

Submitter : Mrs. Sayidah Abdul-Mumin
Organization : NASW
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

Inform CMS how a 14 percent reimbursement cut will affect your practice and you as a Medicare provider;
Request CMS not to reduce work values for clinical social workers effective January 1, 2007;
Request CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and
Request CMS not to approve the proposed "bottom up" formula to calculate practice expense. Request CMS to select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Submitter :

Date: 08/15/2006

Organization :

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

In regards to the proposed changes in Medicare reimbursement, I urge you to re-evaluate the current/future costs of DEXA scans. The potential reduction in the global reimbursement of this test will affect the ability of our rural hospital to offer the scan thereby forcing the patient to utilize another facility which negatively affects our patient load as well as my staff's workload potentially cutting back on their hours. Most importantly, the patient, male and female, stands to lose the most as their access to the test would be negatively impacted.

Submitter : Ms. Alicia Richards
Organization : Straight From the Heart
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

Please do not reduce work vaues for clinical social workers commencing in 2007.

Submitter : Dr. J Stanley Smith
Organization : Hershey medical Center
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

**Discussion of Comments- General,
Colorectal and Vascular Surgery**

Discussion of Comments- General, Colorectal and Vascular Surgery

The values for breast surgery are grossly underrated.

It is often easier to do a total mastectomy 19180 than a partial mastectomy 19160 because of the anatomic landmarks for a total. First off, a lumpectomy is a misnomer--we always need to take more than the lump for cancer to be sure we can get clear margins.

A cancer cannot often be seen by the surgeon's eye and for less than a total mastectomy we have to estimate where the cancer ends and normal margins are. In order to do this for a partial mastectomy, we must plan an effective incision--there is not one incision that will treat all cancers in a particular area. Then we must widely excise through the breast tissue to achieve clear margins. Then the most difficult part remains--closure. In order to close the defect, we must be sure the breast still has a good cosmetic appearance or the entire surgery has not achieved its goal, ie. to save the breast, its form and shape so a woman doesn't need a prosthesis. This is actually oncoplastic surgery. Cosmesis is not as much a concern with a total mastectomy since the patient will either get reconstruction or wear a prosthesis. It is about time that a "lumpectomy" or Partial Mastectomy be considered a cancer operation not a "biopsy" and be valued as such. Considering the values for some interventional procedures that are done in minimal time, minimal patient contact, and with minimal risk, breast procedures are grossly undervalued based on the time spent discussing treatment options, possible procedures, postoperative treatments and followup in this very demanding population.

Submitter : Dr. Terri Lechnyr
Organization : Pain Management & Behavioral Medicine Clinic
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

I would like to speak on behalf of Clinical Social Workers who provide a large bulk of mental health services. It is already hard to find sufficient mental health providers who will take Medicare patients because of the poor present reimbursement levels. Further cuts will dramatically affect access to disabled and senior citizens. Consider the following:

1. Please reduce work values for clinical social workers effective January 1, 2007;
2. I am asking CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and
3. I am also asking that CMS not approve the proposed "bottom up" formula to calculate practice expense. I am requesting CMS to select a formula that does not create a negative impact for clinical social workers providers and ultimately access to mental health services for Medicare patients.

The proposed changes will have a dramatic negative impact that in the long run will not save money but result in more inappropriate medical overutilization of services and care.

Thank you.

Submitter :

Date: 08/15/2006

Organization :

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

14% reimbursement cut will negatively affect my practice as a provider of services to people with mental illness.

Submitter : Ms. Robin DeBates

Date: 08/15/2006

Organization : Ms. Robin DeBates

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I strongly encourage you to reconsider the proposed reductions in social work practice expense values. Much like dentists in our area, licensed professional social workers often choose to higher paying privately insured persons over medicare and medicaid clients due to the already lower rates of payment. In spite of a professional and ethical obligation to provide services without regard to socioeconomic status, social workers do have a financial bottom line much like any other health care professional. Devaluing the payment rate devalues the work of highly skilled, hard working people who are already often minimally compensated compared to others in the workforce. Decreasing the value of social work units will also negatively impact public and non-profit private agencies whose mission it is to provide services to those typically considered under-served. These agencies are already laboring under strains of decreased revenue with simultaneous expectations to do more for many more with fewer resources. I urge you to consider alternative ways to meet your budget goals without reducing the financial value of social work. As a society we can espouse any value we want... that we are caring, compassionate and supportive of human beings trying to reach their fullest potential. But until we put our money where our mouths are, so to speak, empty rhetoric leads to empty bank accounts for providing services to the most needy of us all.

Submitter : Dr. Ron Lechnyr, Ph.D.
Organization : Pain Management & Behavioral Medicine Clinic
Category : Other Health Care Professional

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

I would like to speak on behalf of Clinical Psychologists who provide a large bulk of mental health services. It is already hard to find sufficient mental health providers who will take Medicare patients because of the poor present reimbursement levels. Further cuts will dramatically affect access for disabled and senior citizens.

Consider the following:

1. Please reduce work values for clinical social workers effective January 1, 2007;
2. I am asking CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers; and
3. I am also asking that CMS not approve the proposed "bottom up" formula to calculate practice expense.

I am requesting CMS to select a formula that does not create a negative impact for clinical social workers providers and ultimately access to mental health services for Medicare patients. The proposed changes will have a dramatic negative impact that in the long run will not save money but result in more inappropriate medical overutilization of services and care. Psychological Issues, including the high levels of elderly suicide and chronic pain complaints, are major areas of concern for senior citizens and their physicians. Reducing reimbursements will result in reducing access and care frustrating patients and their physician providers. Thank you.

