Submitter : **Mr. Scott Carnahan** **Date: 08/27/2007**

Organization : **SportsPlus**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a licensed physical therapist and a certified athletic trainer who owns my private practice rehabilitation business. I employ physical therapists, certified athletic trainers, along with physical therapy assistants.

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.

I am also concerned that physician's and physician's practices continue to be allowed to own physical therapy practices and refer to themselves for profit. This issue has greatly affected my practice and ability to attract patients as well as manage my business in a profitable manner. It also has endangered the 16 individuals and their families that are supported by this business to make a respectable living. I hope that you will consider this issue as well.

Thank you for your time regarding these matters.

Sincerely,

Scott M. Carnahan,MS,MPT,ATC

Submitter : **Terrie Scherer** **Date: 08/27/2007**

Organization : **Terrie Scherer**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

As a Certified Athletic Trainer, with over 15 years of experience in outpatient and inpatient hospital settings, 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,

Terrie Scherer MS, ATC

Submitter : **Dr. Brian Nyquist** **Date: 08/27/2007**

Organization : **Olympic Anesthesia, Inc**

Category : **Physician**

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.

In short, no surgery occurs without anesthesia, and payment for anesthesia has remained flat and has indeed DECREASED over the last 20 years. This downward spiral has been lead by Medicare payments. Please help rectify this downward spiral by this important increase. Please support continued access to care for our medicare beneficiaries.

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 : **Ms. Bethany Rogers** **Date: 08/27/2007**

Organization : **Excel Sports and Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Bethany Rogers. I am a nationally certified and state licensed athletic trainer, with an advanced Master's Degree in Sports Health Care. Athletic trainers are certified to perform services related to the prevention, assessment and rehabilitation of injuries in the athletic and/or active populations.

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,

Bethany Rogers MS, ATC, LAT

Submitter : Mrs. Mary Laingen **Date:** 08/27/2007

Organization : The Ohio State University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9102-Attach-1.PDF

Submitter : **Dr. Luke Chang** **Date: 08/27/2007**

Organization : **Pacific Valley Medical**

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
CMS

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

Dear Ms. Norwalk:

This is to inform you that I strongly support the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Current reimbursement for Medicare payment for anesthesia services is and has been $16.19 for over a decade, which in my opinion, is grossly under-paid. To ensure that our growing senior patients have access to highest standard of anesthesia care, CMS must rectify the situation by increasing the fee schedule.

Thank you for your kind consideration and your prompt assistance regarding this matter is greatly appreciated.

Submitter : **Mr. Robert Casmus** **Date: 08/27/2007**

Organization : **Catawba College**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am certified athletic trainer employed at Catawba College in Salisbury, North Carolina. I am responsible for the health care of 385 young men and women on a daily basis. My certification in athletic training is nationally recognized as the gold standard for the prevention, treatment,care, diagnosis and rehabilitation for injuries and illnesses that occur to the physically active and the athletic population. I am also licensed by the state of North Carolina to carry out the duties of an athletic trainer and I work under the protocol of a licensed physician in North Carolina. Our state licensure is under the auspices of the Medical Board of North Carolina. I have a Bachelors' Degree and a Master's Degree in the area of Athletic Training-Exercise and Sports Science and Health Education. I am more than qualified to voice my opposition to Docket ID CMS-1385-P.

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 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,

Robert J. Casmus, M.S., ATC, LAT

Submitter : Dr. Paul Weidoff **Date:** 08/27/2007

Organization : Sacramento Anesthesia Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms. Norwalk:
I wish to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I hope that CMS has by now realized the gross undervaluation of anesthesia services and the impediment to care for Medicare patients that this represents. This large deficit in payments for anesthesia care was created by the RBRVS more than a decade ago and today Medicare payment for anesthesia services stands at just $16.19 per unit. This amount does not cover the cost of caring for Medicare patients and is, therefore, not sustainable. Under this inadequate payment system, anesthesiologists are forced to steer away from Medicare patients in order to make their practices financially stable.
To correct this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset the 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, therefore, support full implementation of the RUC's recommendation and I urge the CMS to do likewise and implement the anesthesia conversion factor increase.
Thank you for your consideration in this serious matter.

Submitter : **Dr. Andrew MacLachlan** **Date: 08/27/2007**

Organization : **Gulf Shore Anesthesia**

Category : **Physician**

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.

Andrew MacLachlan, MD

Submitter : **Mrs. Tricia Jester** **Date: 08/27/2007**

Organization : **AANA**

Category : **Other Health Care Professional**

Issue Areas/Comments

Background

Background

August 27, 2007

Office of the Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8018
Baltimore, MD 21244-8018
Re. CMS 1385 P, Anesthesia Services

Dear Administrator, As a member of the American Association of Nurse Anesthetists, AANA, I write to support the Centers for Medicare and Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. This is important for several reasons. First, as the AANA has previously stated to CMS, Medicare currently under reimburses for Medicare beneficiaries. Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most PartB providers' services had been reviewed and adjusted inprevious years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule. Thire, CMS' proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments. Additionally, if CMS' proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 120-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 levels, and more than a third below 1992 payment levels (adjusted for inflation. America's 36,000 CRNAs provide some 27 million anesthetics in the United States annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency's acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

Sincerely,

Tricia H. Jester, CRNA
337 Don Allen Drive
Liberty, MO 64068

Submitter : **Mr. James Pilgrim** **Date: 08/27/2007**

Organization : **Desert Orthopedic Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is James D. Pilgrim and I am a Certified Athletic Trainer with Desert Orthopedic Center in Rancho Mirage, California. I have an undergraduate degree in kinesiology and a Masters degree in Sports Medicine from University of Oregon. I currently work as a certified Athletic Trainer with a leading orthopedic center, and a valuable member of the team providing Physical Medicine and Rehabilitation Services.

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,

James David Pilgrim, MS, ATC, CSCS

Submitter : **Mr. Richard Wright** **Date: 08/27/2007**

Organization : **ATI Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Certified Athletic Trainer working for an out-patient physical therapy group based in the Chicago, IL region. I provide Work Hardening/Work Conditioning services, as well as assist with Physical Therapy sevices. I am licensed by the State of Illinois as an Athletic Trainer, as well as an NSCA Certified Strength and Conditioning Specialist.

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,

Richard Wright, ATC, CSCS

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physician**

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.

William Lu, MD

Submitter : Mr. Craig Krager **Date:** 08/27/2007

Organization : Front Range Orthopedic Center

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Craig Krager, and I am a Certified Athletic Trainer at Front Range Orthopedic Center in Longmont, CO. I split my time working as a clinical assistant at a Orthopedic doctor's office and as the Certified Athletic Trainer at Silver Creek High School. I spend time with both patients and athletes working on rehabilitation from injuries. I am Certified through the National Athletic Training Association, and recieved a B.A. in Athletic Training from Asbury College in Wilmore, KY.

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,

Craig M. Krager, ATC

Submitter : Mr. Eric McCutchan **Date:** 08/27/2007

Organization : Hendricks Regional Health

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I am an athletic trainer at a middle school and employed through a county hospital. I have been personally affected by this proposed ruling. I was not hired by a small physical therapy franchise in Indianapolis after a trial period because it was deemed more efficient to hire a physical therapist assistant who IS allowed to work on patients covered by Medicare.

I am writing 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 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,
Eric D. McCutchan, MS, LAT, ATC

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physician**

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 : **Mrs. Rachele Branson** **Date: 08/27/2007**

Organization : **Decatur Hand & Physical Therapy Specialists**

Category : **Occupational Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS representative,

I am writing this letter to express my concern regarding the proposed Medicare Physician Fee Schedule (MPFS) revision that will dramatically affect the reimbursement of Physical and Occupational Therapy services provided to elderly patients in my community.

This proposed method for reduction in payment will undoubtly result in lack of patient access to necessary medical rehabilitation that prevents higher cost interventions, such as surgery and/or long term inpatient care.

I understand that the AMA, the American Physical Therapy Association and the American Occupatonal Therapy Association, as well as other organizations are preparing alternative solution to present to Congress. Please give this information much consideration and preserve these patients' right to adequate and necessary medical care.

Sincerely,

Rachele P Branson OTR/L, CHT

Submitter : Dr. John Brouwers **Date:** 08/27/2007

Organization : Dr. John Brouwers

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist working in Las Vegas for the last 20 years. I have seen reimbursements for medicare patients go from $30 plus per unit when I began anesthesia practice to less than $17 per unit presently. This has occurred with no consideration of the steadily increasing costs of taking care of these patients.

Medicare patients are typically the most difficult patients to take care of secondary to multiple medical problems associated with aging and disability. Yet we are expected to care for these diffucult patients for nearly 1/2 of the rate established 20 years ago!

Failure to fix this reimbursement problem will staedily increase the difficulty of finding physicians willing to care for these elderly and disabled patients. Anesthesia is valued considerably below other specialties that perform similar services. Budget neutrality is no longer an answer to increasing health costs. Without significant increases in the Relative Values assigned anesthesia our oldest, sickest, most needy patients will not have available to them at surgery what is so vitally important...a competent, physician anesthesiologist caring for their complex surgical and parasurgical needs.

Submitter : Dr. Gerold Blazek **Date:** 08/27/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Hello, As an anesthesiologist, I would like to support efforts to increase medicare payments for our services. For many years now, we have taken cuts which have unfairly undervalued our services. As hospital based physicians, we "take all comers." I don't turn away people with no or poor insurance. I don't direct people with good insurance to my private surgery center. I don't play one hospital against another for favors. I simply take care of who comes to the operating room in my hospital. That's my business model plain and simple. In order to make it in this environment, I believe an increase in medicare and medicaid fees is justified. Sincerely yours, Gerold Blazek MD Albuquerque nblazek@comcast.net 8/27/07

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physician**

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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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 : **Dr. Shayne Bushong** **Date: 08/27/2007**

Organization : **Chiropractic Associates**

Category : **Chiropractor**

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
PO Box 8018
Baltimore, Maryland 21244-8018

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,

Shayne N. Bushong, DC

Submitter : Dr. Julie Rubinfeld **Date:** 08/27/2007

Organization : Anesthesia Associates Of Morristown

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9119-Attach-1.DOC

#9119

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.

Respectfully,
Julie A. Rubinfeld, MD
Attending Anesthesiologist
Morristown Memorial Hospital

Submitter : **Dr. Pamela Adan** **Date: 08/27/2007**

Organization : **Dr. Pamela Adan**

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
PO Box 8018
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I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,
Pamela Adan, DC

Submitter : **Dr. Alvin Ralston** **Date: 08/27/2007**

Organization : **ASA**

Category : **Physician**

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

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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.

Submitter : **Dr. Douglas Sullivan** **Date: 08/27/2007**

Organization : **North Hills Chiropractic Health Center**

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

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Sincerely,

Douglas E. Sullivan, D.C.
5424 Rufe Snow Drive, #101
Fort Worth, Texas 76180
817 656 4330

Submitter : **Dr. Catherine Hamilton** **Date: 08/27/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Catherine Hamilton, M.D.

Submitter : **Dr. Randall Clark** **Date: 08/27/2007**

Organization : **Dr. Randall Clark**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

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Thank you for your consideration of this serious matter.

Randall M. Clark, M.D.
21 Hyde Park Circle
Denver, CO 80209

Submitter : **Mr. Daniel Teahan** **Date: 08/27/2007**

Organization : **CORA Rehabilitation Services**

Category : **Physical Therapist**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Dan Teahan. I am a physical therapist and certified athletic trainer. I work as a physical therapist in an outpatient 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,

Dan Teahan,MS,ATC, PT

Submitter : Chris Crater **Date:** 08/27/2007

Organization : Biomet

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1385-P-9129-Attach-1.DOC

#9129

Dear Sir or Madam:

My name is Chris Crater and I am a nationally certified and state licensed athletic trainer. I have worked in multiple areas in health care from athletics care and coverage at different levels to clinical based 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,

Chris Crater, ATC

Submitter : **Mr. mike mckenney** **Date: 08/27/2007**

Organization : **fischer sports p.t.**

Category : **Physical Therapist**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Mike McKenney and I'm a licsensed athletic trainer in Phoenix, AZ. I've worked in a private physical therapy clinic for the past 8 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.

