Submitter : David Debenham **Date:** 07/17/2006

Organization : David Debenham

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I'm commenting regarding the proposed cuts to Anesthesia reimbursement. CMS has had a long tradition of under valuing anesthsia services. Current recommendations to impose huge cuts on anesthsiologists and other specialties to supplement the overhead increases of a few specialites is eggregious. Further, the methodology for calculating overhead costs unfairly tagets anesthesia because it so outdated. CMS really should acquire new and relevant expense data before making these terrible recommendations. Most importantly, though CMS needs to correct the constant undervaluation of anethesia work values. You can't possibly be serious when you continue to pay a physician, who has dedicated 12 years of their lives to training, $65.oo/hour. How do you expect anesthesiologists to continue to work for wages less than that of a car mechanic?

Submitter : Dr. Thomas Skeehan **Date:** 07/17/2006

Organization : Anesthesia Associates of Lancaster

Category : Health Care Professional or Association

Issue Areas/Comments

Practice Expense

Practice Expense

With required budget neutrality, the proposed changes to the Physician Fee Schedule for practice expense methodology and physician work values will cause huge payment cuts for anesthesiologists. These changes hurt anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses for anesthesiology. New data should be collected to replace the decade old data currently being used. The American Society of Anesthesiologists and many other societies, including the American Medical Association, are committed to financially supporting a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address this issue of work undervaluation for anesthesiology or Medicare patients, our nation s most vulnerable population, will face a certain shortage of anesthesiologists in operating rooms, pain clinics and critical care units.

Submitter : **Date: 07/17/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
CMS should gather new overhead expense data to replace the decade-old data currently being used. ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. robert eric rosemund jr **Date:** 07/17/2006

Organization : Dr. robert eric rosemund jr

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I understand there is still discussion about the RVU schedule update. If there is not a substantial improvement in physician fees, there will surely be attrition in the numbers of MD's taking care of medicare patients. Esp for internal medicine specialists who go more in depth with their patient care and are the only specialty qualified to deliver broad based comprehensive care. I hope you will implement the fee updates as originally proposed. I myself have been forced to limit my medicare panel up to this date. thank you
eric rosemund jr md

Submitter : Mr. Greg Broyles **Date:** 07/17/2006

Organization : Anesthesia Medical Alliance of East Tn

Category : Health Care Professional or Association

Issue Areas/Comments

Practice Expense

Practice Expense

The proposed cuts would result in a 10% cut for Anesthesia for the phase in period. If you do the math, on an hourly basis, the anesthesia industry cannot support a CRNA on what we are paid by hour from Medicare. This does not take into account O.R. inefficiency, overhead or a MD Anesthesiolgists supervision.

You will be shifting cost to the hospital, who will have to provide financial support to retain anesthesiology groups. In many metropolitan and rural areas, where hosptials cannot afford to pay stipends, coverage will cease resulting in the inability to access care.

Please reconsider the formula for anesthesia!!

Submitter : Dr. Daniel Rudzinski **Date:** 07/17/2006

Organization : Dr. Daniel Rudzinski

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I would like to voice my deep concern with the proposed cuts in payment to Anesthesiologists amounting to a 10% cut over the next four years. These cuts come at a time when our overhead costs continue to rise and the supply of Anesthesiologists continues to dwindle. The proposed change in PE methodology hurts anesthesiology more than most specialties because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. It is apparent that CMS needs to gather new overhead expense data to replace the decade opld data currently being used. ASA, many other specialties and the AMA have commited to support a comprehensive multi specialty practice expense survey. Cms should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. The proposed continued cuts in Anesthesiology payments will cause a further shortage of anesthesiologists to care for the most vulnerable segment of our population.

Submitter : Dr. Julie Silverstein **Date:** 07/17/2006

Organization : Christiana Care Health System

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am a general internist in a teaching setting in Delaware and have been practicing for 18 years. Medicine has gotten increasingly complicated and the burden of chronic illness and geriatric patients is huge. As reimbursement has fallen, the pressure to care for more patients in a shorter period of time has negatively impacted doctor/patient relationships, reduced the numbers of students interested in choosing primary care specialties, reduced access to quality medical care and will likely sacrific overall quality as well. It is essential to highly value the work RVUs for E/M services offered by internists in order to assue continued access to primary care services.

Submitter : Dr. connie tran **Date:** 07/17/2006

Organization : baylor college of medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist and am concern about proposed changes for physician fee.
As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.
ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Please take these points into consideration.
Thank you,
Connie Tran,MD

Submitter : Dr. Joel Policzer **Date:** 07/17/2006

Organization : Dr. Joel Policzer

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule.