Submitter : Ms. Alice Gunnison
Organization : HIV clinic University of Louisville
Category : Physician Assistant

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

Would really like to see higher reimbursement. We barely get by in our clinic with short staff and not enough services (such as labs and meds) for some of our HIV pts. I'm glad Bill Gates is helping global AIDS, but we still have plenty of patients falling through the cracks here in the U.S.

Submitter : Ms. Jennifer Hobbs

Date: 08/15/2006

Organization : Morrison Center

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I want to comment on the proposed reduction in reimbursement for services by Social Workers. A 14 percent reimbursement cut will impact the quality of care that I am able to provide as a Medicare provider. I want to request that CMS not to reduce work values for clinical social workers effective January 1, 2007. Furthermore, I also request CMS to withdraw the proposed increase in evaluation and management codes until they have the funds to increase reimbursement for all Medicare providers.

Finally, I request that CMS not approve the proposed "bottom up" formula to calculate practice expense, but rather select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Submitter : Mrs. Darleen Searcy

Date: 08/15/2006

Organization : NASW

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

I am a Medical Social Worker. I ask that you do not decrease reimbursement for social workers or other health and mental health providers. Many of my peers and many health care providers are leaving the field; young people who once might have chosen a human services or healthcare profession are choosing professions where they feel they will make a decent living. The ultimate loser is our society and each person who relies on a caring government to provide services to fill their needs. A caring society is a just society, and ultimately, is the only society that will survive. People who enter the helping professions should be adequately paid.

Submitter : Ms. Kristin Garrison
Organization : Anchorage Fracture
Category : Other Technician

Date: 08/15/2006

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

In reference to CMS-1512-PN regarding proposed global reimbursement for skeletal DXA, I would like to address some issues that are being overlooked.

Many Medicare patients are at a high risk for bone loss due to their age, being post-menopausal, having lower physical activity, or a possible history of fractures. Coming from an Orthopedic standpoint we see additional risks such as individuals who present with vertebral fractures, as well as the elderly who are in poor health and are prone to falls. The examples that I have listed are all major risk factors for Osteoporosis.

The proposed cuts could significantly impact our Medicare patients' access to important bone density screening tests. These patients could suffer undetected and unnecessary bone loss that could have possibly been prevented by a simple test. The end result could be fractures that will end up costing the Medicare program more money in the end.

Here at Anchorage Fracture and Orthopedic Clinic we employ the best equipment to offer our patients the highest standards. We understand that the assumption regarding the equipment cost of DXA is calculated utilizing pencil-beam technology. Our system, and virtually all systems utilized today, are fan beam technology. This technology is state of the art and provides substantially more accurate results than the pencil-beam studies. However, its higher cost must be considered into Medicare's reimbursement.

Please reconsider the negative impact this proposal may be having on elderly womens' access to osteoporosis screening. Thank you for your consideration of our comments.

Submitter : Ms. Linda Hill
Organization : private practice
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

As a clinical social worker who is a Medicare practitioner, I do not support the proposal that social workers receive a 7% reduction in work values, a 2% reduction in practice expense values and an additional proposed 5% decrease in work values - for a whopping 14% reimbursement cut in total. Such a cut would have a sharply negative impact upon my private practice. I am requesting that you withdraw these plans, and I would ask that you halt the proposed increase in evaluation and management codes until CMS has the funds to increase reimbursement for *all* Medicare providers. I would also encourage you to *not* approve the proposed "Top Down" formula to calculate practice expense. Please instead select a formula that does not create a negative impact for mental health providers. Thank you.

Submitter : Mr. Kenneth Jagdmann
Organization : Aquatic Health
Category : Physical Therapist

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

See Attached

CMS-1512-PN-1479-Attach-1.WPD

Alison
#1479

AQUATIC HEALTH & REHABILITATION SERVICES, INC.
595 N. COURTENAY PKWY #203 829 N. ATLANTIC AVENUE
MERRITT ISLAND, FL 32953 COCOA BEACH, FL 32931
(321) 453-8484 FAX: (321) 453-8448 (321) 799-8450 FAX: (321) 799-8452

August 15, 2006

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U. S. Department of Health and Human Services
Attn; CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Re: Medicare Program: Five-Year Review of Work Relative Value Units under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology

Dear Dr. McClellan;

My name is Kenneth Jagdmann; I am a physical therapist with Aquatic Health and Rehabilitation Services, Inc. in Merritt Island and Cocoa Beach, FL. I am a graduate of the University of N. Florida, and have been practicing PT for 5 years.

The purpose of this letter is to comment on the June 29 proposed notice that set forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.

Over the last several years, reimbursement for physical therapy has been on a steady decline. The proposed cuts would cause many physical therapy facilities to close or diminish the care available to our patients. I strongly urge that CMS ensure that severe Medicare payment cuts for physical therapists and other healthcare professionals do not occur in 2007. Furthermore, I recommend that CMS transition the changes to the work relative value units (RVUs) over a four year period to ensure that patients continue to have access to valuable health care services.

I am making the above recommendations for the following reasons:

- 1) These proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of the elderly and disabled is jeopardized.

- 2) Under current law, the “Sustainable Growth Rate” (SGR) formula is projected to trigger a 4.6% cut in payments in 2007. Similar cuts are forecasted to continue for the foreseeable future, totaling 37% by 2015. The impact of these cuts would be further compounded by a budget neutrality adjuster proposed in the 5-year review rule that would impose cuts on top of the SGR. It is unreasonable to propose policies that pile cuts on top of cuts.
- 3) CMS emphasizes the importance of increasing payment for E/M services to allow physicians to manage illnesses more effectively and therefore result in better outcomes. Increasing payment for E/M services is important – but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face-to-face consultation and treatment with patients, yet their services are being reduced in value.