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Sincerely,

Michael T. McKenney, ATC,CSCS

Submitter : **Mrs. Rachele Branson** **Date: 08/27/2007**

Organization : **Deactur Hand**

Category : **Occupational Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Mr. Weems,

I am writing this letter to express my concern regarding the in-office ancillary service arrangements that have impacted the delivery of quality and physical and occupatonal therapy.

The "in-office ancillary services" exception has created a loophole which has resulted in many physican owned arrangements that provide substandard physical and occuaptional therapy. I am an occupational therapist who specializes in the treatment of the hand and upper extremity patients. When I go to market to the orthopedic surgeons, 90% who have their own physical therapy, I educate them on how my expertise would benefit their patients with hand and UE injuries. The comment I often get is why would they give up those referrals because that is their "bread and butter". This tells me that the physican is not worried about quality care but the financial interest that they now have.

I often get patients who have been seen at physician owned clinics. The comment I often get is that how excited they are that I provide one on one care beause when they were seen at the physican owned clinic they were seen with multiple other patients and it seemed like a factory.

Physicans are in a position to refer Medicare benficiaries to in-office phyical and occuaptional therapy services in which they have a financial interest. There is an inherent financial incentive to overutilize services under the in-office ancillary services exception.

Therapy treatments are repetitive in nature. Patients receiving outpatient physical and occupational therapy can just as easily return to a therapy clinic as to the physican office. As a matter of fact, a lot of times there is a therapy clinic that is more convient to the patient but the physican often times does not offer this to the patient.

Thank you for your considering these comments and eliminating this "in office ancillary service"

Sincerely,

Rachele P Branson OTR/L, CHT

Submitter : **Mrs. Tatiana Aronzon** **Date: 08/27/2007**

Organization : **Mrs. Tatiana Aronzon**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

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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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,
Tatiana Aronzon

Submitter : **Date: 08/27/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie 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

Submitter : Dave Powers **Date:** 08/27/2007

Organization : Ultimate Rehab

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Dear Administrator:

I am a licensed physical therapist in the State of California. I am very concerned about many of the physicians in my area who have their own physical therapy clinics. I find on a regular basis that physicians are telling their Medicare patients that they have to go to their clinic to receive physical therapy. The patients do not understand that they can go where they want for physical therapy. Many of my radio ads are focused on telling patients that they have a choice. I know that the physicians have a financial incentive for self-referral. My understanding is that this fraud and abuse of the Medicare system. I believe that the patients should be able to make their own choice on where they wish to receive their physical therapy.

Thanks for your time and listening to my concerns.

Dave Powers, MA, MBA, PT
CEO/Owner
Ultimate Rehab
1583 Calle Patricia
Pacific Palisades, CA 90272

888-REHAB-53

Submitter : **Ms. Dawna Gilbert** **Date: 08/27/2007**

Organization : **Select Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer in Independence, MO. I have worked with high school athletes for almost 16 years in my current job. In my position, I am employed by a physical therapy clinic and my services are contracted out to a local high school, the Kansas City Brigade (Arena Football team) and the Kansas City Ballet. I have also served in other capacities throughout my 16 years with my company.

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. The proposed regulations attempt to circumvent the standards of care that our profession has entrusted in its professionals.

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 recommendation 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,

Dawna L. Gilbert, ATC/L, MS

Submitter : **Miss. Amy Taylor** **Date: 08/27/2007**

Organization : **Miss. Amy Taylor**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I work at an orthopedic clinic as a graduate athletic trainer. I help cover two high schools in the area. I also help cover tournaments, if needed. I have received a bachelor's degree, and I am currently working on my master's degree.

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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As athletic trainers, we are qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. Our education, clinical experience, and national certification exam ensure that our patients receive quality health care. State law and hospital medical professionals have deemed us qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Amy Taylor

Submitter : **Dr. Christopher Cary** **Date: 08/27/2007**

Organization : **Spectrum Medical Group**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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.

Christopher W Cary MD
5 Alexander Drive
Cape Elizabeth, ME 04107

Submitter : **Dr. Art Levine** **Date: 08/27/2007**

Organization : **Dr. Art Levine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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.

Submitter : Dr. ANAND PREM **Date:** 08/27/2007

Organization : GREAT RIVER MEDICAL CENTER

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
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 : **Dr. Michael Bernard** **Date: 08/27/2007**

Organization : **Providence Hospital**

Category : **Physician**

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:

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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. Please do not hesitate to contact me for further discussion.

Sincerely,
Michael Bernard

Submitter : Dr. George Williams **Date:** 08/27/2007

Organization : American Association of Anesthesiologists

Category : Physician

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 personally writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. As an anesthesiology resident, I am highly interested in an immediate correction in the consistent undervaluation of anesthesiology services. I am grateful that CMS has recognized this gross undervaluation 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.

I thank you in advance for your efforts to implement this recommendation to restore fairness to the SGR with regards to anesthesiology. If I can be of any assistance in the advancement of this matter, please do not hesitate to contact me.

Most Sincerely,

George Williams, MD
PGY-3 Resident Physician, Anesthesiology

Submitter : **Miss. Laura Pokluda** **Date: 08/27/2007**

Organization : **Miss. Laura Pokluda**

Category : **Individual**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am currently an athletic training student at the University of South Carolina in Columbia. I plan on taking my NATABOC exam in January of 2008 and then taking the licensing test of Texas and practicing in the state of Texas. I am member of the NATA, and there is a piece of legislation trying to get passed that greatly disturbs me.

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,

Laura Pokluda, ATS, NATA member

Submitter : Dr. Neil Seong **Date:** 08/27/2007

Organization : Dr. Neil Seong

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am strongly in support of the new proposal to increse anesthesia medicare payment. The increase is long overdue and helps to recruit competent professionals. Thank you.

Submitter : **Dr. Jeb Sorom** **Date: 08/27/2007**

Organization : **Dr. Jeb Sorom**

Category : **Physician**

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:

We are at a crossroads in Anesthesia and the time for increased reimbursements is long due. Therefore, I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. CMS is long overdue in recognizing the gross undervaluation of anesthesia services, and it is both refreshing and responsible 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 : Nancy Ashe **Date:** 08/28/2007

Organization : Virginia Mason Medical Center

Category : Other Health Care Provider

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Certified Athletic Trainer who provides physical therapy services to patients at an out-patient, hospital based, sports medicine clinic. I have been working here for 9 years and have a total of 18 years experience working in the clinical setting, as well as other domains. I provide a valuable and high level of service to my patients. I was well prepared for this job by my college education. I have a Bachelors degree in Physical Education; Sports Medicine Emphasis with a Minor in Biology as well as graduate work in Sports Science. I am also board certified by the NATA as a Certified Athletic trainer.

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,

Nancy Ashe, ATC

Submitter : **Mr. Eric Infante** **Date: 08/28/2007**

Organization : **Mr. Eric Infante**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Eric Infante and I am a certified and licensed athletic trainer in Illinois. I am also a first year physical therapy student at Rosalind Franklin University of Medicine and Science in North Chicago, IL.

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,

Eric J. Infante, ATC, LAT

Submitter : **Dr. Anne Keifer** **Date: 08/28/2007**

Organization : **Dr. Anne Keifer**

Category : **Physician**

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:

Although this letter is worded in the same fashion as many others you may receive, I cannot say it any better in any other words. 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. The disparity issue has concerned me to an ever increasing degree as other physician services have seen adjustments for cost of living, and anesthesia care reimbursement has even been threatened with cuts. 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.

Sincerely,

Anne T. Keifer, M.D.
Assistant Professor of Anesthesiology (Retired)
University of North Carolina
Chapel Hill, NC

Submitter : **Jody Stanton** **Date: 08/28/2007**

Organization : **Swift Rehabilitation**

Category : **Comprehensive Outpatient Rehabilitation Facility**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jody Stanton, and I am a certified athletic trainer working in an outpatient physical therapy clinic. I have over seven years of experience, three of which have been in an outpatient physical therapy 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,
Jody Stanton, MPH, ATC, NASM-PES

Submitter : **Mr. Evan Koch** **Date: 08/28/2007**

Organization : **American Association of Nurse Anesthetists**

Category : **Other Health Care Provider**

Issue Areas/Comments

Background

Background

August 20, 2007
Office of the Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8018 RE: CMS 1385 P (BACKGROUND, IMPACT)
Baltimore, MD 21244 8018 ANESTHESIA SERVICES
Dear Administrator:
As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.
This increase in Medicare payment is important for several reasons.
ı First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.
ı Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.
ı Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.
Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).
America s 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency s acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.
Sincerely,

Bruce Evan Koch CRNA MSN
30899 N. Nautical Loop
Spirit Lake, ID 83869

Submitter : **Dr. Sugumar Ambrose** **Date: 08/28/2007**

Organization : **ASA**

Category : **Physician**

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.

Sugumar Ambrose

Submitter : **Dr. James Roberts** **Date: 08/28/2007**

Organization : **Dr. James Roberts**

Category : **Physician**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 27, 2007

Thank you for the opportunity to submit comments on the Physician Self-Referral Provisions of CMS-1385-P entitled Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2008. I am a board-certified pathologist and a member of the College of American Pathologists. I practice in Ormond Beach, Florida as part of 3-member pathology group employed by a national pathology corporation. We direct an outpatient laboratory as well as a hospital laboratory.

I applaud CMS for undertaking this important initiative to end self-referral abuses in the billing and payment for pathology services. I am aware of arrangements in my practice area that give physician groups a share of the revenues from the pathology services ordered and performed for these groups patients. I believe these arrangements are an abuse of the Stark law prohibition against physician self-referrals and I support revisions to close the loopholes that allow physicians to profit from pathology services.

Specifically, I support the expansion of the anti-markup rule to purchased pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark law. These revisions to the Medicare reassignment rule and physician self-referral provisions are necessary to eliminate financial self-interest in clinical decision-making. I believe that physicians should not be able to profit from the provision of pathology services unless the physician is capable of personally performing or supervising the service.

Opponents to these proposed changes maintain that their captive pathology arrangements enhance patient care. In actual practice, these abusive arrangements do nothing to achieve this goal.

The Medicare program should ensure that providers furnish care in the best interests of their patients. Moreover, restrictions on physician self-referrals are necessary to ensure that clinical decisions are determined solely on the basis of quality. The proposed changes do not impact the availability or delivery of pathology services and are designed only to remove the financial conflict of interest that compromises the integrity of the Medicare program.

Sincerely,

James E. Roberts, M.D.

Submitter : Mr. Loka Murphy **Date:** 08/28/2007

Organization : Core Physical Therapy/ Virginia Mason Sports Med

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Loka Murphy and I am a certified athletic trainer living and working in Seattle WA. In the morning I work at a physical therapy clinic, taking patients through rehabilitative exercise programs among other things. In the afternoon I am employed by Virginia Mason Medical Center and through them am contracted out to the Seattle Public Schools providing athletic training services to Ballard High School. I work with their student athletes on injury prevention, injury evaluation, recognition, treatment and rehabilitation of injuries that may occur.

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. Thank you for your time.

Sincerely,

Loka Murphy, Certified Athletic Trainer

Submitter : **Dr. raghu katragadda** **Date: 08/28/2007**

Organization : **american society of anesthesiologists**

Category : **Physician**

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:

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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.

Raghu Katragadda, MD
Fremont, California

Submitter : Dr. Joseph Scimone **Date:** 08/28/2007

Organization : Walpole Chiropractic Office

Category : Chiropractor

Issue Areas/Comments

Technical Corrections

Technical Corrections

Re: CMS-1385-P
Please do not alter Medicare parameters to eliminate a Chiropractors ability to refer patients to a radiologist for xray evaluation. This would only drive up costs by requiring additional visits to the Pt's Primary and slow down Chiropractic structural evaluation and detection of possible underlying pathology, fracture, or dislocation. Chiropractors would be inhibited from performing their job as efficiently but Medicare Pt's would suffer most by not getting the expedient care they deserve.

