

Submitter : Dr. Ronald Meyer

Date: 07/19/2006

Organization : Anesthesia COnsultants, Ltd.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Thank you for the opportunity to comment.

CMS' newly proposed changes to the physician fee schedule are particularly ill-advised for anesthesiology. As an anesthesiologist I lose money on every single CMS patient I take care of. CMS now proposes to cut what they pay anesthesiologists 10% more in order to subsidize other specialties. This will result in anesthesiologists doing everything they can to minimize the chance that they will take care of a CMS patient.

CMS pays my practice less than 40% of what I get paid by the average commercial payer. CMS pays my surgical colleagues about 70% of what they get paid by the average commercial payer.

Instead of cutting what they pay me, CMS should double what they pay anesthesiologists.

I do not understand what the public has to gain by ensuring that anesthesiologists lose money taking care of medicare patients. And I do not understand why Medicare should pay anesthesiologists a lower hourly rate than plumbers, electricians, and auto mechanics receive.

Submitter :

Date: 07/19/2006

Organization :

Category : Physician

Issue Areas/Comments

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

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

- * 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hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.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. Peter Cheng
Organization : Palo Alto Medical Foundation
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sirs or Madams:

I am an internal medicine and geriatrics physician in Northern California, committed to providing optimal patient centered care in a coordinated, sensible, and compassionate way.

I am writing to support the June 21 proposed Centers for Medicare and Medicaid Services (CMS) changes to work relative value units (RVUs) for E/M services. I believe this proposed increased work RVUs is well justified, and serves to highlight CMS's awareness of the need for cognitive-based physician services. This should begin to better incentivize USA physicians and providers to further improve care, care coordination, and improve comprehensive primary care to older Americans. I think this important proposal can also potentially re-energize primary care fields in the USA, and should potentially lead to overall cost-saving for our health care systems in terms of reducing unnecessary hospitalizations, medications, errors that appears to be afflicting our current health care system

I again applaud the efforts of CMS's proposal to further increase work RVU for E/M services, and believe that the US Congress should support legislation associated with this ground breaking proposal.

Much thanks.

Submitter : Dr. Aubrey Verdun
Organization : University of Chicago Hospitals
Category : Physician

Date: 07/19/2006

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 specialty.

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. Larry Kuhn

Date: 07/19/2006

Organization : AGO

Category : Physician

Issue Areas/Comments

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

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

Please make no cuts in anesthesia reimbursement!

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 :

Date: 07/19/2006

Organization :

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing to support the proposed changes to E&M service reimbursement. As an infectious disease physician I do not have the "back-up" of surgical or interventional procedures to enhance my income, and must rely solely on my interactions with patients, and documentation thereof. I and my colleagues feel that the time, effort, and importance of these services warrant increased reimbursement, and very much appreciate your time in considering the changes as outlined.

Submitter : Dr. Scott Edwards
Organization : Mt. Pleasant Anesthesia Assocs.
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

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

Re: Evaluation of Anesthesiology work values: The cuts to Anesthesiology services in the proposed rule will disproportionately impact Anesthesia providers due to the outdated methodology used to value overhead expenses which significantly underestimate the actual amount of overhead. Additionally, to enact a decrease in reimbursement at a time when inflationary pressures on all aspects of provider's lives are rising upwards smacks in the face of fairness and reality.

I understand that the American Society of Anesthesiologists is willing to fund a comprehensive study to determine the accurate overhead costs involved with a practice so that a most accurate update may be obtained. therefore, it makes most sense to base any decision such as this on this, new, more comprehensive data. Anesthesia practices around the country are having a difficult time retaining quality employees due to the financial pressures being imposed upon them by payors such as CMS. Many are becoming dependant upon the hospitals for which they provide services to make up the difference between actual reimbursement and that which is necessary to retain quality providers. Are not our elderly worthy of the best providers available or do we relegate them to second class status because all the quality providers no longer will open their practices to them due to a level of reimbursement that is not on par with the reality of overhead costs.

Submitter : Dr. Andrew Anthony
Organization : San Luis Obispo County Medical Society
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

As a past president of the San Luis Obispo County Medical Society I have noted that over the past few years we have had an extremely difficult time retaining and recruiting physicians. This is in large part due to very low Medi-Care reimbursement for our region. While congress struggles with ways to fix GPCI and SGR it is vital that we increase RVU reimbursement for primary care so that our patients continue to have a medical home. Absent sufficient primary care access the ER becomes the default access point for Medi-Care and Medicaid beneficiaries and that will cause costs to soar dramatically. Thank you for your attention. Andrew M. Anthony, MD