I would like to take this opportunity to thank you for your time and consideration in this matter.

Sincerely,

Ken Jagdmann, PT

Submitter : Ms. Terry Shepherd
Organization : Aquatic Health and Rehab
Category : Physical Therapist

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

See Attached

CMS-1512-PN-1480-Attach-1.WPD

Attach
1480

AQUATIC HEALTH & REHABILITATION SERVICES, INC.
595 N. COURTENAY PKWY #203 829 N. ATLANTIC AVENUE
MERRITT ISLAND, FL 32953 COCOA BEACH, FL 32931
(321) 453-8484 FAX: (321) 453-8448 (321) 799-8450 FAX: (321) 799-8452

August 15, 2006

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U. S. Department of Health and Human Services
Attn; CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Re: Medicare Program: Five-Year Review of Work Relative Value Units under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology

Dear Dr. McClellan;

My name is Terry Shepherd; I am a physical therapist with Aquatic Health and Rehabilitation Services, Inc. in Merritt Island and Cocoa Beach, FL. I am a graduate of the University of Central Florida, and have been practicing PT for 12 years.

The purpose of this letter is to comment on the June 29 proposed notice that set forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.

Over the last several years, reimbursement for physical therapy has been on a steady decline. The proposed cuts would cause many physical therapy facilities to close or diminish the care available to our patients. I strongly urge that CMS ensure that severe Medicare payment cuts for physical therapists and other healthcare professionals do not occur in 2007. Furthermore, I recommend that CMS transition the changes to the work relative value units (RVUs) over a four year period to ensure that patients continue to have access to valuable health care services.

I am making the above recommendations for the following reasons:

- 1) These proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of the elderly and disabled is jeopardized.

- 2) Under current law, the “Sustainable Growth Rate” (SGR) formula is projected to trigger a 4.6% cut in payments in 2007. Similar cuts are forecasted to continue for the foreseeable future, totaling 37% by 2015. The impact of these cuts would be further compounded by a budget neutrality adjuster proposed in the 5-year review rule that would impose cuts on top of the SGR. It is unreasonable to propose policies that pile cuts on top of cuts.**

- 3) CMS emphasizes the importance of increasing payment for E/M services to allow physicians to manage illnesses more effectively and therefore result in better outcomes. Increasing payment for E/M services is important – but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face-to-face consultation and treatment with patients, yet their services are being reduced in value.**

I would like to take this opportunity to thank you for your time and consideration in this matter.

Sincerely,

Terry Shepherd, PT, MSHA

Submitter : Ms. Joyce Downing
Organization : Aquatic Health
Category : Physical Therapist

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense
See Attached

CMS-1512-PN-1481-Attach-1.WPD

A. Hoch
1481

AQUATIC HEALTH & REHABILITATION SERVICES, INC.
595 N. COURTENAY PKWY #203 829 N. ATLANTIC AVENUE
MERRITT ISLAND, FL 32953 COCOA BEACH, FL 32931
(321) 453-8484 FAX: (321) 453-8448 (321) 799-8450 FAX: (321) 799-8452

August 15, 2006

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U. S. Department of Health and Human Services
Attn; CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Re: Medicare Program: Five-Year Review of Work Relative Value Units under the Physician Fee Schedule and Proposed Changes to the Practice Expense Methodology

Dear Dr. McClellan;

My name is Joyce Downing; I am a physical therapist with Aquatic Health and Rehabilitation Services, Inc. in Merritt Island and Cocoa Beach, FL. I am a graduate of the Florida A&M University, and have been practicing PT for 14 years.

The purpose of this letter is to comment on the June 29 proposed notice that set forth proposed revisions to work relative value units and revises the methodology for calculating practice expense RVUs under the Medicare physician fee schedule.

Over the last several years, reimbursement for physical therapy has been on a steady decline. The proposed cuts would cause many physical therapy facilities to close or diminish the care available to our patients. I strongly urge that CMS ensure that severe Medicare payment cuts for physical therapists and other healthcare professionals do not occur in 2007. Furthermore, I recommend that CMS transition the changes to the work relative value units (RVUs) over a four year period to ensure that patients continue to have access to valuable health care services.

I am making the above recommendations for the following reasons:

- 1) These proposed cuts undermine the goal of having a Medicare payment system that preserves patient access and achieves greater quality of care. If payment for these services is cut so severely, access to care for millions of the elderly and disabled is jeopardized.

- 2) Under current law, the “Sustainable Growth Rate” (SGR) formula is projected to trigger a 4.6% cut in payments in 2007. Similar cuts are forecasted to continue for the foreseeable future, totaling 37% by 2015. The impact of these cuts would be further compounded by a budget neutrality adjuster proposed in the 5-year review rule that would impose cuts on top of the SGR. It is unreasonable to propose policies that pile cuts on top of cuts.**

- 3) CMS emphasizes the importance of increasing payment for E/M services to allow physicians to manage illnesses more effectively and therefore result in better outcomes. Increasing payment for E/M services is important – but the value of services provided by all Medicare providers should be acknowledged under this payment policy. Physical therapists spend a considerable amount of time in face-to-face consultation and treatment with patients, yet their services are being reduced in value.**

I would like to take this opportunity to thank you for your time and consideration in this matter.

Sincerely,

Joyce Downing, PT

Submitter : Ms. Julie Krug
Organization : Jewish Family & Children's Service of SNJ
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

Department of Health and Human Services
Attention: CMS-1512-PN
PO Box 8014
Baltimore, MD 21244-8014.