Submitter : **Dr. Derek Sonnenburg** **Date: 08/28/2007**

Organization : **Community Anesthesia Providers**

Category : **Physician**

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.

Sincerely,

Derek Sonnenburg, MD

Submitter : **Dr. David Yasmineh** **Date: 08/28/2007**

Organization : **Dr. David Yasmineh**

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
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.

It is no secret in our operating rooms that Medicare reimbursement for surgical procedures is at a rate that compares reasonably well with commercial rates, albeit at a modest discount. Reimbursement for anesthesia services however does not even come close to commercial rates (less than 25% of commercial payments). This discount is unfair to both anesthesiologists and to their Medicare patients as it worsens the growing problem of Medicare patients' access to quality operative care.

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.

Sincerely,

David J. Yasmineh, M.D.
2634 Crosby Rd.
Minneapolis, MN 55391

Submitter : **Dr. Herman Smith** **Date: 08/28/2007**

Organization : **Vital Signs**

Category : **Physician**

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.

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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.

Submitter : **Dr. Don Marketto** **Date: 08/28/2007**

Organization : **Anesthesiologist private practice**

Category : **Health Care Professional or Association**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

Dear Ms. Norwalk: I am writing to express my support to increase anesthesia payments under the 2008 physician Fee Schedule. Anesthesia services have been greatly undervalued. In 1990 the payment was $30/unit.....now it is$16.19/unit.....a unit is 15 minutes of work in the operating room. I also work in the pain clinic.....where a cervical epidural steroid injection pays $105. My malpractice goes up every year...inflation goes up, and my group of 18 Anesthesiologists is now limiting the number of medicare patients treated due to this low reimbursement. I live in a border town with Mexico.....52% of my income is Medicare/Medicaid.....12% illegal immigrants.....which pay nothing...the remainder is a discounted HMO or PPO.....I am seriously considering moving to another area of the country where the Medicare population is smaller.

The RCU recommended that CMS increases the anesthesia conversion factor to offset a calculated 32% work undervaluation.....would result in an increase of nearly $4.00 per anesthesia unit.....this $16/hour raise would be a huge insentive to continue to treat Medicare patients.

Please seriously consider implementing the anesthesia conversion factor increase as recomended by the RUC

You can call me anytime.....Don Marketto D.O. (505)496-4443, or dmarketto@comcast.net

Thank you very much for your consideration of this serious matter.

Don Marketto D.O.

Submitter : Dr. Kevin Lewis **Date:** 08/28/2007

Organization : Anesthesiology, Inc. P.S.

Category : Physician

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.

Submitter : **Dr. Brian Moench** **Date: 08/28/2007**

Organization : **Mountain West Anesthesia**

Category : **Physician**

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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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 : **Dr. Alejandro Burgos** **Date: 08/28/2007**

Organization : **Star Anesthesia, NEA Division**

Category : **Physician**

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.

Sincerely yours,

Alejandro Burgos, MD
San Antonio, TX

Submitter : **Charissa Robertson** **Date: 08/28/2007**

Organization : **Charissa Robertson**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Senior Student Athletic Trainer hoping to soon become certified by the National Board of Certification. This topic is of interest to me as it may affect my future job opportunities and may also pose a risk for colleagues to lose jobs.

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 current and future patients.

As an certified athletic trainer, I will be 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,

Charissa Robertson ATS

Submitter : **Dr. Rick Kennedy** **Date: 08/28/2007**

Organization : **Northwest Anesthesia, LTD**

Category : **Physician**

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.

Sincerely,
Rick Kennedy, MD

Submitter : **Mr. Keith Walton** **Date: 08/28/2007**

Organization : **Physiotherapy Associates**

Category : **Other Practitioner**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Keith Walton, I work for Physiotherapy Associates in Tempe, AZ. I am a graduate of Iowa State University and am a liscenced Certified Athletic Trainer and Physical Therapy Assistant.

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,

Keith Walton, ATC/PTA

Submitter : **Dr. Timothy Watson** **Date: 08/28/2007**

Organization : **ASA**

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
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.

The present system undervalues our services primarily by not allowing us to charge for what is a continuum of care from the time the patient is received in preoperative holding until they are discharged from the Recovery Room. Many times we are involved prior to these times with preopertive medical issues and post operative complications. Implementing the anesthesia conversion factor increase will address some of this work performed. The remainder we will be paid for by having a sense of pride and professionalism at the end of the day.

Thank you for your consideration of this serious matter.

Timothy B. Watson, MD
Retired Employee Veterans Affairs
CAPTAIN, US Navy Reserve-Retired

Submitter : Dr. Greg Terrasas **Date:** 08/28/2007

Organization : Dr. Greg Terrasas

Category : Physician

Issue Areas/Comments

Background

Background

I am writing in support of CMS recommendations that increase reimbursement for anesthesia services. It has long been known that anesthesia has been underpayed for taking care of what has been considered to be the most medically demanding group of healthcare consumers. They are generally considered to be at higher risk for untoward events and require more evaluation preoperatively and care intraoperatively. This increase would be a move toward reimbursing at a level commensurate with the degree of risk and difficulty in taking care medicare patients.

Submitter : Geof Manzo **Date:** 08/28/2007

Organization : St. Elizabeth's Hospital

Category : Health Care Professional or Association

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

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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,

Geof D. Manzo, MS,ATC,PES

Submitter : **Dr. Jake Poulter** **Date: 08/28/2007**

Organization : **Univesity of New Mexico Hospital**

Category : **Physician**

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.

Jake Poulter MD
University of New Mexico Hospital

Submitter : **Mr. Jared holloway** **Date: 08/28/2007**

Organization : **Trinity Medical Center Sports Medicine**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jared Holloway and I am a Certified Athletic Trainer. I am currently employed by Trinity Medical Center in Birmingham, Alabama in a clinical outreach position. My colleagues and I venture out into the greater Birmingham area, mostly suburban and rural towns, providing our services to local high schools and middle schools. I have a Bachelors Degree in Physical Education in Athletic Training from Ball State University and a Masters Degree in Education From the University of Alabama in Birmingham, as well as certification from the National Athletic Trainer's Association Board of Certification and a license from the Alabama Board of Athletic Trainers to practice athletic training.

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,

Jared Holloway, ATC, LAT, MEd

Submitter : Stephen Lefluer **Date:** 08/28/2007

Organization : consumer

Category : Consumer Group

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physicians will abuse consume interests when they own rehab clinics. They will order unnecessary care to profit from the referral.

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physician**

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

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Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Phillip Zinni III DO, ATC** **Date: 08/28/2007**

Organization : **Whole Health Management**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

RE: Docket ID CMS-1385-P
27 August 2007
Dear Sir or Madam:

I am currently a physician, Regional Medical Director for Whole Health Management. Early in my career, I worked as a Certified Athletic Trainer. Subsequently, as a physician I have worked side by side, and employed Certified Athletic Trainers, in a hospital clinic and a private corporate 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.

I am keenly aware of the Certified Athletic Trainer's skill set and their qualifications to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. State law and hospital medical professionals have deemed Certified Athletic Trainers qualified to perform these services and these proposed regulations attempt to circumvent those standards. My personal education to become a national Certified Athletic Trainer, coupled with my 19 years of clinical experience working side by side with Certified Athletic Trainers gives me, the physician, the comfort knowing my patients receive quality health care.

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,
Phillip Zinni III, DO, FAOASM, ATC
Regional Medical Director
Harrah's Entertainment, Las Vegas
Whole Health Management, Cleveland

Submitter : Dr. Phillip Lau **Date:** 08/28/2007

Organization : Pacific Valley Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-9173-Attach-1.DOC

CMS-1385-P-9173-Attach-2.DOC

9173

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.

Cordially,
Phillip Lau, M.D.
PVMG
Huntington Memorial Hospital
100 W. California Blvd.
Pasadena, CA 91105

Submitter : **Mr. Kevin Rausch** **Date: 08/28/2007**

Organization : **Rausch Physical Therapy, INC**

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Mr. Kerry N. Weems
Administrator - Designate
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1385-P
P.O. Box 8018
Baltimore, MD 21244-8018.

Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008; Proposed Rule

Mr. Weems,

My name is Kevin Rausch, and I am the owner and sole physical therapist of Rausch Physical Therapy, INC in Laguna Niguel, California. My practice currently provides rehabilitation services for people of all ages and athletic abilities. I currently see 1-2 patients per hour and provide the highest level of quality care possible. In fact, patients tend to seek me out because of my method of treatment.

However, the majority of physician practices in my area already own their own physical therapy practices. This has caused a major shortage of patients and has obviously made it difficult for me to begin my practice. That having been said, the true problem is the quality of patient care. In these physician owned practices , most PT s see 4-5 patients per hour and are simply running the patients through a home exercise routine. Physical therapy practices should not be about the bottom line, which in the physician owned practice is always the case. I am sympathetic to physicians who are now struggling to make a living due to the decreasing rates of reimbursements of insurance companies. And in the long run, I suppose this whole situation could be blamed on poor insurance reimbursement across the board.

Returning to my main topic, physician owned PT practices will eventually put me out of business and create an overall poor physical therapy experience for our patients. Please help remedy this situation and keep physical therapy in the hands of physical therapists.

Thank you for your understanding.

Sincerely,

Kevin Rausch, MPT, CSCS

Submitter : **Miss. Colleen Chelini** **Date: 08/28/2007**

Organization : **PricewaterhouseCoopers, LLC**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

The CMS needs to reconsider the proposed changes related to hospitals, rural clinics and any Medicare Part A or B hospital or rehabilitation facility in 1385-P. As a certified athletic trainer for the past eleven years, an MBA graduate from Duke University with a concentration in Health Sector Management and currently a health care consultant with PricewaterhouseCoopers, I am well aware of the challenges facing the healthcare industry. As our population is aging, there is a need for qualified professionals to perform physical medicine and rehabilitation services. I am shocked that CMS would consider limiting the scope of work that highly educated and professional certified athletic trainers can perform. The full impact of the Conditions of Participation needs to be investigated to understand how it will effect the availability of rehabilitation services.

Throughout my professional career, I have had the opportunity to work with and learn from highly skill, professional and educated certified athletic trainers who provide superior patient care in a variety of clinical settings. It would be a shame to limit the capcity that myself and my colleagues can work under. With CMS s current concern for improving quality of care, the rigorous educational program, national certification exam and extensive on-going continue education requirements that certified athletic trainers are required to complete should help ensure that patients are receiving high quality care from health professionals that state law and hospital medical professionals deem qualified to provide the services. Additionally, 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 provided by the best available health care professional.

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,
Colleen Chelini, MBA, MA, ATC

Submitter : **Mr. Kirby Moore** **Date: 08/28/2007**

Organization : **HealthSouth**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a NATA Certified Athletic Trainer and currently work for HealthSouth. I work in a Secondary School setting and provide much needed healthcare to many student athletes. I received a Bachelors of Science degree from Marietta College in Sportsmedicine. I am also licensed in the State of Ohio.

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,

Kirby L. Moore, ATC

Submitter : **Dr. Patrick Fujimoto** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

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.

Sincerely,

Patrick Fujimoto, M.D.

Submitter : **Ms. Brenda Reymann** **Date: 08/28/2007**

Organization : **American Association of Nurse Anesthetists**

Category : **Other Health Care Professional**

Issue Areas/Comments

Background

Background

Dear Administrator:
As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services.
This increase in Medicare payment is important for several reasons.
First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.
Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.
Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments.
Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation).
America s 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency s acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.
Sincerely,
Brenda Reymann, SRNA

Submitter : **Dr. Phillip Zinni III DO, ATC** **Date: 08/28/2007**

Organization : **American Osteopathic Academy of Sports Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

RE: Docket ID CMS-1385-P
27 August 2007
Dear Sir or Madam:

I am currently a physician, 2nd Vice President of The American Osteopathic Academy of Sports Medicine. Early in my career, I worked as a Certified Athletic Trainer. Subsequently, as a physician I have worked side by side, and employed Certified Athletic Trainer's, in a hospital clinic and a private corporate 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.

