#1

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

#2

CMS-1392-P

Because the referenced comment number does not pertain to the subject matter for CMS-1392-P, it is not included in the electronic public comments for this regulatory document.

Submitter : Mrs. Joslyn Pribble **Date:** 07/18/2007

Organization : UT Southwestern Medical Center at Dallas

Category : Health Care Professional or Association

Issue Areas/Comments

Blood Transfusions

Blood Transfusions

While the increase in proposed payment rates is better than what is currently in place, it still is not reflective of the true processing costs of preparing these components. Not only is it costly to attract blood donors to start with, the number of blood borne disease testing has multiplied of the last several years and has added to the overall cost of blood products. Blood centers must pass these costs onto the hospitals who are now paying record amounts for safe, pure and potent blood products. There is a growing deficiency in the pool of trained laboratory personnel who can perform transfusion services testing. As a result, laboratories nation wide are having to greatly increase wages to ensure proper staffing of blood banks. These costs too, need to be taken into account with blood product reimbursement. Unfortunately, blood does not magically leave a donor's arm and enter the recipient's arm without many other people touching that product. I ask you to please consider donor recruitment, blood center testing and hospital incurrred costs when setting reimbursement rates for blood products.

Submitter : **Mrs. Debra Richardson** **Date: 07/18/2007**

Organization : **AQAF**

Category : **Hospital**

Issue Areas/Comments

Quality Data

Quality Data

Who will be providing the training, technical support and answer questions regarding interpretation of the specification manual for data collection for the outpatient setting? Currently the QIO provides assistance and training to the hospitals for the inpatient measures. Will Quest or a Quest-like source be available for questions related to the outpatient measures?

#5

CMS-1392-P

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Submitter : Dr. **Date: 07/19/2007**

Organization : Dr.

Category : Physician

Issue Areas/Comments

Conversion Factor

Conversion Factor

The method by which Medicare physician s fees are determined from year to year is completely and undeniably flawed. Practice expenses are outstriping reimbursements for Medicare patients creating an untenable situation. Lowering the conversion factor from 37.8975 to 34.1350 will most definitely cause physicians to close their practices to Medicare patients, drop out of the program altogether or retire from practice. The collective effect of these three options will create huge ACCESS TO CARE issues in our practice at Welborn Clinic as it will across the country.

Furthermore, as we all know reimbursements from Medicare are heaviy weighed to subspecialty care and/or higher technology, incentivizing the providers of such services to do more in such a way that they may cover the costs of the rest of their practice. This is classic cost shifting which has become a core conundrum to the entire health care reimbursement system. It is time to stop this ludicrous cycle and CMS holds the leadership key. Congress will listen to you - please present a concept for office practice reimbursements that is more than simple brute price reduction. You can do better.

Submitter : **Dr. Majed Koleilat** **Date: 07/19/2007**

Organization : **Welborn Clinic**

Category : **Physician**

Issue Areas/Comments

Conversion Factor

Conversion Factor

Whilst we are spending enormous amounts of money on activities that have no direct benefit to our population, we use Medicare and Medicaid funds to fund those endeavours.
Decreasing payment will only push to a decrease in quality of care and access.

Submitter : **Dr. Donald Lurye** **Date: 07/19/2007**

Organization : **Welborn Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to urge CMS to collaborate with Congress to find an alternative to the SGR methodology for calculating the annual conversion factor for Medicare physician payments. To be blunt - it doesn't work. It does not reflect trends in practice cost, and if implemented will reduce access to ambulatory care for Medicare beneficiaries. We physicians understand how burdensome and expensive medical care can be, and we are willing to do our part. However, we cannot continue to have Part B reimbursement be the "plug factor" that brings Medicare to budget neutrality. Trust me - physicians are not becoming wealthy off Medicare. We see the patients we see, as walking away is not ethically palatable. However, the number of new Medicare patients is going to increase. For the baby boomers to receive Medicare services, we must recognize nationally the long term value of accessible, prompt high quality care. Properly organized and funded, health care is an excellent use of public resources. Let us avoid the annual 11th hour Congressional fix and work towards a permanent solution for the benefit of our elderly.

