Submitter : Dr. Howard Salvay **Date:** 09/01/2005

Organization : Santa Cruz Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

We are faced with the highest housing prices in the nation/ Medicare reimbursement is below the subsistanance level for groups to survive. We in the healing profession do not turn people away because of need. The outdated modality of reimbursement does not take into account the living situation here in Santa Cruz. Doctors are leaving unable to live in the area. We are committed to the health care of this community as a not for profit organization. It is time that some parity was found for this inequity.

Submitter : Dr. Stephen Connery **Date:** 09/01/2005

Organization : Self

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I WOULD LIKE TO COMMENT ON THE PROPOSED "STARK" EXCLUSION FOR PET SCANS. AS YOU KNOW PET SCANNING IS A VERY EXPENSIVE TECHNOLOGY. THOSE OF WHOSE WHO HAVE INVESTED IN PET SCANNERS OBVIOUSLY HAVE A LOT OF CAPITOL AT STAKE. OF COURSE THERE IS A POTENTIAL FOR ABUSE, BUT THAT IS TRUE OF ALL MEDICAL TESTING. WHAT IS MORE IMPORTANT IS ACCESS AND FAIRNESS. A PET SCANNER IS AN ASSET TO A COMUNITY AND IT IS IN THE BEST INTERESTS OF PATIENTS TO HAVE ONE AVAILABLE. EXCLUDING PHYSICIAN OWNER REFERAL WILL MANDATE PATIENT TRAVELLING LONG DISTANCES TO HAVE A TEST THEY COULD HAVE LOCALLY FOR THE SAME PRICE. THEE ARE NOT THAT MANY PET SCANNERS IN THE WHOLE STATE OF OKLAHOMA SO MANY PATIENTS WILL HAVE TO TRAVEL NEEDLESSLY.

FURTHER, ALL INVESTMENT DECISIONS UP TO THIS POINT HAVE BEEN UNDER THE ASSUMPTION THAT LOCAL PET SCANNERS WILL DO THOSE STUDIES GENERATED LOCALLY. FORCING LOCALLY REFERRED PATIENTS TO LEAVE MAY CAUSE THE FINANCIAL FAILURE OF SCANNERS AND FURTHER RESTRICT ACCESS. FURTHER, EVERY TIME HCFA INTERFERES AFTER THE FACT IN THESE SITUATIONS IT SENDS THE WRONG MESSAGE FOR FUTURE INVESTMENT IN MEDICAL INFRASTRUCTURE. IT TELLS US NOT TO BOTHER TRYING TO UPGRADE OUR LOCAL MEDICAL COMMUNITY BECAUSE THE BUREAUCRATS WILL ARBITRARILY SLAP US DOWN LATER.

PLEASE GRANT A STARK "SAFE HARBOR" FOR PET SCANS, OR AT LEAST "GRANDFATHER" EXISTING PET SCANNERS OUT OF FAIRNESS TO CURRENT OWNERS.

STEPHEN CONNERY M.D.

Submitter : Dr. Allan Hill **Date:** 09/01/2005

Organization : Dr. Allan Hill

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As with most other communities, we have a significant Medicare population. One of our biggest challenges in providing care to patients is the inability to retain younger physicians due to high costs and low reimbursements. Adjusting Sonoma County medicare rates will help significantly to allow us to remain a viable medical community. Many nongovernmental insurers follow Medicare rates, so the effect of the change will have benefit beyond the Medicare population. Without some relief from the current funding trends, we will continue to see doctors leave this area and will be unable to replace them.

Submitter :

Date: 09/02/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-503-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Our teaching practice in North Carolina has been severely affected by this policy. Just this year our department has become financially non-viable and is now negotiating with the hospital for financial support. We also continue to lose teaching anesthesiologists to private practice jobs, which is severely hindering our ability to train new anesthesiologists.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Name Michael Stella, MD

Address 2201 North Wing, CB#7010, Chapel Hill, NC 27599-7010

Submitter : Dr. Diane McGrew **Date:** 09/02/2005

Organization : SCMC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Considering Scotts Valley a rural area with associated lower payment rates is a relic from the past. The houses here are very expensive. We have mobile homes going here for over half a million. I'm a primary care physician and if I didn't have family here I would be somewhere else. We have 3 small children and are still stuck in a 2 bedroom apartment. In fact, my physician friend lives in the apartment next to me. It is a real struggle.

Submitter : **Ms. Susan Ellis** **Date: 09/02/2005**

Organization : **n/a**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am very glad to hear that you are considering making Sonoma County, CA a separate payment locality. I have been working in a medical office for 15 years & have seen the horrible financial losses that doctors have faced because of HMO bankruptcys and reduced Medicare reimbursements. It's not for nothing that we call our county "The Bosnia of healthcare." Many doctors, including 2 from my office, have left the county because they can't afford to practice here. Insurance companies base their payment schedules on Medicare's so, consequently, when Medicare reduces their payment rate, so does everyone else. There is no reason that elderly patients should have to forego medical care because their doctors are dropping Medicare coverage. Please DO make Sonoma County a separate payment locality. Thank you for listening to my views.

Submitter : **Jane Salm** **Date: 09/02/2005**

Organization : **Jane Salm**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

GPCIs - With the median cost of housing in Santa Cruz County at $800,000.00, this area should NOT be classified as rural. Please change the classification to Urban.

Submitter : Mr. LOUIS FUNK **Date:** 09/02/2005

Organization : SONOMA COUNTY MEDICAL ASSOCIATION

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a 93 year old MEDICARE RECIPIENT. The doctors I have seen in Sonoma County have provided me with excellent care. The cost of living in Sonoma County , population approx 454,000, is very high--real estate is at the highest. For a doctor to practice and live here ,he/she, needs proper indemnification for their services. Doctors and hospital should be paid at the same rate as those in RURAL CITIES.....I am afraid that they may have to stop seeing MEDICARE patients---or expect payment in full for their services. PLEASE GIVE THIS MATTYER CAREFUL ATTENTION. THANK YOU. Louis P. Funk 3438 Anderson Drive, Santa Rosa, Ca. 95409

Submitter : **Dr. John Boyle** **Date: 09/02/2005**

Organization : **Southern Ohio Foot and Ankle Associates, Inc.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

The following comment is being made only after careful review of the proposed rule affecting the fee schedule. I can only urge you not to implement non-payment of casting supplies. The standard of care normally dictates careful monitoring of the cast/fracture/injury every 2-3 weeks in which case the cast would be removed and a new cast employed, specifically if the patient has a wound associated with the fracture or has co-morbidities such as diabetes. Typical supplies needed for a non-weightbearing cast would include 4 rolls of cast padding and 4 rolls of casting material, stockinette, etc. To place the ever increasing financial burden on the provider can only lead to marginializing the quality of care. While we as providers continue to pay the constant rising cost of supplies our reimbursement is static or is decreased without regard to its implications and consequences.

