radiation oncology center setting.

I. Practice Expense

CMS proposes several changes to the existing "Top-Down" practice expense methodology including:

- A new "Bottom-Up" methodology to calculate direct practice expense costs
- Elimination of the Nonphysician Work Pool
- Utilization of the current indirect practice expense RVUs except for services affected by the accepted supplementary survey data (i.e. radiation oncology)
- A 4-year transition period

AAPM supports the elimination of the Nonphysician Work Pool and the use of AFROC and ASTRO supplemental practice expense data to calculate an average practice expense per hour for radiation oncology ($138.00) used to determine indirect practice expense inputs.

AAPM is concerned, however, that the proposed rule did not provide detailed information, including the steps to achieve practice expense RVUs under the proposed "Bottom-Up" methodology. There is simply not enough information to determine the true impact of this methodology on specific radiation oncology procedure codes performed in freestanding centers.

Table 30 titled "Impact of Practice Expense Changes on Total Medicare Allowed Charges by Physician Specialty" states that the impact for radiation oncology is 1.9% in 2006; 3.9% in 2007; 5.8% in 2008; and 7.9% in 2009. The 2009 fully transitioned RVUs for professional component (-26) services yield positive increases for all radiation oncology codes with the exception CPT 77776-26. However, several radiation oncology codes have significant reductions in global RVUs in 2006 through 2009 that might not yield an overall positive impact for freestanding radiation oncology centers. Twenty-two percent (22%) of all radiation oncology global procedures codes have reductions greater than 15% when the "Bottom-Up" methodology is fully transitioned in 2009 (see table 1). For example, CPT 77336 Continuing Medical Physics Consult has significant RVU reductions under the proposed practice expense methodology. CPT 77336 has a 13.1% reduction in 2006 RVUs and a 54.1% reduction in 2009 RVUs at the end of the transition period. This reduction in RVU's needs to be re-evaluated. CPT 77336 is one of only two codes directly attributable to medical physicists and is the major procedure code in terms of reimbursement for physicist services. Modern radiation therapy is extremely technically complex. As we move into the era of Image Guided Radiation Therapy (IGRT), further complicating Intensity Modulated Radiation Therapy (IMRT), the role and responsibility of the medical physicist will be of even greater importance. A large decrease in RVUs, which leads to significant reductions in reimbursement, could result in the disastrous end effect of poorer quality and safety of treatments for those cancer patients undergoing radiation therapy.

Table 1 Radiation Oncology Codes with Reductions in 2006 and 2009 RVUs (Bold text indicates reductions greater then 15% in 2009)

CPT Code	Descriptor	2005 RVU	2006 Proposed RVU	2009 Proposed RVU	2005-2006 RVU Change	2005-2009 RVU Change
77295	3D Simulation	35.67	30.60	15.20	-14.2%	**-57.4%**
77300	Basic Dosimetry Calculation	2.26	2.21	2.04	-2.2%	-9.7%
77305	Simple Isodose Plan	2.94	2.68	1.88	-8.8%	**-36.1%**
77310	Intermediate Isodose Plan	3.90	3.59	2.66	-7.9%	**-31.8%**
77315	Complex Isodose Plan	4.94	4.75	4.17	-3.8%	**-15.6%**
77321	Special Teletherapy Port Plan	5.55	4.89	2.90	-11.9%	**-47.7%**
77333	Intermediate Treatment Devices	3.15	2.78	1.64	-11.7%	**-47.9%**
77334	Complex Treatment Devices	5.12	5.02	4.70	-2.0%	-8.2%
77336	Continuing Medical Physics Consult	3.14	2.73	1.44	-13.1%	**-54.1%**
77370	Special Medical Physics Consult	3.67	3.63	3.43	-1.1%	-6.5%
77401	Superficial Radiation Treatment Delivery	1.88	1.64	0.89	-12.8%	**-52.7%**
77417	Radiology Port Films	0.63	0.60	0.48	-4.8%	**-23.8%**
77418	IMRT Treatment Delivery	18.15	16.84	12.81	-7.2%	**-29.4%**
77470	Special Treatment Procedure	14.61	12.32	5.36	-15.7%	**-63.3%**
77781	HDR Brachytherapy; 1-4 catheters	23.63	19.79	8.15	-16.3%	**-65.5%**
77782	HDR Brachytherapy; 5-8 catheters	24.78	23.24	18.49	-6.2%	**-25.4%**

There appears to be several anomalies associated with the proposed "Bottom-Up" methodology. We believe that the direct practice expense inputs may not have been properly assigned to the technical component portion of the radiation oncology codes thus affecting both the technical and global RVUs. For example, CPT 77290 Complex simulation has a total 15.2 RVUs at the end of the transition period in 2009, as does CPT 77295 Three-dimensional simulation. The practice expense inputs for CPT 77295 are much greater for three-dimensional simulation than complex simulation (CPT 77290). Further, the total RVUs for CPT 77295 in 2005 (35.67) are 4-fold the current CPT 77290 RVUS (9.0). A similar example exists for treatment device codes 77332 and 77333. CPT 77332 involves the design and construction of a simple treatment device (e.g. simple block, simple bolus) and has 2.44 RVUs in 2009. CPT 77333 is defined as an intermediate device (e.g. multiple blocks, stents, bite blocks, special bolus) that would have greater practice expense inputs but is assigned only 1.64 RVUs in 2009—33% less RVUs than the simple treatment device code 77332. In addition, there are major increases for many radiation oncology codes. For example, the hyperthermia codes (77600-77620) have global RVU increases that range from 99.8% to 355% in 2009.

A new practice expense methodology should provide more consistent RVU assignment across all radiation oncology procedure codes. Fully transitioned RVUs proposed for 2009 range from a -79.6% RVU reduction for Special Procedure Treatment code 77470-TC to a +590.0% increase in RVUs for Hyperthermia code 77615-TC. The proposed "Bottom-Up" methodology is flawed and requires further refinement before implementation.

> **AAPM recommends that CMS more closely examine the impact of the proposed "Bottom-Up" methodology, including a code-specific review and refinement of the indirect and direct practice expense input assignments, and if necessary, implement an adjustment factor that limits the reduction to no more than 15 percent of the 2005 global RVUs at the end of the 4-year transition period in 2009.**

Some freestanding radiation oncology centers will not be able to absorb significant reductions in global payments as proposed by the new CMS practice expense methodology, which may affect Medicare beneficiary access to important cancer treatments.