August 16, 2006

To Whom It May Concern regarding CMS-1512-PN:

I have just learned that CMS is proposing a 14 percent reimbursement cut to clinical social workers. I am a social worker at a non-profit social service agency with a staff of mostly licensed clinical social workers. We provide services to the individuals with developmental disabilities, mental health diagnoses. A large portion of our client population are seniors, in poor health, in need of therapy services or case management and monitoring.. Our services include therapy, case management, needs assessment, coordination of healthcare providers and medication. We provide a valuable service to our clients, but we cannot offer these services if our reimbursement is cut. If we cannot offer these services, many people in the Southern New Jersey region would suffer.

Please do not reduce work values for clinical social workers effective January 1, 2007. Please withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers. I also urge you to reject the bottom up formula to calculate practice expense. Please select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

I am writing to you to advocate for the clients of our agency and our community. They will be hurt in the long run if your proposed cuts take place.

Thank you for your time.

Sincerely,

Julie S. Krug, LCSW

Submitter : Terri Haven
Organization : Terri Haven
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

I am writing to very strongly request that you reconsider the proposed 7 percent reduction in work values and 2 percent reduction practice expense values for clinical social workers effective January, 2007. These reductions will drastically reduce, if not completely eliminate, my ability to continue to serve clients who have Medicare and/or Medicaid. These clients are already in the very difficult position of trying to access the small pool of existing providers - that pool will, out of necessity, become much smaller if the already low reimbursement rates get even lower. It is simply not feasible for practitioners like myself to even 'break even' with the continued annual lack of increases (and usual decreases) in reimbursement. Clinical social workers serve a very large portion of the clients in this population and offer a unique multifaceted service that is instrumental in reducing the need for more costly inpatient services. The 'need' for the proposed reductions could best be offset by withdrawing the proposed increase in evaluation and mangement codes for physicians until the funds are available the increase reimbursement for all Medicare providers. Physicians are certainly extremely important in providing medical care.....social workers are just as important in providing the necessary behavioral and mental health care. PLEASE DO NOT TAKE THIS SHORT SIDED ACTION WHICH WILL RESULT IN A DRASTIC LOSS OF MEDICARE/MEDICAID PROVIDERS!!!

Submitter : Mrs. Lorrie Levine
Organization : Private Practice
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing to urge you NOT to go forward with the 7% reduction in work values and the 2% reduction in Practice Expense values for Clinical Social Workers. A 14% reimbursement cut will adversely impact private practice Social Workers who already struggle with the reimbursement schedule, especially in the context of increasing expenses for maintaining a private practice. I also urge you not to approve the "Top down" formula to calculate practice expense in favor of a formula which does not negatively impact mental health providers.

Submitter : Ms. Julie Mowatt
Organization : private practice- LCSW
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

re: CMS-1512-PN

To whom it may concern:

I have become aware of the recent proposed 14% reimbursement cut for certain Medicare providers (CMS-1512-PN). I am an LCSW in solo private practice for 30 plus years. My practice focuses on providing services to the elderly in skilled nursing facilities. Counseling for these individuals is crucial so as to enhance their quality of life. Multiple losses, deteriorating health and impending death are but a few of the issues this group faces. Most LCSW's will not work with this population because the work can be depressing and even more so, because the Medicare reimbursement rate is so low. Most private practitioners choose private pay and insurance reimbursement for services rendered because it is at a substantially higher rate. With the newly proposed changes, some of the most vulnerable members of our society will be even more 'forgotten'.

I am requesting that the work values not be reduced for clinical social workers effective January 1, 2007. I am also requesting that the proposed increase in evaluation and management codes be withdrawn until the funds are available to increase reimbursement for all Medicare providers. And lastly, I am requesting that the proposed 'bottom up' formula to calculate practice expense not be approved but instead select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Thank you for your consideration.

Sincerely,

Julie Ann Mowatt, LCSW
2079 Knowles Road
Medford, OR 97501
(541) 245-4446

Submitter : Dr. Michael Geelhoed
Organization : Univ. of TX Health Science Center at San Antonio
Category : Physical Therapist

Date: 08/15/2006

Issue Areas/Comments

Other Issues

Other Issues

Dear Sir/Madam,

I am a faculty member in Texas and have been practicing Physical Therapy (PT) since 1998. I am writing with concern about the proposed cuts in Medicare reimbursement as part of the five year review of work value relative units. If implemented as proposed, these work value reductions would cut payment to physical therapists by 6% in 2007 - and when combined with other adjustments could result in aggregate cuts of nearly 10%. These cuts pose a severe threat to physical therapists' ability to provide care for Medicare beneficiaries. A similar reimbursement issue, the Medicare annual cap which was placed on PT services as part of the balance budget act of 1998, sent the PT profession into a tailspin from which it has only recently begun to recover. Our aging population desperately needs access to PT services. PTs are uniquely positioned to improve the health, function, and well being of Medicare beneficiaries, thereby saving the US healthcare system billions of dollars. PT is widely recognized as a safe and effective way to reduce pain, improve functioning, and prevent future disease and disability. The current proposal will have a significant negative impact on the practice of PT in this country, at a time when we as a society need PT more than ever. I ask you to please reconsider any reduction in reimbursement for PT services.