Submitter : Dr. Clarissa Kripke

Date: 07/19/2006

Organization : UCSF

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Increasing the work relative value units assigned to Medicare Evaluation and Management codes is long overdue. Family physicians provide essential services and the cost of providing care has increased to the point where being a primary care physician in some parts of the country is no longer economically viable. Primary care physicians are burning out because they are having to see a greater and greater number of patients per day. Incomes are declining for family doctors. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Lisa Segnitz

Date: 07/19/2006

Organization : self

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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Submitter : Dr. christian barotti
Organization : Anesthesia Associates of Lancaster
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

GENERAL

GENERAL

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. Barbara Stewart

Date: 07/19/2006

Organization : Dr. Barbara Stewart

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As a family physician, I provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to rush through patients as we attempt to see a greater and greater number of patients every day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Gail Dressler
Organization : Gail A. Dressler, MD
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Daniel Michaels

Date: 07/19/2006

Organization : Dr. Daniel Michaels

Category : Physician

Issue Areas/Comments

GENERAL

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I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Sincerely,

Daniel Michaels

Submitter : Dr. Gabriela Mogrovejo
Organization : Dr. Gabriela Mogrovejo
Category : Health Care Provider/Association

Date: 07/19/2006

Issue Areas/Comments

**Discussion of comments-HCPAC
Codes**

Discussion of comments-HCPAC Codes

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/19/2006

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.

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. Kristin Pena
Organization : Family to Family Medical Center, Inc.
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, I must see a greater and greater number of patients per day, simply to stay in business, while receiving a lower salary as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties. We are already seeing a shortage of Primary Care Physicians in our area, especially those that continue to remain as Medicare Providers.

Sincerely,

Kristin S Pena, MD
Family Physician
Private Practice
Ventura, CA

Submitter :**Date:** 07/19/2006**Organization :****Category :** Physician**Issue Areas/Comments****Discussion of Comments-
Evaluation and Management
Services****Discussion of Comments- Evaluation and Management Services**

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. I am concerned about the quality of health care that physicians are willing and able to provide for our nation's senior citizens.

Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families. For instance, in our area, and in our practice in particular, we have limited access to numerous specialists including mental health professionals, endocrinologists, ENT specialists, etc. Family physicians end up providing much of this care, at costs that far outstrip our reimbursements, especially with increasing costs of business.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. catherine blakeney
Organization : Metropolitan Anesthesia Consultants
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

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

Medicare reimbursement for Anesthesia services has always been too low. Surgoens get about 60% of usual reimbursement, we get about 25%.Now you propose another 10%! Already at our hospital surgeons whose patients are mainly Medicare have trouble getting Anesthesia coverage, this cut will make it even harder. Are you really trying to make Medicare recipients second class citizens?

Submitter :

Date: 07/19/2006

Organization :

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Erik Gracer

Date: 07/19/2006

Organization : Dr. Erik Gracer

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Overhead and the insurance companies are eating our lunch. At the current rate I'll but lucky to keep my doors open in a few years.

Submitter : Dr. Gila Wildfire
Organization : Contra Costa Regional Medical Center
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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Submitter : Dr. john woodbury
Organization : Doctors Hospital Manteca Emergency Department
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

GENERAL

GENERAL

Can we increase the RVU for emergency care please? We provide mandated emergency care that is often reimbursed.

Submitter : Dr. Howard Weiss
Organization : Rockford Anesthesiologists
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

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

I am writing about the proposed unfair reduction in the already unfairly low reimbursement for anesthesia services. We already lose money taking care of medicare patients. They are looked upon as pariahs from a financial standpoint. No one willfully adds medicare patients to their lines. In spite of this your unfair methodology looks to decrease reimbursement even further. Soon large groups of MD's will refuse to take care of medicare patients under any circumstance.

Submitter : Dr. Nancy Merrick
Organization : Magnolia Clinic, Oxnard
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). Family physicians are under-compensated relative to other physicians, and a comprehensive set of policies needs to urgently be enacted to combat recent drops in the number of medical students selecting careers in primary care. This increase in RVUs is one step in the needed direction.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most primary care practices are experiencing, and to help lessen the gap in payment between primary care and other specialties.

Submitter : Dr. richard carithers
Organization : greenville anesthesiology
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

GENERAL

GENERAL

We as Anesthesiologist have taken nenerous cuts in payment over the years to the point that our Medicare patients are by far our worse source of reimbursment. In South Carolina, car mechanics make more an hour than I do giving anesthesia to Medicare Patient. That seems like a shame and a crime.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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Submitter : Dr. Frank T Buchanan MD
Organization : Dr. Frank T Buchanan MD
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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Submitter : Dr. Steve Magee
Organization : Stanislaus County Health Services Agency
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I am writing in regards to increase the RVUs for E&M codes in terms of it's relation to primary care. I am a family physician working in a county health clinic system. My practice is primarily serving the underserved. I am also an assistant residency director for our Family Medicine Residency Program. I have seen first hand the severe impact on primary care access both in my own clinical practice, and more dramatically on the residency training program side. Quite simply, we have a severe problem to access to primary care, and this is destined to get much, much worse in the near future based on the severe drop-off in interest in primary care among new physicians entering residency training programs. While there are many factors involved in this primary care shortage, a large component is the worsening economics of providing primary care services. I think the proposed increase in payment for primary care outpatient services would be a welcome first step in addressing these issues.