II. Multiple Procedure Reduction

CMS proposes to extend the 50 percent multiple procedure payment reduction to technical component (TC) only services and the TC portion of global services for the diagnostic imaging procedures listed in Table 29 that involve contiguous body parts within a family of codes. Whenever two or more procedures in the same family are performed in the same session, the first procedure will be paid at the full reimbursement level and the second at a discount of 50%. This proposal does not apply to professional component services.

AAPM agrees with the CMS position that, when some of the procedures identified by CMS are performed in the same session, some of the resource costs are not incurred twice. The proposed rule does not discuss in detail how the proposal was developed and the 50 percent reduction level determined. Given the proposed changes to the practice expense methodology, which results in significant reductions to the technical component and global RVUs for several radiology and radiation oncology procedures, we request that CMS not implement this payment policy in 2006.

> **AAPM recommends that CMS delay implementation of the multiple diagnostic imaging procedure reduction until the practice expense methodology is refined to ensure stable technical component and global RVUs. Delay of the multiple procedure reduction policy allows for further analysis to determine the procedures subject to a multiple procedure reduction adjustment and the appropriate percentage reduction level.**

The multiple procedure reduction combined with the new practice expense methodology and reductions in the annual update factor for 2006 and beyond could severely reduce global payments to freestanding radiation oncology centers and will likely have a negative impact on Medicare beneficiaries' access to important cancer therapies.

III. Sustainable Growth Rate

The proposed rule indicates that payment rates for physicians' services will be reduced by 4.3 percent for 2006, a reduction required by the statutory formula that takes into account substantial growth in overall Medicare spending in 2004. CMS anticipates further negative updates in future years.

While we understand that CMS is required by law to update the conversion factor on an annual basis according to the sustainable growth rate (SGR) formula, we do not support reductions under the SGR system forecasted for 2006. The SGR formula is unfair and unworkable as it is tied to the overall U.S. economy (gross domestic product) and does not accurately reflect the health care costs of treating Medicare patients. The SGR formula should not include the costs of Medicare-covered outpatient drugs. Additionally, the current formula does not account for the costs and savings associated with new technologies. The current SGR formula must be replaced with one where payment updates keep pace with practice cost increases.

> **CMS should replace the Sustainable Growth Rate in 2006 with an annual update system like those of other provider groups so that payment rates will better reflect actual increases in physician practice costs.**

Conclusion

Appropriate payment for radiation oncology procedures and medical physics services is necessary to ensure that Medicare beneficiaries will continue to have full access to high quality cancer treatment in freestanding radiation oncology centers. The effect of multiple proposals on the technical component and global payment for radiation oncology procedures could be devastating to freestanding radiation oncology centers that provide cancer care to Medicare beneficiaries.

We hope that CMS will take these issues under consideration during the development of the 2006 Physician Fee Schedule Final Rule. Should CMS staff have additional questions, please contact Wendy Smith Fuss, MPH at (703) 534-7979.

Sincerely,

James Hevezi, Ph.D.

James Hevezi, Ph.D.
Chair, AAPM Professional Economics Committee

SEP 22 2005 4604

New Jersey Anesthesia Group, P.A.

POB 1593
Secaucus New Jersey 07096-1593

201-635-1003
201-635-1353 Fax
njanes300@aol.com

September 20, 2005

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

Dear Dr. Mc Clellan:

I represent New Jersey Anesthesia Group, P.A. and it's Affiliates who employ thirty eight physicians and provide anesthesia coverage at St. Joseph's Regional Medical Center, Paterson, New Jersey, St. Joseph's Wayne Hospital, Wayne, New Jersey and St. Michael's Medical Center, Newark, New Jersey. Each facility maintains an anesthesiology teaching program which trains residents for future positions as attending anesthesiologists. We currently have nineteen residents in our program.

As you are aware Medicare's current reimbursement arrangement reduces payment to teaching anesthesiologists by 50% on overlapping cases. This payment arrangement applies only to anesthesiology teaching programs and is discriminatory and unfair at best.

- ✓ *To continue this practice and or further decrease payment per unit would be catastrophic and counterproductive to the level of quality care we choose to provide our patients.*

- ✓ *Anesthesiology teaching programs will suffer severe economic losses, resulting in a decrease of qualified residents.*

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

As hospital based physicians we provide quality services to the entire community without discrimination based on insurance coverage, yet we as a specialty are being discriminated against.

May we respectfully request that the CMS listen to us and help us to provide the quality care the people of the United States of America so richly deserve.

Very truly yours,

New Jersey Anesthesia Group, P.A.

SPW:rdm

Stephen P. Winikoff, M.D.

SEP 22 2005 465

MARCUS R. KWAN, M.D., INC.
GENERAL & LAPAROSCOPIC SURGERY

Center for Medicare and Medicaid Services
Department of Health and Human Services
Attention CMS-1502-P
PO box 8017
Baltimore, MD 21244-8017

August 22, 2005

Re: GPCIs

To Whom It May Concern,

I strongly support the proposed revision to the physician payment localities in California that you published in the Federal Registry 8 August 2005.

You are to be commended for addressing an important issue for physicians and Medicare beneficiaries in the San Francisco Bay Area. You have addressed the two most problematic counties in the state, and you have made an important change that will go a long way to ensuring access to care for health care services in our county.

This is a fundamental issue of fairness. Neighboring counties to Santa Cruz and Sonoma Counties have some of the highest payment levels for physician services in the nation. The adjustment that you propose appropriately addresses the current inequitable payment problem. The other Locality 99 counties have used Sonoma and Santa Cruz's measured higher cost of providing care to enhance their reimbursements.

CMS acknowledges that they have the responsibility to manage physician payment localities. We understand that there have no been revisions to the localities since 1996. You have selected the most important area in our state to begin to correct this problem.

Sincerely,

Marcus Kwan, MD, FACS

MRK/mrk

276 GREEN VALLEY ROAD FREEDOM, CALIFORNIA 95019 TELEPHONE (408) 724-1388

SEP 22 2005

466

COMPREHENSIVE
Cancer Center
Community Hospital of the Monterey Peninsula
RADIATION ONCOLOGY

9-15-05

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

Re: **File Code CMS-1502-P**

Issue: GPCIs / Payment Locality / Oppose Proposed Rule Change

To Whom It May Concern:

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

I oppose the proposed removal of California's Santa Cruz and Sonoma counties from Medicare reimbursement Locality 99. Doing this does not address the problems of other counties within Locality 99 who suffer from significant cost disparities close to those of Santa Cruz and Sonoma counties. By proposing that these two counties be removed from Locality 99 into their own localities, exacerbates the problems of the remaining Locality 99 counties – especially those of Monterey, San Diego, and Santa Barbara.