Thank you,
Dr. Michael Geelhoed, PT, DPT, OCS, MTC
Assistant Professor, UTHSCSA

CMS-1512-PN-1486-Attach-1.TXT

Attach

1486

Dear Sir/Madam,

I am a faculty member in Texas and have been practicing Physical Therapy (PT) since 1998. I am writing with concern about the proposed cuts in Medicare reimbursement as part of the five year review of work value relative units. If implemented as proposed, these work value reductions would cut payment to physical therapists by 6% in 2007 - and when combined with other adjustments could result in aggregate cuts of nearly 10%. These cuts pose a severe threat to physical therapists' ability to provide care for Medicare beneficiaries. A similar reimbursement issue, the Medicare annual cap which was placed on PT services as part of the balance budget act of 1998, sent the PT profession into a tailspin from which it has only recently begun to recover. Our aging population desperately needs access to PT services. PTs are uniquely positioned to improve the health, function, and well being of Medicare beneficiaries, thereby saving the US healthcare system billions of dollars. PT is widely recognized as a safe and effective way to reduce pain, improve functioning, and prevent future disease and disability. The current proposal will have a significant negative impact on the practice of PT in this country, at a time when we as a society need PT more than ever. I ask you to please reconsider any reduction in reimbursement for PT services.

Thank you,

Dr. Michael Geelhoed, PT, DPT, OCS, MTC
Assistant Professor, UTHSCSA

Submitter : Ms. NANCE SCHAEFFER
Organization : GROUP HEALTH
Category : Health Care Industry

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

My comments concern reimbursement of DXA scans. This exam is vital to health issues and with a decrease in moneys to help our ageing population, we will have more fractures which increases the money spent.

Submitter :

Date: 08/15/2006

Organization :

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

I am writing in response to the proposed 14% reimbursement cut. As a clinical social worker and Medicare provider, this would severely reduce payment, which is already quite low. Additionally, I request that you not reduce work values and practice expense values by 7% and 2%, respectively. Please withdraw the proposed increase in evaluation and management codes until you have the funds to increase reimbursement for all Medicare providers. I also urge you to not approve the "bottom up" formula to calculate practice expense; instead, select a formula that does not create a negative impact for clinical social workers who have very little practice expense as providers.

Thank you.

Submitter : Mr. Steven Cooper
Organization : Towncrest Internal Medicine
Category : Individual

Date: 08/15/2006

Issue Areas/Comments

**Discussion of Comments-
Evaluation and Management
Services**

Discussion of Comments- Evaluation and Management Services

As an administrator for a 13 physician Internal Medicine group in Iowa City I would like to urge CMS to finalize the recommended work RVU increases for evaluation and management services.

Our practice, like all businesses continue to sustain cost increases for labor and supplies of between 3 and 5% per year. Unfortunately some of the ways we manage these increases is by outsourcing such work as medical transcription; hiring less experienced ancillary personnel; decreasing the quality of our own health insurance policies; decreasing the # Medicare patients we accept; and virtually eliminating Medicaid and indigent care. Even with these changes, our physicians have seen no change or lower incomes for each of the last five years, despite seeing more patients.

In our practice we see primarily adults over the age of 50 and about 65% of all our patients are on Medicare. The majority of these patients present with several health concerns as is common when people age. Additionally, many patients are taking medicine for various chronic illnesses. The point here is that a typical evaluation and management visit involves a history, exam, lab work, and follow up by letter or phone call. The cumulative work for each level 3 visit likely approaches 30-40 minutes and in Iowa we're paid \$48.76. By contrast a pediatrician who sees a child with an ear infection, spends approximately 10 minutes and is paid the same amount. I know this because I have small children.

Furthermore, while technologies (namely electronic medical records) have been developing which are designed to streamline physician work and make that work more efficient, there are really no system yet developed which accomplish that work. The systems currently available transfer work from a typist say to a physician, or from a medical records person to a physician - but they don't provide the physician more time with the patient. The systems are designed to maximize the CPT level the physician bills by capturing dictation into a sterile office note which loses much of the definition and description of the spoken word. In short, most patient centered offices have not adopted these "cost savings" measures because we believe they will decrease the quality of care and merely transfer additional work to the physicians.

In summary, please finalize the recommended work RVU increases or E/M services.

Submitter : Mr. Dennis Pfrimmer

Date: 08/15/2006

Organization : Mr. Dennis Pfrimmer

Category : Social Worker

Issue Areas/Comments

GENERAL

GENERAL

Please DO NOT reduce the reimbursement for Social Workers. They provide most of the mental health care in the country. I'm concerned that Medicare recipients will go without services if more clinicians decide the reimbursement doesn't cover their costs.

Submitter : Dr. Heather Braden
Organization : University of Texas Health Science Center
Category : Physical Therapist

Date: 08/15/2006

Issue Areas/Comments

Other Issues

Other Issues

Subject: Medicare Program, 5 year review of work relative value units under the physician fee schedule and proposed changes to the practice expense methodology

Dear Sir/Madam,

I am a faculty member in Texas and have been practicing Physical Therapy (PT) since 2000. I am writing with concern about the proposed cuts in Medicare reimbursement as part of the five year review of work value relative units. If implemented as proposed, these work value reductions would cut payment to physical therapists by 6% in 2007 - and when combined with other adjustments could result in aggregate cuts of nearly 10%.

These cuts pose a severe threat to physical therapists' ability to provide care for Medicare beneficiaries. A similar reimbursement issue, the Medicare annual cap which was placed on PT services as part of the balanced budget act of 1998, sent the PT profession into a tailspin from which it has only recently begun to recover. Our aging population desperately needs access to PT services. PTs are uniquely positioned to improve the health, function, and well being of Medicare beneficiaries, thereby saving the US healthcare system billions of dollars.

PT is widely recognized as a safe and effective way to reduce pain, improve functioning, and prevent future disease and disability. The current proposal will have a significant negative impact on the practice of PT in this country, at a time when we as a society need PT more than ever. I ask you to please reconsider any reduction in reimbursement for PT services.

Sincerely,

Heather Braden PT, MPT, PhD
Assistant Professor
University of Texas Health Science Center
San Antonio, TX

Submitter :

Date: 08/15/2006

Organization :

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

DXA testing is an inexpensive way to keep long term costs down. Reducing reimbursement for this test will make the test less available to people and in the long run, can cost medicare more in care for fragility fractures.

