

Submitter : BARBARA BRIGGS-LEISON
Organization : BARBARA BRIGGS-LEISON
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-901-Attach-1.DOC

Submitter : Mrs. joyce pollock
Organization : sonoma valley hospital
Category : Nurse

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I think that it is a real shame that the doctors that treat medicare patients don't get reimbursed for the care that they provide. I understand that prices here are higher than in most places but if we don't do something about increasing reimbursement for these doctors than many medicare recipiants might not get seen.

Submitter : MARVIN BRYAN
Organization : MARVIN BRYAN
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-903-Attach-1.DOC

Marvin Bryan
182 Jason St.
Windsor, CA95492

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

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

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

Sincerely,

Marvin Bryan
182 Jason St.
Windsor, CA95492

cc: Two copies attached.

Submitter : EUGENE BULLOCK-WILSON
Organization : EUGENE BULLOCK-WILSON
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-904-Attach-1.DOC

Eugene Bullock-Wilson
PO Box 2008
Santa Rosa, CA 95405

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

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

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

Sincerely,

Eugene Bullock-Wilson
PO Box 2008
Santa Rosa, CA 95405

cc: Two copies attached.

Submitter : DONNA BUNN

Organization : DONNA BUNN

Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-905-Attach-1.DOC

CMS-1502-P-905-Attach-2.DOC

Donna Bunn
PO Box 985
Forestville, CA 95436

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

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

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

Sincerely,

Donna Bunn
PO Box 985
Forestville, CA 95436

cc: Two copies attached.

Donna Bunn
PO Box 985
Forestville, CA 95436

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

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

Sincerely,

Donna Bunn
PO Box 985
Forestville, CA 95436

cc: Two copies attached.

Submitter : JUDY CAMPBELL

Date: 09/12/2005

Organization : JUDY CAMPBELL

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-906-Attach-1.DOC

Judy Campbell
970 Madison St
Petaluma, CA 94952

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

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

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

Sincerely,

Judy Campbell
970 Madison St
Petaluma, CA 94952

cc: Two copies attached.

Submitter : KENNETH CHASTAIN
Organization : KENNETH CHASTAIN
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-907-Attach-1.DOC

Kenneth Chastain
1389 B Fulton Rd.
Santa Rosa, CA 95401

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

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

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

Sincerely,

Kenneth Chastain
1389 B Fulton Rd.
Santa Rosa, CA 95401

cc: Two copies attached.

Submitter : MARY CLAGGETT
Organization : MARY CLAGGETT
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-908-Attach-1.DOC

Mary Claggett
8165 Kennedy Rd.
Sebastopol, CA 95472

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

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

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

Sincerely,

Mary Claggett
8165 Kennedy Rd.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : ANGELA CLARK
Organization : ANGELA CLARK
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-909-Attach-1.DOC

Angela Clark
405W. MacArthur St.
Sonoma CA 95476

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

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

Sincerely,

Angela Clark
405W. MacArthur St.
Sonoma CA 95476

cc: Two copies attached.

Submitter : NORM CLAUS
Organization : NORM CLAUS
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-910-Attach-1.DOC

Norm Claus
6431 Stonebridge Rd.
Santa Rosa, CA 95409

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

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

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

Sincerely,

Norm Claus
6431 Stonebridge Rd.
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : JAMES CLAWSON
Organization : JAMES CLAWSON
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-911-Attach-1.DOC

James W. Clawson
PO Box 201
Bodega Bay, CA 94923

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

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

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

Sincerely,

James W. Clawson
PO Box 201
Bodega Bay, CA 94923

cc: Two copies attached.

Submitter : BARBARA COLE
Organization : BARBARA COLE
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-912-Attach-1.DOC

Barbara Cole
276 Banker Blvd.
Ukiah, CA 95482

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

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

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

Sincerely,

Barbara Cole
276 Banker Blvd.
Ukiah, CA 95482

cc: Two copies attached.

Submitter : KATHLEEN COLLINS
Organization : KATHLEEN COLLINS
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-913-Attach-1.DOC

Kathleen Collins
500 Purvine Rd.
Petaluma, CA 94952

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

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

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

Sincerely,

Kathleen Collins
500 Purvine Rd.
Petaluma, CA 94952

cc: Two copies attached.

Submitter : CHARLES CRAIG
Organization : CHARLES CRAIG
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-914-Attach-1.DOC

Charles Craig
8800 Green Valley Rd. #53
Sebastopol, CA 95472

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

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

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

Sincerely,

Charles Craig
8800 Green Valley Rd. #53
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : Dr. Thomas Henthorn
Organization : University of Colorado
Category : Physician

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-915-Attach-1.DOC

September 12, 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

I ask CMS to strongly consider correcting the anesthesiology teaching rule. It is certainly not fair, in that no other medical specialty must have their reimbursement cut in this way, and I believe it is unsustainable. Since this rule went into effect, nearly one half of all academic anesthesiology Departments find themselves in the red. To deal with the financial shortfall that this rule largely causes, academic hospitals nationwide are supplementing anesthesiology departments to the tune of approximately \$111,000 per full time faculty member. The University of Colorado Hospital is sending approximately \$65,000 per faculty member to our Department annually to make up our deficit largely caused by the anesthesiology teaching rule. I am sure that the hospital could find other patient services to support if these funds did not have to be diverted to anesthesiology.

My worry is that with all of the competing needs that face the University of Colorado Hospital and many other teaching hospitals across the country, the time may be running out on how long they can continue to cover this CMS-related gap in our compensation. When this happens there will be an exodus of anesthesiologists away from our institution which is the largest regional provider of healthcare to current Medicare recipients and we will be in no position to continue to train the anesthesiologists that will be needed to provide surgical services for future Medicare recipients. In this sense I believe the teaching rule is also unwise and shortsighted.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs. The Medicare conversion factor is already less than 40% of prevailing commercial rates. At the University of Colorado approximately 60% of our case mix is split fairly evenly among three 'government' payers, Medicare and two programs tied to the Medicare rate, Medicaid and TriCare (for retired military), so this government pay burden already puts us at great disadvantage to our community hospital-based anesthesiology colleagues. Add to this a further 50% reduction for teaching anesthesiology trainees and we are simply placed in an unsustainable position.

From 1997 until 2003 our Department experienced a 120% rate turnover of faculty. This instability meant that we were chronically short of teaching anesthesiologists which had a detrimental effect on the University of Colorado Hospital's ability to provide surgical services and for the Department to teach residents and medical students. In 2003, it was realized that the only remedy was to receive funds from our hospital to make up the shortfall. This is not fair to our hospital, is not fair to our patients, and it puts the Department in a precarious position as the financial ability of the hospital to continue

supplement our revenue stream is likely not indefinite. In addition, our research in anesthesiology also dried up during the pre-2003 period as department budget was broken by this arbitrary Medicare payment reduction.

This rule is unfair in that 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.

Changing this rule, in the majority of circumstances, including here in Colorado, is not going to create an incentive to train more anesthesiologists at the expense of CRNAs. This is because we need the return of these lost funds to simply meet our costs and reduce the 'tax' we assess to our public hospital. The growth in anesthesiology residency training programs in the 1970s and 1980s was largely due to the maturation of the specialty and the need for medical schools to start departments (the University of Colorado started its Department of Anesthesiology in 1970). Despite the continued popularity of the specialty among medical students, the number of residents in training has remained flat since 1990.