I am also concerned that no where in the proposed rule is it mentioned that this "two-county fix" is the beginning of a greater effort to move all counties in the state and nation into payment localities that truly reflect their respective costs of providing medical services.

The Centers for Medicare & Medicaid Services should be responsible for calculating new Geographic Area Factors and Geographic Practice Costs Indices and making immediate locality adjustments to *all* counties exceeding the so-called "5% threshold".

Sincerely, Neal T Glover MD

David R. Holley, MD • Neal T. Glover, MD • Bradley J. Tamler, MD
P.O. Box HH, Monterey, CA 93942 • (831) 625-4630 Fax: (831) 625-4635

SEP 22 2005 467

Valley Consultants, Ltd.

September 15, 2005

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

Re: Teaching Anesthesiologists, file code CMS-1502-P

Dear CMS Staff:

As the largest clinical anesthesia practice in Arizona, we are concerned about our states residency programs. Arizona still has a shortage of anesthesiologists and we depend on these institutions for a future of excellent anesthetic patient care. We are concerned that the lack of Medicare reimbursement for supervised resident cases will contribute to fewer residents being trained, and fewer quality staff being recruited to teach and serve the patients being treated at these institutions.

The 1995 teaching rule is not consistent with teaching rules that apply to physicians that teach surgical and other high-risk procedures. Anesthesiologists that are present for all critical and key portions of concurrent procedures should be paid full reimbursement for both procedures, as occurs with teaching surgeons.

Surgeons may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist may collect only 50% of the Medicare fee if he or she supervises two concurrent resident cases. Fixing this unfair and illogical teaching anesthesiologist payment rule is necessary in order to train the anesthesiologist physicians of tomorrow.

Respectfully submitted,

Aubrey Maze, M.D.
Chief Executive Director

Dean F. Smith, M.D.
Chief Operating Officer

2901 North Central Avenue, Suite 500 ❖ Phoenix, Arizona 85012-2738
(602) 262-8901 ❖ Fax: (602) 262-8890
Website: www.valleyanesth.com ❖ E-mail: vac@valleyanesth.org

September 13, 2005

ISSUE IDENTIFIER

GPCIs
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1052-P
B O Box 8017
Baltimore MD 21244-8017

Sonoma County, California has changed from a rural county to an urban county and I ask that you change the designation of Sonoma County, California to show this heavy population density so that the physicians in Sonoma County can afford to treat us seniors.

60% of the physicians in Sonoma County no longer take new medicare patients.

Frank Slupesky

Frank Slupesky
550 Teresa Ct.
Sebastopol CA 95472

Tel 707-823-0909

[redacted]

469

SEP 22 2005

Annette Wilber
1031 McDonald Place
Santa Rosa, CA 95404

GPCIs
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATT: CMS-1052-P
P.O.Box 8017
Baltimore, MD 21244-8017

Gentlemen:

It has become very clear that Medicare needs to change the rule for reimbursement rates for Sonoma County. It is definitely an urban area due to the increased population, having a Trauma Center and an unusually high number of senior patients. We cannot afford to lose our physicians to other areas that compensate physicians more fairly according to the cost of living. These patients need quality care by qualified physicians. This is urgently needed to help stabilize our community.

Very truly yours,

Annette C. Wilber

Annette C. Wilber

SEP 22 2005

410

Scott P. Wilber
1031 McDonald Place
Santa Rosa, CA 95404
September 14, 2005

GPCIs
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATT: CMS-1052-P
P.O. Box 8017
Baltimore, MD 21244-8017

Gentlemen:

It has become very important for Medicare to change the rule for reimbursement rates for Sonoma County. It is an urban area with an increased senior population, a Trauma Center and a high cost of living. We cannot afford to lose our physicians to other areas because they cannot afford to practice here or take Medicare patients. Our patients deserve good medical care and our physicians deserve fair compensation for their work.

Very truly yours,

Scott P. Wilber

[redacted] 471

SEP 22 2005

ELEANOR NIXON

2759 Bennett Ridge Rd.
Santa Rosa, Ca. 95404
707 573-8641
bobnixonfotos@att.net

September 18, 2005

Memo to: Medicare

Sonoma County has endured inadequate medical compensation for at least 10 years. I continue to be appalled as I read my Medicare statements and realize the small %'s the doctors and other services are receiving. Medical groups are going bankrupt; doctors are leaving Sonoma Co. for better pay and new physicians are not locating in Santa Rosa due to unfavorable reimbursement.
More doctors cannot afford to take Medicare patients, thus patients are going without insurance and/or care.
Please bring So. Co. back in line with current Medicare reimbursement standards to help stabilize the medical community. Thank you for your serious consideration in this matter.

Sincerely,

Eleanor + Bob Nixon

Eleanor Nixon

SEP 02 2005 [redacted] 472

GPCI

9-14-05
Wednesday

To Whom it may Concern,

I'm writing to you in regard to the Locality Reimbursements of medicare rates here in Ca. Being Santa Rosa, Ca has such a large number of Senior Citizens, we need to speak up in our own behalf.

Sometimes Doctors will not take patients if you have medicare & no other Insurance, I'm 77 yrs old & the price of medicine is going up quite a bit to say the least.

When a person has worked hard all their life & now has other ailments & cannot do much anymore you need ALL the help you can get.

The result is that thousands of patients, that are on medicare without other Insurance, are having trouble receiving proper health care.

Some Doctors are having to go to other areas because of Lack of medicare Reimbursements for their "Medical Expenses."

Please look into this & see what can & should be done to help all concerned in this matter.

Thanking you very much. Jane Carrillo

ee Haviland
0 Rose Ln
aldsburg, Ca 95448

Sep 13, 2005

#473

SEP 22 2005

I am writing this in the hopes hat Medicare's new proposed ule will be approved. It ill increase the reimbursement ate for Sonoma County by 8%

Sonoma County population has ncreased greatly, and Seniors 0 or over) represent a high ortion of that population. Several physicians will not accept any new Medicare patients and thers are moving out of Sonoma County.

Please increase their reimburse- ent rate. Our medical costs ave risen faster than other area nd Sonoma County reimbursement ate is extremely low - posibly lowest n the state. Thank you

Yule Haviland

474
SEP 22 2005

Medicare + Medicaid Services
Baltimore MD

Tuesday
Sept. 13, 2005

Dear Sirs:

I would like to urge you to raise the reimbursement for doctors in Sonoma county by 8%. Because of our proximity to San Francisco the medical costs are similar to those in the bay area, but our doctors are reimbursed 8% less.

