

Submitter : Dr. Won Yi
Organization : Dr. Won Yi
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

**Coding-- Additional Codes From
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

CMS-1385-P-8636-Attach-1.DOC

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Ms. Ambjor Brown
Organization : Saint Mary's University of Minnesota
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer working in the college/university setting. I have been certified for over 6 years and have worked with numerous athletes which I have referred to outpatient facilities over these years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Ambjor Brown, MEd, ATC

Submitter : Leslie Maxwell
Organization : Leslie Maxwell
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.
Leslie Maxwell

Submitter : Dr. STEVEM SHOUM

Date: 08/27/2007

Organization : Dr. STEVEM SHOUM

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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As Chairman of the Anesthesiology Department at South Nassau Communities Hospital in Oceanside, New York, I am faced with the unacceptable fact that the Medicare payment does not cover the cost of the salary of a CRNA, much less a physician anesthesiologist who must be present to supervise the CRNA. I am unable to attract and retain skilled anesthesia personnel to work in the hospital setting due to the undervalued, punitive reimbursement by CMS. It is shameful that the seniors of the United States of America have paid into the System, and are now being abandoned by their representatives. Soon you will find physicians unable to continue to practice if they continue to accept Medicare patients. As I age, I too will become a Medicare insured patient, and find no physicians to care for me and my spouse. A responsible government should not force this to occur.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

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Thank you for your consideration of this serious matter.

Sincerely yours,
Steven M. Shoum, M.D.
Chairman,
Department of Anesthesiology
South Nassau Communities Hospital
Oceanside, New York

Submitter : Dr. June Lee
Organization : American society of Anesthesiologists
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

Medicare Telehealth Services

Medicare Telehealth Services

Leslie V. Norwalk, Esq.
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June Lee

Submitter : Dr. Jai Choi
Organization : Dr. Jai Choi
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Submitter : Myka Maxwell
Organization : Myka Maxwell
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Lcslic V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.
Myka Maxwell

Submitter : Dr. robert wiltshire
Organization : delaware anesthesia associates
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

Robert W Wiltshire MD

Submitter : Dr. Nicholas Franco
Organization : Specialists in Urology
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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This revision will impact quality and efficiency of care patients will be denied access to. This may even have a direct impact on making expeditious diagnosis and thus delay treatment plans, again negatively affecting the patient. What I fear may be even more drastic is the possibility of physicians opting out of Medicare making it more difficult for patients even getting access to care in the first place. Thank You

Submitter : Mr. Jeffery Castiglione

Date: 08/27/2007

Organization : AthletiCare Amherst

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Please eliminate Physical Therapy from the exception list as an "in office Ancillary Service"

Jeffery Castiglione PT DPT CSCS

CMS-1385-P-8645-Attach-1.DOC

8645

August 27, 2007

To Whom It May Concern:

I am writing to you in regards to the Stark Law and its inclusion of Physical Therapy as an in office ancillary service. I am urging the Centers for Medicare and Medicaid Services to remove Physical Therapy from the in office Exception list.

As a practicing physical therapist I have witnessed abuse from physician owned physical therapy (POPT's) clinics through self referrals to clinics directly owned by the physicians themselves. I have had patients directly "pulled" from my clinic so they will see a PT that is employed by that physician that they are seeing even though they were satisfied with my services. I have had these former patient's of mine tell me that the physician will not see them anymore unless they attend their physical therapy clinic. This is in direct contrast to the patient's Bill of Rights stating that they have a choice to where they want to go for services.

This is only a few examples of what I have witnessed in my experience with self referral through POPT's. As you can see the potential for abuse is enormous and is directly in contrast with the Stark Law. Physical Therapy Clinics should be removed from the exception list and I strongly urge you do so in the 2008 Physician fee schedule.

Professionally,

Jeffery Castiglione PT DPT CSCS
Site Manager
AthletiCare Amherst
716-833-8891

CMS-1385-P-8646

Submitter : Kayli Maxwell

Date: 08/27/2007

Organization : Kayli Maxwell

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-8646-Attach-1.DOC

8646

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Anesthesia Coding (Part of 5-Year Review)**

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Submitter :

Date: 08/27/2007

Organization :

Category : Physician

Issue Areas/Comments

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Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

CMS-1385-P-8648

Submitter : Dr. Kimberly Kraetzer
Organization : Riverview Rehab and Fitness
Category : Physical Therapist

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Remove physical therapy from in-office ancillary services.