I implore you to continue coverage of casting supplies to help us hold the line on just a small part of cost of practice in this age.

Thank you for your time and cooperation in this matter

Submitter : **Dr. Russell Groener** **Date: 09/02/2005**

Organization : **Washington University**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Specific issue identifier TEACHING ANESTHESIOLOGISTS

CMS-1502-P-509-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at Washington University in St Louis to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's payment arrangement is unfair and discriminates against anesthesiologists at teaching programs. It has had and will continue to have a serious detrimental impact on the ability of programs to retain skilled faculty and to train new anesthesiologists. This will ultimately impact on the quality of training that anesthesiologists receive.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced by 50%. This penalty is not fair, and it is not reasonable.

I, as an attending anesthesiologist, may be supervising a fellow in one room doing a premature neonate undergoing a tracheoesophageal fistula repair in one room, and a resident doing anesthesia for an infant having a laparotomy in the room next door, and give them both my full attention during the critical phases of each procedure; yet I will only be paid for 50% of my effort. This is grossly unfair. If one surgeon supervises two fellows in the two rooms, he will receive 100% remuneration for both cases, which compounds the insult.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and

toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Russell Groener, MD

Assistant Professor

Department of Anesthesiology

Washington University in St Louis.

Submitter : **Catherine Tannaci** **Date: 09/02/2005**

Organization : **Catherine Tannaci**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

As a resident of Santa Cruz, I have watched doctors leave the area due to economics (high cost of housing). There have been reports in the local paper about how few neurosurgeons there are in Santa Cruz. Personnaly I am horrified by this. My husband had a servere head trauma in 1998 while skiing at Heavenly Valley (CA). If there hadn't been a neurosurgeon available in Reno, he would not have lived long enough for me to get to his side. Ultimately he died - but I had a month to be at his bedside and to say goodbye. This was difficult, but it would have been much worse for his family if he had not had the neurosurgery needed to releave the pressure in his brain within 4 hours of the impact. I am terrified that without a fee increase for the physicians, more specialties will leave Santa Cruz and lives will be lost and families will be destroyed. Please allow this rule to be implemented.

Submitter : Mary Mahoney **Date:** 09/02/2005

Organization : Mary Mahoney

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am writing to request that the proposed revisions for Santa Cruz County go forward. It is imperative that this correction is made to enable Medicare patients to continue to access care in Santa Cruz County. Thank you.

Submitter : **Ms. Joyce Jackson** **Date: 09/02/2005**

Organization : **Northwest Kidney Centers**

Category : **End-Stage Renal Disease Facility**

Issue Areas/Comments

GENERAL

GENERAL

RE: ESRD Composite Payment Rate Wage Index

The Northwest Kidney Centers applauds the effort by CMS to address the outdated computation of the labor related share of the ESRD composite payment. We agree with your methodology for updating this rate.

In addition, the Northwest Kidney Centers agrees with the use of CBSA labor market areas and the methodology used to compute the ESRD Wage Index. We applaud the commitment to update the wage index on an annual basis as part of the overall ESRD payment update.

These changes are major steps toward updating the payment system for the ESRD program.

Thank you.

Submitter : **Dr. William McIlvaine** **Date: 09/02/2005**

Organization : **University of Southern California**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Childrens Hospital Los Angeles and the University of Southern California Keck Schoolof Medicine Department of Anesthesiology to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs such as mine here at USC, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services. We continue to lose the younger attendings and are unable to attract, recruit and retain more experienced teachers and physicians becauseof the financial impact of this rule.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
William B. McIlvaine MD, CM, FRCPC, FAAP
Associate Chair for Clinical Anesthesiology
Childrens Hospital Los Angeles
Los Angeles CA
and
Associate Professor of Clincal Anesthesiology
Keck School of Medicine at USC

Submitter : Dr. Kenneth Furukawa **Date:** 09/02/2005

Organization : Univ. Calif. Davis Medical Center

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am concerned that a Medicare reimbursement issue has not been addressed. That issue is the reduced rate for reimbursement to the attending anesthesiologist while supervising anesthesiology residents. Under current rules, I as the attending anesthesiologist cannot collect full reimbursement for my equivalent role of supervision as compared to my attending surgeon colleagues. I dare say that my level of interaction and intervention in the case is often much more than my surgeon colleagues, yet I can only collect 50% of the Medicare reimbursement.

Such a rule discourages teaching programs from continuing to teach residents. To my knowledge there has not been a HHS mandate to reduce anesthesiologist training positions in favor of encouraging nurse anesthetist trainees. Although there is the general perception that anesthesia is safe in the U.S., the level of safety has generally increased with the increased presence of anesthesiologists in the operating theaters of this country, not by the disappearance of anesthesiologists. Anesthesiology residency programs are the seats of education and research, most of it devoted to clinical safety and technical improvements. As reimbursements have fallen for academic teaching centers, at least some of it due to reduced reimbursement rates, programs have curtailed clinical and basic research support.

As surgical and medical technology improves, we have not really seen the rise of non-invasive medicine but rather, we are entering an era of less disruptive invasive medical procedures. Procedures requiring even more and complex anesthesia support, support that needs to evolve too. Such evolution will only come through education and research, both of which are at risk with the continued Medicare reimbursement plans. Please improve anesthesia training and safety by changing our current Medicare rules.

Submitter : **Dr. Sarah Gillespie** **Date: 09/02/2005**

Organization : **Wake Forest University School of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Sarah Gillespie, M.D.
Assistant Professor of Anesthesiology
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1009

Submitter : **Dr. John Feiner** **Date: 09/02/2005**

Organization : **UCSF Dept. of Anesthesia and Perioperative Care**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

These comments refer to the current 50% reimbursement for anesthesiologists supervising 2 room.