Sincerely

Thomas K. Henthorn, M.D.
Professor and Chair
Department of Anesthesiology
University of Colorado Health Sciences Center
Denver, CO 80262

Submitter : JACQUELYN CROOK
Organization : JACQUELYN CROOK
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-916-Attach-1.DOC

Jacquelyn Crook
2148 Wedgewood Way
Santa Rosa, CA 95404

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

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

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

Sincerely,

Jacquelyn Crook
2148 Wedgewood Way
Santa Rosa, CA 95404

cc: Two copies attached.

Submitter : ROBERT CURTIS

Date: 09/12/2005

Organization : ROBERT CURTIS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-917-Attach-1.DOC

Robert Curtis
429 Green Dr.
Healdsburg, CA 95448

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

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

Sincerely,

Robert Curtis
429 Green Dr.
Healdsburg, CA 95448

cc: Two copies attached.

Submitter : Ms. Gervase Raphael
Organization : currently not employed
Category : Social Worker

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am a Licensed Clinical Social Worker, a volunteer hospice worker, a Medicare recipient, and a long time resident of Sonoma County.

This is to express support of the proposed new payment locality for Sonoma County. I have seen insurance programs falter or fail, and I have had physicians leave the area. The discrepancy between costs and payment has been a significant factor. We are not a rural area! (Heaven knows the price of housing alone should make that clear.) We need to keep our doctors and medical support systems. It is a major issue for the residents of this county.

Submitter : EDWARD DATHE
Organization : EDWARD DATHE
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-919-Attach-1.DOC

Edward Dathe
4956 Arcadia Dr.
Santa Rosa, CA 95401

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

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

Sincerely,

Edward Dathe
4956 Arcadia Dr.
Santa Rosa, CA 95401

cc: Two copies attached.

Submitter : JOANNE DE MARCO
Organization : JOANNE DE MARCO
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-920-Attach-1.DOC

Joanne Natalie De Marco
2475 Brush Creek Rd.
Santa Rosa, CA 95404

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

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

Sincerely,

Joanne Natalie De Marco
2475 Brush Creek Rd.
Santa Rosa, CA 95404

cc: Two copies attached.

Submitter : RALPH DE MARCO
Organization : RALPH DE MARCO
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-921-Attach-1.DOC

Ralph De Marco
2475 Brush Creek Rd.
Santa Rosa, CA 95404

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

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

Sincerely,

Ralph De Marco
2475 Brush Creek Rd.
Santa Rosa, CA 95404

cc: Two copies attached.

Submitter : JOHN DEMEO
Organization : JOHN DEMEO
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-922-Attach-1.DOC

John Demeo
565 West College Ave.
Santa Rosa, CA 95401

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

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

Sincerely,

John Demeo
565 West College Ave.
Santa Rosa, CA 95401

cc: Two copies attached.

Submitter : MICHAEL DONOVAN
Organization : MICHAEL DONOVAN
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-923-Attach-1.DOC

Michael Donovan
PO Box 3344
Incline, NV 89450

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

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

Sincerely,

Michael Donovan
PO Box 3344
Incline, NV 89450

cc: Two copies attached.

Submitter : JOHN DOOLEY
Organization : JOHN DOOLEY
Category : Individual

Date: 09/12/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-924-Attach-1.DOC

John Dooley
1520 Mayflower Pl.
Santa Rosa, CA 95403

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

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

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

Sincerely,

John Dooley
1520 Mayflower Pl.
Santa Rosa, CA 95403

cc: Two copies attached.

Submitter : JESSE DUDLEY

Date: 09/12/2005

Organization : JESSE DUDLEY

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-925-Attach-1.DOC

Jesse B. Dudley
6253 Meadowstone Dr.
Santa Rosa, CA 95409

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

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

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

Sincerely,

Jesse B. Dudley
6253 Meadowstone Dr.
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : Dr. Paul Eckinger

Date: 09/12/2005

Organization : PAMC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade.

Submitter : Dr. James Lonergan
Organization : Dept. of Anesthesia
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Dr. McClellan:

I am writing as an anesthesiologist at St. Luke's Hospital, an essential member for the training of new anesthesiologists via the University of Missouri at Kansas City, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

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

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, since 1995, unlike teaching surgeons and internists, the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, it is not reasonable, and it is not consistent. Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

James H. Lonergan, MD
Dept. of Anesthesia
St. Luke's Hospital; Kansas City, Missouri
jlonergan@saint-lukes.org

Submitter : Dr. Marc Shaw

Date: 09/13/2005

Organization : Dr. Marc Shaw

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS
Box 8017
Baltimore, MD

RE GPCI Support removal of two counties from Locality 99

To CMS:

Thank you for your proposed change in the physician payment for Santa Cruz County, California. We in Santa Cruz live with a very high standard of living and are in close proximity to San Jose and the entire Bay Area. We are no longer a rural area and deserve to be changed as you propose.

In my office, staff pay rates must compete with the nearby metropolitan areas and wages are nearly double the level in Salinas to the south. Housing and other costs are very high and are driving specialists out of are county.

Again I support your proposed removal of Santa Cruz County from the area 99 designation.

Marc Shaw

Submitter : Dr. Ori Gottlieb
Organization : University of Chicago
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-929-Attach-1.TXT

CMS-1502-P-929-Attach-2.DOC

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

Dear Dr. McClellan:

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

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers.

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

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

Please end the anesthesiology teaching payment penalty.

Name Ori Gottlieb, MD

Address 1527 William, River Forest, IL 60305

Submitter : Dr. Jonathan Anagnostou
Organization : Indiana University School of Medicine
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-930-Attach-1.DOC

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

Dear Dr. McClellan:

I am an anesthesiologist who has served at the Indiana University School of Medicine for over 16 years. I am writing to urge the Centers for Medicare and Medicaid Services to revise the inequitable Medicare anesthesiology teaching payment policy.

Under the present Medicare regulations, most all teaching physicians are normally able to collect the full Medicare fee when delivering overlapping patient care with more than one resident physician. For example, an internist who is working with residents seeing 2 patients in overlapping office visits at the same facility is able to collect the full Medicare fee for both visits. Similarly, a surgeon can work with residents and collect the full Medicare fee for overlapping procedures performed on two patients in the operating theater if he/she is present for the critical portions of each procedure. Since 1995, however, teaching anesthesiologists working with resident physicians under these same conditions have had their Medicare fee reduced by 50% for such overlapping (concurrent) care.

This practice is not only discriminatory, but it is short-sighted as well. The academic internal medicine or surgical practice is able to utilize resident physicians to improve the efficiency of health care delivery to our senior citizens. There is a modest economic incentive for doing so. The academic anesthesiologist, however, is uniquely discouraged from engaging in the same efficient practice. By utilizing resident physicians for even 1 minute of overlapping care, the teaching anesthesiology practice suffers a 50% decrease in revenue for each entire patient fee. Since the teaching anesthesia practice incurs expenses for each case (e.g. administrative, billing, and malpractice overhead), it actually costs these groups money to deliver more efficient care to meet the demands of our aging population. This economic penalty has had a serious detrimental effect on the specialty. There are now widespread shortages of skilled academic anesthesia faculty. At my own institution, we recently ran an employment advertisement in the largest circulation anesthesiology journal for 3 months without getting a single letter of interest from a qualified physician applicant. Clearly, without sufficient numbers of teaching anesthesiologists to train new physicians the generally accepted shortage of practicing anesthesiologists is not likely to improve.