Submitter :

Date: 08/27/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

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Lcslic V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
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Thank you for your consideration of this serious matter.
Joy Glass

Submitter : Betty Robertson
Organization : Betty Robertson
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Betty Robertson

Submitter :

Date: 08/27/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

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Submitter : Mr. Andy Grubbs
Organization : The University of West Alabama
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Dear Sir or Madam:

My Name is Andy Grubbs and I currently serve as an Instructor, Associate Athletic Trainer, and Clinical Coordinator at The University of West Alabama in Livingston. I have worked at many levels as an athletic trainer including high schools and as a physician extender in an orthopedic clinic.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Andy J. Grubbs Jr., M.Ed., ATC

Submitter : Dr. Thomas Wohlstadter
Organization : Dr. Thomas Wohlstadter
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Ms. Christina Eyers
Organization : Central Michigan University
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Currently I am a certified athletic trainer, assistant professor, and clinical education coordinator at Central Michigan University. I am a Board of Certification Certified Athletic Trainer (ATC) and possess a Bachelor of Science degree in Movement Science from the University of Michigan - Ann Arbor, Master of Arts degree in Health Education from the University of Alabama, and am working on my Doctor of Education degree in Educational Leadership from Central Michigan University. My primary area of service has been in collegiate athletics and I am currently involved clinically at the Central Michigan University Recreation Injury Care Center. Under the guidance and referral of University Health Services, we provide immediate care to intramural athletes and provide physical medicine and rehabilitation services to the general student population at Central Michigan University.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Christina Eyers MA, ATC
eyers1cm@cmich.edu

Submitter :

Date: 08/27/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter :

Date: 08/27/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Submitter :
Organization :
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

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Thank you for your consideration of this serious matter.

Submitter : Shaunna Olson
Organization : Shaunna Olson
Category : Hospital

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I work at a local hospital and a University. I have my Bachelors degree in Athletic Training from Graceland University and my Masters degree from Western Illinois University to teach Secondary Physical Education.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Shaunna Olson, MAT, A.T.,C, ATC

Submitter : Mr. Dennis Hart
Organization : National Athletic Trainers' Association
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified and licensed athletic trainer working in the middle school setting after retirement from the high school setting. I have been an ATC-LAT since 1974, and I have evaluated, treated, and rehabbed thousands of high school athletes. I have a B.S and a MEd. degree from the University of North Texas. I have been employed by the Mesquite Independent School District for 34 years as a professional athletic trainer/educator.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Dennis Hart, ATC-LAT, MEd.

Submitter : Dr. christopher yerington

Date: 08/27/2007

Organization : CAI

Category : Individual

Issue Areas/Comments

**Coding-- Additional Codes From
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Dr. Christopher L Yerington

Submitter : Mr. Michael Landas
Organization : Mr. Michael Landas
Category : Academic

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Michael J. Landas and I am a Certified Athletic Trainer. I am currently employed at Mt. San Antonio College as an Athletic Trainer to their various sports and as well as an instructor of several classes. I work with athletes in injury prevention and rehabilitation. I also help supervise students in with their skills I have instructed in both the classroom and in athletic rehabilitation center. I currently hold a masters degree and am certified by the National Strength and Conditioning Association in both strength and conditioning.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Michael J. Landas, MA ATC CSCS

Submitter : Dr. Eric Evans
Organization : Dr. Eric Evans
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslic V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Rc: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Eric Evans M.D.

Submitter : Mr. George Bullock, Jr
Organization : Christus Schumpert Health Systems
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer employed in Shreveport, Louisiana by Christus Schumpert Health Systems. I am an out-reach athletic trainer working closely with the minor professional ice hockey club in Shreveport-Bossier area. I am entering my 12th year of service, not only to professional ice hockey, but to athletes of all ages, levels, and settings. I hold a Master of Science in Athletic Training from Springfield College in Massachusetts and I am a member in good standing with the Professional Hockey Athletic Trainer Society (PHATS) and National Association of Athletic Trainers (NATA).

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

George Bullock, Jr., MS, LAT, ATC

Submitter : Dr. Karen McIlvena
Organization : American Society of Anesthesiologists
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter,

Karen McIlvena, M.D.

Submitter : Dr. sai gundavarpu
Organization : Dr. sai gundavarpu
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

sai gundavarpu

Submitter : Dr. Sheila Cohen
Organization : Stanford University School of Medicine
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Lcslic V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. Christine Lee

Date: 08/27/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

Christine J. Lee, M.D.