I wish I could say something clear and brief that propery captures the absurdity of this rule. First, it uniquely discriminates against a single specialty, and does not apply in any similar way to any other group in medicine. Two, it penalize academic anesthesiologists who are providing the greatest amount of care to other under- and ininsured groups. Third, it uniquely underpays physicians compared to every other group paid by the goverment. Fourth, please don't pretend that it is a patient safety issue; anesthesia has done more for patient safety than any other field in medicine.

Ultimately, the law of unintended consquences will prevail. Combined with generally low government reimbursement rates for anesthesiologists,this has produced cynical anesthesiologists, a sad state for medicine.

This is clearly just a way for the government to balance its budget. SO if this is reasonable, then please apply it to all professions. We could balance the budget immediately!

Submitter : Mrs. Terry Marino **Date:** 09/02/2005

Organization : Sutter Santa Cruz

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Locality 99 needs this!

Submitter : **Dr. Thomas Templeton** **Date: 09/02/2005**

Organization : **Wake Forest University Dept. of Anesthesiology**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS
CMS-1502-P

To Whom It May Concern at CMS:

I am a pediatric anesthesiologist at Wake Forest University, and I am involved in the teaching of residents on a daily basis. Although I care mostly for children, I also participate in the care of many Medicare recipients on days when I am in the adult operating rooms.

I urge you to change the inequitable practice of reducing the already discounted payments to academic anesthesiologists by an additional 50% when they are supervising two residents simultaneously. No other specialty, surgical or otherwise is compelled to suffer this. Surgeons and primary care physicians are free to supervise multiple residents and receive full reimbursement from Medicare while anesthesiologists are not. The concurrency rule is at best unreasonable and at worst most certainly unsustainable.

As an academic facility we take on the burden of both educating future doctors as well as caring for some of the sickest patients that many private hospitals will not or cannot deal with. Many of these very sick patients are elderly and therefore covered under Medicare. Consequently they fall disproportionately at our doorstep. In real fiscal terms it is becoming exceedingly difficult for our academic practice to continue our training, research, and clinical missions because of this ill conceived Medicare policy. Our faculty and chairman are constantly discussing the possibility of a financial shortfall. There is no question, that the removal of the concurrency rule would significantly help us in covering our cost so that we can continue our academic missions.
Revising this unfair policy will also go a long way in assuring continued access to care for our ever aging population in both the short term as medicare recipients represent a significant portion of our department?s patient population and the long term as we train future anesthesiologists.

Sincerely,
Thomas Wesley Templeton M.D.
Assistant Professor of Anesthesiology
Wake Forest University
Winston-Salem, NC
27157

Submitter : Dr. Nir Hoftman **Date:** 09/02/2005

Organization : UCLA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist in a teaching institution, I think it is vital that we be reimbursed for each case we do. If I am covering two residents, my department should be reimbursed for 2 cases in full. The surgeons get reimbursed for 2 cases that they cover with residents, and it should be no different for anesthesiologists. If our departmene cannot bill appropriately, our revenues will decrease, as will my salary. I will then be forced to go into private practice, and future residents will suffer. The great teaching talents will be forced to leave for financial reasons. Please be sure to correct this inequity.

Submitter : **Dr. Brucd Eisendorf** **Date: 09/02/2005**

Organization : **Santa Cruz Medical Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I strongly support removing Santa Cruz from locality 99. Having practiced here for over 13 years, I've seen many skilled and caring physicians leave town because the cost of living is too high and the compensation is not comensurate with it. They move to rural communities where they can earn as much and afford a larger home for half the price. Many physicians who do remain are being forced to limit the number of Medicare patients that they are able to care for. While our clinic hasn't done this yet, we are told that we are losing money on the average Medicare patient. I'm not sure how long we can continue to function with this situation.

Submitter : **Ms. Sally Nieuwstad** **Date: 09/02/2005**

Organization : **Sutter Santa Cruz**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Please support this revision.....the cost of living in our county is extreme. Therefore, very difficult to attact physicians and other health support personnel, because they cannot afford to live here!
Please allow us to maintain quality health care in our community.
Thank You.

Submitter : **Dr. Nir Hoftman** **Date: 09/02/2005**

Organization : **UCLA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-522-Attach-1.DOC

CMS-1502-P-522-Attach-2.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at UCLA to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Nir Hoftman, M.D.

Assistant Clinical Professor

Director of Thoracic Anesthesia

UCLA Dept of Anesthesia

David Geffen School Of Medicine

10833 Le Conte Ave

Los Angeles, CA 90049

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at UCLA to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

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Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Nir Hoftman, M.D.

Assistant Clinical Professor

Director of Thoracic Anesthesia

UCLA Dept of Anesthesia

David Geffen School Of Medicine

10833 Le Conte Ave

Los Angeles, CA 90049

Submitter : Dr. Peter Yu **Date:** 09/03/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Santa Cruz County is a urban locality of the San Francisco Bay Area. It should be removed from locality 99 and receive its own designation. For the last several years, I have treated patients in adjoining Santa Clara County because patients cannot find a physician in Santa Cruz coounty who will accept Medicare patients.

Submitter : Ms. Betty Patten **Date:** 09/03/2005

Organization : Dominican Hospital

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of changing the designation of Santa Cruz County from rural to urban. This change is warranted by the county's proximity to the Silicon Valley and San Francisco Bay area and the county's extremely high cost of living.

Submitter : **Dr. JK Zhang** **Date: 09/03/2005**

Organization : **SUNY at Buffalo**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1502-P Teaching Anesthesiologists

Dear Sir/Madam:

I was profoundly disappointed that CMS officials did not appreciate the deleterious impact that CMS-1502-P has caused academic medical centers with respect to this disparity in payment among physicians in surgical specialties. The current Medicare teaching anesthesiologist payment rule has been shown to be unwise, unfair and unsustainable.

Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology. Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases. At the University at Buffalo, we train 36 residents who fall victim to the inefficiencies in scheduling, personnel allocation, case assignments, and budget shortfalls that are directly attributed to the current Medicare teaching anesthesiologist policy. Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs and meet their mission goals. Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases. This is not fair, and it is not reasonable. Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues. Moreover, the Medicare anesthesia conversion factor is less that 40% of prevailing commercial rates. Reducing that lower payment by an additional 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

Anesthesiologists have made the delivery of anesthesia one of the safest medical practices in the nation. We have been cited by the Institute of Medicine as leading the way for patient safety reform. Ironically, if this rule is not changed, those programs that serve the sickest, poorest and oldest patients in our society will be forced to cut back or close their training sites reversing the century of progress made to reduce medical errors and deaths in the operating room.

Sincerely,
Jk Zhang, MD

Submitter : **Dr. Dyke Finley MD** **Date: 09/03/2005**

Organization : **AAMGI**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I live in one of the most expensive areas of California. I have tried many times to recruit new physicians to this area. The continued unfair level of medicare reimbursement have made it so unattractive economically that there won't be any young physicians in Sonoma County by the time I need medical care.
It is unfortunate that the political leadership has intentionally avoided dealing with this situation. This is not a rural community, it is clearly urban, and the cost of living here is much higher than the average in California and the United States.
Please recognise this error and fix it before it gets any worse.
Thank you
D William Finley MD

Submitter : **Dr. Scott Groudine** **Date: 09/03/2005**

Organization : **Personal opinion**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

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

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

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

Submitter : Dr. Philip Young **Date:** 09/03/2005

Organization : Head and Neck Surgical Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am a new physician here in Santa Rosa. I have been here only one month. Already, I am feeling the unfair reimbursement policy here in Sonoma county. Because of the lack of adequate reimbursement, Sonoma is unable to attract new physicians. Had I known better of the situation here I would not have come even under the best of conditions set forth in my contract to work here. Physicians are leaving in high numbers to find a better place where they can get better compensated and afford a better home for the price they are paying. An 8% increase for the Sonoma County payment locality should be the absolute minimum. An increase would allow physicians to see more patients that are not properly insured, avoiding sending patients to Tertiary centers and ultimately costing the state as a whole more money. Sonoma County needs ENT, head and neck surgeons. If reimbursements don't improve, I may not be able to stay because I can't afford to live here. People in need of ENT surgical services will then suffer.

I support increasing are reimbursements and increasing the payment locality to the justified level by 8% at least. Please help the people treating and taking care of the population in need of our services by approving this needed adjustment.

Philip Young MD
Cell 707-360-5210
work 707-528-0565

Submitter : Ms. T May **Date:** 09/03/2005

Organization : self

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCI. It is time to recognize that Santa Cruz California is not rural. The costs of living here are the highest in the nation, and doctors should be reimbursed appropriately so that they can live here.The "median" house costs $640,000.US $'s. I am not talking about a mansion. I am talking about a house that could well need fixing up.Please continue to keep Santa Cruz separate as its own locality.

Submitter : **Dr. arnold aigen** **Date: 09/03/2005**

Organization : **cmg**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Santa c ruz county housing costs have skyrocketed. If we wnant quality medical care then the poor medicare reimbursement must improve.

Submitter : **Mr. Dion Johnson II** **Date: 09/03/2005**

Organization : **Mr. Dion Johnson II**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Residents of Santa Cruz County - especially retired and elderly - are suffering unfairly due to the classification of this county as "rural". While it is true we have some good agriculture in Watsonville, the cities in North County have populations and costs/prices more like San Jose. Please do something to help us retain good doctors in this area! Sincerely, Dion L. Johnson II

Submitter : **Mrs. Dorothy Thomas** **Date: 09/04/2005**

Organization : **Mrs. Dorothy Thomas**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-532-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P. O. Box 8017
Baltimore, MD 21244-8017

Re: GPCI

To Whom It May Concern:

I am a Medicare beneficiary who receives care from many excellent and dedicated physicians. This proposed rule is supposed to remove my county, Santa Cruz, from the "Rest of California" physician payment locality designation.

This will mean that the physicians in this county will now receive payments from Medicare on par with other counties in the San Francisco Bay Area.

Hooray! I greatly appreciate your attention to this very important issue. I wholeheartedly support the proposed changes you have made.

Sincerely,

Dorothy D. Thomas
Santa Cruz, CA 95065

Submitter : **Dr. Margaret Miller** **Date: 09/04/2005**

Organization : **Teaching anesthesiologist/ CSA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist who is an assistant professor at the University of Southern California. I am urging the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers. This is a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. Teaching salaries remain so low in comparison to the private sector, that it is difficult for our institution to recruit new faculty. The remaining faculty are penalized with longer working hours and less vacation due to the faculty shortage. The residents also suffer with a less adequate teaching experience. The trend will be a loss of faculty in general who are leaving and will leave to enter the private sector it the future. Changing to eequalize the payment policy will help to correct the problem at our institution.

Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians. Please end the anesthesiology teaching payment penalty.

Margaret Lou Miller, M.D._____
606 West Millard Canyon Road
Altadena, CA 91001

Submitter : **Dr. Brian Kopeikin** **Date: 09/04/2005**

Organization : **Anesthesia Medical Group of Santa Barbara**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Mark McClellan, M.D., Ph.D
As an Anesthesioloigist in community practice I am stunned to learn that the unequal treatment of Anesthesiologists in academic programs is to continue in the new rules proposed for 2006.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.

Sincerely,

Brian N Kopeikin MD
22 Nicholas Lane
Santa Barbara, CA 93108

CMS-1502-P-534-Attach-1.DOC

Dear Mark McClellan, M.D., Ph.D

As an Anesthesioloigist in community practice I am stunned to learn that the unequal treatment of Anesthesiologists in academic programs is to continue in the new rules proposed for 2006.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Brian N Kopeikin MD
22 Nicholas Lane
Santa Barbara, CA 93108

Submitter : **Dr. Charles Durbin** **Date: 09/04/2005**

Organization : **(University of Virginia)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

To CMS

RE: Medicare Teaching Anesthesiologists Rule ? CMS 1502P

Academic anesthesiology is in crisis. There is a national shortage of anesthesia providers which has been worsening for the past 5 years and which will not abate for the next 10 years. This has resulted in a dramatic rise in anesthesia salaries, and a shift in how anesthesiologists are paid. Instead of the patient (or their insurance carrier) providing the only payment based on direct services, the shortage has shifted the burden of salary to the hospital. This is because hospitals need anesthesia services to keep the operating rooms open, generating income for the hospital and hospitals pay additional sums to attract needed anesthesiologists in this time of shortage. Demands for anesthesia services outside of traditional operating rooms have risen dramatically and the reimbursement for these services is not well-covered.