I am keenly aware of the Certified Athletic Trainer's skill set and their qualifications to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. State law and hospital medical professionals have deemed Certified Athletic Trainers qualified to perform these services and these proposed regulations attempt to circumvent those standards. My personal education to become a national Certified Athletic Trainer, coupled with my 26 years of clinical experience working side by side with Certified Athletic Trainers gives me, the physician, the comfort knowing my patients receive quality health care.

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,
Phillip Zinni III, DO, FAOASM, ATC
2nd VP & AOASM Liaison to the NATA
AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE
The Oldest Primary Care Based Sports Medicine Specialty

Submitter : **Dr. Martin Monahan** **Date: 08/28/2007**

Organization : **Dr. Martin Monahan**

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
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 : Dr. James Hurd **Date:** 08/28/2007

Organization : ASA

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
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.

Submitter : Dr. Rupal Kalariya **Date:** 08/28/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Dear CMS:

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.
Sincerely,
Rupal Kalariya, MD

Submitter : **Dr. Peter Gougov** **Date: 08/28/2007**

Organization : **Dr. Peter Gougov**

Category : **Physician**

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. Patrick Barnwell** **Date: 08/28/2007**

Organization : **Dr. Patrick Barnwell**

Category : **Physician**

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.

Sincerely,

Patrick Barnwell,M.D.

Submitter : **Dr. Clark Saunders** **Date: 08/28/2007**

Organization : **Metropolitan Anesthesia Consultants**

Category : **Physician**

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.

Submitter : **Ms. Kira Au** **Date: 08/28/2007**

Organization : **Bishop Amat Memorial High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer and the Head Athletic Trainer at Bishop Amat Memorial High School in La Puente, California. I hold a Bachelor of Science and Master of Science in Athletic Training. I am the sole medical health care provider to a student-athlete population of 800. I work very closely with a team of health care professionals to ensure the health and welfare of each athlete; including physical therapists, orthopedic specialists, primary care physicians, dentists, and psychologists. Prior to my current position of employment, I worked as an Outreach Certified Athletic Trainer for the Family Sports Medicine Clinic at the Pomona Valley Hospital Medical Center in Pomona, California. I provided medical coverage for a local high school in addition to working with physical therapy patients in the clinic where I focused on providing sport specific rehabilitation programs for athletic patients.

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,

Kira Au, MS, ATC

Submitter : Ms. Sherry Riggins **Date:** 08/28/2007

Organization : Fort Smith, Arkansas Public Schools

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

"see attachment"

CMS-1385-P-9190-Attach-1.DOC

CMS-1385-P-9190-Attach-2.TXT

#9190

fgvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvLETTER

Dear Sir or Madam:

I am a certified athletic trainer working in the secondary school setting for the last eighteen 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.

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Sincerely,

Sherry Riggins, ATC/L

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physician**

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 : **Dr. Murray Urquhart** **Date: 08/28/2007**

Organization : **Dr. Murray Urquhart**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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

Dear Ms. Norwalk:

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

The institution of the RBRVS 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.

Murray Urquhart, M.D.

Submitter : **Ms. Lisa Kunzman** **Date: 08/28/2007**

Organization : **CHS**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Lisa D Kunzman and I am a certified athletic trainer (ATC) working in a public high school in orange county, CA.

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 certified 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. I am also required to maintain a certain number of continuing educational units (CEUs) per reporting period in order to maintain my certification. 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,
Lisa D Kunzman, ATC

Submitter : **Dr. Audrey Posey** **Date: 08/28/2007**

Organization : **Dr. Audrey Posey**

Category : **Physician**

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 : Dr. Jon Jacoby **Date:** 08/28/2007

Organization : Dr. Jon Jacoby

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I write in support of the proposed rule change that would increase payment to anesthesiologists. Since the implementation of RBRVS anesthesia services have been grossly undervalued and undercompensated on an absolute dollar basis, and significantly lower than compensation of other physicians relative to the work required and practice costs. This unfortunate shortfall leads to an operating loss every time an anesthesiologist cares for a Medicare patient. There are strong economic forces in play that are pushing anesthesia providers to flee areas with high Medicare populations, the areas that need us the most. This disserves the CMS patients, people who I believe deserve the best we as a people and country have to give. Our elderly believe they have good insurance with Medicare. This is a shame when the reality is that every time they see their doctor there is a subconscious disdain on a economic basis in the physician's mind for having cared for the patient. This problem will simmer, and it will boil, and the patients will be the ones who get burned when there is no one but a recently-admitted, non-board-certified, international medical graduate to care for them. The proposed rule change would increase anesthesiologist compensation from CMS by about 32%, a much-needed, well-deserved step toward stemming the upcoming tide of physician exodus from the CMS provider ranks. Thank you for your consideration of this important issue. Sincerely, Jon Jscoby, M.D.

Submitter : **Chris Foucher** **Date: 08/28/2007**

Organization : **Chris Foucher**

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)

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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.

Sincerely,

Chris Foucher

Submitter : **Mr. David Oliphant** **Date: 08/28/2007**

Organization : **Gallo Glass Company**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I work in the Industrial aspect of Athletic Training at Gallo Glass Company, in Modesto Ca. I work as a Safety Respresentative in the capacity of a first responder in medical emergency's, on site operation of the first aid/health and wellness dept, and training of all employees in safe work habits and general safety. My education is a masters in kinesiology from Californina State University Fullerton, and Licensed in Tennessee as an Athletic Trainer

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,

David A. Oliphant MS, ATC, LAT, BAT
work (209) 341-7152
cell (209) 614-4683

Submitter : Mr. Scott Salee **Date:** 08/28/2007

Organization : Rehabilitation

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

As a Physical Therapy Utilization Review Consultant, I am against MD's self referring to there own PT services. One, it reduces competition which clearly compromises patient care. Leveling the playing field will greatly improve the PT service environment for patients. Two, I have seen many cases of excessive utilization (and poor) PT care in many of these (not all, but alot)physician owned practices (POP). It is not to say that there are not a lot of private and corporate PT providers that do not have questionable practices, but I have seen the marketplace (and good work comp laws) greatly affect these practices in the right direction. In other words, they do not survive long or successfully if they continue to office care that does not have some accountability. In contrast are the POP's, which exhibit a signficant number of issues, which are not affected by the marketplace and competition. I strongly urge you to consider making PT services included in the in-office ancillary services exception.
Thank you for taking the time to read my comments.
Respectfully,
Scott Salee, PT (business owner, consultant)

Submitter : Dr. Matthew Johnson **Date:** 08/28/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I fully support the CMS-1385-P. I have personally seen and done life-saving work as an anesthesiologist. I work in a practice of motivated, hard working physicians who are devoting much of their life to helping all patients. It is difficult to value our work, but it certainly should not be decreased. A small increase in medicare compensation to physicians will be beneficial to keep sharp, motivated physicians in medicine. Over the past 7-10 years our reimbursement has gsteadily decreased while patient loads have increased. This is not sustainable.
Thank you for supporting this measure.
Matt Johnson
Salt LAke City

Submitter : Jerlyn Peak **Date:** 08/28/2007

Organization : Susan B. Allen Memorial Hospital

Category : Other Practitioner

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Tuesday, August 28, 2007

Dear Sir or Madam:

My name is Jerlyn Peak and I am an athletic trainer, licensed by the Kansas State Board of Healing Arts and certified by the National Athletic Trainers' Association Board of Certification currently employed by a small regional rural area hospital. I hold a Masters' degree from the University of Tulsa, where I received much excellent training in a physician clinic, and a Bachelors' degree from Fort Hays State University. My career experiences span collegiate, clinic, hospital, and public high school positions, qualifying me to comment on this occasion. Additionally, I am a rural American, born and raised. My current job is to recognize, care for, manage, rehabilitate, and provide education regarding injuries of my patients. The majority of people I currently care for happen to be athletes in a public high school, though my past patients also include farmers, office or industrial workers, grandparents, teachers, politicians, entertainers, and other walks of life. Access to services in a timely, cost-effective manner is critical to keep injuries of active people, irregardless of age, from becoming costly long-term health problems. My experiences and education enable a lot of people to avoid the expensive consequences, personal and financial, associated with inadequate care and inadequate education so they can enjoy the benefits and success of high quality, cost-effective care.

Today I am voicing my opposition to the therapy standards and requirements in regard to staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned 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 cause 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 as 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 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 like Kansas, to further restrict their ability to receive the needed 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. Rural hospitals provide much needed services and should not be further restricted in meeting staffing needs, especially when highly qualified professionals are available. To do so, demeans to value of the individual patient and his or her right to access appropriate and timely services.

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 tasked with overseeing the day-to-day health care needs of their patients. I respectfully request you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or Part B hospital or rehabilitation facility.

Sincerely,

Jerlyn Peak, MS, LAT, ATC
Kansas

CMS-1385-P-9200-Attach-1.DOC

#9200

Tuesday, August 28, 2007

Dear Sir or Madam:

My name is Jerlyn Peak and I am an athletic trainer, licensed by the Kansas State Board of Healing Arts and certified by the National Athletic Trainers' Association Board of Certification currently employed by a small regional rural area hospital. I hold a Masters' degree from the University of Tulsa, where I received much excellent training in a physician clinic, and a Bachelors' degree from Fort Hays State University. My career experiences span collegiate, clinic, hospital, and public high school positions, qualifying me to comment on this occasion. Additionally, I am a rural American, born and raised. My current job is to recognize, care for, manage, rehabilitate, and provide education regarding injuries of my patients. The majority of people I currently care for happen to be athletes in a public high school, though my past patients also include farmers, office or industrial workers, grandparents, teachers, politicians, entertainers, and other walks of life. Access to services in a timely, cost-effective manner is critical to keep injuries of active people, irregardless of age, from becoming costly long-term health problems. My experiences and education enable a lot of people to avoid the expensive consequences, personal and financial, associated with inadequate care and inadequate education so they can enjoy the benefits and success of high quality, cost-effective care.

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While I am concerned 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 cause 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 as 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 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 like Kansas, to further restrict their ability to receive the needed 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. Rural hospitals provide much needed services and should not be further restricted in meeting staffing needs, especially when highly qualified professionals are available. To do so, demeans to value of the individual patient and his or her right to access appropriate and timely services.

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 tasked with overseeing the day-to-day health care needs of their patients. I respectfully request you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or Part B hospital or rehabilitation facility.

Sincerely,

Jerlyn Peak, MS, LAT, ATC
Kansas

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am writing to voice my opinion against physical therapy services being included in the in-office ancillary services exception. I recently graduated as a physical therapy student and little did I realize how ubiquitous referral for profit situations are. My first three job offers were all referral for profit job offers. They would have paid me well and would have been jobs in my area of interest. I want to say that I turned them all down. This is a situation that is important enough to me to not take a job that I would like. This is because I feel that it is a disservice to patients and an abuse of the system. A Referral for profit situation is wrong and unethical. Unfortunately I feel as though we cannot police ourselves and do what is right. That is why I am writing to the Centers for Medicare and Medicaid Services and asking for the elimination of physical therapy as a designated health service (DHS) furnished under the in-office ancillary services exception. In a study appearing in the Journal of the American Medical Association, Mitchell and Scott documented higher utilization rates and higher costs associated with services provided in Physician Owned Physical therapy Services (POPTS) in the state of Florida. In this study POPTS clinics were referred to as joint venture clinics. The study revealed greater utilization of physical therapy services by POPTS clinics, rendering on average about 50 percent more visits per year than their counterparts. It also concluded that visits per physical therapy patient were 39 percent higher in a POPTS clinic. POPTS clinics also generated almost 32 percent more net revenue per patient than their counterparts.

In my mind the issue is clear a Physician Owned Physical Therapy Service is bad for patients and an abuse of the system. The potential for fraud and abuse exists whenever physicians are able to refer Medicare beneficiaries to entities in which they have a financial interest, especially in the case of physician owned physical therapy services. We must be our brother s keeper and do what is best for people. Please remove physical therapy services from being included in the in-office ancillary services exception. Thank you for consideration of my comments.