Submitter : Dr. Robert Keifer
Organization : Dr. Robert Keifer
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk
Acting Administrator
Centers for Medicare and Medicaid Services

RE: CMS -1385-P
Anesthesia Coding

Dear Ms. Norwalk:

I am writing in support of the RUC recommendation that CMS increase the anesthesia conversion factor. I truly believe that there has been a serious underevaluation in anesthesia services as compared to other physicians. I know that in this budget neutral environment there are some difficult decisions to make. I believe that by immediately implementing this change you will be protecting this country's seniors.

Thank you for your time and consideration in this matter.

Sincerely,

Robert Keifer, M.D.

Submitter : Dr. Evan Pivalizza
Organization : University of Texas Health Science Center, Houston
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Rc: CMS-1385-P
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Thank you for your consideration of this serious matter.

CMS-1385-P-8669

Submitter : Dr. Robert J. Galacz
Organization : Am. Society of Anesthesiologists
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

see Attachment

CMS-1385-P-8669-Attach-1.TXT

global health problems of the patient are not addressed. This problem is going to be magnified in the course of the next 15 to 20 years. The large number of "baby-boomers" are going to inundate the medical profession with their health problems and surgical needs. They are going to present with a multitude of problems related to and multiplied by their obesity, hypertension, diabetes, and complex pulmonary problems. These patients will need the expertise of an anesthesiologist to get them through the surgical intervention as well as to help control their pain afterwards.

Thus we come to the compensation of the anesthesiologist who holds their life in their hands. Inadequate compensation, and it has been grossly inadequate, will cause physicians to shy away from the specialty and seek other work with less stress involved. One of the facts of the practice of anesthesia is that there are two levels of practitioner in our field. A nurse anesthetist is not equivalent to an anesthesiologist and this is going to play an important part in the oncoming increase of elderly patients. The practice of anesthesiology needs to be made more attractive to physicians so that the complex medical problems of these patients can be suitably addressed

I strongly urge you to increase the reimbursement for physician delivered anesthesia so that the patient's needs can be more fully met.

Sincerely,

Robert J. Galacz, MD, JD

Submitter : Ms. Morgan Fenner
Organization : University of North Carolina, Greensboro
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an Athletic Training Student at the University of North Carolina, Greensboro. I am working towards a Masters of Science in Athletic Training and will take my Board of Certification exam in April of 2008. Following my certification as an athletic trainer, I hope to provide injury prevention and care in the secondary school setting.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Morgan Fenner

Submitter : Dr. Steve Roberts
Organization : ASA
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

Background

Background

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Steve Roberts MD

Submitter : Dr. Anthony Eldridge
Organization : Tupelo Anesthesia Group, P.A.
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.
Tony Eldridge, M.D.

CMS-1385-P-8673

Submitter : Mr. Mark Letendre
Organization : Professional Baseball
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-8673-Attach-1.DOC

Dear Sir or Madam:

My name is Mark A. Letendre and have been a Certified Athletic Trainer since 1979. I am presently employed with Major League Baseball as Director of Umpire Medical Services. My job is the care and health of the 68 Major League umpires that work as "industrial athletes" more so than the professional athletes that play the game.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Mark A. Letendre A.T.,C.

Submitter : Dr. Igor Kravchenko
Organization : Dr. Igor Kravchenko
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Igor Kravchenko, MD

Submitter : Ms. Jennifer Farroll
Organization : Palm Beach Atlantic University
Category : Academic

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jennifer Farroll and I am the Head Athletic Trainer at Palm Beach Atlantic University in West Palm Beach. I am also an Adjunct Faculty Member in the Athletic Training Education Program.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Jennifer Farroll MS, ATC, LAT

Submitter : Dr. Robert Marc DONATIELLO
Organization : MEDICAL ANESTHESIA CONSULTANTS
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Best Regards,

Robert M. Donatiello, MD

Submitter : Mr. Franklin Lovell
Organization : Peachwood Physical Therapy
Category : Physical Therapist

Date: 08/27/2007

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physical Therapy services should be excluded from in-office ancillary services exception to the federal physician self-referral laws.

Present laws allow for excessive fraud and abuse. Previous studies have shown an increase in utilization between physicians with a financial interest in self-referral physical therapy clinics. This opens the door for not only over utilization, but fraud.