Academic (teaching) anesthesiologists have been less successful at garnering salary support from their teaching institutions and are dependent on Medicare to support their income. The result is that private practice anesthesiologists are making 2-2.5 times the income as those in academic environments despite longer working hours caring for sicker patients.

The best teachers are leaving to enter private practice. Although it will not completely solve the salary deficiency issue, allowing teaching anesthesiologists to bill Medicare completely for 2 concurrent anesthetics will help. We now reduce our billing in half for two resident supervised cases, even if the overlap is one minute. Allowing simultaneous billing for two resident supervised cases brings the anesthesiologist to a par with surgeons who can bill full fee for two simultaneous resident procedures. Other academic physicians working with residents can bill for up to 4 patients cared for simultaneously. It only seems fair to be treated the same as other academic specialists. Please change this hurtful and discriminatory rule. We need to keep the best teachers for the future care of the Nation and this will help.

Thank you for your attention to this matter.

Sincerely yours,

Charles G. Durbin, Jr., MD, FCCM
Professor of Anesthesiology and Surgery
University of Virginia
Charlottesville, VA 22908

Submitter : **Dr. Carmen J Finley** **Date: 09/04/2005**

Organization : **Dr. Carmen J Finley**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

This is in support of an 8% increase in payment to doctors in Sonoma County. Sonoma County is the best medical center north of San Francisco, but many doctors have chosen to leave the community because their medicare payments are lower than neighboring counties of Marin and other Bay Area Counties.

Please recognize our need to maintain a good medical center and pay our doctors in accordance with others in the Bay Area.

Submitter : Dr. Todd Kaye **Date:** 09/04/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposal to change the physician payment localities that removes Santa Cruz county from California's Locality 99. CMS has not changed localities for almost a decade and Santa Cruz County has high health care delivery costs!

Submitter : **Dr. Philip Lumb** **Date: 09/04/2005**

Organization : **Keck School of Medicine of USC (LAC USC MC)**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See attachment
Hard copy to follow

CMS-1502-P-538-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

September 4, 2005

Re: Teaching Anesthesiologists

The Medicare Fee Schedule changes released on August 1, 2005 do not include a proposed correction to the current policy of paying teaching anesthesiologists 50% of the fee for each of two directly supervised but concurrent resident teaching cases. The language indicates that the current rule is discriminatory and does not accommodate the needs of anesthesiology or the patients this medical specialty and its subspecialties (Critical Care Medicine, Pain Medicine, Pediatric Anesthesiology, etc.) support.

The Joint Commission on the Accreditation of Hospital Organizations (JCAHO) recently made assessment of pain the fifth "Vital Sign". Anesthesiology is the leading medical specialty with specific teaching interests in managing acute and chronic pain, and in palliative medicine and management of the terminally ill.

Critical Care Medicine was first recognized in anesthesiology, and it is apparent that as the population ages, specialists in this vital field are necessary. All manpower studies indicate that there is a current shortage of as many as 20,000 physicians in this field alone despite the fact that the Leapfrog Group has indicated that 24 * 7 coverage of critical care units by a specialist is anticipated to reduce length of stay and improve outcome. Not only are immediate hospital cost savings important, but also the reduction in morbidity should improve quality adjusted life years (QALY) for the patients and further reduce society's costs.

Specialized anesthesia care in managing Trauma, Pediatrics, Obstetrics, Cardiac Surgery, Neurological Surgery and all types of surgical care requiring general or regional anesthesia are best managed personally by or under the management of an anesthesiologist. Currently there is a manpower shortage in the specialty, and the academic departments charged with training the next generation of providers are under significant financial pressure. The current Medicare Rule will do nothing to ease the constraints and may force a number of departments to close.

Furthermore, and despite the fact that minimally invasive surgical techniques and the development of invasive, percutaneous procedures in cardiology and neuro-radiology were anticipated to decrease the need for trained anesthesiologists, it has become apparent that the reverse has occurred. Contrary to the belief that light sedation is uniformly safe and can be administered by non-anesthesiology personnel, overall

direction by anesthesiologists is required and has been demonstrated to provide a level of safety and improved outcomes that is unavailable in alternate environments.

I represent and work in the Keck School of Medicine of the University of Southern California's Department of Anesthesiology. Our Department provides service to Los Angeles County General Hospital and the affiliated Women's and Children's Hospital (LAC+USC MC) and also to the University of Southern California University Hospital (USCUH), the Doheny Eye Institute and the Norris Cancer Center. Additionally, the Department of Anesthesiology at the Children's Hospital of Los Angeles (CHLA) is part of our Department. We currently train 54 residents across all three years and employ 52 anesthesiologists. We are responsible for covering 50 anesthetizing locations every morning and maintain 24 * 7 coverage for all six institutions as needed. Emergency services at LAC+USC MC support the nation's busiest penetrating trauma program for the citizens of Los Angeles; the US Navy has established its Trauma Training Program at our institution to provide "combat" experience to Navy surgeons, anesthesiologists and allied health professionals prior to deployment overseas.

Budgetary constraints are negatively impacting our ability to attract quality faculty and maintain the high teaching standards necessary to insure the future health of the American public. It is apparent that academic teaching centers are the cornerstone of the American health "safety net", and further reduction in our ability to maintain this service cannot be tolerated. The biggest competition to the academic centers is the robust private sector market in which the support of government sponsored and indigent care is far less than that noted in the teaching programs. The Medicare Fee Schedule change proposed by Anesthesiology is neither unique nor untested. Academic surgeons (who receive a far higher proportion of their usual fee through Medicare than do Anesthesiologists) can be reimbursed for supervising two concurrent surgical procedures by insuring their presence during the key portions of the surgical procedure. It is important to recognize that the individuals being supervised are physicians with appropriately credentialed intermediate skills prior to participation in this teaching paradigm.