Cost of reimbursement is based on Pencil-beam machines. Most facilities now use Fan Beam Machines.

Thank you for your time.

Karen Wright, RT (R) (BD)

Submitter : Dr. Jonna Schmidt
Organization : Jonna L. Schmidt, M.D., P.C.
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

I urge you to reconsider your proposed drastic reduction in dual energy x-ray absorptiometry (DXA). Osteoporosis is a major problem affecting millions of Americans annually. This important test requires 30 minutes of my staff time, which is a direct cost to me of \$20, and that cost is not including the equipment. I will not continue to offer this service at a revenue loss, and the consequences of undiagnosed osteoporosis will cost you more in the long run than paying a reasonable amount for this most important test. \$38.00 does not even come close to covering my costs for providing a bone density to my patients. Thank you for your consideration in this matter.

Submitter : Ms. Linda Blinkmann
Organization : Center Peace Services
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

Other Issues

Other Issues

Health Care access, which includes Mental Health Care, in rural America is hard enough let alone for the poorer among us. Taking reductions for payment of services out-of-the-pockets of these providers may well begin a grassroots revolt among baby boomers who won't have any problem with not supporting legislature that promises to reduce services and the quality of service provider. Money being taken away is a short-term fix for a much longer term problem. How about asking pharmaceutical companies how much of their budget they appropriate for indigent care? That may shock everyone if truth be known, which the public will probably never know about.

Submitter : Dr. Richard Chao
Organization : Dr. Richard Chao
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

With respect to the proposed changes to DXA reimbursements, I feel that they will cause a significant decrease in the availability of this important test to detect and monitor osteoporosis in patients. The cost of the DXA should not only cover the cost of the equipment, time and experience of the technologist, but also the cost of the performing physician educating the patient on the results of the exam and the meaning of the of results with respect to his /her disease. Without appropriate financial reimbursement, there would be no incentive to provide the time for the patients. It would be like another blood test.

With low reimbursements, the cost of the exam would far exceed the cost of delivering the care. I would then not be able to offer the service.

Thank you for considering the ramifications of your actions.

Respectfully submitted,
Richard Chao MD

Submitter : Ms. Stefani Poelker
Organization : Stefani Poelker, MSW, LCSW, LLC
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

Cutting reimbursement for Licensed Clinical Social Workers who take Medicare and Medicaid will only hurt the clients that we serve. Fewer LCSW's are likely to take this form of health/mental health insurance if we are not reimbursed appropriately for the services that we render.

This decision is also likely to 'weaken' the pool of mental health professions that accept Medicare and Medicaid referrals, and the clients may/ will inturn suffer with less qualified mental health professionals and in turn require long term care at more of an expense to the government... the citizens of this state.

Submitter : Dr. James Maddy
Organization : Wyoming Osteoporosis Center
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

As a clinical endocrinologist and a physician owner of a small densitometry facility, I am seriously concerned about the proposed drastic cuts in payment for dual energy X-ray absorptiometry (DXA; CPT code 76075) and vertebral fracture assessment (VFA; CPT code 76077). I believe that this action will severely reduce the availability of high quality bone mass measurement, having a profound adverse impact on patient access to appropriate skeletal healthcare.

It is quite ironic that these proposed cuts for DXA and VFA testing for patients at risk for osteoporosis and fractures are completely at odds with recent federal directives. Multiple initiatives at the Federal level including the Bone Mass Measurement Act, the US Preventive Services Task Force recommendations, and the Surgeon General's Report on Osteoporosis, all highlight the importance of osteoporosis recognition using DXA, and the value of appropriate prevention and treatment to reduce the high personal and societal cost of this prevalent disease. These patient-directed Federal initiatives, together with the availability of new medications for the prevention and treatment of osteoporosis, have improved bone health and dramatically reduced osteoporotic fractures, saving Medicare dollars in the long run.

If, as it now appears, some of the assumptions used to recalculate the Medicare Physician Fee Schedule were inaccurate, then perhaps CMS should re-examine these issues to more fairly calculate the actual practice expense (technical component), equipment utilization rate, and actual physician work related to DXA interpretation. It should be stressed that high quality DXA reporting requires skilled interpretation of the multiple results generated by the instrument. Newer technology has imposed higher standards and, if anything, DXA interpretation is more intense and less mechanical than in the past. This is because DXA is not only an imaging study - it is also a physiologic test.

Thank you for your consideration of my comments,

James A. Maddy, M.D.

Submitter : Dr. Thandavarajan Gopalakrishnan
Organization : Dr. Thandavarajan Gopalakrishnan
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

GENERAL

GENERAL

RE: Medicare Physician Fee Schedule of DXA reimbursement reduction of 80%

Osteoporosis is becoming the most common disease of the elderly causing fractures and increasing financial burden to Medicare and the community. Screening for osteoporosis has become an important tool to treat these patients and reduce the health care cost of the tertiary care. Primary intervention for osteoporosis has clearly reduced the incidence of the fracture. Dexa Scan is considered to be the best screening tool to screen osteoporosis. We can not treat these patients empirically due to the cost and side effects of these medications. So it is cost effective to screen these patients with a Dexa Scan.

As you know the cost of these machines is from \$60 to \$80,000.00 with an annual insurance fee of \$6,000.00. The time taken to do these test is 30 minutes without interpretation.

With the labor cost and the maintenance of this equipment is more expensive than doing the test for \$38.00 and this will stop all the physicians from screening for this debilitating disease.

So I humbly object to this proposed change to the Medicare Physician Fee Schedule of the Dexa Scan.