Sincerely,
Steve Magee MD

Submitter : Rob Kassan

Date: 07/19/2006

Organization : Rob Kassan

Category : Physician

Issue Areas/Comments

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I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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Submitter : Dr. Richard O'Leary, Jr.
Organization : Associated Anesthesiologists
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

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

Anesthesiology payments should not be cut any further. Payments need to be raised as it is becoming increasingly unfeasible to provide services at such a low reimbursement.

Rich O'Leary, MD San Jose, CA

Submitter : Dr. Catou Greenberg
Organization : Catou Greenberg, MD, Inc
Category : Physician

Date: 07/19/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Thank you for your attention

Submitter : Dr. Bernard Katz
Organization : Santa Monica Bay Physicians
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I support the increase in relative value units for E & M services, specifically 99213 and 99214. As a family physician, I am able to positively impact the national health care expenditure by comprehensively treating the majority of medical problems. This limits the need for additional ancillary testing and sub-specialty referrals. However, in order to do so requires extensive use of my time; thus I feel that an increase in the RVUs associated with these E & M codes is warranted.

Bernard J. Katz, MD

Submitter : Dr. Cynthia Kapjian

Date: 07/20/2006

Organization : Dr. Cynthia Kapjian

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I'm a Family Physician who left private practice due to the poor reimbursement and increasing workload.

I now work for the government and recognize that I am very fortunate to not have to run a business as well as practice medicine.

Please recognize the incredible service provided by my colleagues in primary care in private practices by increasing reimbursement. Thanks for your consideration.

Submitter : Dr. julie saddler
Organization : Dr. julie saddler
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

GENERAL

GENERAL

I am submitting my protest to the CMS proposal to change the methodology of computing medicare reimbursement

Submitter : Dr. julie ann saddler
Organization : Dr. julie ann saddler
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1512-PN-728-Attach-1.DOC

CMS-1512-PN-728-Attach-2.DOC

CMS-1512-PN-728-Attach-3.DOC

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 before our nation experiences a certain shortage of anesthesia medical care in operating rooms, pain clinics and throughout critical care medicine.

Iowa is 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,

Linn County Anesthesiologists, P.C.
1550 Boyson Rd
Hiawatha, IA 52233

(319) 743-7300

f: (319) 743-7311

Submitter : Dr. Bryan Calcote
Organization : Brookhaven Internal Medicine
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I urge you to finalize the recommended work RVU increases for evaluation and management services.

With advances in evidence-based medicine, a single patient can require several decisions on management. For example, a diabetic patient with heart disease will need evaluation and management of blood pressure, glucose control, and lipids in a single visit. And I still would need to be alert to diagnose any acute problems in many patients.

I continue to accept new Medicare patients, but I know of many practices in the closest urban area (Jackson) that will not. Recommended work RVU increases could help assure access for many patients.

Submitter : Dr. Ronald Labuguen
Organization : Dr. Ronald Labuguen
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Abraham Delgado

Date: 07/20/2006

Organization : Texas Academy of Internal Medicine(Texas ACP)

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I wish to indicate my support for a proposed increase in the work relative value units (RVUs) assigned to office and hospital visits and consultations, known as evaluation and management (E/M) services.

I have been a general internist throughout my career but was driven from practice by low reimbursement for the complex and time consuming tasks of the practice of general internal medicine. I now perform non clinical work. Additionally, I taught medical students who were driven away from primary care practice because of the low reimbursement for long hours worked and the poor prospect of paying off high educational debt on the earnings of a primary care doctor as compared to a procedurally oriented specialist. Recent studies and statements by leaders in internal medicine point to a pending collapse in primary care availability for the American public. Improving the payment for primary care services could help to reverse this trend and direct more students into primary care residencies as well as keep more primary care practitioners from leaving practice. There is evidence that primary care provides high quality at relatively lower cost than other ways of caring for illness. I urge that this change in reimbursement be adopted.

Submitter : Dr. Locke Wilson
Organization : Healdsburg Primary Care
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Thank you for reassessing the work relative value units assigned to MediCare E&M codes. As a primary care doctor, I am struggling constantly with low reimbursements for cognitive skills frequently directed at reducing my patients health risks and, presumably, reducing their cost to the already overburdened medical system. It is distressing that procedural skills are so well compensated by comparison. The disparity certainly shifts decision making inexorably toward procedural choices for care.