Perhaps more damaging than fraud is the inferior care rendered by many of these clinics. We have two local self-referral clinics. One occasionally has a therapist present, with most of the treatment carried out by untrained aides. I have personally examined several such clinic serving as an expert consultant for the California Physical Therapy Board. In addition, patients have little to no choice. Neither clinic in our city give notice to the patient of the financial interest of their referral or of the choice they have to go elsewhere.

Physicians argue that it provides for improved relationship and control over patient care. The same argument applies to any physical therapy clinic if the physician so chooses. They also state that access to care is better. There is no basis whatsoever for this claim. I will see a patient within 24 business hours from an physician if requested.

Since Stark II revision, I have noted a 20 percent decrease in referrals with associated loss in revenue. Business is business, but this is a violation of fair trade. I cannot see patients without a referral from a physician. Therefore, I am cut out of the circle of physician referrals that would normally refer to me.

This practice benefits only those physicians who own physical therapy practices. The losers are the patients and honest physical therapists. The State of South Carolina recognized this and will not issue or allow a physical therapist to practice in this state if they work for a physician owned practice.

I admonish you to exclude physical therapists from the Stark law, preventing physicians from owning and referring to their own clinics for financial gain. Let's reduce fraud and abuse, not support it. Thank you.

Sincerely,
Franklin W Lovell
750 W Rt 66, Ste. N
Glendora, CA 91740

Submitter : Tamra Patton
Organization : Lakeside School
Category : Other Health Care Provider
Issue Areas/Comments

Date: 08/27/2007

GENERAL

GENERAL

Dear Sir or Madam:

I am the Certified Athletic Trainer at Lakeside High School. I have also worked in the collegiate and clinical settings in this (and other) state for approximately 25 years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,
Tamra Patton M.S., A.T.,C.

Submitter : Dr. Albert Klater

Date: 08/27/2007

Organization : Dr. Albert Klater

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-1385-P, Technical Corrections = Eliminating re-imburement of the non-treating provider for x-rays taken and used by a doctor of chiropractic in rendering chiropractic care. Please table this proposal!! It is sad for the chiropractic patient that full service chiropractic care is not now reimbursable, but to remove from the patient option reimbursement of a necessary procedure is to willfully cause economic suffering of the mostly elderly Medicare population, and to force duplication of care-for-referral and abuse of an already over-regulated delivery system. X-rays are needed, so too payment for this service, with renewed consideration given to the other services supporting the diagnosis and treatment of the patient.

Submitter : Dr. Keith Kimble

Date: 08/27/2007

Organization : Department of Anesthesia, Cedars-Sinai Med Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-8680-Attach-1.DOC

#8680

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

**Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)**

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. Medicare patients today are undergoing more, and more complex, interventional, diagnostic, and surgical procedures. As a cardiac anesthesiologist at a leading medical center on the west coast, I can assure you that my patients are older, sicker, more fragile, and more in need of expert anesthesia care than at any time in the past. With eight years of post-medical school training, four board certifications, and 24 years of experience, I can assure you that my services are grossly undervalued.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation—a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely

Keith J. Kimble, M.D.
Staff Anesthesiologist
Section of Cardio-thoracic Anesthesia
Cedars-Sinai Medical Center
Los Angeles, California

Submitter : Miss. Elizabeth Ross
Organization : Indiana University School of Medicine
Category : Academic

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Brad Lindsey
Organization : Conway Anesthesiology Consultants, P.A.
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : Dr. ronald mayhorn
Organization : anesthesia associates of seguin
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

pleasc approvc increase in the anesthesia conversion factor (RUC recommendation), thank you

Submitter : Dr. Andrew Greenberg
Organization : Dr. Andrew Greenberg
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
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Thank you for your consideration of this serious matter.

Yours truly,

Andrew A. Greenberg, M.D.
P.O. Box 400
Fallston, Maryland 21047

Submitter : Dr. Stuart Sidlow
Organization : Hospital of the University of Pennsylvania
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sincerely,

Stuart F. Sidlow, M.D.

Submitter : Dr. Victor Dudzik
Organization : DuPage Valley Anesthesiologists, Ltd.
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Victor A. Dudzik, MD

Submitter : Dr. Christopher Young
Organization : Tennessee Society of Anesthesiologists
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Rc: CMS-1385-P
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Thank you for your consideration of this serious matter.