Doctors are leaving Sonoma county because of this, and new doctors are not coming to replace them. My own doctor, who had retired, has returned to work part time because they could not find a doctor to replace him. Many doctors are refusing to take Medicare patients.

I support Medicare's proposal to increase reimbursement to Sonoma county doctors by 8% so that our medical care can return to the condition it should be in. Thank you.

Sincerely,
Constance M. Stebbins
Constance M. Stebbins
1037 Mc Near Ave.
Petaluma, CA 94952

475

SEP 22 200

CITY OF CALISTOGA

1232 Washington Street • Calistoga, CA 94515
707.942.2800

Andrew G. Alexander
Mayor, City of Calistoga

Sept 13, 2005

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

Regarding: GPCIs

Dear Friends:

The City of Calistoga sits adjacent to Sonoma County in the County of Napa. We are concerned about potential adverse impacts that a pending new rule may have on our city and our county.

Specifically, a proposal to eliminate a sorely needed increase in our Medicare reimbursement rate so that an adjacent county can receive a larger increase is being considered. We believe this to be a misguided and dangerous precedent.

Our city has lost four of its five family doctors and both of its nurse practitioners due to the economic hardships of inadequate payment. Our hospital has struggled in a losing battle to retain its specialists. A well-financed campaign by a large Sonoma County Medical Group is threatening to attain an increase in Medicare funding at the expense of its more unfortunate neighbor.

There no longer exist medical groups or funding in Napa County that can lobby for the funding increases we so desperately need. Our city population boasts over 20% seniors, most of whom live in mobile homes. We need our doctors.

Please do not support proposed new rules that would allow one county's medical groups to detract from the economic viability of another's without a proper evaluation of the medical economic conditions in all affected counties.

Sincerely,

Andrew G. Alexander
Mayor, City of Calistoga

476

SEP 22 2005

W I X
ARCHITECTURE
INTERIOR DESIGN ■ PROJECT MANAGEMENT ■ MASTER PLANNING

September 15, 2005

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

Re: GPCIs

To Whom It May Concern:

We are writing in regard to Medicare's proposal to create a new payment locality for Sonoma County, which is increasingly expensive to work and live. In this new locality, the Medicare reimbursement rate would more closely match actual practice expenses than it dos now. Sonoma County has transitioned from a "rural" to an "urban" county in the last decade and yet reimbursements have not changed.

The new locality would help Sonoma County physicians to improve the quantity and quality of care delivered to local Medicare beneficiaries. It would also benefit the effort to recruit and retain physicians locally.

We completely support the proposal to change Sonoma County's payment locality for the benefits that it would bring to local doctors. Thank you for the opportunity to comment on this issue.

Sincerely,

Henry Wix, AIA

HW/nb

2469 Hardies Lane
Santa Rosa, CA 95403
Tel : (707) 576-7766
Fax : (707) 576-7711

■

Sleep Medicine
INSTITUTE INC.

Specialists in Pulmonary Medicine & Sleep Wellness

Eugene Belogorsky, M.D.
Jon F. Sassin, M.D.
Ralph E. DiLisio, M.D.
Patty Tucker, P.A.-C.

SEP 22 2005 477

September 2, 2005

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

RE: GPCI's

To Whom it May Concern:

I am a physician and have been practicing medicine in Sonoma County, CA for 26 years. As I know you are aware, there is a new proposal to create a separate payment locality for Sonoma County. This new locality designation would lessen the disparity between the practice expenses and Medicare reimbursements, and I strongly support this new proposal. What is also important to recognize is that many of the other insurance companies in Sonoma County tailor their reimbursement rate to those of Medicare, so that fluctuations in Medicare reimbursement rates affect not only Medicare patients, but the entire spectrum of patients we see otherwise.

This disparity has existed for a number of years, and has been adversely affecting our local health system for a number of years. Because of the wide discrepancy between the expenses that we must bear and the reimbursement for Medicare, a significant number of my colleagues have either limited seeing any new Medicare patients, or have voted with their feet and left the county. Recruitment attempts to bring additional replacement physicians to the area are almost always forted by either the outrageous housing costs or the dismal reimbursements from insurers, of which, because of the nature of the patients I care for, are often at least partially covered by Medicare.

Creation of a new payment locality for Sonoma County should help insure the viability of physician practices in the county, and improve access to care for local Medicare beneficiaries. I expect your proposal will correct existing payment inequities and would help you achieve your goal of reimbursing physicians based upon the cost of the practice in their locality, as well as providing access for Medicare constituents to the local health care environment.

2455 Bennett Valley Rd. Ste. C-105
Santa Rosa, CA 95404
707-525-9616 • fax: 707-526-2358
www.NBSMI.com

SEP 22 2005 478

Sept 15, 2005

ATTEN: C.P.C.I.S.

To whom it may concern:

The Medical Community in Sonoma County is reaching a crisis, especially for Medicare patients. Due to decades of RURAL re-imbursements in an area which should have been classified as URBAN, we have seen the rates of Doctors to population radically decline. Our local HMO. went bankrupt and at the same time 2 other HMO's (HEALTH NET + SECURE HORIZONS) stopped offering HMO service in Sonoma County.

Several Medical Groups have filed bankruptcy and recently more than half of the remaining primary care physicians are no longer accepting new Medicare patients.

The cost of housing in Sonoma County is so expensive that attracting new Doctors is extremely difficult. The median cost of a single family home is $615,000 dollars (PRESS DEMOCRAT SEPT 10, 2005)

Sonoma County has a growing population of seniors, at present 17% of the total population. This puts more pressure on our over-worked Primary Care physicians, yet we have the lowest Medicare re-imbursement rate in California.

Please help us, especially our frail seniors, by agreeing to the new Medicare re-imbursement rates as proposed

Thank you for your consideration.

Mildred Beckwood (age 80)
2522 Hearst Ave.
Santa Rosa Ca 95405

2104 Montecito Ave 479
Santa Rosa CA 95404
September 17, 2005

Center for Medicare
and Medicaid Services

SEP 22 2005

Dear People:

Why are Sonoma County doctors reimbursed less than their neighbors? Santa Rosa has long been looked upon as a medical Center. They are now leaving Sonoma County — housing is too expensive to support what they are receiving from Medicare.

My doctor says he cannot take any more Medicare patients. When we seniors (I'm 81) get to the senior age we need our doctors to stay in practice here and we have a high percentage of seniors here. Please correct this imbalance.

Sincerely,

Hazel Conkling

2 enc.