Sincerely,
A Concerned Physical Therapist

Submitter : **Dr. Wade Goolishian** **Date: 08/28/2007**

Organization : **Cape Cod Anesthesia Associates**

Category : **Physician**

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 on Cape Cod 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 : **Dr. Matthew Laudie** **Date: 08/28/2007**

Organization : **Lanstuhl Regional Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

I am writing to convey my 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.

I support full implementation of the RUC s recommendation.

In my opinion, 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 : Mr. Jason Hand **Date:** 08/28/2007

Organization : University of Oregon Athletic Medicine

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jason Hand and I am a certified athletic trainer currently pursuing my Master's degree at the University of Oregon. 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.

Furthermore, athletic trainers are fortunate enough to see patients on a daily basis which is extremely advantageous towards successful treatment in a short amount of time. This is evident in the rehabilitation of athletes over the past few decades. Applying this same standard of care to the general population only makes sense.

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.

Myself and countless colleagues have already put tremendous effort into preserving and advancing the profession of athletic training. With the future of Medicare and Social Security in jeopardy, it would be even more irresponsible to deny this same high quality, cost-effective treatment to individuals not in the athletics setting. The physical well-being all Americans should be important to everyone.

With that in mind, this issue is something that athletic trainers as a whole strongly believe in, and will continue to strive towards. In closing, 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,

Jason Hand, ATC

Submitter : **Dr. John Boudreaux** **Date: 08/28/2007**

Organization : **Dr. John Boudreaux**

Category : **Health Care Professional or Association**

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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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 : **Mrs. Jennifer Huseman** **Date: 08/28/2007**

Organization : **none**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an Athletic Trainer currently residing in South Korea where my husband is stationed. I earned a Master's Degree in Exercise and Sport Science and am nationally certified as an Athletic Trainer by the NATABOC. Though I am currently overseas with my husband, my expertise is in clinical and secondary schools settings. I worked side by side with many gifted Physical Therapists in the clinic. My concern is that after I return to the States when my husbands tour is completed, what kind of care will the physically active be receiving. ATCs are competent and cost-effective.

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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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 JH Huseman MS, ATC

Submitter : **Mr. Parwiz Siaghani** **Date: 08/28/2007**

Organization : **Coury & Buelher**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an Athletic Trainer, who works in a physical therapy 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,

Parwiz John Siaghani

Submitter : **Dr. Govind Rajan** **Date: 08/28/2007**

Organization : **Saint Louis University**

Category : **Physician**

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.

Submitter : **Dr. Govind Rajan** **Date: 08/28/2007**

Organization : **Saint Louis University**

Category : **Physician**

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

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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.

Submitter : **Dr. Philmore Blake** **Date: 08/27/2007**

Organization : **Lake Jackson Urology**

Category : **Physician**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

I live and work in Brazoria County and I am happy to provide care for patients at the Brazoria County Surgery Center. It is cheaper than the hospital and patient satisfaction is also higher. We need to support physician related centers like this one !

CMS-1385-P-9209-Attach-1.DOC

9209

CMS

8-28-2007

As practicing urologist in Brazoria county, Texas, I have been providing my patients lithotripsy and other cutting edge therapies. I have an interest in a partnership with Healtronics that provides shock-wave lithotripsy and laser services. By accepting the risk of providing these costly services when hospitals refused to do so, urology joint ventures have greatly expanded patients access to effective treatments in Brazoria and Harris County.

The **burden of proof** required in this new proposal is detrimental to my practice. I already have to take care of the health problems of my Medicare beneficiary patients at a charitable price set by CMS and now I face a burden of proof. I would just like to focus on providing good quality health care for my patients and not have to worry about burden of proof.

Hospitals are generally unwilling to take risks and are often operating on razor-thin margins. They are averse to bearing the risk of low volume usage for new and innovative technologies and services. When physician joint ventures bring these beneficial technologies to hospitals, the hospital may require **per click arrangement** to protect themselves from the risk of low volume.

Percentage-based compensation enable new treatments and technologies to be offered for low or no volume procedures. An entity that brings the new technology should be compensated in proportion to the payments.

Stand in the Shoes
CMS reimbursement for ASCs are less than for hospitals. Many ASCs are owned or partially owned by hospitals with joint venture with physicians. If CMS views this as illegal then it would stifle future development of services that could be provided on a joint venture because lots of hospitals cannot afford to take all the financial risks involved.

For Services furnished under arrangements, I believed that, at least for the urological joint ventures, the primary purpose of physician investment is to improve patient care. We, physicians, want to have new technology available for our patients in order to provide the best patient care.

As the court in ALS vs Thompson noted, extracorporeal shock wave lithotripsy is not a DHS.

Finally, it appears to me that the reason CMS wants to ban services under arrangements where there is MD ownership is because it has heard of questionable diagnostic imaging arrangements. There is not identification in our case about abuse with lithotripsy or lasers.

Thanks for your time.

Sincerely,

Phil Blake MD

Phil Blake, MD, FACS, FICS
Member of Healthronics

Submitter : **Dr. WIlliam Barnes** **Date: 08/28/2007**

Organization : **Capital Anesthesiology Association**

Category : **Physician**

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 : **Dr. Scott MacMurdo** **Date: 08/28/2007**

Organization : **Southeast Anesthesia, P.C.**

Category : **Physician**

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

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Thank you for your consideration of this serious matter.

Submitter : Mark Dorsett **Date:** 08/28/2007

Organization : None

Category : Individual

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

self-referrals from a business entity to another part of that entity which inhibit choice and competition are at a minimum greedy and potentially are a form of collusion. Please do not allow this to happen within the medical community

Submitter : **Mr. Jason Bannack** **Date: 08/28/2007**

Organization : **AthletiCo LTD**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

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,

Jason J. Bannack,MS,ATC
Director of Athletic Training Services
AthletiCo LTD
625 Enterprise Drive
Oak Brook, IL 60523

Submitter : **Mrs. Carla Pennington** **Date: 08/28/2007**

Organization : **Georgetown Anesthesiology, PLLC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

August 28, 2007

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.

Carla Pennington
Practice Administrator
Georgetown Anesthesiology
P.O. Box 1242
Georgetown, TX 78627
email geoanes@aol.com

Submitter : **Dr. David W Kelley** **Date: 08/28/2007**

Organization : **Dartmouth-Hitchcock Medical Center**

Category : **Physician**

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

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Thank you for your consideration of this serious matter.

Sincerely,

David W. Kelley, DO

Submitter : **Ms. Lisa Hendrixon** **Date: 08/28/2007**

Organization : **Oakwood Healthcare Inc.**

Category : **Hospital**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer.

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,

Lisa Hendrixon, MS, ATC, CSCS

Submitter : **Dr. William Hammonds** **Date: 08/28/2007**

Organization : **Dr. William Hammonds**

Category : **Physician**

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.

William Hammonds, MD
Professor of Anesthesiology
Medical College of Georgia
Augusta, GA 30912

Submitter : Mr. Kevin McNamara **Date:** 08/28/2007

Organization : Mt. Pleasant Township Community Schools

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9220-Attach-1.DOC

922

8/28/2007

Dear Sir or Madam:

My name is Kevin McNamara, ATC, LAT, and I am currently a physical education and health teacher at Yorktown High School in Yorktown, Indiana. I have a bachelor's of arts degree plus 33 graduate credit hours. I am currently the head athletic trainer for Mt. Pleasant Township Community School Corporation. I have been a certified athletic trainer in the State of Indiana for 17 years and have various work experiences. I have worked in hospitals, schools, businesses, and manufacturing plants as an athletic trainer providing prevention, care, and rehabilitative services.

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,

Kevin F. McNamara, ATC, LAT

Submitter : **Dr. Charles Scott Salkeld** **Date: 08/28/2007**

Organization : **Preferred Anesthesia Assoc, PC**

Category : **Physician**

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.

C. Scott Salkeld, D.O.
Director Anesthesiology
ACCESS Surgical Center
Egg Harbor Township, NJ

Submitter : **Date: 08/28/2007**

Organization :

Category : **Individual**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I strongly recommend that physicians not treat patients in their office as an ancillary service and it should not be payable incident to the physician services.

First and foremost, because, and as a consumer, I feel any rule that can curtail over-utilization should be seriously considered. In the case of a physician office with physical therapy, there is no incentive to NOT refer a patient to themselves and there is no incentive to release that patient. The independent physical therapy practice s (IPTP) main business is physical therapy; the physician with physical therapy in his office (POPs) does not consider physical therapy his main business.

The physician with physical therapy practice (POPs) would be more likely to refer their patient to themselves for an additional period of time, even if the additional gains could have been made on a maintenance program. Some gains take months to obtain; some just take time. The POPs is accountable for himself and the therapist in his office. More importantly, an employee of the POPs (a therapist) would need to follow or may feel pressured to follow her employers direction on continuation of care. It is less likely that they could truly make an independent decision.

The independent physical therapy (IPTP) practice has more of a gatekeeper approach. The patient must show significant objective improvement for continuation of care. The doctor has his opinion of this; the physical therapist has his opinion. Therefore, the scrutiny is through 2 people and the determination is made without being clouded by an income incentive to self refer.

The IPTP has more at stake as his license/business is on the line. The IPTP is more cognitive in the interpretation of what is a significant objective improvement as required by CMS. If the IPTP feels the patient has plateaued regardless of the physician s determination, the IPTP will discharge the patient as their license is at stake. An IPTP would not feel pressure to continue care as an employee. Many IPTP clinic offer a very low fee maintenance program (not billed to CMS) when the patient no longer shows significant improvement. This allows beneficiaries time to learn how the equipment is set up so that they can eventually transition to a regular gym setting without fear of doing their program wrong and reinjuring. Eventually, in this way, the patient may reach full recovery. A physician s physical therapy office may not be able to offer this due to space limitations or equipment limitations.

As I said before any rule that can curtail over-utilization should be seriously considered. But it should not impact the beneficiary. Due to the repetitiveness of therapy visits, it is no more convenient for a patient to receive services in the physician s office than in an IPTP. The beneficiary will receive the care they need.

The care in an IPTP is overseen by peers and usually by the PT owner as well. The care in a POPs is not overseen directly. The therapist s accountability in a POPs setting is basically volume and money. The accountability in an IPTP practice is outcome.

Patients who have, in the past received care from an IPTP, may request to come to the IPTP following another injury/surgery. The POPs tells them they prefer that they come to their own office physical therapy. Patients feel they do not have a choice and that they must go to the physician office.

Thank you for your consideration of my comments. I am sure the decision made will be in the best interest of the beneficiaries and tax payers.

Submitter : Dr. Alex Fraser **Date:** 08/28/2007

Organization : University of Iowa Hospitals & Clinics

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

/Users/alexfraser/Desktop/Medicare letter

Submitter : **Dr. thomas safina** **Date: 08/28/2007**

Organization : **Dr. thomas safina**

Category : **Physician**

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 : **Rosemary Christy, MD** **Date: 08/28/2007**

Organization : **Rosemary Christy, MD**

Category : **Physician**

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

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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Thank you for your consideration of this serious matter.
Rosemary Christy, MD

Submitter : **Mr. Jeffrey Monroe** **Date: 08/28/2007**

Organization : **Michigan State University**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am Jeffrey S Monroe of Michigan State Univeristy, where I care for 800 athletes and their medical needs.

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,

Jeffrey S. Monroe
Head Athletic Trainer
Michigan STate University

Submitter : **Dr. Halim Haber** **Date: 08/28/2007**

Organization : **Dr. Halim Haber**

Category : **Physician**

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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Marc Mizrahi **Date:** 08/28/2007

Organization : Dr. Marc Mizrahi

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Laura Leduc** **Date: 08/28/2007**

Organization : **Massachusett General Hospital DACC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.
Acting Administrator
Centers for Medicare and Medicaid Services
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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.
Laura H. Leduc MD
MGH DACC
55 Fruit Street
Boston, MA
02114

Submitter : Dr. Robert Lagasse **Date:** 08/28/2007

Organization : Montefiore Medical Center

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

I am writing to express my strong 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, academic anesthesiology groups are struggling to make ends meet. Current reimbursement 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. This would 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 : **Bryan Searcy** **Date: 08/28/2007**

Organization : **AthletiCo LTD**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bryan Searcy and I am a Certified Athletic Trainer in the state of Illinois. I have been practicing as an ATC since I graduated from Purdue University in 2005. In the past two years my duties have included working in clinical settings and in the field at high schools and with professional sports organizations.