I strongly urge you to revise the counterproductive and inequitable Medicare anesthesiology teaching payment policies.

Jonathan M. Anagnostou, M.D.

Indiana University School of Medicine

Submitter : Mr. Marshall Johnson
Organization : Senior Retired Medicare Member
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

I have known for over 20 years that Sonoma County has been improperly, and unfairly listed as a "Rural" Medicare area. It is more "Urban" than many of the counties in California. Sonoma County has tripled its population in that time. It is also a very important Medical center for Napa, Mendocino, and Humboldt counties that are all close to it. I have witnessed the departure of many of our fine doctors, and the bankruptcy of some of our medical insurance companies due to inadequate Medicare funding during this time. My wife and I are now 79 and 81, and we are very dependent on Medicare support for our health problems, and feel we have not been supported fairly. I have written to Senator Diane Feinstein about this some time ago. I urge you to correct this very unfair listing. Sincerely,
Marshall R. Johnson

Submitter : Dr. CURT HAYDEN
Organization : SANTA ROSA MEMORIAL HOSPITAL
Category : Pharmacist

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Submitter : Dr. Avery Tung
Organization : University of Chicago
Category : Physician
Issue Areas/Comments

Date: 09/13/2005

GENERAL

GENERAL

See Attachment

CMS-1502-P-933-Attach-1.DOC

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

Dear Dr. McClellan:

I am writing as a cardiac anesthesiologist and critical care physician at the University of Chicago to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Under current Medicare regulations, anesthesiologists working with residents on overlapping cases are treated differently from teaching surgeons and internists. Specifically, teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved long as the teacher is present for critical or key portions of the procedure. An internist may similarly supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced by 50%. This penalty is not fair, and it is not reasonable. The practice of anesthesiology requires at least as much skill and effort as that of surgery or medicine. While board certification in medicine only requires 3 years of post-graduate clinical training and passing a written test, similar certification in anesthesiology demands 4 years of training, a written test and an oral examination. To value anesthesia contributions to patient care as $\frac{1}{2}$ as valuable as those of surgeons or internists is to not understand the pivotal role of anesthesia in modern health care.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of academic anesthesia programs to foster basic and clinical investigation, retain skilled faculty and train the new anesthesiologists necessary to provide care in upcoming years. These aspects of the academic anesthesia mission are critical, and are currently endangered by this discriminatory and unfair arrangement. Who will care for myself and my family when we grow older? Will we have to wait for surgical services due to a lack of anesthesiologists? And who will make the discoveries that will make anesthesia, critical care, and surgery safer and better?

As a clinician and teacher, I recognize the invaluable contribution of the physicians who taught me the art and science of Anesthesiology. Moreover, I sit on the FDA advisory

panel for review of Anesthesiology and Respiratory devices, where we struggle to apply current knowledge to new and unforeseen issues. Our specialty has contributed at least as much to the capabilities of modern medicine as those of surgery or internal medicine. To unfairly single out anesthesiologists for discriminatory reimbursement is inappropriate. I urge you to fix the problem. Correcting this inequity will demonstrate that the United States government fairly and consistently applies Medicare's teaching payment rules across medical specialties, will allow anesthesiology to grow as a specialty, and will facilitate the physicians that we all will need in future years.

Please end the anesthesiology teaching payment penalty.

Thank you

Avery Tung, M.D.
Associate Professor
Department of Anesthesia and Critical Care
University of Chicago
(773) 702-3460
(773) 702-6179 FAX

Submitter : Dr. Bernard Wittels
Organization : University of Chicago
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

See attached letter.

CMS-1502-P-934-Attach-1.DOC

September 13, 2005

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

Dear Dr. McClellan:

I am an Associate Professor of Anesthesiology and Critical Care at the University of Chicago who strongly urges the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Under current Medicare regulations, teaching internists and surgeons who supervise residents on simultaneous cases can collect 100% reimbursement provided that the supervising physician is present for all critical and key portions of each procedure. Academic anesthesiologists, on the other hand, receive only 50% reimbursement per case when supervising two anesthesia residents on overlapping cases. It is both paradoxical and discriminatory that CMS penalizes academic anesthesiologists who work as efficiently as or more efficiently than their physician peers in medicine and surgery. Furthermore, it appears to contradict the CMS goal of pay-for-performance initiative that rewards physicians for efficient patient care.

The CMS physician teaching rule has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

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

Please end the anesthesiology teaching payment penalty.

Bernard Wittels, M.D. Ph.D.
Associate Professor, Department of Anesthesia and Critical Care
The University of Chicago
5841 South Maryland Avenue, MC 4028
Chicago, Illinois 60637
bwittels@dacc.uchicago.edu

Submitter : Dr. Gary E. Hirshberg MD
Organization : Washington University School of Medicine
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-935-Attach-1.DOC

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

Dear Dr. McClellan:

I am writing as an anesthesiologist at Washington University School of Medicine and St. Louis Children's Hospital to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services. We constantly have faculty positions available and unfilled and find ourselves unable to compete with private practice compensation where a single anesthesiologist receives full payment for each case even when supervising multiple CRNAs.

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

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. It is also seriously hampering the ability to attract excellent anesthesia residents and to retain them as future faculty. They understandably perceive the present rule as discriminatory and unfair and choose not to enroll themselves in a system that fosters such poor treatment of a critically important group of medical educators.

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

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

Please end the anesthesiology teaching payment penalty.

Gary E. Hirshberg MD

One Children's Place

St. Louis, MO 63110

Submitter : Dr. Philip Brosterhous
Organization : Camino Medical Group
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

In spite of being a physician in Santa Clara County who will be slightly adversely affected by the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99, I support the change due to the high cost of living in those counties. Without this change I worry that there will be inadequate health care available in those counties.

Submitter : Mr. John Weser
Organization : Mr. John Weser
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

My son is disabled and a Medicare card holder. Unfortunately he has great trouble finding a physician who will treat him, claiming that the Medicare reimbursement rate here in Sonoma County is much too low. Please raise the reimbursement rates to reflect the extremely high cost of living in this Bay Area County so that patients can find doctors willing to treat them.

Submitter : Dr. Robert Lagasse
Organization : Montefiore Medical Center, Bronx, NY
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

I am writing as an anesthesiologist at Montefiore Medical Center and the Albert Einstein College of Medicine in the Bronx, New York, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of many programs in New York State to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely acknowledged shortage of anesthesia providers. New York currently trains about 15% of the country's anesthesiologists in their teaching programs.

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

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

Please end the anesthesiology teaching payment penalty.