Anesthesiologists practice in an identical manner; we are penalized by 50% reimbursement. The periods of a surgical procedure in which the direct presence of an anesthesiologist is necessary are predictable. Perhaps more importantly, the coverage requirements of an academic practice supports emergency situations more effectively than solo practice; i.e. it is easier to assign personnel to help in an emergency when experienced faculties can be transferred to areas of acuity and unanticipated need. The Anesthesiology Residency Review Committee (RRC) of the Accreditation Council of Graduate Medical Education (ACGME) has a longstanding commitment to insuring the integrity of supervisory ratios and the experience acquired by residents prior to graduation, and I am confident you will find that the nation's accredited academic anesthesiology programs maintain these ratios diligently despite Medicare's discriminatory reimbursement policies.

In summary, I would like to reiterate the following:

- The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable.

- Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology.

- Anesthesiology teaching programs like mine are suffering severe economic losses that cannot be absorbed elsewhere. We are a vital component of the medical emergency coverage for the city of Los Angeles.

- The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.

- Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

- A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases.

- This is not fair, and it is not reasonable.

- Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues.

The Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates; reducing that by 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

I look forward to resolution of this important issue. I shall be happy to answer any questions you may have or to clarify any details of this letter. I write with the support of our Hospital Administrators who are happy to endorse these statements. I understand the significant demands on the Medicare budget, but the future health of the nation's critically ill, injured and indigent patients rests with the current and future care provided by its academic centers. Intimately connected with current health care is the necessity to support the research and development of new strategies to support new requirements. The research mission of the academic centers must also receive priority attention.

Thank you for your consideration of this request. I look forward to the positive action of the agency on these issues.

Yours sincerely,

Philip D. Lumb, M.D., FCCM
Professor and Chairman
Department of Anesthesiology
Keck School of Medicine of USC
#14-901, 1200 State Street
Los Angeles, CA 90033
(323) 226-4597

Submitter : **Mr. Wes Brubacher** **Date: 09/04/2005**

Organization : **Mr. Wes Brubacher**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Being an eighteen year resident and four year Medicare beneficiary in Sonoma County, California, I am intimately aware of and associated with the problems of physician reimbursement and retention within the County.

The proposal to bring physician reimbursement within Sonoma County into line with Napa and Marin Counties is long overdue. Living costs in this County have soared over the last ten to fifteen years and are presently very comparable to Napa and Marin Counties. The disparity of the present reimbursement rates between the three Counties has resulted in the loss of many physicians in Sonoma County and forced many prospective physicians to look elsewhere for a place to locate their practice. This problem is being compounded by the fact that, increasingly, seniors are finding Sonoma County to be a favorable place, except for healthcare, to which they can retire.

Your favorable action on this proposal will certainly be appreciated by all as it directly affects everyone in the County.

Sincerely,

Wes Brubacher
Geyserville California

Submitter : **Joseph and Elaine Lieber** **Date: 09/04/2005**

Organization : **Joseph and Elaine Lieber**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Please approve a new payment locality for Sonoma County (California). The cost of living in this area is very comparable to that of the San Francisco Bay Area in general, but our physicians are paid approximately 8% less than comparable physicans in adjoining counties. This is creating a situation where we are having difficulty attracting and retaining well-qualified physicians in our County. This county has a lot of retired and elderly people that need high quality medical care.

This disparity has been going on for years now and needs to be addressed immidately.

Thank you.

Joseph and Elaine Lieber

Submitter : **Ms. Pamela ERwin** **Date: 09/04/2005**

Organization : **Ms. Pamela ERwin**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

"GPCIs"
File Code "CMS-1502-P" I support the change in Medicare payments for doctors in Santa Cruz and Sonoma counties

Submitter : **Mr. Ralph Harms** **Date: 09/04/2005**

Organization : **Mr. Ralph Harms**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I support a new payment locality for Sonoma County. We need to keep the physicians we have and recruit others. The low re-imbursement is detrimental to the quality of care we need and want.

Submitter : Mr. WILLIAM HOFFARD **Date:** 09/04/2005

Organization : Mr. WILLIAM HOFFARD

Category : Federal Government

Issue Areas/Comments

GENERAL

GENERAL

I SUPPORT YOUR PROPOSAL TO CHANGE SONOMA COUNTY'S PAYMENT LOCALITY, AND I APPRECIATE THE OPPORTUNITY TO COMMENT ON THIS IMPORTANT ISSUE.
SINCERELY,
WILLAIM HOFFARD
1163 HOPPER AVE #51
SANTA ROSA, CA. 95403-1638

Submitter : **Ms. Jo McBain** **Date: 09/04/2005**

Organization : **Ms. Jo McBain**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of the federal government making a change that would create a new "payment locality" for Sonoma County. Our community here in west Sonoma county has a great number of elderly citizens who need local care. If you don't increase the local Medicare reimbursement, our fear is that we will lose some of our Physicians to other counties as they will not be able to stay in practice. Our Family has already lost 2 Physicians for this reason within the past 2 years and it is a serious situation not only for the patients, but the Physicians as well. When will our Federal Government begin to listen to those of us who cast votes and pay our bills? We need to work harder at taking care of the elderly population in this Country.
Thank you.
Jo McBain

Submitter : **Ms. Mary Dixon** **Date: 09/04/2005**

Organization : **Ms. Mary Dixon**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to encourage a new "payment locality" for Sonoma County physicians. Sonoma County is an expensive area located between Marin and Napa Counties. There is a significant disparity between what Marin and Napa physicans receive for Medicare patients and what Sonoma County physicians currently receive. This low reimbursement rate is driving physicians out of our County. My husband and I support this proposal.

Submitter : **Ms. Maureen Middlebrook** **Date: 09/04/2005**

Organization : **Ms. Maureen Middlebrook**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I live in Sonoma County California and am writing to support increased Medicare reimbursements for our County. Our doctors need that support. The surrounding counties are higher and the cost of living is comparable here. It is impacting whether doctors are going to continue to practice in our community. PLEASE increase the payments.

Submitter : **Dr. Russell and Lynne Beale** **Date: 09/04/2005**

Organization : **Dr. Russell and Lynne Beale**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

We wish to support the proposal(CMS-1502-P) to create a new Medicare "payment locality" in Sonoma County. This proposal would increase the Medicare reimbursement rate to physicians and would help to retain physicians in the County and encourage needed specialists to move here. The low reimbursement rates have driven doctors out of the County. We have a desparate need for more doctors not less.