Thank You, T. Gopalakrishnan, M.D.

Submitter : Dr. Lynn Eiler
Organization : Partners in Health, PSC
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

Re: CMS-1512-PN Proposed changes to work relative value units and practice expense methodology as it affects reimbursement for DXA of the axial skeleton (CPT 76075): I believe that the assumptions regarding operating costs for DXA scanners is falsely based on cost information using obsolete technology (pencil-beam technology) rather than on costs for the newer, state of the art technology (fan beam technology) currently in use in our practice and in many practices. Proposed reductions in reimbursement for DXA scanning seriously underestimate the actual costs of providing this screening to our patients, and would, in my view, negatively impact women's access to this important test by making it difficult for this test to be provided in physician's offices. I urge reconsideration of this proposed cut in reimbursement for this important screening tool.

Submitter : Dr. Neil Breslau

Date: 08/15/2006

Organization : Dr. Neil Breslau

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

These are our comments regarding the fee schedule change for the procedure code 76075.

CMS-1512-PN-1500-Attach-1.TXT

Zaven H. Chakmakjian, M.D.
Neil A. Breslau, M.D.
Raphaelle D. Vallera, M.D.
Brian J. Welch, M.D.

Attachment #
1500

Diplomates American Board of Internal Medicine and Endocrinology-Metabolism

910 N Central Expwy
Dallas, Texas 75204
76012
(214) 823-6435
265-2464

6200 Parker Rd. #200
#403
Plano, Texas 75093
(972) 981-3831

1001 Waldrop Dr.
Arlington, Texas
Metro(817)

August 14, 2006

RE: Fee Schedule for CPT 76075

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1512-PN
P.O. Box 8014
Baltimore, MD 21244-8014

Dear Sir or Madam:

I am writing regarding proposed changes in the medicare reimbursement for dual energy x-ray absorptiometry (DEXA).

On June 21st, CMS published a notice that proposes changes to the medicare physician fee schedule (CMS-1512-PN). The net result of these changes would be an 80% reduction in the technical portion of reimbursement and a 50% reduction in the professional component for DEXA of the axial skeleton (CPT 76075). If fully implemented in four years, the proposed global reimbursement for DEXA currently at \$140, would be reduced to \$38.

This is very unfair to physicians who invested in expensive DEXA equipment (e.g. our machine cost \$65,000), based on current reimbursement guidelines. How can physicians rationally invest in equipment, if reimbursements fees can suddenly be dropped by 73%. How many business professionals could continue to operate a business, with this type of drastic, unanticipated reduction in reimbursement?

Moreover, the fee reductions do not take into account the full cost operating DEXA machines. The assumption regarding equipment cost was calculated utilizing cost information using pencil-beam technology, whereas virtually all systems utilized today (including ours) are fan beam. We have 3 technicians who require training and licensing. Insurance and service contracts are required. Radiation sources must be replaced. The result is a serious underestimation of the actual costs of providing state of the art osteoporosis screening.

The 50% reduction in the professional component for DEXA also seems unfair. In addition to our training in Internal Medicine and Endocrinology, some of us have trained for years in mineral metabolism and bone disorders. Before entering private practice Endocrinology, I served on a medical school faculty for 20 years in the sections of bone and mineral metabolism. All this training and expertise goes into the interpretation of each bone density report and appropriate decision-making. Then, the information has to be explained to the patients, and letters written to referring physicians. All of this should be considered carefully before reducing the professional fee.

I believe that the cuts in DEXA reimbursement as proposed are not only unfair to physicians currently using this technology, but ultimately will negatively impact women's access to this important test.

Sincerely,

Neil Breslau M.D.
Private Practice
Endocrinology

Submitter : Ms. Elizabeth McClain

Date: 08/15/2006

Organization : Ms. Elizabeth McClain

Category : Individual

Issue Areas/Comments

Practice Expense

Practice Expense

As a professional social worker I am requesting that you not reduce work values by 7 % for clinical social workers effective January 1, 2007. Our society has been hurt enough with the cuts made by our government within the last year and we cannot further afford to decrease the services provided to those who need it the most. Please do not approve the proposed Top down formula to calculate practice expense instead select a formula that does not create a negative impact for mental health providers. Thank you.

Submitter : Dr. Mark Song
Organization : Dr. Mark Song
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

This comment is submitted regarding the practice expense (PE) proposal and specifically regarding CPT 93701 and CPT 93701-TC. The proposed reduction in PE for this code is not in line with what it costs to administer the test. Please make sure you have the equipment price at \$38,710 (plus tax) and disposable costs at \$10.95 (plus tax and shipping). Are you aware that this test is only performed 3 or 4 times maximum per day? Based on the amounts proposed the equipment has a large negative cash flow in normal use. Is that your intent?

Submitter : Dr. James Mwatibo

Date: 08/15/2006

Organization : Dr. James Mwatibo

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

re cpt 93701, I am writing to report an error in the calculation of the amount. Please check the figures again, it can t be right.

Submitter : Dr. Evelyn Brezil

Date: 08/15/2006

Organization : Dr. Evelyn Brezil

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Please allow me to voice my strong displeasure at the incredulous amount of payment that CMS has proposed for some procedures in the physician work pool, namely CPT 93701-TC. A 0.65 RVU is equal to \$24.64 in 2006 conversion terms. Are you crazy or just trying to drive us physicians from taking care of Medicare patients?

Submitter : Dr. Salim Dabaghi
Organization : Dr. Salim Dabaghi
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

Revise the practice expense value for code 93701 to its current level to avoid bankrupting some of us out here.