Sincerely,
Robert S. Lagasse, M.D.
Professor and Vice Chairman
Department of Anesthesiology
Albert Einstein College of Medicine
Weiler Division of Montefiore Medical Center
1825 Eastchester Road
Bronx, NY 10461
Office 718-904-2872
Office Fax 718-822-6180
Home 203-329-7984
Home Fax 203-329-7985
E-mail BobLagasse@yahoo.com

Submitter : Leatrice Eastin
Organization : Leatrice Eastin
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-939-Attach-1.DOC

Leatrice Eastin
899 Midpine Way
Sebastopol, CA 95472

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

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

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

Sincerely,

Leatrice Eastin
899 Midpine Way
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : Mr. Thomas Henry
Organization : Mr. Thomas Henry
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

I strongly urge you to create a new payment locality for Sonoma County. As an insurance agent of over 20 years, I know all the markets in northern California. Sonoma County should not be considered rural. Our economics are that of other urban areas in Northern California. This holds especially true for medical providers.

Thank you for your consideration.

Thomas L. Henry

Submitter : Dr. Terry Hollenbeck
Organization : Santa Cruz Medical Foundation
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Please change Santa Cruz County from the rural to urban category. We will not retain physicians in this community unless this very unfair classification is changed.

Terry Hollenbeck MD

Submitter : WINSTON EKREN
Organization : WINSTON EKREN
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-942-Attach-1.DOC

Winston Ekren
1027 Spring St.
Santa Rosa, CA 95404

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

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

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

Sincerely,

Winston Ekren
1027 Spring St.
Santa Rosa, CA 95404

cc: Two copies attached.

Submitter : Mr. Martin Thompson
Organization : Mr. Martin Thompson
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

September 13, 2005

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

Re: GPCIs

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

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

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

Sincerely,

Martin Thompson
36 Aspen Meadows Circle
Santa Rosa, CA 95409

Submitter : JERRY ELDER
Organization : JERRY ELDER
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-944-Attach-1.DOC

Jerry Elder
3659 Piner Rd.
Santa Rosa, CA 95403

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

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

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

Sincerely,

Jerry Elder
3659 Piner Rd.
Santa Rosa, CA 95403

cc: Two copies attached.

Submitter : CHARLENE ELLIS
Organization : CHARLENE ELLIS
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-945-Attach-1.DOC

Charlene Ellis
5056 Charmian Dr.
Santa Rosa, CA 95409

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

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

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

Sincerely,

Charlene Ellis
5056 Charmian Dr.
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : GERTRUDE ERICKSON
Organization : GERTRUDE ERICKSON
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-946-Attach-1.DOC

CMS-1502-P-946-Attach-2.DOC

Gertrude Erickson
8169 Birch St.
Windsor, CA 95492

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

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

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

Sincerely,

Gertrude Erickson
8169 Birch St.
Windsor, CA 95492

cc: Two copies attached.

Gertrude Erickson
8169 Birch St.
Windsor, CA 95492

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

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

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

Sincerely,

Gertrude Erickson
8169 Birch St.
Windsor, CA 95492

cc: Two copies attached.

Submitter : KRISTIE EUBANK

Date: 09/13/2005

Organization : KRISTIE EUBANK

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-947-Attach-1.DOC

Kristie Eubank
1077 Tilton Rd.
Sebastopol, CA 95472

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

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

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

Sincerely,

Kristie Eubank
1077 Tilton Rd.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : ALICE EURORAS

Organization : ALICE EURORAS

Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-948-Attach-1.DOC

Submitter : EUNICE EVERSON
Organization : EUNICE EVERSON
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-949-Attach-1.DOC

Alice Euroras
347 Valley Oaks Dr.
Santa Rosa, CA 95409

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

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

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

Sincerely,

Alice Euroras
347 Valley Oaks Dr.
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : MICHAEL FAUKS

Date: 09/13/2005

Organization : MICHAEL FAUKS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-950-Attach-1.DOC

Michael Fauks
1488 Laguna Rd.
Santa Rosa, CA 95401

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

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

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

Sincerely,

Michael Fauks
1488 Laguna Rd.
Santa Rosa, CA 95401

cc: Two copies attached.

Submitter : MARTHA FERONATO
Organization : MARTHA FERONATO
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-951-Attach-1.DOC

CMS-1502-P-951-Attach-2.DOC

Martha Feronato
20 Aspen Meadow Circle
Santa Rosa, CA 95409

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

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

Sincerely,

Martha Feronato
20 Aspen Meadow Circle
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : HILDA FOURMAN
Organization : HILDA FOURMAN
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-952-Attach-1.DOC

Hilda Fourman
12808 Dupont Rd.
Sebastopol, CA 95472

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

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

Sincerely,

Hilda Fourman
12808 Dupont Rd.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : CF FOWLER
Organization : CF FOWLER
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-953-Attach-1.DOC

C. F. Fowler
1550 Watertrough Rd.
Sebastopol, CA 95472

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

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

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

Sincerely,

C. F. Fowler
1550 Watertrough Rd.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : Lynda Guthrie
Organization : Lynda Guthrie
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

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

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

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

Sincerely,

Lynda Guthrie
P.O. Box 1050
Healdsburg, CA 95448

Submitter : KENNETH FOX
Organization : KENNETH FOX
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-955-Attach-1.DOC

Kenneth Fox
2326 Sierra Creek Cir.
Santa Rosa, CA 95405

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

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

Sincerely,

Kenneth Fox
2326 Sierra Creek Cir.
Santa Rosa, CA 95405

cc: Two copies attached.

Submitter : CATHRYN FRANCES

Date: 09/13/2005

Organization : CATHRYN FRANCES

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-956-Attach-1.DOC

Cathryn Frances
208 Oranewood Dr.
Healdsburg, CA 95448

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

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

Sincerely,

Cathryn Frances
208 Oranewood Dr.
Healdsburg, CA 95448

cc: Two copies attached.

Submitter :

Date: 09/13/2005

Organization :

Category : Physician Assistant

Issue Areas/Comments

GENERAL

GENERAL

please change santa cruz county from rural to urban classification

Submitter : ROSALIE FRANCHINI
Organization : ROSALIE FRANCHINI
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-958-Attach-1.DOC

Rosalie Franchini
3861 Frei Rd.
Sebastopol, CA 95472

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

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

Sincerely,

Rosalie Franchini
3861 Frei Rd.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : KATHLEEN FRANKS
Organization : KATHLEEN FRANKS
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-959-Attach-1.DOC

Kathleen Franks
1446 Grey Hawk Way
Santa Rosa, CA 95409

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

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

Sincerely,

Kathleen Franks
1446 Grey Hawk Way
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : DEAN FRAZER

Date: 09/13/2005

Organization : DEAN FRAZER

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-960-Attach-1.DOC

Dean Frazer
581 Ellis Ct.
Sebastopol, CA 95472

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

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

Sincerely,

Dean Frazer
581 Ellis Ct.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : NAN FUCHS
Organization : NAN FUCHS
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-961-Attach-1.DOC

Nan Fuchs
8800 Green Valley Rd. #49
Sebastopol, CA 95472

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

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

Sincerely,

Nan Fuchs
8800 Green Valley Rd. #49
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : JOHN GAMBLING

Date: 09/13/2005

Organization : JOHN GAMBLING

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-962-Attach-1.DOC

John Gambling
508 Landsdown Cir.
Rohnert Park, CA 94928

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

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

Sincerely,

John Gambling
508 Landsdown Cir.
Rohnert Park, CA 94928

cc: Two copies attached.