19 Sept. 2005

Medicare
Dept. Health & Human Services
Baltimore, MD 21244

Sonoma County, California doctors and medical groups deserve more adequate compensation.

I support, and urge passage of a new rule that would increase the rate of reimbursement for Sonoma County by 8%.

Sincerely,
(Mrs.) Jean Miltenberger
P.O. Box 82
Dillon Beach, CA 94929

481

September 10, 2005

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

Re: GPCIs

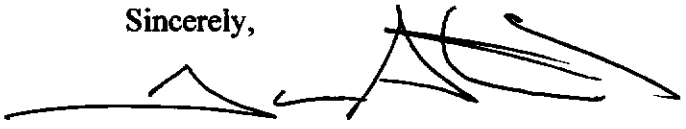
I am following Medicare's proposal to create a new payment locality for Sonoma County with great interest. The changed designation can help rectify the disconnect between the "rural" reimbursement rates and the cost of living in Sonoma County.

The median price for homes sold in Sonoma County has passed $600,000. (http://rereport.com/sonoma/). With housing costs at this level and commensurate living expenses, physicians must carefully consider their payor mix to maintain viable practices.

The housing and living expense realities in Sonoma County are creating a very awkward health situation for seniors. Although long-term homeowners may have low mortgage payments, their children and the doctors we attempt to attract to serve the seniors population face near ludicrous mortgage payments. Many younger families and doctors make the rational choice to leave.

I strongly support the proposed change to Sonoma County's payment locality.

Sincerely,



Tom Strand
Board Member West County Health Centers
PO Box 481
Graton, CA 95444

tom@tstrand.com

cc: Two copies attached

(1)

To whom it may concern
the reason I am writing is to state that I have recieved wonderful care from my Doctors. Dr robertson, Dr shapiro, Dr frist and Dr pleshi these human beings gave me the gift of life by caring for me and giving me their very best as physcans and Caring human beings, I ask what price can you place on this? the answer is there is none. and memorial hospital in santa Rosa everyone was caring in every respect. I feel they should recieve all they ask for if not more. God knows I worked all my life 34 years if not more and put my share into this system for that very reason. you'll probably say why didn't I have insurance? I raised two Daughters by my self without any support from anyone not even the Government, not the person that had them. I became a working man in the Construction trades in return I and my children lived. with little left over. I now have seven grand children and one daughter who is a C.E.O. with a National Company has 300 employees my other Daughter is a mother of five children and a husband who is half owner of a Corporation. if you look at that alone, Quite a leagacy for this nation. even though I am poor money wise. then look at me as a person, I am not a normal person nor working man.

SEP 22 2005 483

Petaluma Orthopaedic and Sports Therapy
POST
WELLNESS BY DESIGN

Mitchell Kauk, PT OCS
Director

September 15, 2005

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

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, California. I would like to address some specific concerns from the perspective of **Petaluma Orthopaedic and Sports Therapy**:

- Santa Rosa now ranks with retirement destinations such as Clearwater, St. Petersburg, and Miami, Florida.
- Among cities with a population of 100,000 or more, Santa Rosa is sixth in the United States for the highest percentage of people 85 and older.
- According to State of California Department of Finance, seniors 60 and older represent 16.6% of the total population in Sonoma County, with a projected rate of change of 196% by 2020.

Amid the astounding growth in our elder population, Sonoma County is facing strains on the health care delivery network that are unacceptable to Medicare recipients:

- The number of practicing physicians in Sonoma County has not kept pace with local population growth. From 1995 to 2002, the population increased 13%, but the number of practicing physicians increased by only 4%.
- As of July 2005, 60% of Sonoma County primary care physicians were NOT accepting new Medicare patients.
- Many physicians are leaving our county to practice where reimbursement is more favorable. As a result, many specialties are under-supplied. For example, we have only two gerontologists in the county for more than 76,000 seniors.

The new locality would increase the Medicare reimbursement rate to more closely match actual practice expenses, helping Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also aid efforts to recruit and retain physicians in the county, which has a large Medicare population. I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

M. Kauk PT OCS

Mitchell Kauk, Director
1476 Professional Drive, Suite 503
Petaluma, CA 94954

cc: Two copies attached

1476 Professional Drive
Suite 503 & 504
Petaluma, CA 94954
(707) 762-0729 Fax: (707) 762-9230

SEP 22 2005 484

September 17, 2005

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

RE: Medicare proposed new rule for increase of 8% reimbursement rate for Sonoma County, CA physicians and related Medicare costs.

This letter is to urge you to correct reimbursements to physicians in Sonoma County, California. It is my understanding that the 8% in your proposal will bring Sonoma County back in line with current Medicare reimbursement standards comparable to other similar communities.

Although I live in Marin County, all my physicians and the hospitals they use are in Sonoma County. As a Medicare recipient, I am especially concerned regarding this situation. A number of doctors are no longer taking new Medicare patients (including at least one of mine) and other doctors are leaving the area and going elsewhere in order to receive more equitable reimbursements.

It is my hope that you will take care of this inequitable situation the soonest.

Sincerely,

Rosalene Cooper

Rosalene Cooper
PO Box 143
Dillon Beach, CA 94929

485

9-18-05

Dear Sirs:

Attn: CMS 10528

I agree to the percentage Medicare increase reimbursement.

Thank you

M. Brandi

Mrs. Mary Brandi
348 Circulo San Blas
Rohnert Park, CA 94928

September 19, 2005

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

Sir or Madam:

This is a plea for your support of an increase in reimbursement rate for Sonoma County California for medical services for Medicare and Medicad services providers.

We live in an area that has grown vastly and is also very expensive. In addition to those jarring facts, we have a large population of seniors and the forcast is that the numbers of seniors will continue to grow over the next few years.

Over the past few years our medical support system has suffered and many doctors have been forced to leave our area. We know the system for reimbursement is out of date and urge you to bring Sonoma County into line with other areas of our size.

With Urgent Sincerity,

Patricia Hoggatt

3544 Kirkridge St
Santa Rosa, Ca. 95403

487

EMORY UNIVERSITY SCHOOL OF MEDICINE

Department of Orthopaedics

September 18, 2005

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

Dear Congressman/ Congresswoman,

I am a physician and a member of the Emory University Department of Orthopedics. I am writing you to express my deep concern for the planned payment cuts in Medicare reimbursements.

As a tertiary care referral center and academic facility, we are often the physicians taking care of the critically ill and injured. At Emory, we have been the hospital of last resort for many in our geographical area. Appropriate care for this patient population demands greater time and effort that we are happy to provide to fulfill our mission. In our experience, the great majority of those patients are Medicare patients due to advanced age or disability. They are the most vulnerable in a healthcare environment that has seen decreasing profit margins and rising operating costs.