I love what I do but it hurts to see our income dwindle while the proceduralist s incomes remain so extraordinarily healthy, in the order of 2 or 3 times our income. It is no wonder that fewer and fewer Medical School graduates are selecting primary care. In as much as income reflects importance, Primary Care is not valued. Why would we even expect the students to choose any differently?

Please avert this crises and adopt these very sensible changes.

Submitter : Dr. Jorge Lopez
Organization : California Academy of Family Physicians
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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Submitter : Dr. Robert Neaderthal
Organization : Robert L. Neaderthal, MD
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I have been a primary care internist in solo practice for 30 years. During the past 15 years I have struggled with double digit inflation to my office overhead (salaries, rent, supplies, vaccines) while Medicare and other insurance companies raised reimbursement 2-3% each year. Every year I have gotten further behind. I am sure that this is one of the prime reason new medical graduates are selecting specialty fields to enter instead of primary care. The number of doctors entering primary care drops each year probably at the same rate as the drop in average income of primary care physicians.

As baby boomers enter their 60s the need for more primary care physicians will escalate rapidly. Sadly, there will just not be enough primary care doctors to go around. Frustrated with low reimbursement, increased paperwork and administrative hassles, primary care doctors are retiring or leaving the field of primary care. Thanks to the aging of the population and improved longevity, patients I am seeing now are older and sicker. Their problem list of illnesses are usually over 10-15 problems. Because of the epidemic of obesity, I am seeing more patients with diabetes, hyperlipidemia, and other obesity related medical illnesses. To do a better job as doctor, I must take time to speak to them about behavior changes such as eating disorders, lack of exercise, and smoking. Because of the current emphasis on prevention, I also must find the time to ensure patients are having early detection screening tests such as pap smears, prostate exams, mammograms, and endoscopy. All of this takes time, time that most primary care physicians are unable to take because there is no reimbursement for performing these services. As a result, adherence to prevention guidelines is very low. Without an increase in reimbursement, the likelihood of improving this compliance is not likely to occur. The proposed increases in evaluation and management services are a step in the right direction. Those of us who perform these services exclusively see the proposed increases as a life buoy thrown to a drowning swimmer. I only hope that they are implemented and are not too late to save primary care. Since these E & M codes are used by specialists as well as primary care physicians, I do not know how CMS can implement them and be budget neutral because they will increase reimbursement for all doctors. If they were specific for primary care physicians (pediatricians, internists, family and general practitioners) that would bring great relief to primary care doctors.

Please read Lynn Kirk, MD s (president of American College of Physicians) article at
["http://www.acponline.org/journals/news/july06/president.htm](http://www.acponline.org/journals/news/july06/president.htm)
 Who will take care of you and me? Facing the crisis in primary care"

Robert L. Neaderthal MD MBA

Submitter : Dr. James Decock

Date: 07/20/2006

Organization : Dr. James Decock

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I agree with the following
thanks for your support in our healthcare system.

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties.

Submitter : Dr. Daniel Wells
Organization : Sutter Health Family Medicine
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

To whom it may concern,

I should like to state that I strongly support the proposed rule to increase the work relative value units assigned to Medicare E&M codes, as recently proposed by the Centers for Medicare and Medicaid Services. As a family doctor, I provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years, whereas the payment for these services has not. I manage increasingly more complex patients, with multiple chronic diseases and co-morbidities. I also act as a care coordinator, for patients and their families.

I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs and time that most family medicine practices are experiencing, and to help lessen the gap in payment between primary care and other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine and other primary care specialties. I feel it can make a difference.

Daniel Wells, MD

Submitter : Dr. Warren Brandle
Organization : Gold River Family Medicine
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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Without this increase in compensation, I will no longer be willing or able to provide care to Medicare patients.

Submitter : Dr.
Organization : Dr.
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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Submitter : Dr. Michelle Opsahl
Organization : Loma Linda University Family Medicine Group
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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I love what I do, know how to work hard, and am conscientious and caring. The current system and reimbursement feels punitive, simply put. Even the gesture of a modest increase in RVU's can help, though grander change is needed ultimately. Michelle Opsahl, MD

Submitter : Dr. Gregory Coe
Organization : Dr. Gregory Coe
Category : Physician

Date: 07/20/2006

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I very strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes, as recently proposed by the Centers for Medicare and Medicaid Services (CMS). As you know, family physicians provide essential services to many Medicare beneficiaries particularly those with chronic illnesses who more significantly impact overall cost and utilization if they do not have access to primary care, and the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater and greater number of patients per day, simply to manage our overhead and keep our doors open, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as family physicians are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, and dedicating more time to helping our patients and their families.

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Submitter :

Date: 07/20/2006

Organization :

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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