Submitter : **Mrs. Debbie Schneider** **Date: 09/04/2005**

Organization : **Mrs. Debbie Schneider**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

RE: GPCIs
I fully support your proposal to create a new payment locality for Sonoma County, because living expenses have skyrocketed here and there are many underprivileged people who are struggling. Doctors we know have moved out of state after taking out second mortgages on their houses and still going bankrupt, so the Medicare reimbursement rate really needs to be more closely matched to actual practice expenses or we will lose more and more of these physicians.
Thank you for your attention to this problem.
Sincerely, Debbie Schneider

Submitter : **James Shelton** **Date: 09/04/2005**

Organization : **James Shelton**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

A new "payment locality" for Sonoma County is very much needed to bring payments to local physicians in line with general cost factors for the county. Sonoma County is no longer a "rura" county, but is very metropolitan. If this county is to maintain a reasonalbe level of health care and be able to attract younger doctors to replace those whoare retiring or leaving the county, the doctors MUST be paid comensurat with the cost of living and the cost of setting up and maintaining a practice.

Submitter : **Edmund Maness** **Date: 09/04/2005**

Organization : **Edmund Maness**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

4 September 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Edmund B. Maness
963 Ellen Court
Rohnert Park, CA 94928
emaness@earthlink.net

Submitter : **Mrs. Catherine Hes** **Date: 09/04/2005**

Organization : **Mrs. Catherine Hes**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Date:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which has been growing in population and is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now, allowing quality physicians the compensation they deserve.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Name: Catherine Hes
Address:5740 Davis Circle
Rohnert Park, CA. 94928

Submitter : Mr. HUVE RIVAS **Date:** 09/05/2005

Organization : Watsonville Video Academy

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-552-Attach-1.RTF

Santa Cruz neeeds to be included with neighboring counties in order to be able to keep its doctors.

Submitter : **Ms. Karen Jones** **Date: 09/05/2005**

Organization : **Ms. Karen Jones**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I don't understand why this is even up for debate. Why shouldn't Sonoma County doctors be reimbursed the same as other doctors in California? It is utterly unfair and incredibly selfish to do anything else. We need our doctors to stay and specialists are understandably avoiding Sonoma County. Please do the right thing. Thank you.

Submitter : **Mr. Leroy Danhausen** **Date: 09/05/2005**

Organization : **Mr. Leroy Danhausen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I don't want to see my doctors leaving my county where they are so badly needed. I know their Medicare reimbursement is far less than surrounding counties, even though Sonoma County is an increasingly expensive place to live and work.

In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me and other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Submitter : **Kathryn Rosser** **Date: 09/05/2005**

Organization : **Kathryn Rosser**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I want to comment on Medicare?s reimbursement level for doctors in Sonoma County.

I have seen too many good doctors leave this county in the past 10 years because of the cost of living. My family physician, in order to pay for two children in college, relies on family members and retirees to run the office. Doctors in this area are driving Toyotas, the winery owners and business people are driving Lexus. Sonoma County has a large amount of land compared to the number of people, but having lived here for more that 30 years I assure you that we ceased being rural many years ago.

While I feel strongly about how my tax money is spent, I believe an increase in Medicare reimbursement is needed. I want the assurance that Sonoma County will continue the good level of health care we have received up to now.

Submitter : Mr. lloyd chelli **Date:** 09/05/2005

Organization : Mr. lloyd chelli

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please change the disparity in payment to doctors in Sonoma County. Authorize the 8 percent increase in reimbursemrents. This increase is long overdue. I have more comments and if you would like to hear them please call me at 707-525-9373. I can give you several examples or maybe you don't want to hear them.

Submitter : Joyce Harr **Date:** 09/05/2005

Organization : Joyce Harr

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

As a Senior, I am concerned about keeping good doctors available in our community. If the doctors in Sonoma County are not reimbursed as they should be, we will lose many of them. Please make sure their reimbursement is fair.

Submitter :

Date: 09/05/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I understand that you are considering a proposal to raise the Medicare reimbursement rate for physicians in Santa Cruz County, California. I urge you to support this proposal.

I am not on Medicare, but this proposal directly affects me. Medicare is an important component of our local health care delivery system which is suffering. My primary care physician left Santa Cruz to work in San Jose, where compensation is greater. In part this is due to their higher Medicare reimbursement rates. Turnover at our local medical clinic is high; the result is more and more physicians are the youngest and most inexperienced. We are becoming a training ground for new doctors: stay here a couple of years, until a higher paying position can be secured in San Jose or elsewhere where Medicare reimbursement rates are higher.

Please help reverse this situation by allowing greater reimbursement to Santa Cruz physicians. Thank you, Rick Hyman

Submitter : **Dr. Terrigal Burn** **Date: 09/05/2005**

Organization : **Palo Alto Medical Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am in favor of removing Santa Cruz and Sonoma counties from California's locality 99. The cost of living there makes them comparable to counties that are classified at a higher payment rate, and they should therefore be reclassified.

Submitter : **Mr. William Veltrop** **Date: 09/05/2005**

Organization : **Self-Employed**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Attention: CMS-1502-P

Re: GPCI

To Whom It May Concern,

I am a Medicare beneficiary who depends on physicians willing to work in Santa Cruz, CA. I understand that this proposed rule will remove my county from the Rest of California physician payment locality designation.

I also understand that the physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay Area.

We greatly appreciate your attention and support in correcting what has been an unfair imbalance. We wholeheartedly support the proposed changes that you have made and trust you will follow through as needed to achieve alignment with living costs.

With blessings and gratitude,

William Veltrop
1450 Hidden Valley Road
Soquel, CA 95073
831-462-1992
BillVeltrop@earthlink.net

Submitter : **Harry Bartholomew** **Date: 09/05/2005**

Organization : **self**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-561-Attach-1.DOC

To Whom it May Concern:

I am a Medicare beneficiary who receives care from a dedicated and excellent Physician. I understand that this proposal will remove my county (Santa Cruz) From the Rest of California physician payment locality designation.

I also understand that the physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco bay Area.

I appreciate your attention to this important issue and strongly support the proposed changes.

Thanks

Harry Bartholomew
2603 Willowbrook Lane, #27
Aptos, CA 95003
bart0@earthlink.net

831 475 5083

Submitter : MArvin Hiles **Date:** 09/05/2005

Organization : MArvin Hiles

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-562-Attach-1.PDF

September 5, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me and other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Marvin S.Hiles
240 Sun Court
Healdsburg, CA. 95448.