In addition, many private practice groups are not accepting Medicare patients due to low levels of reimbursement. As a result, we are seeing a disproportionate number of patients being referred to tertiary care centers that neither have the capacity nor the financial means to accept this increased burden. With the planned cuts, we are deeply concerned that access to appropriate subspecialty care for Medicare beneficiaries will be severely compromised.

In conclusion, we believe that the current formula for adjusting Medicare reimbursement for physician services is flawed and should be fixed. We ask you to reconsider the planned cuts and help us care for our patients.

Signed,

Greg Erens, MD
Assistant Professor
Department of Orthopaedic Surgery
Emory University

Emory University School of Medicine
Thomas K. Glenn Memorial Building
69 Jesse Hill Jr. Drive, SE
Atlanta, Georgia 30303

Tel 404.616.4475
Fax 404.659.0206

SEP 22 2005 488

PAMELA SANTACROCE

9057 Soquel Drive, Bldg. C
Aptos, CA 95003
831.688.9047 fax 831.688.2944

September 15, 2005

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

Dear Sir:

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

Sincerely,

Pamela Santacroce

PAMELA SANTACROCE

1927 Terrace Way
Santa Rosa, CA. 95404
Sept. 19, 2005

489

EPCIs
Centers for Medicare & Medicaid Services SEP 22
Department of Health & Human Services
Attention: CMS 1502-P
P.O. Box 8017
Baltimore, MD. 21244-8017

To whom it may concern:

Sonoma County has long been "cheated" of fair compensation to its local doctors for Medicare & Medicaid benefits. Twenty years ago the county was deemed rural and home costs were lower than other Bay Area counties. THAT CERTAINLY ISN'T THE CASE NOW! The cost of living here is quite high now, but the Federal Department of Health and Human Services won't recognize that fact. Because of low reimbursements to the area's doctors, many have left for "greener" pastures. And a few local health plans and medical groups have suffered greatly - having to experience bankruptcies within their ranks.

It is time to bring justice and equity to the costs of services and their reimbursements. Please bring our county's reimbursements up 8% or more.

Sincerely,
Kathleen A. Emery
Registered voter - age 62

490

Date: September 19, 2005

SEP 22

To: Department of Health and Human Services
Center for Medicare and Medicaid Services

From: Marilyn Penticoff
7609 West Alexandra
Sioux Falls, SD 57016
605-361-9246

Marilyn Penticoff

Regarding: Telehealth, CMS-1502-P. *Definition of a Telehealth Originating Site*

I am writing this in **support of adding skilled nursing facilities (SNF)** to the list of telehealth originating sites.

Probably unlike other submissions on this topic, I am writing this from a personal point of view. My view comes through the eyes of my sister who was in a nursing home for 25 plus years with multiple sclerosis (MS). There were many times that the ability to have a telemedicine visit would have been very beneficial.

First of all, addressing your concern that the telecommunications would be a substitute for the required in-person practitioner visit. To resolve that, simply put into the regulations that a telemedicine visit does not replace the required in-person visit.

There are many reasons that the use of telemedicine in a SNF would be beneficial

- Cost savings: would not need to pay transportation cost for the resident to see a provider
- Staffing shortage: Staff does not need to be away from their facility for long periods of time accompany a resident for care.
- Resident dignity: The resident can be more independent in getting to their care. They do not need to suffer the indignity of being wrapped in a blanket as they sit in a public waiting room.
- Resident comfort: For many residents going to see a provider outside of their nursing home is very tiring and can cause confusion when taken from their familiar environment. Also exposure to the general public can increase their changes of catching the flu or cold.
- Resident access and follow-up care. Many times residents do not receive care because it is too difficult to transport. Also, some residents who are mentally alert who will delay care because they recognize the work involved in getting them to a provider and "don't want to be bother." Instead of catching the condition in the early stages, it becomes a crises that requires hospitalization or more complex treatment.

Please add SNF's to the list of eligible sites.

Thank you.

Sonoma Valley Hospital
SONOMA VALLEY HEALTH CARE DISTRICT
Committed to the Health and Care of the Community

491

SEP 22 2005

September 19, 2005

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

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, California. I would like to address some specific concerns from the perspective of the Sonoma Valley HealthCare District:

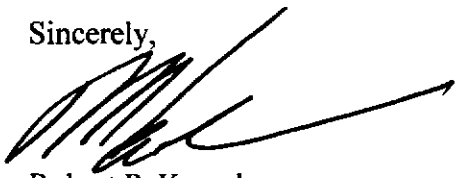
- Santa Rosa now ranks with retirement destinations such as Clearwater, St. Petersburg, and Miami, Florida.
- Among cities with a population of 100,000 or more, Santa Rosa is sixth in the United States for the highest percentage of people 85 and older.
- According to State of California Department of Finance, seniors 60 and older represent 16.6% of the total population in Sonoma County, with a projected rate of change of 196% by 2020.

Amid the astounding growth in our elder population, Sonoma County is facing strains on the health care delivery network that are unacceptable to Medicare recipients:

- The number of practicing physicians in Sonoma County has not kept pace with local population growth. From 1995 to 2002, the population increased 13%, but the number of practicing physicians increased by only 4%.
- As of July 2005, 60% of Sonoma County primary care physicians were NOT accepting new Medicare patients.
- Many physicians are leaving our county to practice where reimbursement is more favorable. As a result, many specialties are under-supplied. For example, we have only two gerontologists in the county for more than 76,000 seniors.

The new locality would increase the Medicare reimbursement rate to more closely match actual practice expenses, helping Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also aid efforts to recruit and retain physicians in the county, which has a large Medicare population. I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,



Robert P. Kowal
President & CEO
Sonoma Valley Hospital

RPK/jk

Two copies enclosed

Monterey County Medical Society

August 11, 2005

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

To Whom It May Concern:

On August 3, CMS unveiled its physician payment rules for 2006 and is proposing to move two California counties (Santa Cruz and Sonoma) out of payment Locality 99, "Rest of California" at the cost of reducing reimbursement to the remaining Area 99 counties, including those already adversely impacted by averaging with lower cost counties. The proposed rule would result in a 0.4% cut in physician reimbursement for Monterey County physicians.