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,

Bryan P Searcy, ATC

Submitter : **Mr. William von Leer** **Date: 08/28/2007**

Organization : **Lenape High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is William von Leer, I am a resident of Marlton, NJ and the Head Athletic Trainer at Lenape High School in Medford, NJ. I hold a Master s Degree in Physical Education and Athletic Training from Western Michigan University and an undergraduate degree in Physical Education from Temple University. I am Certified by the National Athletic Trainers Association and Licensed by the New Jersey State Board of Medical Examiners.

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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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,
William J. von Leer M.A., ATC
Licensed Athletic Trainer, State of New Jersey
Head Athletic Trainer
Lenape High School
235 Hartford Road
Medford, NJ 08055

CMS-1385-P-9232-Attach-1.TXT

#9232

Dear Sir or Madam:

My name is William von Leer, I am a resident of Marlton, NJ and the Head Athletic Trainer at Lenape High School in Medford, NJ. I hold a Master's Degree in Physical Education and Athletic Training from Western Michigan University and an undergraduate degree in Physical Education from Temple University. I am Certified by the National Athletic Trainers Association and Licensed by the New Jersey State Board of Medical Examiners.

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Sincerely,

William J. von Leer M.A., ATC
Licensed Athletic Trainer, State of New Jersey
Head Athletic Trainer
Lenape High School
235 Hartford Road
Medford, NJ 08055

Submitter : **Dr. Michael Lapinel** **Date: 08/28/2007**

Organization : **Dr. Michael Lapinel**

Category : **Physician**

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.

Michael Lapinel, M.D.

Submitter : **Dr. AMgad Hanna** **Date: 08/28/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

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. Cathy Petty **Date:** 08/28/2007

Organization : Maryville Anesthesiologists, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

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

Submitter : **Mr. John Hagye** **Date: 08/28/2007**

Organization : **Atlanta Rehabilitation**

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Referral for Profit Loophole

As a physical therapist in private practice I am urging you to consider closing the loophole in previous Stark Law legislation. I have been practicing for 13 years and was starting practice when the previous law was implemented. The spirit of the law was to decrease abuse of self-referral. As I am sure you understand, self-referral for profit has grown exponentially despite the previous law to the overall detriment of the healthcare system. I am pleading for you to consider changing the law to close the loophole. Not only am I interested in saving my livelihood and profession, but improving our healthcare system.

Sincerely,

John Hagye, PT GA004715

Submitter : Mr. Robert Murphy **Date:** 08/28/2007

Organization : Georgia State University Sports Medicine

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bob Murphy, and I am a certified athletic trainer (ATC) employed at Georgia State University in Atlanta. After six years of education and nearly ten years of clinical experience, I feel those in my profession can contribute significantly to our country's overall health care. 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,

Bob Murphy, MS, ATC

Submitter : **Dr. Konstantin Mikhailov** **Date: 08/28/2007**

Organization : **Dr. Konstantin Mikhailov**

Category : **Physician**

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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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,

Konstantin Mikhailov, MD

Submitter : **Date: 08/28/2007**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Corey Hojnicki, and I am a certified athletic trainer. I currently work at the University of Toledo in Toledo, Ohio. I have worked very hard to be where I am today. I attended Eastern Michigan University and received a Bachelor s Degree. I then traveled to Texas where I received my Master s in Kinesiology. I am currently certified by the NATABOC as a certified athletic trainer, and I am licensed in many 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 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,
Corey Hojnicki M.Ed, ATC

Submitter : **Dr. Joel Johnson** **Date: 08/28/2007**

Organization : **University of Missouri Dept of Anesthesiology**

Category : **Physician**

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:

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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.

Joel O. Johnson. MD PhD

Submitter : **Dr. Jason Fehr** **Date: 08/28/2007**

Organization : **Holy Cross Anesthesiology Associates**

Category : **Physician**

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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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,

Jason Fehr, MD

Submitter : **Date: 08/28/2007**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Danielle Salmons and I am a Certified Athletic Trainer. I am currently employed at Charleston Area Medical Center working in the clinical setting as well as out reach in a secondary school. I hold both a bacholers degree (Athletic Training) and masters degree (Cardiac Rehabilitation).

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,

Danielle Salmons, MS, ATC

Submitter : **Dr. Alexander Multak** **Date: 08/28/2007**

Organization : **Lebanon Anesthesia Associates**

Category : **Physician**

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.

Submitter : Mr. Scott Douglass **Date:** 08/28/2007

Organization : Irmo High School

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam,

I am a nationally certificd athletic trainer working in a high school in the Columbia, SC area. I am writing 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 these proposed rules wil create additional lack of accessto quality health care for patients.

Athletic Trainers are qualified to perform physical rehabilitation and physical medicine services, which I know you know is not the same as physical therapy. The education of the athletic trainer, both clinical and classroom, along with the requirement of passing a rigorous national certification exam ensure the patients receive qualtiy health. My state, and most others have deemed me qualified to perform these services. It would appear that the 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 the CMS to restrict the ability of patients to receive these services. I know that in my state of SC many athletic trainers provide these much needed services, especially in rural areas, and my state has many rural areas that require the services that only the athletic trainer provides. The flexible current standards of staffing in hospitals and other rehabilitation facilities are necessasary in making sure patients receive the best, most cost-effective treatment available.

It would seem that interests other than those of the patient are driving the proposed changes and I would strongly encourage the CMS to reconsider and withdraw the changes proposed for hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Scott Douglass M.Ed., A.T.,C.

Submitter : **Mr. Scott Buddelmeyer** **Date: 08/28/2007**

Organization : **Defiance Clinic ProRehab**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a nearly eleven year practicing certified athletic trainer. I have been head athletic trainer at Defiance Clinic ProRehab (in Defiance, Ohio) since the beginning of my career. I am in charge of overseeing outreach athletic training services to area high schools. Theses schools and students, in some cases, would not be receiving any healthcare for their sports health issues if not for the professionals that are provided to their school. Over the years I have been able to have a positive impact on many young adults. I would not trade those experiences for anything. I feel the job that certified and licensed athletic trainers are a very important part of our country's healthcare system. I am concerned that my ability to provide important healthcare to active individuals of all ages is in jeopardy.

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,

Scott M. Buddelmeyer, ATC, EMT-B

Submitter : **Mrs. dorthea connoly** **Date: 08/28/2007**

Organization : **chop**

Category : **Nurse Practitioner**

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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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 : Mr. Mark Lahr **Date:** 08/28/2007

Organization : Metropolitan School District of Wayne Township

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a certified and licensed athletic trainer with 23 years of experience at the high school level. I have a Bachelor's degree in physical education and math education with a minor in athletic training. I have supplimented my athletic training knowledge with a variety of continuing educational programs and have stayed up to date with such matters as concussions and functional movement screening.
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,
Mark Lahr, ATC, LAT

Submitter : **Dr. James Rosenbaum** **Date: 08/28/2007**

Organization : **Kalamazoo Anesthesiology, P.C.**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9248-Attach-1.PDF

9248

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 : **Dr. Sujatha Bhandary** **Date: 08/28/2007**

Organization : **The Cleveland Clinic**

Category : **Physician**

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.

Sujatha Bhandary M.D.
Cleveland Ohio 44120

Submitter : **Dr. Bruce Kaufman** **Date: 08/28/2007**

Organization : **Dr. Bruce Kaufman**

Category : **Physician**

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

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Steven Walsh** **Date: 08/28/2007**

Organization : **North Fulton Anesthesia**

Category : **Physician**

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.

Sincerely,

Steven Walsh, MD
Roswell, GA

Submitter : **Dr. Jacek B. Cywinski** **Date: 08/28/2007**

Organization : **Cleveland Clinic**

Category : **Physician**

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.
Regards,
Jacek B. Cywinski, MD

Submitter : **Mr. Michael Overturf** **Date: 08/28/2007**

Organization : **AthletiCo LTD**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

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,

Michael Overturf, ATC, NASM-PES
Manager of Athletic Training Services

Submitter : **James Muncy** **Date: 08/28/2007**

Organization : **Monroe Local Schools**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is James Muncy and I am an athletic trainer for Monroe Local Schools in Monroe, Ohio. I hold a bachelors of science in athletic training and I am a practicing certified and licensed athletic trainer by the State of Ohio. I rehab and treat injuries that occur to student-athletes at Monroe Local Schools and any staff members who have sustained injuries or a surgury that requires rehabilitation services.

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,

James Muncy, ATC, LAT

Submitter : Nicole Pautz **Date:** 08/28/2007

Organization : ATI Physical Therapy

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

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Sincerely,

Nicole Pautz, MBA,ATC

Submitter : steven huffman **Date:** 08/28/2007

Organization : georgia society of anesthesiologist

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 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.

Submitter : **Dr. magdy bishay** **Date: 08/28/2007**

Organization : **Melrose Wakefield Hospital**

Category : **Physician**

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:

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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.

Submitter : **Dr. Erin Williams** **Date: 08/28/2007**

Organization : **American Association of Anesthesiologists**

Category : **Physician**

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:

This letter to personally 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 in this important matter.

Submitter : **Dr. Anne Baucom** **Date: 08/28/2007**

Organization : **Dr. Anne Baucom**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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.

Sincerely,
Anne Baucom, M.D.

Submitter : **Dr. James Parker** **Date: 08/28/2007**

Organization : **Shannon Health System**

Category : **Physician**

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 : Ms. Bonnie O'Rourke-Barr **Date:** 08/28/2007

Organization : Ms. Bonnie O'Rourke-Barr

Category : Individual

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a P.T. with 20 years of experience. I am adamantly opposed to the referral for profit practice of many physicians, particularly orthopedists. Many patients assume that they must attend the rehab clinic that is owned by their physician. Therapists may feel "pressure" to extend therapy services since their boss has referred the patient. This practice provides an unfair business advantage to POPS over community-owned rehab clinics. Please discontinue funding to these types of practices.

Submitter : Mr. Daryl Reitz **Date:** 08/28/2007

Organization : Mr. Daryl Reitz

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

LETTER

Dear Sir or Madam:

My name is Daryl Reitz, I work for UHC providing rehabilitation to individuals, helping them obtain their functional goals after injury. My education is as follows: BS in athletic training and AS in physical therapist assisting.

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,

Daryl James Reitz, ATC/L; LPTA

Submitter : Mr. Margaret Fillinger **Date:** 08/28/2007

Organization : UPMC

Category : Health Care Professional or Association

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

We deserve to keeps the proceedure the way it is. We do not need any changes to Docket CMS- 1385. Our services have provided many people with proper treatments and have helped.

Submitter : **Dr. Tazeen Beg** **Date: 08/28/2007**

Organization : **Stony Brook Anesthesiology P.C.**

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
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. Sonya Pease **Date:** 08/28/2007

Organization : Florida Society of Anesthesiology

Category : Physician

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:

My practice provides exclusive services to St Mary's Medical Center in West Palm Beach, Florida. We are not a state or county Hospital but my payer mix reflects a huge Medicare/Medicaid/uninsured population.

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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Thank you for your consideration of this serious matter.

Submitter : **Mrs. Linda Nareski** **Date: 08/28/2007**

Organization : **Manchester Essex Regional High School**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Linda Nareski and I am a licensed Certified Athletic Trainer and Certified Strength and Conditioning Specialist. I currently am the Certified Athletic Trainer for a local high school where I am responsible for the health, well-being, and most importantly the safety of 350 high school student athletes. I graduated from Eastern Michigan University with my first job working for the University of Michigan Hospital System in an outpatient physical therapy clinic. With these proposed revisions, I would never be able to work in that setting again.