As you know, these changes were initially proposed by an AMA-sponsored workgroup of primary care, surgical, and other specialty physicians. It is impressive that a workgroup with such disparate membership has this emerged with the consensus that the current RVU rates for these services is grossly inadequate and therefore discourages physicians from providing the type of follow-up care that represents the best practice of medicine. By accepting the proposed changes, CMS would be encouraging physicians to provide the best care possible.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule.

Submitter : Dr. John Maull **Date:** 07/17/2006

Organization : Core Physician Services

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I want to voice strong support for the proposed revisions to the relative values attributed to E&M services. These changes are absolutely essential for the continue availability of essential components of our medical care system. The work required to support my care of internal medicine patients has increased tremendously in the past ten years. The paper work, review of medications for formulary reasons, multiple reports coming in from more complex testing, consults from mutiple consultants etc.

The upshot is that there are few to no physicians going into essential congnitive areas of internal medicine (primary care, infectious disease, rheumatology etc.). My practice is long closed to new patients and I am likely to retire in the next five years. We can't recruit new internists to a cognitive specialty since doctors now graduate medical school with tremendous debt and they can't pay it back in this reimbursement system. As my colleagues begin to retire, that leave the rest of us with a burdensome call committment which then results in more internists retiring. My parents can't find a new internist in their town. Things are going from bad to worse and making these proposed changes in the RVU's for E and M services will have a beneficial effect. Please be aware that there will be a strong push back from the non E&M medical specialties, but these specialties are exploding due to the attractive reimbursement. Continuing down today's path will result in a medical community very much imballanced toward procedure base specialtics. John Maull

Submitter : Dr. Steven Hattamer **Date:** 07/17/2006

Organization : Nashua Anesthesia Partners

Category : Physician

Issue Areas/Comments

Background

Background

According to what I've read, this relative work-value change will cause anesthesia fees to drop even furhter and at a more precipitous rate than most other specialties. Anesthesia work-value is already greatly undervalued (see ASA supporting materials). To decrease it even more would be a step in the wrong direction

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you,

Steven J. Hattamer, M.D.
Nashua Anesthesia Partners
Nashua, NH 03063

Submitter : Dr. Robert Strickand **Date:** 07/17/2006

Organization : Wake Forest University School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist in a academic, tertiary care setting. In the June 29th Federal Register are proposals to decrease Medicare payments to anesthesiologists by up to 10% over the next 4 years. Tertiary care, academic settings provide more Medicare and Medicaid care than private hospitals. Yet their faculty is disadvantaged by the reimbursement rates of their payer mix. I have seen numerous bright and excellent teachers leave academic settings for private practice. Your proposals, if adopted, will signficantly worsen this problem.
I propose first that CMS stop the proposed changes that adversely affect anesthesiology. Then I propose that CMS along with appropriate physician groups completely reassess, and revamp if necessary, the current method for billings and medical payments.
Thank you,
Robert A. Strickland, M.D.

Submitter : Dr. Richard Brantley **Date:** 07/17/2006

Organization : FBIM

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The aging of America and rise in complexity of patients has led to a jackpot for some areas of medicine (e.g. radiology and narrowly focused procedural specialties) it has been disastrous for primary care which relies on the mental and emotional work of old fashioned face-to-face doctoring. Formerly straightforward problems in primary care have become incredibly complex now that the patient is an 85-year old who cannot remember the names of their 12 medications, or if they have a lung transplant or are on chronic dialysis.

I still practice because of the satisfaction of providing good carc and the hope (naive ?) that someday the value of general internal medicine in providing cost-effective and compassionate care will be recognized. However I would tell the best and brightest medical students to avoid primary care and not face the demoralization of working everyday on the bottom rung of medicine.

The work RVU fix is at least a first step in the right direction. Please pass this and resist the demands to overturn this small symbolic step forward. I would hope for my parents and myself that primary care still exists for Medicare patients in the future,

Submitter : **Dr. Arthur Boudreaux** **Date: 07/17/2006**

Organization : **University of Alabama School of Medicine**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sirs:
I am an academic anesthesiologist. The practice expense methodology utilized by CMS is outdated and not consistent with reality. The plain fact is that the baby boomer population is at the beginning of an explosive growth curve. Anesthesiology is already an undervalued specialty compared to peer specialties for medicare reimbursement. We have tolerated to this point a substantially unfair and below market reimbursement rate for anesthesia services for Medicare patients because practice income from other payors have to date been able to maintain reasonable income levels for the specialty. AS the Medicare population grows, this will no longer be the case. Unfortunately, expenses will exceed our ability to reasonably provide services. At that point, a curtailment of access to surgical services for elderly patients will result. You are probably waiting to see statisical evidence of that occurence. It will happen soon and the political uproar from beneficiaries will be loud and obvious. Unless you act to remedy the situation, the legislature will force the issue. It is too bad that logic, negotiation, and the ethical course of action all fail without a precipitating crisis to cause the appropriate change. Hopefully this can be avoided by a change in the payment methodology that is up to date and appropriate for this time. Please consider these comments and do thc right thing. Thank you.