#9

CMS-1392-P

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Submitter : Mr. Kevin Marcantel **Date:** 07/19/2007

Organization : Mr. Kevin Marcantel

Category : Health Care Professional or Association

Issue Areas/Comments

Payment for Diagnostic Radiopharmaceuticals

Payment for Diagnostic Radiopharmaceuticals

Doctet: CMS 1392P has to be considered from the view point of the physicians. Physicians continue to become compliant on regulatory matters such as inspection of Nuclear Facilities and participating in programs such as Pay For Performance. Why the consolidation in radiopharmaceutical fees as a bundle package? As physicians, we have no control in radiopharmaceutical cost. In fact, we submit on our encounter form the actual cost for the radiopharmaceutical agents. We do not want to make money off the drugs only to be reimbursed on the amount paid. Physicians invested a great deal in teh cost of the camera, the employment of a nuclear technologist, contracting a Nuclear Physisist, inspection cost of the lab and credentialing process with organizations such as ICANAL. As an administrator it is important not to have the cost package for accounting and cost center purposes. Rather than "lumping" the cost, why not reimburse for the actual cost of the drug. Cost are expected to be lowered as the radiopharmaceuticals agents are relieved of their patents. I ask that you take in all of these facts and issues and seperate nuclear imaging from other modalities when making a decision. Thank you for allowing my comments to be posted.

#11

CMS-1392-P

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Submitter : **Dr. Val Lowe** **Date: 07/20/2007**

Organization : **Mayo Clinic Rochester Minnesota**

Category : **Physician**

Issue Areas/Comments

PET/CT Scans

PET/CT Scans

July 20, 2007

Re: CMS-1392-P Proposed Changes to the Hospital Outpatient Prospective Payment System and Calendar-Year 2008 Payment Rates.

There is monumental inconsistency in the payments as suggested. Please note:

78492 is a 20 minute procedure (two 10 minute imaging sessions) using two radiopharmaceuticals each of which costs us $139 (total $278) to produce on our cyclotron. New payment -- $2711.25. Additional charges are submitted to CMS for the stress component of the study.

78811-3 are 20-40 minute procedures that use one radiopharmaceutical that costs us $188 to make on our cyclotron. New payment -- $1,107.22.

Both 78492 and 78811-3 are performed on the same scanner with the same technical staff and expense.

The payments make no rational sense given the additional time/expense of 78811-3. Please rationalize these numbers or adjust appropriately.

Sincerely,

Val J. Lowe, MD
Call me at 507-284-4104 with any comments if desired
email: vlowe@mayo.edu

Submitter : **Date: 07/20/2007**

Organization :

Category : **Hospital**

Issue Areas/Comments

PET/CT Scans

PET/CT Scans

I am writing concerning the bundling of radioactive pharmaceuticals into the reimbursement amount for the scan and specifically the proposed change in the reimbursement for PET/CT scans. Living in a rural area and being the sole provider for PET/CT services, we pay several hundred dollars for each dose of FDG we order to perform a PET/CT scan for a patient. We are just in the process of installing our own scanner and moving away from a mobile service, so costs for the scanner and renovations are extremely high. That, together with costs of starting and maintaining this service, are in excess of 2 million dollars. Add to that the cost of continuing supplies, staff salaries, maintenance, utilities, etc. and the reimbursement amount seems even lower. I believe that this is a service we need to offer our patients, but it becomes difficult when the prices of our pharmaceuticals and supplies and salaries continue to rise, and reimbursements drop. This is not true only of PET--there are some exams we don't offer because it costs us more to get the pharmaceutical than we are reimbursed for the procedure. This is not in the best interest of our patients, but we can't continue to operate at a loss. Please re-consider this proposal.
Thank you for your attention.

Submitter : Dr. Naji Tawfik **Date:** 07/20/2007

Organization : Welborn Clinic

Category : Physician

Issue Areas/Comments

Conversion Factor

Conversion Factor

I am a physician who practised in Canada for a number of years. I worked under a national health system. In that system fees were constantly down-adjusted. This approach will, and definitely, affect access to care. Canadian health care system offers excellent quality of care, but quality is meaningless if it can not be accessed by patients in a timely fashion. I do not want to see access curtailed here. What is being proposed is conducive to such an untoward outcome.
Thank you for allowing this feedback.

#15

CMS-1392-P

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Submitter : **Date: 07/22/2007**

Organization :

Category : **Physician**

Issue Areas/Comments

Conversion Factor

Conversion Factor

You have already pushed doctors to the edge with inadequate payment that doesn't keep up with costs. The proposed payment cuts will push us over the edge. I'm tired of working with the most complicated patients for the lowest compensation not counting medicaide. I am not a public servant. I won't work for nothing. You have used up all my compassion. I don't take new medicare patients. I am sure access for medicare patients to medical care will drop dramatically if this rule is implemented. I think it will be very clear to the people of America who is responsible for this disaster.

#17

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