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,

Linda Nareski, L/ATC, CSCS

Submitter : Mr. Scott McCall **Date:** 08/28/2007

Organization : BSN medical, Inc.

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Certified Athletic Trainer that has worked at the high school, collegiate and hospital settings. I have recieved my Master degree in Exercise and Sports Sciences from the University of Arizona. I would like acknowledge the valuable service Athletic Trainers provide to middle schools and high schools in the US. Many of these institutions are not able to provide an Athletic Trainer for interscholastic sports due to financial reasons. Many of these institutions partner with a local hospital or physician to have this valuable service provided at the school. Many times the Athletic Trainer will work part-time in the hospital as there may not be enough hours at the high school to make if a full-time position. By not allowing the hospital to employ Athletic Trainers may put this valuable parnership at risk. This would in effect remove the only trained health care provider that many of these student-athletes have access 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.

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,

Scott A. McCall, MS, LAT, ATC

Submitter : **Dr. Bruce Hines** **Date: 08/28/2007**

Organization : **Dr. Bruce Hines**

Category : **Physician**

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 : Mr. Ryan Miller **Date:** 08/28/2007

Organization : St. John Hospital - Grosse Point High School

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

As a professional I have worked very dilligently to gain the knowledge through education and working in the Rehabilitation field over the past 12 years. It is becoming increasingly difficult to gain advancement in a career I have worked so hard at due to the changes and proposed changes in the CMS guidlines. Certified Athletic Trainers are excellent and Cost Effective providers of services. Many have advanced degrees and are contiuously striving to improve themselves and the profession! I am sure you have heard/read this before, but please do the research to better understand the benefits that may be lost if the CMS guidelines change!

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,

Ryan L. Miller, M.A., L.L.P.C., A.T.,C
Certified Athletic Trainer
Liscensed Profesional Counselor
Warren, MI 48088

Submitter : **Dr. Jacob Raphael** **Date: 08/28/2007**

Organization : **Dr. Jacob Raphael**

Category : **Physician**

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:

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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 : **Mrs. Tonia Gruppen** **Date: 08/28/2007**

Organization : **Hope College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Tonia Gruppen and I am the Assistant Athletic Trainer and Assistant Professor of Kinesiology for Hope College in Holland, MI. I have a bachelor's of arts degree in Athletic Training and a bachelor's of arts degree in Exercise Science from Hope College. I have earned my master's of science degree from Indiana University in Athletic Training. I have been certified as an athletic trainer for nine 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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Sincerely,

Tonia Gruppen, MS, ATC

Submitter : **Dr. Steven Dunn** **Date: 08/28/2007**

Organization : **Dr. Steven Dunn**

Category : **Physician**

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.

Submitter : **Dr. Alanna Goodman** **Date: 08/28/2007**

Organization : **Dr. Alanna Goodman**

Category : **Physician**

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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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,
Alanna Goodman

Submitter : **Ms. Megan Courtney** **Date: 08/28/2007**

Organization : **United States Military Academy**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an athletic trainer responsible for providing prevention, evaluation, and rehabilitation of athletic injuries for the Corps of Cadets at the United States Military Academy at West Point. I am NATA and CSCS certified and hold a Master's Degree in Sport Administration. Over the past ten years, I have worked as an athletic trainer in the collegiate, high school, clinical, and semi-professional sports settings.

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,

Megan Courtney, MS ATC CSCS

Submitter : **Mrs. Jennifer Rossi** **Date: 08/28/2007**

Organization : **Star Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified and Licensed Athletic Trainer, with a Master's Degree in Athletic Training. I am employed with Star Physical therapy in Kingston, TN, as a high school outreach athletic trainer.

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,

Jennifer M Rossi, MS,ATC, LAT

Submitter : Cynthia Klinefelter **Date:** 08/28/2007

Organization : Wellington Orthopaedics and Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Cynthia Klinefelter and I am a Certified Athletic Trainer in Cincinnati, Ohio. I graduated with a Bachelors of Science from the University of Cincinnati and then was Nationally Certified by taking an examination and Licensed by the State of Ohio. I currently work for Wellington Orthopaedics and Sports Medicine Therapy Services. It is a physician owned therapy practice. At Wellington I provide rehabillitation for all age groups and activity levels at an Outpatient Therapy Clinic as well as provide prevention, education, rehabilitation and emergency care at all events at a private high school in Cincinnati.

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,

Cynthia Klinefelter, ATC

Submitter : **John Kimbell** **Date: 08/28/2007**

Organization : **American Academy of Anesthesiologist Assistants**

Category : **Physician Assistant**

Issue Areas/Comments

GENERAL

GENERAL

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 : Ms. MARY JO DWYER **Date:** 08/28/2007

Organization : CAP ANESTHESIA, P.C.

Category : Academic

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.

I am honored to be an administrator in the field of Anesthesia for over 20 years and this is increase in anesthesia payments is grossly overdue.

Thank you very much for your consideration of this serious matter.

Submitter : Dr. Dan Kirkpatrick **Date:** 08/28/2007

Organization : Dr. Dan Kirkpatrick

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia fees- basically you loose money doing a medicare care. An you are having CRNA's charge $110/ hours when you collect $85.

Medicare pays $16.43/u when BSFL pays $42 and United $50. This is total unfair when malpractice, billing,employees and their benefits have gone up.

Should we all op out of Medicare and balance bill the patient because we can't make a living in places like Flordia.

I do a lot of regional anesthesia for example rotator cuff surgery. Medicare only pays $140 for the catheter and I follow the patient for 4 days and am on 24 hour call for them. The estimated value is $975.
What I do for the patient is taking a case that might have to be in hospital for post op narcotics and have them at home. They have a pump with Marcaine infusing at 7 cc/ hour and a bolus button to push if the need more. Now they are pain free, not taking as many narcotics and have been done in a ambulator surgery center where their chances of infection is less and they do better overall. We just cut the cost in half or more compared to a hospital admission.

Anesthesia fees are not fair and if you want safe medical care- please increase them.

Do you know what it takes to be an anesthesiologist? 4 years college, 4 years medical school and 4 years for anesthesia residency.... a family practice or internist, OB gyn only needed 3 year for residency.

We are trained to keep you alive and from any mishaps. Shouldn't we be treated fairly.

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

Medicare docs not reimburse codes 66416 64448 to ASC when we place catheter for post of pain relief

Submitter : Mr. Kevin Morley **Date:** 08/28/2007

Organization : Miami University Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

Impact

Impact

Dear Sir or Madam:

My name is Kevin Morley and I am a certified athletic trainer in the Sports Medicine Department at Miami University in Oxford, Ohio. I have a bachelor's degree from James Madison University and a master's degree from the University of Florida. I have been working at Miami University for six years, and truly love the responsibilities with which I am entrusted on a daily basis. My primary role is to provide and manage optimal health-care for the student-athletes on the Ice Hockey and Golf teams at Miami 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.

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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,

XXXXXX, ATC (and/or other credentials)

Submitter : **Miss. Kathryn Connelly** **Date: 08/28/2007**

Organization : **Student at Otterbein College**

Category : **Other**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Kathryn Connelly and I am currently a college student in the Athletic Training field. I attend Otterbein College and will be a junior this coming fall.

As a student, the proposals laid out in CMS-1385-P may not affect me immediately, however they will affect my future. These changes concern me because I entered into this field confident in its stability and the wide variety of health services that I as an athletic trainer would be able to offer my future patients, but this proposal has the ability to severely limit those things. I am especially concerned about the provisions in the section denoting changes to therapy standards and requirements.

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 will be 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 will ensure that my patients receive quality health care. State law and hospital medical professionals have deemed those with ATC certification 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.

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Sincerely,
Kathryn A. Connelly, ATS

Submitter : Dr. Paul Willoughby **Date:** 08/28/2007

Organization : SUNY @ Stony Brook

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

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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.

Paul Willoughby MD

Submitter : Dr. Ryan Smith **Date:** 08/28/2007

Organization : Coastal Anesthesia Medical Group, LLC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1385-P-9289-Attach-1.TXT

#9289

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 would like to express my strongest possible support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I appreciate CMS recognition of the gross undervaluation of anesthesia services. In particular, I am most grateful that CMS is taking steps to address this problem.

Current valuation of anesthesia services by RBRVS does not allow anesthesia providers to come close to covering the cost of caring for our most dependent and often most ill patients. The current situation is not sustainable; "hospital flight," in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations, is becoming commonplace.

I support full implementation of the RUC's recommendation that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation.

Thank you for your consideration of this serious matter.

Ryan W. Smith, MD
CAMG, LLC

Submitter : Mr. Perry Bonomo **Date:** 08/28/2007

Organization : Madison Spine & Physical Therapy

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern,

As a physical therapist for the past 14 years I have seen abuses by physician owned physical therapy practices. They control referrals and will see all of their own medicare patients at their own physical therapy practice that they profit from. Where is their gatekeeper? They can continue to see patients forever because they will continually sign off on PT care. This will ultimately cause the costs for medicare to rise. As a physical therapist who owns a practice, we have to send in notes to the referring doctor with functional goals and progress noted in order to continue. If progress is not being made or the patient has improved significantly then a patient is D/C'd. The doctor owned practice goes unwatched and can continually see their patients in order for them to further profit. If medicare wants to reduce costs of physical therapy then they need to elimnate these abuses. Also, there are many medicare patients that live close to a PT owned practice that are not allowed to go there because the doctor wants the patient to be seen at their practice. This is a cause of inconvenience for patients who now have to travel out of town to see a PT away from a PT practice that is easier for them to attend.

It is my hope that you would eliminate the doctors ability for self referral for profit.

Thank you for your time and attention to this matter.

Submitter : **Dr. Christopher Dow** **Date: 08/28/2007**

Organization : **Anesthesia Group of Albany, PC**

Category : **Physician**

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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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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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 : Dr. Peter Andriakos **Date:** 08/28/2007

Organization : Anesthesia Group of Albany

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The undervaluation of anesthesia work that occurred when the RBRVS was instituted needs to be corrected if access to anesthesia care for the elderly is to be ensured. It is imperative that CMS follow through with the proposal by the RUC to boost the anesthesia conversion factor and correct a gross underpayment to our specialty.

Submitter : **Mrs. Katie Lemmon** **Date: 08/28/2007**

Organization : **Athletico Ltd**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the facility manager of Athletico - Gold Coast. I work as an athletic trainer for the Joffrey Ballet, Hubbard Street Dance Company, and Broadway in Chicago.

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,

Katie Lemmon MS, ATC, PES

Submitter : **Mr. David Pappenheim** **Date: 08/28/2007**

Organization : **King's Daughters' Hospital and Health Services**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer. I work in an outpatient rehabilitation center that provides a team approach to orthopedic rehab. I have a license to treat phisically active individual in the state of Indiana. I have a 4 year bachelors degree, certified strenth and conditioning specilization, and recent graduate of a Physical Therapist Assistant program. I provide rehabilitation/athletic training services to the appropriate patients and athletic training coverage to a local high school.

I am writing today to voice my opposition to 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 Cinditions of Participation have not received the proper and usual vetting, I am more concened that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

David Pappenheim LAT, ATC, CSCS.

Submitter : Dr. Pat Petrozza **Date:** 08/28/2007

Organization : Wake Forest University Department of Anesthesiolog

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an Academic Anesthesiologist, I am very pleased that the AMA/Specialty Society Relative Value Update Committee submitted to CMS a recommendation for an increase in the anesthesia conversion factor to account for a calculated 32-percent work undervaluation. As teaching faculty, we desparately need this increase to be able to support our residency program's faculty. I personally fear that as our population ages, and Medicare patients become more of our payor mix, the low rates of reimbursement will cripple our academic practices.

Please accept the RUC recommendations. We really need this $4.00 per unit increase to rectify a historic unjust situation and to preserve our specialty's academic future.

Thanks for acccpting my comments.