Submitter : Dr. THOMAS BRALLIAR **Date:** 07/17/2006

Organization : AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

As an anesthesiologist and a member of the American Society of Anesthesiologists (ASA), I am writing today to ask that you take every possible action to prevent cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula.

Averting this crisis is more important now than ever because of new proposals released by CMS that would amount to a 10% cut in Medicare payment to anesthesiologists over the next four years. This proposed cut, on top of potential SGR-related reductions, could irreparably damage my specialty.

The current SGR formula, based as it is on changes in the gross domestic product, has proven unworkable essentially because changes in economic growth have little to do with the demand for medical services or the increasing cost of delivering them. If payments are cut in 2007, then Medicare physician payment rates will have fallen 20 percent below the government s conservative measure of inflation in medical practice costs in just six years.

ASA favors the update mechanism previously recommended by MedPAC, in which the SGR would be replaced by a system that reflects increases in practice costs and other medical inflation variables. For 2007, MedPAC has recommended a Medicare physician payment update of 2.8%.

Evidence is growing that anesthesiologists and other physicians are seeking practice settings where the need to provide care to Medicare beneficiaries is at a minimum. With a nationwide shortage of anesthesia providers, this trend suggests a looming access crisis for many Medicare beneficiaries to surgical, pain medicine and critical care services.

Please work to fix the flawed SGR formula to avert further devastating cuts to the medical specialty of anesthesiology. My patients are counting on you.

Sincerely,

THOMAS BRALLIAR
216-831-4910

Submitter : **Dr. James Loftus** **Date: 07/17/2006**

Organization : **Dr. James Loftus**

Category : **Physician**

Issue Areas/Comments

Other Issues

Other Issues

I am a board-certified American educated Anesthesiologist and I am writing to voice my consternation over proposed cuts in Anesthesia reimbursement. My practice costs continue to go up, my malpractice is spiraling skyward and Managed Care is nickle and diming me at every turn. Medical care in the US is in crisis and CMS wants to cut my fees 10%? I work harder every year and make less. No wonder the brightest and the best students are foegoing medicine for more "rational" careers. Please do not cut my fees! This is crazy!!!!!!!! Please pay physicians fairly.

Submitter : **Dr. Michael Mueller** **Date: 07/17/2006**

Organization : **Comprehensive Anesthesia Services**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. Anesthesiology was unfairly excluded from the RVRBS crosswalk valuation of medical services. To more fairly value Anesthesiolgy services these must be implemented to result in a fair valuation under the current PE methodology proposal.

The proposed change in PE methodology hurts Anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank you.

Michael L Mueller MD

Submitter : **Dr. F David Winter** **Date: 07/17/2006**

Organization : **HealthTexas**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

The proposed changes in the E & M Codes are important for our primary care organization in North Texas. We represent >450 physicians and are having difficulty attracting new primary care physicians because of the current reimbursements which favor procedural codes.
The best and brightest new physicians are now choosing specialties away from primary care. Our physicians are overworked and we struggling to find young physicians to assist them and to replace those who retire.
Medical students and residents are candid about their choice of specialties, and even those who enjoy their rotations on internal medicine and family practice services are being enticed into other fields that have easier work loads and more reasonable reimbursements.

F David Winter,MD, MS, FACP;
Vice Chairman, HealthTexas, Dallas, Texas;
Ex-Governor, American College of Physicians