Christopher E. Young, MD

Submitter : Stacey Kofman
Organization : Palo Alto High School
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Stacey Kofman, I am a certified athletic trainer and a Licensed Physical Therapy Assistant. I am currently employed at Palo Alto High School but have worked both in/out patient physical therapy.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Stacey Kofman, ATC, PTA

Submitter : Dr. Thomas Valigura
Organization : Central Texas Anesthesiology Associates
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Thomas J. Valigura MD
Hillcrest Baptist Medical Center
Waco, Texas

Submitter : Sandi Rigsby
Organization : Anesthesiology
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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Thank you for your consideration of this serious matter.

Submitter : Dr. Sunil Bandrupalli
Organization : Dr. Sunil Bandrupalli
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Rc: CMS-1385-P

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Thank you for your consideration of this serious matter.

Sunil Bandrupalli, MD

Submitter : Dr. Michael Yun

Date: 08/27/2007

Organization : Dr. Michael Yun

Category : Physician

Issue Areas/Comments

**Coding-- Additional Codes From
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Michael J. Yun, M.D.
1215 E West Hwy
Apt 701
Silver Spring, MD 20910

Submitter : Dr. Saraswathi Karri

Date: 08/27/2007

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

yours sincerely,
Saraswathi Karri

Submitter : Dr. Joseph Scaniffe
Organization : Dr. Joseph Scaniffe
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Joseph A. Scaniffe, M.D.

Submitter : Mr. David Behringer
Organization : Seabreeze High School
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello my name is David Behringer and I currently working in a high school setting. However, I worked on my master s degree while working in a outreach sports medicinc clinic. During this time I had a great working relationship with the medical staff, which included doctors, physical therapists, and other medical professionals. As patients worked on their rehabilitation programs, there were few patients that preferred the work athletic trainers to provide their rehabilitation treatments. I am currently a certified athletic trainer and am licensed in two different states.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilitics proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed mc qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities arc pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

David Behringer LAT, ATC

Submitter : Dr. Robert Bastron
Organization : University of Arizona
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Thank you for your consideration of this serious matter.

Submitter : Dr. Michael Kinsky

Date: 08/27/2007

Organization : UTMB

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Michael Kinsky, MD
Department of Anesthesiology
University of Texas Medical Branch at Galveston

Submitter : david zeis
Organization : david zeis
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Dear Sir or Madam:

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Sincerely,

David Zeis ATC, CSCS

Submitter :

Date: 08/27/2007

Organization :

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

GENERAL

GENERAL

LETTER

Dear Sir or Madam:

My name is Mark Nilles. I am a Certified Athletic Trainer and I work in a outpatient sports medicine clinic.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Mark H. Nilles ATC, CSCS

Submitter : Dr. David Smith
Organization : Hancock Anesthesia Group
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : Dr. Terrance Breen
Organization : Anesthesia Service Medical Group, Inc.
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

August 27, 2007

Dr. Terrance W. Breen
5503 Rutgers Road
La Jolla, CA 92037

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
Attention: CMS-1385-P
P.O. Box 8018
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Thank you for your consideration of this serious matter.

Sincerely,

Terrance W. Breen, M.D.

CMS-1385-P-8701-Attach-1.DOC

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Operations & Regulatory Affairs

The attachment cited in this document is not included because of one of the following:

- The submitter made an error when attaching the document. (We note that the commenter must click the yellow "Attach File" button to forward the attachment.)
- The attachment was received but the document attached was improperly formatted or in provided in a format that we are unable to accept. (We are not are not able to receive attachments that have been prepared in excel or zip files).
- The document provided was a password-protected file and CMS was given read-only access.

Please direct any questions or comments regarding this attachment to (800) 743-3951.

Submitter : Ms. Kelly Haley
Organization : Illinois State University
Category : Other Health Care Professional

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Kelly Haley, and I am a practicing athletic trainer at Illinois State University. I have worked at Florida State University prior to this, and then for a hospital in central Florida doing outreach to the community there. I have seen how many different avenues are impacted by athletic training, and I think the issues that are being changed are drastically wrong not just for athletic trainers, but for the people they provide service to.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

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Sincerely,

Kelly Haley, MS, ATC/LAT

Submitter : Dr. William Spearman

Date: 08/27/2007

Organization : Dr. William Spearman

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Payments to anesthesiologists have long been undervalued by CMS despite many recommendations to correct such low payments by your physician Relative Value Review committee. Please do the right thing and raise the work value for payment for services rendered by anesthesiologists.

Sincerely,
William L. Spearman, MD