Submitter : ROBERTA GAYNOR
Organization : ROBERTA GAYNOR
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-963-Attach-1.DOC

CMS-1502-P-963-Attach-2.DOC

Roberta Gaynor
231 Mt. Vista Lane
Santa Rosa, CA 95409

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

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

Sincerely,

Roberta Gaynor
231 Mt. Vista Lane
Santa Rosa, CA 95409

cc: Two copies attached.

Roberta Gaynor
231 Mt. Vista Lane
Santa Rosa, CA 95409

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

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

Sincerely,

Roberta Gaynor
231 Mt. Vista Lane
Santa Rosa, CA 95409

cc: Two copies attached.

Submitter : JERRY GILLESPIE
Organization : JERRY GILLESPIE
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-964-Attach-1.DOC

Jerry Gillespie
300 Stony Pt. Rd. #309
Petaluma, CA 94952

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

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

Sincerely,

Jerry Gillespie
300 Stony Pt. Rd. #309
Petaluma, CA 94952

cc: Two copies attached.

Submitter : DAVID GOLDBERG
Organization : DAVID GOLDBERG
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-965-Attach-1.DOC

David Goldberg
1632 Arroyo Sierra
Santa Rosa, CA 95405

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

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

Sincerely,

David Goldberg
1632 Arroyo Sierra
Santa Rosa, CA 95405

cc: Two copies attached.

CMS-1502-P-966

Submitter : MARY GONSIOR

Date: 09/13/2005

Organization : MARY GONSIOR

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-966-Attach-1.DOC

Mary Gonsior
2202 Pleasant Hill Rd.
Sebastopol, CA 95472

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

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

Sincerely,

Mary Gonsior
2202 Pleasant Hill Rd.
Sebastopol, CA 95472

cc: Two copies attached.

Submitter : KATHLEEN GORDON
Organization : KATHLEEN GORDON
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-967-Attach-1.DOC

Kathleen Gordon
359 Fish Hook
The Sea Ranch, CA 95497

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

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

Sincerely,

Kathleen Gordon
359 Fish Hook
The Sea Ranch, CA 95497

cc: Two copies attached.

Submitter : J MICHAEL GOSPE
Organization : J MICHAEL GOSPE
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-968-Attach-1.DOC

J. Michael Gospe
1701 Pamela
Santa Rosa, CA 95404

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

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

Sincerely,

J. Michael Gospe
1701 Pamela
Santa Rosa, CA 95404

cc: Two copies attached.

Submitter : NICHOLAS GRACE
Organization : NICHOLAS GRACE
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-969-Attach-1.DOC

Nicholas Grace, MD
717 Center St.
Healdsburg, CA 95448

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

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

Sincerely,

Nicholas Grace, MD
717 Center St.
Healdsburg, CA 95448

cc: Two copies attached.

Submitter : JANET GUIDOTTI
Organization : JANET GUIDOTTI
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-970-Attach-1.DOC

Janet Guidotti
PO Box 256
Guerneville, CA 95446

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

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

Sincerely,

Janet Guidotti
PO Box 256
Guerneville, CA 95446

cc: Two copies attached.

Submitter : GEORGE HAMAMOTO
Organization : GEORGE HAMAMOTO
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-971-Attach-1.DOC

George Hamamoto
2495 Placer Dr.
Santa Rosa, CA 95401

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

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

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

Sincerely,

George Hamamoto
2495 Placer Dr.
Santa Rosa, CA 95401

cc: Two copies attached.

George Hamamoto
2495 Placer Dr.
Santa Rosa, CA 95401

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

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

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

Sincerely,

George Hamamoto
2495 Placer Dr.
Santa Rosa, CA 95401

cc: Two copies attached.

Submitter : Mrs. Jeane Venneri

Date: 09/13/2005

Organization : private citizen

Category : Consumer Group

Issue Areas/Comments

GENERAL

GENERAL

Please increase reimbursement to Sonoma County physicians. Cost of living in Sonoma County is as high as in surrounding counties such as Marin County, yet the reimbursement scale is much less. Physicians are leaving the area because of the inequity of reimbursement. As an 85 year old female, having access to good medical coverage is very important. Jeane Venneri

Submitter : Dr. Corwyn Mosiman
Organization : Corwyn A. Mosiman and Associates
Category : Health Care Provider/Association

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Issue identifier: GPCIs.

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

I commend you for addressing such an important issue for physicians and Medicare beneficiaries in the S.F. Bay area. You've addressed the 2 most problematic counties in the state and made an important change that will go a very long way to ensuring access to care for health care services in Santa Cruz county.

As a fundamental issue of fairness, Santa Cruz and Sonoma counties have some of the highest physician costs in the nation, while receiving one of the lower reimbursements by being averaged into Locality 99. Your proposed adjustment appropriately addresses this inequitable payment problem. You know, the other Locality 99 counties have used Sonoma and Santa Cruz's measured higher cost of providing care to enhance their own reimbursements.

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

With sincere thanks,

Submitter : BARBARA HAMPTON
Organization : BARBARA HAMPTON
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-974-Attach-1.DOC

Barbara Hampton
PO Box 529
Graton, CA 95444

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

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

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

Sincerely,

Barbara Hampton
PO Box 529
Graton, CA 95444

cc: Two copies attached.

Submitter : THOMAS HARVEY
Organization : THOMAS HARVEY
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-975-Attach-1.DOC

Thomas Harvey
4342 Burnside Rd.
Sebastopol, CA 95472

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

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

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

Sincerely,

Thomas Harvey
4342 Burnside Rd.
Sebastopol, CA 95472

cc: Two copies attached.

CMS-1502-P-976

Submitter : LAUREL HASTINGS
Organization : LAUREL HASTINGS
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1502-P-976-Attach-1.DOC

Laurel Hastings
8350 Windmill Farms Dr.
Cotati, CA 94951

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

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

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

Sincerely,

Laurel Hastings
8350 Windmill Farms Dr.
Cotati, CA 94951

cc: Two copies attached.

Submitter : Dr. Robert Vincent
Organization : UAB School of Med Dept of Anesthesiology
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs:

I am an anesthesiologist practicing in a universal setting. That is I work with resident physicians learning anesthesiology on a daily basis. Already we are economically disadvantaged compared with our colleagues in private practice because our surgeons are slower and many of our patients are indigents. Thus I ask you to reconsider the ruling which reduces our fees when working with anesthesiology residents. Otherwise, care to underprivileged and older patients will be jeopardized. I love the university environment. I don't seek to reach the same income level as physicians in private practice. Nevertheless, please don't apply a penalty to us that is not applied to ANY OTHER medical specialties. Thank you for considering my petition.

Robert Vincent

Submitter : Mr. Andrew Griffiths
Organization : Mr. Andrew Griffiths
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

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

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

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

Sincerely,

Andrew Griffiths
1215 15th Street
Santa Rosa
CA 95404

Submitter : Mr. Stanley Moore
Organization : Medicare
Category : Health Plan or Association

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

" see Attachment"

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

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

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

Submitter : Dr. Shervin Oskouei
Organization : Emory University Dept. of Orthopaedics
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

This comment is in regard to proposed elimination of codes and reimbursement for cast/splint codes Q4001-Q4051 and rolling them into the global fee for fracture care. Fracture care will be a money losing service (not even breakeven) for most practices, if implemented. Please also reconsider the 4.3% across-the-board reduction in the 2006 conversion factor for all orthopaedic care. We are severely affected already by higher costs and practicing medicine is increasingly becoming more difficult. Please, please hear us and reconsider these changes.