Submitter : Dr. Ignacio Rodriguez **Date:** 07/17/2006

Organization : Miramar Anesthesia

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

As a practicing Anesthesiologist is Miami-Dade County, I am outraged at the proposed cuts to the physician fee schedule for anesthesiologists. The medicare reimbursement rate to anesthesiologists is already at such a disgraceful level it is embarassing. The Medicare reimbursement for anesthesia services is the lowest of all payors with the exception of Medicaid. A physician anesthesiologist in Miami-Dade County FL is currently reimbursed less than $80/hour for providing critical anesthesia services to our sickest Medicare beneficiaries. It is embarrassing and unimaginable that a physician anesthesiologist is reimbursed less than what a plumber or electrician would charge for their services. To further reduce these already despicable reimbursement rates would more than certainly drive qualified physicians to leave the specialty or stop serving Medicare patients. I am disheartened that I spent 12 years in medical school to make less per hour than a plumber. It is obvious, even to the HMO administrators, that anesthesiologists are undervalued by Medicare. This is why HMOs reimburse anesthesiologists 300% of Medicare rates. To further lower the reimbursement to anesthesiologists will certainly lead to the further deterioration of the specialty. As it is the government is allowing RNs to practice anesthesia without the supervision of a qualified anesthesiologist. It appears that CMS would like to see the practice of anesthesiology become a nursing service rather than a physician service as it has been for years.

Submitter : **Dr. James Carlson** **Date: 07/18/2006**

Organization : **St. Joseph's Hospital**

Category : **Physician**

Issue Areas/Comments

Practice Expense

Practice Expense

I have been notified by the American Society of Anesthesiologists that CMS is proposing a substantial cut in anesthesia reimbursement due to a review of practice expenses. Our hospital is already at a significant disadvantage compared to many that have lower ratios of Medicare patients. By lowering Medicare reimbursements further, we will no longer be able to hire and/or recruit staff to cover our operating rooms. Thus our mainly medicare population will not be able to receive care. Already we are losing young staff to other locations, especially outpatient centers that have little Medicare, shorter hours, less call, less demanding patients and better pay.

You must not carry out this cut or care to Medicare patients will have to be rationed according to available staff.

Sincerely, James Carlson MD

Submitter : Dr. Jason Campagna **Date:** 07/18/2006

Organization : Dr. Jason Campagna

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : **Dr. Kathryn Rensenbrink** **Date: 07/18/2006**

Organization : **Maine Coast Memorial Hospital**

Category : **Physician**

Issue Areas/Comments

Discussion of Comments-
Evaluation and Management
Services

Discussion of Comments- Evaluation and Management Services

I am very pleased that CMS has propsed improving reimbursement for primary care physicians. As an Internist in rural Maine working for a nonprofit hospital, my partners and I serve a very needy population of medically complex elderly patients. Under the current system we are not reimbursed for the extra time required to work through their multiple medical and social problems. In the short term this means we loose money for our hospital despite our hard work. Of greater concern has been our inability to recruit new primary internists due to low reimbursement. I know many primary care internists face the same difficulties. THese changes are an important step forward.

Kathryn Rensenbrink MD (UCSF 1992).

Submitter : **Dr. Randy Fatheree** **Date: 07/18/2006**

Organization : **Dr. Randy Fatheree**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

CMS:

I am a practicing general anesthesiologist in the state of Missouri and I am concerned about the proposed rule: CMS-1512-PN.

The proposed change in PE methodology hurts anesthesiology more than mos specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to signigicantly underestimate actual expenses. CMS should gather new overhead expense data to replace the decade-old data currently being used. As the policy currently stands, anesthesiologists face huge payment cuts to supplement the overhead cost increases for a handful of specialties. CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.
Therefor, CMS should take immediate action to launch a comprehensive, multi-specialty practice expense survey which will greatly improve the accuracy for all practice expense payments.

Sincerely,

Randy S. Fatheree, D.O.

Submitter : Dr. Stephen Kapaon **Date:** 07/18/2006

Organization : Central MA Anesthesia Affiliates

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : **Dr. Frank Jackson** **Date: 07/18/2006**

Organization : **Diagnostic Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I encourage finalization of recommended work RVU increases for E/M services
Required paper work for all services has increased dramatically, adding 1-2 hours/day to my personal work requiring signiatures and initials.
Primary care cannot survive as coordinator for patients unless this added burden of uncompensated work is recognized as a compensible service.
I beg favorable consideration Thank you, FJ

Submitter : Cynthia Roehr **Date:** 07/18/2006

Organization : Linn County Anesthesiologists, P.C.

Category : Individual

Issue Areas/Comments

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

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

I am opposed to the proposed change in PE methodology used to calculate Medicare payment rates. Implementation of this change would severely cut payments to anesthesiology and other specialties to supplement the overhead cost increases for a small number of specialties.

CMS-1512-PN-669-Attach-1.DOC

#669

July 18, 2006

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

RE: Proposed change in PE Methodology

Dear Sir or Madam:

I am opposed to the proposed change in PE methodology used to calculate Medicare payment rates. Implementation of this change would severely cut payments to anesthesiology and other specialties to supplement the overhead cost increases for a small number of specialties.