The Monterey County Medical Society, representing over 350 physicians practicing in Monterey County and over 90 retired physicians (Medicare beneficiaries) residing here, objects to the proposed rule because it fails to correct proven inadequacies in physician reimbursement to all the counties in Area 99 that exceed a 5% threshold (the "105% rule") over the national 1.000 average. Specifically, by extracting Santa Cruz and Sonoma counties from Area 99, CMS is exacerbating reimbursement deficiencies for the California counties of Monterey, San Diego, Sacramento, Santa Barbara, and El Dorado.

The Monterey County Medical Society (MCMS) supported and continues to support the proposal drafted by the California Medical Association for and at the recommendation of the Centers of Medicare and Medicaid Services. The proposal included a formula to determine which counties qualified for their own payment regions. Unfortunately, we vigorously oppose the half-hearted attempt by CMS is put a tiny and inadequate band-aid on a problem recognized by all physicians in California as a lethal wound.

In 1996, CMS began an attempt to decrease the number of payment localities for Medicare Part B providers. In determining which counties belonged where, CMS determined that a 5%-or-greater differential in practice costs from other California counties, would secure a county's qualifying for its own payment region. When CMS determined that Monterey County did not qualify as a greater-than-5% county, MCMS was shocked – national publications had identified Monterey County as one of the counties in America that had the highest health care costs.

For the past several years, as practice costs in Monterey County have increased at the same rate

as those in San Francisco County, physicians have become more and more disillusioned with the Medicare system.

Hopes were high when the California Medical Association House of Delegates was able to secure consensus on a formula that would allow, with CMS' regular updates, for counties demonstrating 5%-or-greater differential from the "Rest of California" to be moved into their own payment locality with the financial burden being spread throughout the entire state, including those counties that were already in their own payment localities.

Who would have thought that California physicians could reach consensus on a Medicare GPCI formula proposal in which most counties would have had to accept less reimbursement?

With all the angst, politicking, and frustration that went into obtaining a consensus among physicians, it was quite discouraging to find that the August 1, 2005 edition of the *Federal Register*, obliterated everything the CMA had tried so ardently to achieve. Again, California physicians find themselves butting heads with CMS! Why is it that CMS seems hell-bent on creating divisiveness among physicians in our state?!

No one disparages Santa Cruz and Sonoma County physicians – the squeaky wheels obviously got the oil – but the Monterey County Medical Society urges you to reconsider the well-thought-out and debated proposal of the California Medical Association. The CMA proposal established a formula for determining geographic disparities, recommended regularly scheduled Geographic Adjustment Factor updates, and recommended the implementation of regularly scheduled locality adjustments for qualifying counties in California.

The Monterey County Medical Society supports the California Medical Association's recommendation that Congressman Thomas and the Centers for Medicare and Medicaid Services work together to devise a nationwide fix to the GPCI problem. The proposed rule to extract Santa Cruz and Sonoma counties from California's Area 99 is *not*, in our collective opinion, a viable first step toward that goal.

Monterey County physicians cannot afford another cut in Medicare reimbursement.

Sincerely,

Scott H. Schnelderman, DO
President

cc: U.S. Congressman Sam Farr, 17th District of California

Monterey County Medical Society
19065 Portola Drive, Suite M • Salinas, CA 93908 • (831) 455-1008 • Fax: (831) 455-1060 • www.montereymedicine.org

ROGER A. KLEIN, M.D.
ORTHOPAEDIC SURGEON, Board Certified

(707) 576-0366

SONOMA AVENUE MEDICAL CENTER
1111 SONOMA AVENUE #106
SANTA ROSA, CA 95405

BILLING:
(707) 576-0374
FAX:
(707) 576-0468

493

September 9, 2005

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

RE: GPCIs

Dear Sir or Madam:

I am an orthopaedic surgeon practicing adult reconstructive and musculoskeletal trauma care in Sonoma County California. I strongly support your proposal to create a new and equitable payment locality for Sonoma County, which is currently lumped with the most rural, low-cost county's within California. The new locality will lessen the severe disparity between practice expenses and Medicare reimbursements, which physicians in Sonoma County are currently suffering through.

This disparity has adversely affected our local health care system for many years and is generating a serious lack of access to qualified care for Medicare and Medi-Cal recipients. In most cases, Medicare reimbursements simply do not cover our cost of medical practice! As a result, we are unable to recruit primary physicians or specialist physicians to Sonoma County. [Median home price for Santa Rosa is now $615,000!] Further, many local physicians have completely stopped taking any new Medicare or Medi-Cal patients and have, in many cases, gone out of business, and have retired early or left the county.

I personally am experiencing great difficulty recruiting new orthopaedic trauma physicians to help my practice and patients in Sonoma County By creating a new and equitable payment locality within Sonoma County, you will help ensure prompt access to quality physician care in Sonoma County equal to that experienced in adjacent counties of Napa, Marin, and San Francisco (where costs are fairly equivalent to Sonoma County's present practice expenses). Further, your proposal will correct existing payment inequities and help CMMS achieve your goal of reimbursing physicians based on the cost of practice in their locality.

As you know, as well, there have been no geographic price index adjustments to the Medicare and Medi-Cal reimbursements in Northern California since the programs were initiated in the late 1960s. **Absent equitable reimbursement to physicians in Sonoma County, we will experience a growing crisis in access to time-dependent, quality health care in Sonoma County.**

Centers for Medicare and Medicaid Services
Department of Health and Human Services
September 9, 2005

This problem will be exacerbated by the high percentage of Medicare seniors currently living in Sonoma County (16.6% of the total population), with a projected increase in the senior population of 200% in the next 15 years.

Sincerely,

Roger A. Klein, M.D., M.S.
Fellow, American Academy of Orthopaedic Surgeons

RAK:jer

Attachment:
1. Patient petition listing requesting equitable adjustment of Sonoma County's Medicare Payment Locality Geographic Index.

cc: Cynthia Melody, M.D., (Fax: 707-525-4328)
Director
Sonoma County Medical Association
3033 Cleveland Avenue
Santa Rosa, CA 95403

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVENUE SANTA CRUZ, CA 95061-0962
(831) 454-4000 FAX: (831) 454-4488 TDD: (831) 454-4123

PUBLIC HEALTH COMMISSION

September 14, 2005

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

Re. File Code CMS-1502-P

Issue Identifier: GPCI's / Payment Localities

The Santa Cruz County Public Health Commission strongly supports the CMS proposed revision to the physician payment localities in California recently published in the reference rule. We have grave concerns about the viability of the health care system which serves our residents due to the great difference between the cost of medical practice in Santa Cruz County as measured by GAF cost values and the low rate of reimbursement due to being assigned to Locality 99. This unrealistic reimbursement rate has made recruitment and retention of physicians willing to serve Medicare beneficiaries very difficult.