Submitter : Dr. Craig Palmer
Organization : Dr. Craig Palmer
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am writing express my outrage at the failure of the Centers for Medicare and Medicaid Services to change the Medicare anesthesiology teaching payment policy, as CMS recently indicated it intended to do.

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

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is blatantly discriminatory, it is not reasonable, and is based on misguided policy of a previous administration. The time to correct it long overdue.

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

It is time to listen to your conscience and do the fair and equitable thing, by ending the anesthesiology teaching payment penalty.

Craig M. Palmer, M.D.

Professor of Clinical Anesthesiology
University of Arizona Health Sciences Center
P.O.Box 245114
Tucson, AZ 85724
(520) 626-7221

Submitter : Dr. Abiona Berkeley

Date: 09/13/2005

Organization : Resident - Cornell

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an Anesthesiology resident, I am distressed at the discriminatory payment practice which you, a government organisation, allow to continue, in the form of lower reimbursements to Anesthesiology attendings not only as compared to other medical attendings, but even with regards to surgical attendings who are in the same position as anesthesiologists. Apart from being blatantly discriminatory, this practice places increased financial strain on already strapped academic programs and will result in closures as well as a shift of practitioners from academic to private institutions. As someone who is considering entering the area of academia, this discriminatory practice, which selectively punishes Anesthesia programs for training residents, certainly leaves me with the impression that my time may be better spent in a private setting where my contribution and value is not belittled. Medicare must treat anesthesiologists equally to other physicians. To do otherwise is to suggest that what we do as anesthesiologists in the operating room is not nearly as important as what other physicians do - pain control during bowel resection; monitoring and replacement of blood loss in the 65 y/o who comes in with 'no health problems' but may have a heart attack on the OR table if we are not cautious; managing the septic patient who may be having a heart attack, but absolutely needs to have the infected prosthesis removed; intubating and managing the airway of the patient with COPD and ovarian cancer; being the person who calms you just before you close your eyes for whatever procedure you are about to receive. We should not have to write in comments for what is obvious, none of you would have surgery without Anesthesia. And I want to learn from the best and later to give back to an institution that taught me well and respects my contribution.

Submitter : Dr. Jeff Mueller
Organization : Mayo Clinic
Category : Physician

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-983-Attach-1.DOC

August 25, 2005

Department of Anesthesiology
Mayo Clinic
13400 East Shea Boulevard
Scottsdale, AZ 85259

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 academic teaching anesthesiologists at the Mayo Clinic, we find the current Medicare teaching anesthesiologist payment rule to be unreasonable and unfair. This 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,

Daniel J. Cole, M.D.
Chair, Department of Anesthesiology

Jeff T. Mueller, M.D.
Medical Director,
Perioperative Services

Renee E. Caswell, M.D.
Associate Dean
Mayo School of Graduate Medical Education

Terry L Trentman, M.D.
Vice-Chair
Dept. of Anesthesiology

Submitter : Herbert Polesky
Organization : Herbert Polesky
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-984-Attach-1.DOC

Date: 9/13/2005

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

Re: GPCIs

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

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

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

Sincerely,

Herbert F. Polesky

Name: Herbert F. Polesky
Address: 6355 Mountain View Ranch Road
Healdsburg, CA 95448

by email to CMS

Submitter : Ms. Elaine Hebard
Organization : Ms. Elaine Hebard
Category : Individual

Date: 09/13/2005

Issue Areas/Comments

GENERAL

GENERAL

We need to change Santa Cruz County from Rural to Urban class.

Submitter : Rich Grandsart

Date: 09/14/2005

Organization : Organogenesis

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Bio-skin equivalents have helped many people. These products need to be made available to the patients to reduce their pain and healing time. Healing a wound is far more efficient than trying to manage a wound. Not to mention the the patients quality of life is greatly affected by these type of products.

Submitter : Dr. Gary McLeod
Organization : Doyle Park Family Medicine
Category : Physician

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

As a family physician practicing in a small group of seven physicians, I can attest to the necessity of your proposal to create a new payment locality for Sonoma County. Our overhead continues to climb every year, concordant with the extreme rise in the cost of living in this area. Our group has made the difficult decision to stop accepting new Medicare patients to maintain our financial viability. Likewise we have been forced to stop accepting Medi-cal patients.

We are not the only group so affected. Many groups have made similar decisions. When Medicare patients call us, often a relative of a current patient, we must refer them to other offices. The list of offices accepting them is growing smaller every month.

Your new payment locality for Sonoma County would help our practice and the entire region. We would not have to make so many decisions based on finances only and could redirect our attention to patient care and taking care of our community. As a Family Physician, I hate to turn away grandpa and grandma when they move to be nearer their children and grandchildren who are my existing patients.

Sincerely,

Gary McLeod MD

Mae Bevan
2033 Eleanor Dr.
Santa Rosa, CA 95404

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

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

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

Sincerely,

Mae Bevan
2033 Eleanor Dr.
Santa Rosa, CA 95404

cc: Two copies attached.

Submitter : K L
Organization : K L
Category : Nurse

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

To Medicare:

Please consider very seriously this policy change for Sonoma County, CA. As a registered nurse who has practiced acute inpatient care here for 33 years, I have seen firsthand the detrimental effects of the disparity between reimbursement here and literally "next door". We have lost many skilled practitioners, and failed to gain even more who loved our hometown but could not afford to come or stay. While we health professionals strive daily to deliver optimum service to our patients, there are just some things that cannot be done, that can't be available, that our patients deserve but will not receive -- due to Medicare reimbursement policies.

It makes little sense that while the costs to a physician or a nurse to live here are the same as a few miles down the road, that their ability to provide for their families is significantly less. Sonoma County was once truly a rural county; I know, I was born here, as were my mother and grandmother. In 2005 this is no longer the case, because even though our people have set growth boundaries around our cities to attempt to avoid urban sprawl, the result is greater urban-type densities. And with greater densities come sicker people, more of them, and the needs for more services, and more complex services. Is it fair to deny them here? Are we truly serving all Americans, equally, as we profess to believe is everyone's right?

Again, please, consider very carefully this proposal -- as you consider what your recipients deserve. The higher reimbursement is only fair, and our seniors should not receive lesser care than is their right because of this outdated formula.

Thank you for your time and attention -
K Lane

Submitter : Ms. Gloria Kelley
Organization : Southern Center for Orthopedics
Category : Other Health Care Professional

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

If the proposal for CMS-1520-P passess, it will make a great hardship on our orthopedic office. We would not be able to contine to treat Medicare patients who have fractures or are in need of a total hip, total knee, or fractured hip or femur. Please re-consider. Thanks, Gloria Kelley, Execuitve Manager

Submitter : Dr. Daniel Guy

Date: 09/14/2005

Organization : Southern Center for Orthopedics, P.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am very concerned about this proposal. If it passes, it will make it impossible for me to continue to treat Medicare Patients. Medicare Patients are the greatest % of our practice. These cuts would cripple our practice.