This change will hurt anesthesiology more than other specialties because our reimbursement is already based on flawed and outdated overhead expense information that underestimates our actual expenses. Medicare reimbursement rates for anesthesiology are already below our costs to provide such services. Medicare anesthesia rates are 20-30% of market rates, whereas other specialties are paid 70-90% of market rates by Medicare. Implementing this PE Methodology change will impose cuts on rates that are already unreasonable.

The data CMS is using to implement this new methodology is already a decade old. CMS needs to gather new data. The ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy of information for all practice expense payments. The proposed change in PE methodology needs to be delayed until a new survey is completed and analyzed.

CMS has thus far neglected to address the significant undervaluation of anesthesia care by Medicare. The work component of anesthesia care used in determining anesthesia reimbursement was and continues to be significantly undervalued. CMS needs to address this issue bef ore o ur na tion ex periences a c ertain s hortage o f a nesthesiology m edical c are in operating rooms, pain clinics and throughout critical care medicine.

Iowans are already underserved in many, if not most, medical specialties. Recruiting physicians to Iowa with its current low Medicare reimbursement rates is difficult. Further cuts in Medicare reimbursement will only exacerbate and accelerate this deficiency.

I urge you to cancel or postpone the implementation of a change in PE methodology until timely, accurate information may be analyzed.

Sincerely,

Cynthia M. Roehr
Chief Administrative Officer

Linn County Anesthesiologists, P.C.
1550 Boyson Rd
Hiawatha, IA 52233
(319) 743-7300 f: (319) 743-7311

Submitter : Dr. William Warner **Date:** 07/18/2006

Organization : Dr. William Warner

Category : Physician

Issue Areas/Comments

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

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

As an anesthesiologist in practice 30 years, it is more evident to me that CMS is using outdated data to calculate anesthesia expenses. I am getting paid less now than 30 years ago. With your proposed 10% cut in anesthesia rembursement, you are telling me the cost of practicing has decreased 10% in 30 years. Please review the data and listen to the ASA when they present the finding that anesthesiologt's reimbursement is already undervalued significantly. We deserve fair reimbursement.

Submitter : Dr. Louis Snitkoff **Date:** 07/18/2006

Organization : CapitalCare Medical Group

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I wish to comment in support of the plan to revise the payment methodology for E&M Services. This revision will play a pivotal role in ensuring access to primary care services for Medicare beneficiaries.

Submitter : **Ms. Patricia Kendrick** **Date: 07/18/2006**

Organization : **Ms. Patricia Kendrick**

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

Practice Expense

Practice Expense

I assist in the management of a physician's office and disagree with the RVU amount for CPT 93701. The practice expense is too low and must not reflect the correct pricing for the disposable and equipment. We pay almost $11 per sensor, plus tax and shipping and we paid almost $45,000 (plus shipping and tax) for the BioZ Dx, which is the equipment used for 93701. Please revise and reinstitute the 0.98 for the RVU or increase the practice expense RVU to better reflect the current pricing. Thank you

Submitter : **Dr. Russell Brockwell** **Date: 07/18/2006**

Organization : **The University of Alabama at Birmingham**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am an anesthesiologist practicing in Central Alabama. I recently learned about the CMS proposal to cut payments to my specialty in order to offset overhead cost increases for a handful of other specialties. This proposed change hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. I would strongly urge CMS to gather new overhead expense data to replace the decade-old data currently being used for the proposed changes. Our national specialty organization, the ASA, and many other specialties, ans well as the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine across the country.

Sincerely,

Russell C. Brockwell, M.D.

Submitter : Dr. Frank Takacs **Date:** 07/18/2006

Organization : Dr. Frank Takacs

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please stop reducing the income of anesthesiologist as being proposed.We are grossly underpaid for managing such seriously ill patients and since we have such a high number of Medicare patients we have found it very difficult to attract young anesthesiologists to our area.

Submitter : **Dr. Baghdassar Baghdikian** **Date: 07/18/2006**

Organization : **Dr. Baghdassar Baghdikian**

Category : **Physician**

Issue Areas/Comments

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

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

Medicare reimbursement for Anesthesiology Services have not kept up with the inflation, even though my costs for maintaining my practice have gone up every year. Medicare rates are at a level that many groups are ready to refuse taking them, and are willing to refuse providing services for non emergency cases to Medicare patients, Further reductions in Anesthesia fees will bring this closer to reality. Please do not allow this to happen, in order not to create a crisis to our senior citizens. I urge you to cancel the plans to reduce Anesthesia fees, and reinstate the plans to increase our reimbursement next year.