Submitter : Dr. Pradeepta Chowdhury

Date: 08/15/2006

Organization : Dr. Pradeepta Chowdhury

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I just purchase a piece of thoracic electrical bioimpedance equipment for over \$40,000 (bioz brand) based on the current year CPT code of \$44.34 (#93701). This is set to go down significantly over the next four years and will cause me to lose money in my practice. Please delay the implementation and give a longer notice so that those of us who have made investments in medical technology to recoup those investments first before payment is slashed and burned.

Submitter : Mrs. Leah Schneider

Date: 08/15/2006

Organization : CentraCare Clinic--Women and Children

Category : Other Technician

Issue Areas/Comments

**Discussion of Comments-
Radiology, Pathology, and Other
Misc. Services**

Discussion of Comments- Radiology, Pathology, and Other Misc. Services

This comment is in regards to the possible adoption of the Medicare policy regarding reimbursements for DXA scans. I think it would be a huge mistake to adopt this policy. Dexascans are largely done on people who are on Medicare. If clinics are not reimbursed properly for these tests, the clinics will not be able to afford to stay afloat and even pay their technologists to perform this important test. Please do not adopt this new policy, for the sake of patients, techs and the clinics/facilities they work in. Thank you for your time.

Submitter : Ms. Joan Baggett
Organization : LCSW, Private Practice
Category : Social Worker

Date: 08/15/2006

Issue Areas/Comments

Other Issues

Other Issues

Re: Rate reductions. Every year my costs of providing services to my clients go up. However, most reimbursement rates from insurance including Medicare remain the same or do not match my expenses. It is unfair to penalize those of us in the health care industry. Please reconsider the decision to reduce the rates we are allowed. I know that most Americans get COL increases each year. I do not want to refuse care to Medicare clients, but if the planned reduction happens I will have no choice.

Thanks for your time and consideration in this matter

Joan Baggett

Submitter : Dr. Nenad Janicijevic
Organization : Dr. Nenad Janicijevic
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

The fixed utilization rate for all codes in the physician work pool is a flawed concept. Please incorporate actual use into the calculation that amortizes the equipment cost over a five year term. The fixed five year time is reasonable as this is standard, but utilization varies widely.

Submitter : Ms. Marsha Andrews

Date: 08/15/2006

Organization : Individual

Category : Social Worker

Issue Areas/Comments

Other Issues

Other Issues

CMS is proposing that Clinical Social workers receive a 7 percent reduction in work values and a 2 percent reduction in Practice Expense values effective January 1, 2007. An additional proposed 5 percent decrease in Practice Expense values is to occur by 2010. As a graduate student in my second year of my MSW program, I state, that this does not encourage me to continue to stay in the profession. The United States, is constantly concerned about why we do not attract more valuable students to certain professions such as social work, teaching, etc. It is because you do not value these profession. Social work is already one of the least valued professions, I made a huge sacrifice when choosing to enter the profession, and now I found out that when I enter the profession as an LCSW, then I may be facing even more financial strain. This is extremely disappointing, and only point towards the extreme problems in the U.S. healthcare system.

Submitter : Dr. Jan Yuo

Date: 08/15/2006

Organization : Dr. Jan Yuo

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

The RVU value for Cpt code 93701-TC must be revised to reflect the true incurred expenses from performing the test on my patients. Please check the numbers and try again.

Submitter : Dr. Ross Nochimson
Organization : Dr. Ross Nochimson
Category : Physician

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

Your proposal for reductions in RVUs in the non-physician work pool would not be able to be absorbed by the average practice performing any of these tests. I urge you to delay this until a more equitable plan or longer implementation is arranged.

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

Date: 08/15/2006

Issue Areas/Comments

Practice Expense

Practice Expense

Stop the madness! How can CMS keep proposing reductions in codes I use in my office (93000, 93701) while my costs are going up? This is unbelievable. Trying working harder and making less every year and see if you like it.

Submitter : Dr. William Freeman

Date: 08/15/2006

Organization : Dr. William Freeman

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I formally request you change your average equipment cost for at least one procedure, CPT 93701-TC. The \$28,625 figure is dated and therefore flawed. You must account for recent advancements in technology that have increased the equipment costs. Please also account for recent restrictions on the utilization of this particular procedure by CMS on the coverage side, which makes it able to be performed 1 to three times per day in my practice. At the proposed rates I can't offer the service anymore and my patients need it!

Submitter : Mrs. Susan Marker

Date: 08/15/2006

Organization : Mrs. Susan Marker

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

My name is Susan Marker. I am a 14 year practicing Physical Therapist. Prior to becoming a PT I was a PTA for 6 years. During my 20 years of practice, I have observed many changes in Medicare. I am writing today to comment on the June 29 proposed notice that sets forth proposed revisions to work relative value units and revises the methodology for calculating RVUs under the Medicare physician fee schedule.

I urge you to stop the proposed severe cut for physical therapy services in 2007. These cuts undermine the goal of providing a payment service that preserves patient access and achieves greater quality of care.

The current fee schedule already adversely affects private practices by limiting reimbursement for services by greater than 70%. I love to help the elderly to keep their independence by addressing safety, strength, balance, and functional activities. However, I also need to provide for a family of four. The companies I rely on for services are unable to allow me to pay them 30% of their fee. Their expectation is for me to pay 100%. My expectation of Medicare is for them to pay for the services I provide which also saves the government money by keeping people independent instead of in a very costly nursing facility.

Submitter : Mr. Seth Jackson

Date: 08/15/2006

Organization : CMHC

Category : Social Worker

Issue Areas/Comments

Practice Expense

Practice Expense

I ask that CMS not cut Medicare reimbursement for clinical social workers. I will let others explain why but I believe that these changes will have a negative impact for mental health providers and their clients. I add my voice to theirs.