Submitter : Dr. Robert Comerford
Organization : Southern Center for Orthopedics, P.C.
Category : Physician

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

This proposal would hurt all Orthopedic Practices. The majority of Orthopedic Patients are the elderly who require treatment for Total Hips, Total Knees, Fx Hips and/or Femurs. If reductions are made to these procedures, it will make it very difficult for our practice to continue to treat these patients for these problems.

Submitter : Dr. James Bruce

Date: 09/14/2005

Organization : Southern Center for Orthopedics, P.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

This proposal will make a great hardship on our office. Our practice is made up of about 48% Medicare Patients. A lot of elderly patients require fixing or fx hips, femurs, and/or wrists. Most of these procedures require the use of cast/splint materials. We need to be reimbursed for these materials. I would also ask that you not cut reimbursement on Total hips and knees. Reimbursement for these procedures is already low. Cutting the reimbursement for all of these procedures could make it impossible for us to continue to treat Medicare Patients.

Submitter : Dr. Brian Terry

Date: 09/14/2005

Organization : Southern Center for Orthopedics, P.C.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The elimination of codes and reimbursement for Q codes which cover casting/splint cost would make a great hardship on our office to continue to treat Medicare patients with problems that would need this service. The reimbursement that we receive at this time helps to cover the cost of the material used.

As an orthopedists, I do not see how we can stand to suffer another loss with the proposed cuts for the cast/splints and the other cuts such as cuts on reimbursement for total hips, knees, fx's for hips and femurs and any other cuts proposed.

Submitter : Dr. James Robotham
Organization : University of Rochester Medical Center
Category : Physician

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-994-Attach-1.DOC

September 13, 2005

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

Re: File Code: CMS-1502-P TEACHING ANESTHESIOLOGISTS

Dear Sir/Madame:

As Chairman of the Department of Anesthesiology at the University of Rochester in New York, I am writing to request your support of the changes required in the present CMS Medicare Fee Schedule related specifically to TEACHING ANESTHESIOLOGISTS who provide the educational training as models for professional development of young doctors seeking to become academic and private practice anesthesiologists.

I presently have 50 residents in training at the University of Rochester, with 6 fellows, and 42 academic teaching anesthesiologists within the Department of Anesthesiology. At Strong Memorial Hospital we have experienced a 27% growth in surgical volume during the past 4 years, that includes an increasingly aged, acutely ill, and complex number of patients. We have become the only Level 1 Trauma unit in this region. This past year we provided over 27,000 anesthetics. Our commercial reimbursement rates based on productivity per faculty member are some of the lowest in the country making recruitment and retention within the academic milieu a continuously challenging process. Recruitment of recent graduates or experienced anesthesiologists into an academic center is a continuous problem, particularly as recent graduates now have educational debt levels of \$100,000 -300,000, for which private practice offers a considerably higher compensation. Permitting equality in the Medicare Fee Schedule with our surgical colleagues with respect to full payment for each of two patients concurrently cared for following CMS regulations, will substantially augment our ability to provide the academic environment that is needed for the future.

My entire career has been in academic medicine. I have been in academic medicine since graduating from medical school at Boston University in 1970. I have worked at the best medical centers in this country (Johns Hopkins), Canada (Hospital for Sick Children), and the UK (Hammersmith and St. Mary's). I have been an academic Chairman at Imperial College in London and presently in the US. I thus have experience in a wide variety of teaching hospitals around the world, and can testify that the serious shortage of academic anesthesiologists available to: 1) educate; 2) deliver clinical care while supervising

residents and medical students; and 3) develop and sustain academic research programs that will attract young physicians into academia that provide the basic and clinical research advances required to continuously improve the quality of health available to our citizens of all ages, is under substantial stress around the world. The United States cannot simply rely on, as it has in the past, foreign medical graduates to fill these academic positions and still maintain leadership roles internationally. Most countries within the EU are far more supportive of academic development than the US by virtue of time and compensation provided to academics to teach and participate in clinically related research. It is very clear to me, based on my experiences in multiple countries, that unless we address the issue of compensation for teaching anesthesiologists that the US will continue to fall behind Europe, Japan, and then China in developing the academic leaders in anesthesiology. This is occurring despite the necessity of hospitals on the average needing to support academic anesthesiologists in the amount of approximately \$110,000/year per full time faculty member according to the latest data from the Society of Academic Anesthesiology Chairs.

Redressing the unequal reimbursement for similar care provided by surgeons and anesthesiologists will provide a significant component of the resources required to develop the quality of academic anesthesiology required for the US to advance in this vital field for which most US citizens can expect to undergo surgery at some time during their life. The recognition of the focus on safety and critical role that anesthesiologists play in allowing interventional and surgical procedures to occur without memory or pain is a fundamental mantra in training anesthesiologists. The combination of education, research, and dedicated models in the field is required for the future.

I urge those making long term decisions in CMS to appreciate the turning point that exists now, no longer with respect to the issue of immediate staffing of private hospitals, but with respect to the present and future training of anesthesiologists by a diminishing number and quality of teaching anesthesiologists.

Thank you for your willingness to seriously consider these issues.

Sincerely yours,

James L Robotham, MD, FRCA
Chair, Department of Anesthesiology
University of Rochester Medical Center
601 Elmwood Avenue
Rochester, NY 14642

Submitter : Elizabeth Rose
Organization : Vasomedical Inc.
Category : Device Industry
Issue Areas/Comments

Date: 09/14/2005

GENERAL

GENERAL

See attachment

CMS-1502-P-995-Attach-1.DOC



September 15, 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: CMS – 1502-P
2006 Proposed Rule for Public Comment:
Medicare Physician Fee Schedule
HCPCS Code: G0166, External Counterpulsation

Dear Dr. McClellan:

We appreciate the opportunity to comment on the 2006 Proposed Medicare Physician Fee Schedule, CMS – 1502-P on behalf of our providers and the patients they treat with EECP therapy. Our comments note, “issue identifiers” for ease of reference.

While we appreciate the increase in the 2006 Proposed Medicare Physician Fee Schedule for G0166, External Counterpulsation (ECP), we respectfully request that the fee schedule take into account items reflecting the needs of physicians treating patients with EECP therapy including:

- Practice expenses incurred for Physician RVU and Labor Costs

REQUEST - We request that CMS consider adjusting the Physician Work RVU to a rate similar to the echocardiography CPT/HCPCS code 93307 of 0.92.

- Indirect Cost Allocation - “Practice Expense” – Indirect Costs Section

REQUEST - We request reconsideration of the time allocation and adjustment to 90 minutes to reflect accurate “work flow” associated with delivery of EECP therapy.

We request that the final rule and rate for 2006 for G0166 be adjusted to reflect practice expenses incurred and as such be increased per treatment session. We are requesting that the total RVU be increased to 4.86.

Background

Vasomedical Inc. is the manufacturer for EECP® external counterpulsation therapy. EECP® external counterpulsation therapy is a non-invasive treatment for patients with

myocardial ischemia and is indicated for use in stable and unstable angina pectoris, congestive heart failure, acute myocardial infarction, and cardiogenic shock.

HCPCS code G0166, External Counterpulsation, has been in place since the 2000 Medicare Physician Fee Schedule. The table below reflects the trend in Medicare Physician Fees 2000-2006 for G0166, External Counterpulsation.