Thank you!

Submitter : Dr. Armin Schubert **Date:** 07/18/2006

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Anesthesiologists and other specialties face huge payment cuts to make up for the overhead cost increases for a handful of specialties. This will further discourage physicians to provide more service and limit access at a time of personnel shortages. Alternatively, it will require hospitals to supplement salaries even to a greater extent. The issue of anesthesia work undervaluation must be addressed NOW to prevent our nation s most vulnerable populations from being denied appropriate access to care from shortages of anesthesiologists in operating rooms, pain clinics, and throughout critical care medicine

The proposed change in practice expenses adversely affects anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and underestimate actual expenses by a wide margin.

I request that you (CMS) update this old data with a new overhead expense practice survey to replace the decade-old data currently being used. Please take action now to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

Submitter : Dr. Robert Weller **Date:** 07/18/2006

Organization : Dr. Robert Weller

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1512-PN-677-Attach-1.DOC

#677

To Whom it May Concern:

I am a anesthesiologist practicing in an academic setting in North Carolina, and I would like to comment on the proposed changes in work values and practice expense methodology proposed by CMS in the June 29 Federal Register. Proposed changes in the formulae will result in substantial payment reductions to a number of medical specialists to afford cost increase adjustments to a few. The current methodology for PE determination for anesthesiologists is outdated and underestimates such costs. I would strongly urge an expense survey be undertaken to determine current costs of practice, so that the most accurate data can be reviewed before sweeping changes are made.

I am aware that the cost of medical care for Medicare and Medicaid recipients continues to strain the nation's budget deficit, now even more since the prescription drug benefit has been added. Because of increased uninsured populations, economic slowdown, and the rising median age of our citizens, though, logic would dictate that the cost of such care should increase faster than inflation. It is difficult for me to understand the expectation that reductions to payments to physicians for care of the Medicare beneficiary can be reduced or even stay stable at the same time that the number of elderly patients requiring medical care is increasing, and these same patients require more and more complex and challenging medical decision-making due to their multiple medical diseases and age-related reduction of organ function and reserve. Our tertiary care medical center provides care for a disproportionate share of my area's Medicaid and Medicare patients, but faces an economic crisis that threatens that care.

The relatively low Medicare reimbursement rate for physicians in general, and anesthesiologists in particular, has made it very difficult for practitioners to provide quality care to this complicated group of surgical patients. More and more physicians will not be able to afford to care for these patients, and access to quality medical care for our nations elderly will likely suffer. I would ask that the valuation of work provided by anesthesiologists in operating rooms, pain clinics and intensive care units be carefully reconsidered to avoid such a deterioration in patient access to quality care.

Thank you for the opportunity to comment on the proposed changes.

Sincerely,

Robert S. Weller

Robert S. Weller, MD
Wake Forest University School of Medicine
Winston-Salem, NC 27157

Submitter : Dr. George Brown **Date:** 07/18/2006

Organization : Dr. George Brown

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

It is almost impossible to maintain treatment of Medicare patients at current rates of reimbursement--it barely covers our costs! Consideration of the proposed CMS payment cuts is unthinkable.

Submitter : Dr. Brian Kopeikin **Date:** 07/18/2006

Organization : Dr. Brian Kopeikin

Category : Physician

Issue Areas/Comments

Regulatory Impact Analysis

Regulatory Impact Analysis

I am strongly opposed to the current plan for a 10% reduction in payment for Anesthesia services planned over the next 4 years!
Anethesiology is already grossly underpaid by the Medicare program for services and even more so when compared to other specialties. For "All Physicians" Medicare payment rate of 76% of commercial rates is much more reasonable than the 39% of commercial rates paid by CMS.
In fact, at ~$17/unit that is currently paid we as an Anesthesia group are actively considering dropping out of the program. There is simply no room for payment cuts. Our expenses do not diminish over time; employee costs increase, rents increase, providing our own health insurance increases. Under what convoluted logic does CMS hold that payment reductions are fair or warranted?
As a word of warning, there is significant interest in my group for refusing to participate at current funding levels. There is a bottom below which we will not descend and further cuts merely bring closer the days when we will refuse to work at such insulting levels of renumeration.
Sincerely,
Brian N Kopeikin MD