We were please to see that the proposed rule would alleviate this problem by removing Santa Cruz and Sonoma Counties from Locality 99 and placing them into unique localities. We laud efforts to rectify this long-standing inequity. The proposed rule is fair. Neighboring counties to Santa Cruz and Sonoma have some of the highest payment levels for physicians in the nation. The adjustment proposed appropriately addresses this payment imbalance. This revision would bring CMS closer to the goal of reimbursing physicians based on the cost of practice in their locality and to the overall goal of assuring high quality health services to Medicare beneficiaries.

Sincerely,

Jean Poulos, Ph.D

Jean Poulos, Ph. D
Chair, Public Health Commission
County of Santa Cruz

SEP 22 2005 495

1065 Spencer Avenue
Santa Rosa, CA 95404-3840
September 14, 2005

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

TO WHOM IT MAY CONCERN:

We live in a thriving city … "city," not "town," … with a growing population of seniors such as ourselves.

For Medicare to treat this community as some sort of rustic boondocks as far as our doctors' compensation is concerned is an abomination and a travesty.

We demand that our government take Santa Rosa and its county, Sonoma, seriously, and increase Medicare compensation to an appropriate level for a metropolitan area.

Charles G. Martell

Charles G. Martell

Linda Martell

Linda Martell

SEP 22 2005 496

William & June Pryce;
7444 Mesa Drive,
Aptos, Ca. 95003.

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

Re: GPCI

To Whom It May Concern,

We are Medicare beneficiaries who receive excellent care from local physicians. It has always seemed unfair that our physicians receive much less than those in other counties and we would not want our doctors to move from this area because of this discrepancy.

We understand that the proposed rule will change that and they will receive payments equal to other counties.

We hope that you are successful and fully support the proposed changes that you have made.

Sincerely,

William a Pryce

June R Pryce

RONNING PHYSICAL THERAPY, INC.
ORTHOPAEDIC & SPORTS REHABILITATION

2505-C Cabrillo College Dr. • Aptos, CA 95003 • (831) 464-3901 • FAX 464-3010

September 15, 2005

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

Re: GPCIs

To Whom It May Concern:

I am writing to you in strong support the proposed revision to the physician payment localities in California that you published in the reference rule. You are to be commended for addressing an important issue for physicians and Medicare beneficiaries in the San Francisco Bay Area. You have addressed the two most problematic counties in the state, and you have made an important change that will go a long way to insuring access to care for health care services in our county. I understand this also to be a fundamental issue of fairness. Santa Cruz County had the worst physician cost/payment mismatch in the state for the last nine (9) years. It has the worst boundary payment discrepancy in the nation (a 25% difference between Santa Cruz and Santa Clara Counties.) This is leading to growing physician exodus and increasing access problems for our seniors.

CMS acknowledges that they have the responsibility to manage physician payment localities. I understand that there have been no revisions to the locality since 1996. I believe that you have selected the most important area in our state to begin to correct this problem.

I understand that CMS is interested in the opinion of the Californian Medical Association as it pertains to this proposed rule. I am a practicing physical therapist in Santa Cruz. The opinion of the state medical association is important for you to consider. However, they do not represent many of the health professionals who care for Medicare beneficiaries. CMS should implement this rule because it is the correct thing to do for all health care professionals and Medicare beneficiaries in California.

Sincerely,

Ginny Keely PT, MS, OCS, FAAOMPT

Ginny Keely, PT, MS, OCS, FAAOMPT
Ronning Physical Therapy, Inc.

498

[redacted]

Alison Galloway, Ph.D., D.-A.B.F.A
Forensic Anthropologist
4560 Paul Sweet Road
Santa Cruz, CA 95065

September 14, 2005

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

Re: GPCI

To Whom It May Concern:

My mother, who recently died following a massive stroke, was a Medicare beneficiary. She received excellent care from our local doctor at the Santa Cruz Medical Clinic. However, shortly before she died, he let her know that he was leaving the area in order to better provide for his family. For someone in their nineties, any change can be quick upsetting and, while she wished him well, she also dreaded having to start all over again with a new doctor when she had only just gotten to know him.

One of the principal drivers behind the loss of our local physicians is the problems of the rate of payment on Medicare. The proposed rule change would increase the rate of payments to that of surrounding counties in the San Francisco area, to which we compare in the overall cost of living. I would like to lend my support to this change. While my mother can no longer benefit, there are many others who repeatedly face departures of good and caring doctors. For our elderly, this is a very trying situation and unfair given the circumstances.

Alison Galloway

SEP 22 2005 499

COMPREHENSIVE
Cancer Center
Community Hospital of the Monterey Peninsula
RADIATION ONCOLOGY

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

Re: **File Code CMS-1502-P**

Issue: GPCIs / Payment Locality / Oppose Proposed Rule Change

To Whom It May Concern:

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

I oppose the proposed removal of California's Santa Cruz and Sonoma counties from Medicare reimbursement Locality 99. Doing this does not address the problems of other counties within Locality 99 who suffer from significant cost disparities close to those of Santa Cruz and Sonoma counties. By proposing that these two counties be removed from Locality 99 into their own localities, exacerbates the problems of the remaining Locality 99 counties – especially those of Monterey, San Diego, and Santa Barbara.

I am also concerned that no where in the proposed rule is it mentioned that this "two-county fix" is the beginning of a greater effort to move all counties in the state and nation into payment localities that truly reflect their respective costs of providing medical services.

The Centers for Medicare & Medicaid Services should be responsible for calculating new Geographic Area Factors and Geographic Practice Costs Indices and making immediate locality adjustments to *all* counties exceeding the so-called "5% threshold".

Sincerely,

Bradley Tamler

David R. Holley, MD • Neal T. Glover, MD • Bradley J. Tamler, MD
P.O. Box HH, Monterey, CA 93942 • (831) 625-4630 Fax: (831) 625-4635

SEP 22 2005

500

352 Singing Brook Cir.
Santa Rosa, CA 95409

September 15, 2005

GPCIs
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8017
Baltimore, MD 21244-8017

Attn: CMS-1502-P

Please help the Sonoma County medical profession receive fair and adequate compensation.

Sonoma doctors are being paid at a lower rate by Medicare than those in Napa county, California. The cost of living and maintaining an office in these neighboring counties is very similar.

Some of our HMOs have gone bankrupt in recent years. Our senior population here is growing and we don't want to lose our doctors.

Thankyou for your assistance.

Sincerely,

Marjorie Stoltze

Marjorie Stoltze