Table 1
Medicare Physician Fees 2000-2006 for G0166, External Counterpulsation

Year	Work RVU	Practice Expense RVU	Malpractice RVU	Total RVU	Conversion Factor	Final Rate
2000	0.07	3.40	0.01	3.48	36.61	\$ 127.40
2001	0.07	3.68	0.01	3.76	38.26	\$ 143.86
2002	0.07	4.17	0.01	4.25	36.20	\$ 153.85
2003	0.07	5.57	0.01	5.65	36.79	\$ 207.86
2004	0.07	3.58	0.01	3.66	37.33	\$ 136.64
2005	0.07	3.57	0.01	3.65	37.90	\$ 138.34
2006 Proposed	0.07	3.93	0.01	4.01	37.90	\$ 151.98

Source: CMS Files 2000 – 2006 Proposed Rule for Physician Fee Schedule.

External counterpulsation requires a practice investment in capital equipment and disposable supplies for each treatment. The procedure requires a physician to provide direct supervision and a specially trained nurse to evaluate and monitor the patient prior to, during and following the one-hour treatment session. Patients spend approximately 90 – 120 minutes in the practice setting per one-hour treatment session as the staff conducts assessment, patient education and post treatment evaluations. Patients receive a total of 35 one-hour treatment sessions in the usual course of therapy, although the actual amount of staff and physician time may actually be greater than 50 hours.

Physician Work RVU – “Practice Expense”

The same Work RVU of 0.07 for Physician Work remains in place since 2000.

It should be noted that physician workflow associated with EECP includes:

- Assessment of the patient prior to therapy
- Assessment of the patient during therapy
- Post therapy assessment

REQUEST - We request that CMS consider adjusting the Physician Work RVU to a rate similar to the echocardiography CPT/HCPCS code 93307 of 0.92.

Table 2
2006 Proposed Relative Value Units (RVUs)

CPT/ HCPCS	Description	Physician Work RVUs	Non Facility PE RVUs	Facility PE RVUs	Malpractice RVUs	Non Facility Total	Facility Total
G0166	External counterpulse, per tx	0.07	3.93	0.0	0.01	4.01	0.0
92971	Cardioassist, external	1.77	NA	0.85	0.06	NA	2.74
93230	ECG monitor/report	0.52	3.42	NA	0.26	4.20	NA
93303	Echo transthoracic	0	4.25	NA	0.23	4.48	NA
93307	Echo exam of heart	0.92	4.30	NA	0.26	5.48	NA

Source: Addendum B – Relative Value Units (RVUs) and Related Information, CMS 2006 Medicare Proposed Rule Physician Fees

Labor - “Practice Expense” – Direct Costs Section II, - Step III (i)

The time allotted for equipment use remains the same as submitted by the RUC to HCFA in 1998, 60 minutes. However, this time is the actual staff time required to run the machine to provide proper therapy. It does not take into consideration that the delivery of EECP therapy requires the following “work flow” in addition to the 60 minutes of treatment time involved:

- Assessment of the patient prior to therapy
- Pre EECP patient education
- Preparation of the patient
- Assessment of the patient during therapy
- Post therapy assessment

Currently there is no time allocation to cover these activities.

REQUEST - We request reconsideration of the time allocation and adjustment to 90 minutes to reflect accurate “work flow” associated with delivery of EECP therapy.

Indirect Costs - “Practice Expense” – Indirect Costs Section II, - Step III (ii)

An evaluation of survey data for 2005 Cardiology Practice Expense for direct and indirect costs was validated by the Lewin Group among members of the American College of Cardiology in 2004. As a result of that survey the following recommendations were made for practice expenses:

Direct Practice Expense	\$95.19
Indirect Practice Expense	<u>\$119.96</u>
Total PE Hour	\$215.15

The Lewin Group went on to state in their report dated May 2004:

“ Increased frequency of performing advanced technology driven procedures within their offices lead to high practice expenses per physician hour” and the “difference over time is reflective of change in cardiology practice.”

Source: Final Report, Recommendations Regarding Supplemental Practice Expense Data Submitted for 2005, Proposed for Centers for Medicare & Medicaid Services, #500-95-0059/TO #6, May 26, 2004, p. 6-8.

We request reconsideration of the indirect costs allocated to the Practice Expense RVU for G0166 and suggest that it be increased in line with other cardiology therapies and practice trends.

We request that the final rule and rate for 2006 for G0166 be adjusted to reflect practice expenses incurred and as such be increased per treatment session. We are requesting that the total RVU be increased to 4.86.

We appreciate the opportunity to comment and wish to continue to represent the needs of physicians and their patients for fair and accurate picture of the activities required to deliver EEC® therapy. If you have any questions or comments, please contact me at 516 997-4600 ext 154. Thank you again for the opportunity to provide these comments.

Sincerely,

Elizabeth Rose
Director, Market Development
Vasomedical Inc.

Submitter :

Date: 09/14/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I live in Sonoma County and am asking that the Medicare Reimbursement Rates in Sonoma County be assigned from the lower Medicare "rural" reimbursement to the higher Medicare non-rural reimbursement. Our medical costs are higher than in neighboring counties (and these counties have the higher Medicare reimbursement rates). We have already had one insurance provider (Healthplan of the Redwoods) and some physician groups go out of business due to the low reimbursement versus the cost of care. We are now experiencing difficulty for patients to have access to care and are having trouble attracting new physicians to our area. This is a very important issue to us. Please help!

Thank you,

Joyce Bautovich
resident of Sonoma County

Submitter : Mr. Edward Beddow
Organization : Beddow Capital Management
Category : Individual

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

I fully support your proposal to change Sonoma County's payment locality, and urge your to increase the Medicare reimbursement rate to more closely match actual practice expenses.

Submitter : Mr. Gilman Chesley
Organization : retired
Category : Physician

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

My wife and I and her brother all support the raising of our county to urban status similar to that of our neighboring Santa Clara county. It has been increasingly difficult to get medicare and dental coverage and as a consequence I continue to drive to Santa Clara for my medical and dental needs, consuming gas in the process.

Thanks, Gilman Chesley

Submitter : Dr. Steven Lane
Organization : Palo Alto Medical Clinic
Category : Physician

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade and the current payment schedules do not appropriately reflect the current cost of living, making it difficult to recruit and retain high quality physicians.

Submitter : Ms. Jennifer Hokanson
Organization : Ms. Jennifer Hokanson
Category : Nurse

Date: 09/14/2005

Issue Areas/Comments

GENERAL

GENERAL

I would like to comment about the proposed CMS rule 1502-P, specifically regarding the addition of DSMT to the telehealth rule. Your document recommends that DSMT NOT be added to the proposed rule and I would like to contest this. The document states that since "teaching injectable drugs" cannot be done over the phone, DSMT is therefore not eligible to be included in this proposed rule. What is not noted in the document, however, is the importance of between-visit communication with health care professionals in order to obtain and maintain adequate diabetes control for our patients. Taking insulin requires a lot more information and review than simply learning how to inject the shot itself. Things like where to inject, how to store insulin and how much to take are frequent questions we receive from patients over the phone. Sometimes these phone calls can take 20 minutes in order to review these important issues with patients. Additionally, patients also have many difficulties using their glucose testing supplies and frequently call us regarding this, as well. Under the current rule, these services are not eligible for reimbursement but should be. Please reconsider adding DSMT to the telehealth bill so health care professionals can receive reimbursement for these important services.