Submitter : Dr. Brian Kopeikin **Date:** 07/18/2006

Organization : Dr. Brian Kopeikin

Category : Physician

Issue Areas/Comments

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

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

I am strongly opposed to the current plan for a 10% reduction in payment for Anesthesia services planned over the next 4 years! Anethesiology is already grossly underpaid by the Medicare program for services and even more so when compared to other specialties. For "All Pbysicians" Medicare payment rate of 76% of commercial rates is much more reasonable than the 39% of commercial rates paid by CMS. In fact, at ~$17/unit that is currently paid we as an Anesthesia group are actively considering dropping out of the program. There is simply no room for payment cuts. Our expenses do not diminish over time; employee costs increase, rents increase, providing our own health insurance increases. Under what convoluted logic does CMS hold that payment reductions are fair or warranted? As a word of warning, there is significant interest in my group for refusing to participate at current funding levels. There is a bottom below which we will not descend and further cuts merely bring closer the days when we will refuse to work at such insulting levels of renumeration. Sincerely, Brian N Kopeikin MD

Submitter : Dr. Brian Kopeikin **Date:** 07/18/2006

Organization : Dr. Brian Kopeikin

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am strongly opposed to the current plan for a 10% reduction in payment for Anesthesia services planned over the next 4 years! Anethesiology is already grossly underpaid by the Medicare program for services and even more so when compared to other specialties. For "All Physicians" Medicare payment rate of 76% of commercial rates is much more reasonable than the 39% of commercial rates paid by CMS. In fact, at ~$17/unit that is currently paid we as an Anesthesia group are actively considering dropping out of the program. There is simply no room for payment cuts. Our expenses do not diminish over time; employee costs increase, rents increase, providing our own health insurance increases. Under what convoluted logic does CMS hold that payment reductions are fair or warranted? As a word of warning, there is significant interest in my group for refusing to participate at current funding levels. There is a bottom below which we will not descend and further cuts merely bring closer the days when we will refuse to work at such insulting levels of renumeration. Sincerely, Brian N Kopeikin MD

Submitter : Dr. William Reed **Date:** 07/18/2006

Organization : American College of Physicians

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

To whom it may coincern: I am writing in support of the proposed increases in the work relative value units assigned to office and hospital visits and consultations known as evaluation and management services. I urge CMS to finalize the recommended work RVU increases for evaluation and management services. In the past 10 years, the complexity of work of taking care of patients during office and hospital visits and consultations has increased dramatically.

Patients arrive for a regularly scheduled visit for a specific issue that was decided at the prior visit. Oftentimes, additional issues and information that were unplanned and unexpected have arisen and need to be addressed in order to care for the patient's problems in a timely and efficient manner. The current constraints under which evaluation and management services are provided do not allow for this added work in a meaningful way. Oftentimes, I find significant issues are deferred to the patient's other physicians, to early return visits to see me in the next few days and weeks or to the emergency room. This results in fragmented and inefficient care not to mention frustrated patients and physicians. By enacting the measures you are considering, hopefully we will experience a better continuity of care, less use of expensive emergency facilities and better patient outcomes.
These measures should help assure continued and improved access to primary care services.
Please reject any comments that would lower the overall improvements in work RVUs for evaluation and management services and move ahead with the increases been considered. William W. Reed, MD

Submitter : Dr. James Bailey **Date:** 07/19/2006

Organization : Anesthesia Associates of Gainesville

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Current proposals by CMS will result in huge payment cuts to anesthesiologists and other specialties to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 I support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. wilfred Fontenot, Jr. **Date:** 07/19/2006

Organization : anesthesia solutions of mobile

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

i would like to make a plea that anesthesiology not undergoe any medicare cuts as the reimbursement of anesthesiologists is not consistent with the tremendous degree of skill and responsibility incurred with the care of every patient we come in contact with as each patient is rendered either in a controlled comatose state or a significant portion of their body is paralyzed while allowing a surgical procedure to take place and the present fees are simply not comensurate with the skill offered or the liability endured to care for the medicare recipients

Submitter : Dr. Jeffrey Glaser **Date:** 07/19/2006

Organization : Jeffrey B. Glaser, M.D., Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The proposed change in PE methodology will substantially hurt anesthesiologists who already are grossly underpaid by Medicare compared with other specialties due to a flawed Sustained Growth Formula. Anesthesiologists only receive 29% of usual and customary from Medicare.

With rising overhead and overall expenses I and many other anesthesiologists simply will not be able to partcipate in Medicare programs if the proposed cuts become a reality. I believe that we will face a huge access to care problem.