Sincerely,
Pat Petrozza MD
Associate Dean for
Graduate Medical Education
Professor of Anesthesiology
Wake Forest University
Baptist Medical Center
Winston Salem, NC 27157-1009

Submitter : Mr. Russell Fiore **Date:** 08/28/2007

Organization : Brown University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the Head Athletic Trainer at Brown University in Providence, RI. I medical professional working with our intercollegiate athletes. I am a certified member of the National Athletic Trainer's Association. I have a masters degree from the University of Arizona.

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,

Russell D. Fiore, M. Ed., ATC

Submitter : Mr. Brian Wurzinger **Date:** 08/28/2007

Organization : Eastern Neurosurgical and Spine

Category : Other Health Care Professional

Issue Areas/Comments

Impact

Impact

Dear Sir or Madam:

My name is Brian Wurzinger, I am a Certified Athletic Trainer who is currently employed at Eastern Neurosurgical and Spine Associates in Greenville, NC. I work under the direct supervision of 6 Neurosureons as well as a full time Physical Therapist contributing to the rehabilitation of pre and post surgical spine patients.

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,

Brian Wurzinger, ATC

Submitter : **Dr. Richard Steenland** **Date: 08/28/2007**

Organization : **American Society of Anesthesiology**

Category : **Physician**

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.

My particular practice in cardiac anesthesiology is more affected by medicare rates because my practice is 85% medicare. As a provider for the elderly my job has higher stress and difficulty but lower income compared to other anesthesiologists. Please help to correct this injustice.

Thank you for your consideration of this serious matter.

Submitter : **Mr. maxwell agyemang** **Date: 08/28/2007**

Organization : **Mr. maxwell agyemang**

Category : **Academic**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 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.

Submitter : **Dr. James Mohan** **Date: 08/28/2007**

Organization : **Palos Anesthesia Associates**

Category : **Physician**

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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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 : **Mr. John Wagner** **Date: 08/28/2007**

Organization : **Mr. John Wagner**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an athletic trainer practicing in a high school in Jersey City NJ.

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,

John Wagner, ATC

Submitter : **Mr. Tim Kelly** **Date: 08/28/2007**

Organization : **Army**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Tim Kelly and I am the Head Athletic Trainer at the United States Military Academy where I work with cadet-athletes on a daily basis. As an athletic trainer I work closely with our team physicians to provide a safe environment for our athletes to practice and compete. I received a BS from the University of Iowa and a Master s Degree from the University of Nebraska-Omaha. I have been a member of the National Athletic Trainers Association for the past 23 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.

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Sincerely,

Tim Kelly, MS, ATC
Head Athletic Trainer
United States Military Academy
West Point, NY 10996

Submitter : Dr. Kenneth Travis **Date:** 08/28/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Ms.Norwalk:
I am grateful that CMS has recognized and is taking steps to address the gross undervaluation of aneshesia services.As both a senior citizen and retired anesthesiologist I strongly support a long overdue increase in anesthesia payments undr the 2008 Physician Fee Schedule.

Submitter : **Dr. David Robinson** **Date: 08/28/2007**

Organization : **United Anesthesia Services, PC**

Category : **Physician**

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:

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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.

David M. Robinson, M.D.
Paoli Hospital, MainLine Health, Paoli, PA

Submitter : **Mr. Todd McLoda** **Date: 08/28/2007**

Organization : **Illiinois State University**

Category : **Other Practitioner**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Todd McLoda and I am a Certified Athletic Trainer licensed to practice in the State of Illinois. I direct a natinoally accredited education program for athletic trainers at Illinois State University. Each year, we graduate 22 new athletic trainers who are outstanding practitioners in their chosen profession. These students have excellent technical skills and knowledge and are fully capable of neurologic and orthopedic evaluations of patients within our scope of practice. Athletic trainers are also outstanding clinicians who design and implement carefully developed rehabilitation and treatment programs for our patients. I am, therefore, dismayed that our ability to remain a part of effective patient care may be in jeopardy.

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 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 board certification 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 a counterproductive stance 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 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. It is also imperative that patients receive care from optimal health care providers. This may include specific professionals that are selected for their skillset by referring physicians or, may include a team of professionals who have the ability to determine the course of treatment needed to return the patient to activities of daily living AND to be a productive, physically active member of society. This is the role of the certified athletic trainer.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage 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.

Respectfully,

Todd McLoda, PhD, ATC, LAT

Submitter : Dr. Kevin Laudner **Date:** 08/28/2007

Organization : Illinios State University

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer and Professor of Athletic Training at Illinois State University where I am the Graduate Coordinator of Athletic Training Education and also conduct research.

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,
Kevin Laudner, PhD, ATC

Submitter : **Miss. Dana Sible** **Date: 08/28/2007**

Organization : **Athletico**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Dana Sible and I am a certified athletic trainer working in the state of Illinois. I currently am employed by athletico, working at Fenwick High School in Oak Park.

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,
Dana Sible, ATC

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physician Assistant**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Tish Hollingsworth and I am a physician assistant and athletic trainer in rural Colorado. I was born and raised in rural Colorado and have been dedicated to improving health care and services in those areas since completing my training over 10 years ago. I have worked in a rural hospital throughout that time and have seen how difficult it is to recruit and retain qualified professionals.

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,

Tish Hollingsworth, PAC, ATC, MPAS

Submitter : **Date: 08/28/2007**

Organization :

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

Technical Corrections

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
PO Box 8018
Baltimore, Maryland 21244-8018

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation, be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,
Kevin E. Ireland, DC

Submitter : **Dr. Michael Byas-Smith** **Date: 08/28/2007**

Organization : **Emory University**

Category : **Physician**

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. Thank you very much for taking steps to address this issue.

The RBRVS has 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.

Michael Byas-Smith, MD
Associate Professor of Anesthesiology
Emory University School of Medicine
Atlanta, Georgia

Submitter : Dr. Menachen Walfish **Date:** 08/28/2007

Organization : LICH

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a new junior anesthesiology attending at a State University teaching program. I got excellent training but many of my fellow trainees have left academics mainly due to the large difference in salary. By increasing Medicare reimbursments for anesthesiologists, I believe the training programs will attract and keep the best young attendings so that our presnt and future residents wiil get the best teaching experience and ultimately deliver the highest level of care to the patients at our academic centers. How could the teaching centers compete for the most qualified anesthesiology staff if they do not have the required resources?

Submitter : **Mr. Todd McLoda** **Date: 08/28/2007**

Organization : **Illinois State University**

Category : **Other Practitioner**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

[This is a duplicate submission of comments with a typographical error corrected]

Dear Sir or Madam:

My name is Todd McLoda and I am a Certified Athletic Trainer licensed to practice in the State of Illinois. I direct a nationally accredited edueation program for athletic trainers at Illinois State University. Each year, we graduate 22 new athletic trainers who are outstanding practitioners in their chosen profession. These students have excellent technical skills and knowledge and are fully capable of neurologic and orthopedic evaluations of patients within our scope of practice. Athletic trainers are also outstanding clinicians who design and implement carefully developed rehabilitation and treatment programs for our patients. I am, therefore, dismayed that our ability to remain a part of effective patient care may be in jeopardy.

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 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 board certification 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 a counterproductive stance 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 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. It is also imperative that patients receive care from optimal health care providers. This may include specific professionals that are selected for their skillset by referring physicians or, may include a team of professionals who have the ability to determine the course of treatment needed to return the patient to activities of daily living AND to be a productive, physically active member of society. This is the role of the certified athletic trainer.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage 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.

Respectfully,

Todd McLoda, PhD, ATC, LAT

Submitter : **Dr. Catherine Ellyn** **Date: 08/28/2007**

Organization : **Dr. Catherine Ellyn**

Category : **Physician**

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.

Sincerely,
Catherine Ellyn MD
Suite 420
125 Doughty Street
Charleston, South Carolina

#9316

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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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.

Enrique Reed, M.D.

Submitter : **Mr. Russell Hoff** **Date: 08/28/2007**

Organization : **Valdosta State University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Russ Hoff and I am the Director of Sports Medicine at Valdosta State University. I coordinate athletic health care within the athletic department and I am an Assistant Professor in the College of Education. I have a bachelors degree in Health Education/Biology and a Masters in Physical Education. I hold national certification as a certified athletic trainer and Georgia state licensure to practice athletic training.

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,

Russ Hoff MS ATC

Submitter : Dr. KENNETH KINGSLY **Date:** 08/28/2007

Organization : GREATER BRIDGEPORT UROLOGY

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

SEE ATTACHMENT

CMS-1385-P-9318-Attach-1.DOC

#9318

GREATER BRIDGEPORT UROLOGY
425 POST ROAD
FAIRFIELD, CONNECTICUT 06824

Center for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1385-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

August 28, 2007

Ladies and Gentlemen:

I am a urologist working with Greater Bridgeport Urology, in Fairfield, Connecticut. I am also an owner in a joint venture LLC which provides lithotripsy services.

I would first like to state that the quality of medical care provided by our lithotripsy service is outstanding. We have easy access to a state of the art machine, which we recently acquired. My patients know that when we schedule lithotripsy they remain under our good care, with the best possible staff (which we hire) and are treated with top notch equipment. They also know that if there is any problem or complication, that they remain under our care until the problems are completely resolved.

I joined my group six years ago, and joined the LLC two years ago. My understanding is that prior to such an LLC, our patients were treated at a facility 25 miles away and were not easily managed afterward, particularly if there were complications. I am happy to have the opportunity to be involved with our LLC for many reasons, including the ability to provide outstanding care locally for our patients. No other individuals will care as much about our patients as the doctors directly managing them. I have also been favorably impressed by the commitment to monitoring outcomes (quality assurance) by our LLC.

I am, however, concerned about the Medicare Physician Fee Schedule proposals recently brought to my attention. In particular, the per procedure fee prohibition would be a major problem for several reasons. Our LLC provides a service which would basically be beyond our local hospital's interest to provide on its own. Being aware of how much our local hospital is willing to spend on capital equipment, I am certain that without a stable contract with our LLC, there would be no lithotripsy offered, and if there was, it probably would be from inferior equipment and would certainly be from a less experienced staff. Our LLC provides consistent care because all it essentially does is lithotripsy.

Our local hospital would never have the interest, or the budget, to provide the service we can provide. Additionally, as I have seen already in my first few years of practice, treatment modalities change quickly. I know that the consortium of doctor investors in our LLC would be certain to invest in any new equipment, as soon as it is proven to be safe and effective. The hospital's mission would be to avoid any new expenditure, as long as possible. For example, our hospital has an MRI unit which has been in use constantly since its initial purchase. Now, after nineteen years, they are replacing its completely outdated magnet. According to the radiologists, the magnet probably became obsolete ten years ago. To me, that is embarrassing, and something that our LLC would never do, as our primary commitment is to the patient sitting in our office with a problem. The hospital's interest has far more to do with cost and risk analysis.

As far as concerns regarding, "under arrangement contracting", our LLC provides lithotripsy service which is objectively determined by the presence of a kidney stone, which is therapeutic without any other acceptable modality. Our LLC is able to provide superb care to patients in several hospitals in Connecticut, with minimal travel for the patients. The local care, as I stated, provides seamless management for thousands of patients each year. This arrangement ultimately shares the cost of state of the art care among the many hospitals served. Additionally, working in an urban setting, I have dozens of patients over the past few years who have no insurance and have benefited from the service of our LLC.

In summary, I am a urologist with a few years of experience, and I am not a lawyer or a politician, and I would be insincere if I pretended to understand the complexities of the proposed changes from CMS. What I do know is

that our LLC provides outstanding service to many patients, which should be a standard in healthcare. The doctor investors are providing the highest quality care for their patients, in a way that would be inferior if managed by anyone else. Lithotripsy is unusual in healthcare in that, for the most part, there is no current acceptable alternative. I am proud to be involved in our LLC, and hope my position is supported in your ongoing discussions.

Sincerely,

Kenneth A. Kingsly, M.D.

Submitter : **Dr. Bradley Johnson** **Date: 08/28/2007**

Organization : **Dr. Bradley Johnson**

Category : **Physician**

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.