I urge CMS to reconsider its proposed policy to cut fees to anesthesiologists. Just to put the whole picture in perspective when we provide anesthesia for a cataract case the surgeon gets in excess of $700 and we get reimbursed by Medicare approximately $80. both the anesthesiologist and the opthalmologist take risk and most imporantly spend the the SAME amount of time with the patient in the OR - in fact, the anesthesiologist spends more time yet gets paid only about 10% that of the surgeon.

We simply cannot afford to be hit with more cuts.

Submitter : Dr. John Heinbockel **Date:** 07/19/2006

Organization : Anesthesia Care Team, Inc.

Category : Physician

Issue Areas/Comments

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

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

Please reconsider the cuts to anesthesia services. Anesthesia services are already undervalued relative to nearly every other specialty in medicine.

Submitter : Dr. Eric Schnell **Date:** 07/19/2006

Organization : UCSF

Category : Physician

Issue Areas/Comments

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

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

I urge you to review the negative valuation of Anesthesia services over the next 5 years as outlined in the current plan. The data used to calculate the update is outdated, and anesthesiologists are being hurt more than other specialties in order to fund the overhead increases of a small handful of specialties. Costs for anesthesiologists are skyrocketing with the advent of newer, safer (but more expensive) drugs and technologies which can not be sacrificed for medicare patients.

Already, many anesthesiologists have difficulty affording to take care of Medicare patients, and further cuts will lead to a dramatic shortage of anesthesia, pain management, and critical care services to America's seniors. The consequences could be disasterous to the health and longevity of millions of Americans who rely on Medicare for their medical care.

Please review the proposed cuts and I strongly urge you to keep Medicare reimbursements for anesthesia services from falling to any lower level than they already are at.

Submitter : Dr. Valerie Salmons **Date:** 07/19/2006

Organization : Anesthesia Assoc of Lancaster

Category : Physician

Issue Areas/Comments

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

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

With required budget neutrality, the proposed changes to the Physician Fee Schedule for practice expense methodology and physician work values will cause huge payment cuts for anesthesiologists. These changes hurt anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses for anesthesiology. New data should be collected to replace the decade old data currently being used. The American Society of Anesthesiologists and many other societies, including the American Medical Association, are committed to financially supporting a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments. CMS must address this issue of work undervaluation for anesthesiology or Medicare patients, our nation s most vulnerable population, will face a certain shortage of anesthesiologists in operating rooms, pain clinics and critical care units.

Submitter : Dr. Michael Lillie **Date:** 07/19/2006

Organization : Dr. Michael Lillie

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sirs,

As CMS' policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

CMS should gather new overhead expense data to replace the decade-old data currently being used.

ASA, and the AMA are committed to financially support a comprehensive multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

CMS must address the issue of anesthesia work undervaluation or our nation's most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Sincerely,

Michael Lillie M.D.

Submitter : Dr. Raymond Kordonowy MD **Date:** 07/19/2006

Organization : Internal Medicine of SW Florida

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir/Madam:

On behalf of myself and the patients I serve, I urge CMS to implement the proposed E/M work RVUs into the 2007 Medicare Physician Fee Schedule. I recently had an editorial letter/commentary regarding this critical issue published in this weeks AMA Newspaper which more specifically highlights my sentiments.

As you know, these changes were initially proposed by an AMA-sponsored workgroup of primary care, surgical, and other specialty physicians. It is impressive that a workgroup with such disparate membership has this emerged with the consensus that the current RVU rates for these services is grossly inadequate and therefore discourages physicians from providing the type of follow-up care that represents the best practice of medicine. By accepting the proposed changes, CMS would be encouraging physicians to provide the best care possible.

I urge CMS to accept the proposed changes and incorporate them into the 2007 Medicare Physician Fee Schedule.

Submitter : Dr. Christopher Frandrup **Date:** 07/19/2006

Organization : Wilford Hall Medical Center

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

As an anesthesiologist, I take umbrage with the current decision to cut anesthesia funding. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
In addition, the proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
I urge you to gather new overhead expense data to replace the decade-old data currently being used. My specialties organization, the ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
Finally, CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Submitter : Dr. Danny Wilkerson **Date:** 07/19/2006

Organization : University of Arkansas for Medical Sciences

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

Dear Sirs;

As an anesthesiologist at a teaching institution, I feel I must write the followin points and urge you to not cut fees paid to an anesthesiologist. The points are:
As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.

7 CMS should gather new overhead expense data to replace the decade-old data currently being used.

7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.

7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

I again ask you to consider these points. Care of the nations most vulnerable populations is at stake.
Thank you for your consideration in this matter.
Sincerely,

Danny Wilkerson,M.D.