Submitter : **Robert Schmidt** **Date: 09/05/2005**

Organization : **Robert Schmidt**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare and Medicaid Services Department of Health and Human Services Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: GPCI

To Whom It May Concern:

I am a Medicare beneficiary who receives care from an excellent and dedicated physician. I understand that this proposed rule will remove my county from the Rest of California physician payment locality designation.

Hopefully physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay Area. Santa Cruz County has had the greatest physician cost/payment mismatch in the state for nine years. It has the widest boundary payment discrepancy in the nation. (A 25% difference between Santa Cruz and Santa Clara counties.) Most health plans tie payments to physicians based on the locality-adjusted Medicare fee schedule which compounds the uniquely negative position that Santa Cruz County has been in.

We greatly appreciate your attention to this very important issue. We wholeheartedly support the proposed changes that you have made.

Sincerely,

Robert K. Schmidt

Submitter : Robert Schmidt
Organization : Robert Schmidt
Category : Individual
Date: 09/05/2005

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment.

CMS-1502-P-564-Attach-1.DOC

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: GPCI

To Whom It May Concern:

I am a Medicare beneficiary who receives care from an excellent and dedicated physician. I understand that this proposed rule will remove my county from the Rest of California physician payment locality designation.

Hopefully physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay Area. Santa Cruz County has had the greatest physician cost/payment mismatch in the state for nine years. It has the widest boundary payment discrepancy in the nation. (A 25% difference between Santa Cruz and Santa Clara counties.) Most health plans tie payments to physicians based on the locality-adjusted Medicare fee schedule which compounds the uniquely negative position that Santa Cruz County has been in.

We greatly appreciate your attention to this very important issue. We wholeheartedly support the proposed changes that you have made.

Sincerely,

Robert K. Schmidt

Submitter : Mrs. Janeanna Athy **Date:** 09/05/2005

Organization : Mrs. Janeanna Athy

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am an 88 year old recipient of Medicare benefits and feel adamantly that an increase in the reimbursement formula for Sonoma County physicians is LONG OVERDUE! This has not been a rural community for a very long time, and our hard working physicians deserve to be reimbursed at a more equitable rate commensurate with their expenses in providing quality care for all in Sonoma County. This is a very expensive place to reside and practice medicine, and we find more and more physicians relocating for that reason and fewer recruits willing to come here. I completely support the adoption of CMS-1502-P in an effort to rectify these discrepancies. Sincerely, Janeanna Athy

Submitter : James Spahr **Date:** 09/05/2005

Organization : James Spahr

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Sonoma County California needs your organization to allow reimbursement rates for doctors taking Medicare patients based on SMSAs for non-rural areas. You are considering a change in the so-called payment locality for Sonoma County to increase reimbursement rates by 8%. As a Medicare enrollee, I urge you to approve this change to (1) keep qualified doctors from leaving the county and (2) to make it possible for those remaining to continue to accept Medicare reimbursement. James Spahr

Submitter : **Ms. B Joyce Parker** **Date: 09/05/2005**

Organization : **Ms. B Joyce Parker**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I would like to support the Medicare proposal that increases payments to doctors in rural areas as I live in Sonoma Valley and our medical personnel are greatly effected by the low payments currently. We have a hard time recruiting new medical doctors because of the extremely high cost of living in this area and low reimbursements from Medicare.

Submitter : **Dr. Lois Connolly** **Date: 09/05/2005**

Organization : **Medical College of Wisconsin**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS

I, a teaching anesthesiologist, understand the proposed changes to the Medicare Fee Schedule for 2006 did not include a correction for the discriminatory policy of paying teaching anesthesiologists only 50% of the fee when participating in concurrent resident cases. Anesthesiology is the only medical specialty that has suffered this payment rule.

Teaching programs as a whole will suffer financially if cuts continue. Currently we have 6 faculty positions open. Though our residency program is filled, we rely on these individuals to fill faculty positions in the future. There is no attractiveness to a job that has budget shortfalls, so salaries are lowered and staffing is unfilled. Quality medical care and patient safety along with the increasing Medicare population relys on having a stable pool of competent physicians trained in anesthesiology. Anesthesiology teaching programs are SUFFERING SEVERE ECONOMIC LOSSES, which cannot be absorbed elsewhere. The Medicare conversion factor of less than 40% of commercial rates added on a 50% reduction for the teaching anesthesiologist supervising 2 rooms results in grossly inadequate revenue that will not sustain any academic program. In our group currently our Medicare population is just less than 50% but many areas of the country this is over 80%!

CMS anesthesiology teaching rule must change to allow departments to cover costs! The rules should be in-line with other teaching services: surgeons supervise two residents and collect 100% of the fee from Medicare; internists may supervise residents in 4 outpatient visits and collect 100%! Teaching anesthesiologists suffer and collect 50% of the fee is supervising 2 overlapping resident case.

The current rule is unwise and unsustainable. I urge prompt action to correct this - teaching programs are suffering tremendous economic shortfall.

Sincerely

Lois A. Connolly, MD
Associate Professor Department of Anesthesiology Medical College of Wisconsin
Chief of Anesthesiology Services, Froedtert Hospital, Milwaukee, WI

Submitter : **Ms. Esther Crandall** **Date: 09/05/2005**

Organization : **NA**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support the creation of a new "payment locality" for Sonoma County which would increase the local Medicare reimbursement to doctors by 8%. We want to keep our good local doctors.

Submitter : Raymond Smith **Date:** 09/05/2005

Organization : Raymond Smith

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment CMS-1502-P/GPCI

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

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

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

Submitter : **Ms. Carole Dochtermann** **Date: 09/05/2005**

Organization : **Medicare User**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

Please create a new "payment locality" for Sonoma County. We don't want to lose our good doctors. Thank you

Submitter : **Mrs. Sharon Robison** **Date: 09/05/2005**

Organization : **Mrs. Sharon Robison**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sharon S. Robison
Santa Rosa, CA 95409

Submitter : **Elizabeth Jimenez** **Date: 09/05/2005**

Organization : **Individual**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I would like to see the fees for physicians increased to the 8% level for Sonoma County. We are a very diversified county and have many income levels of patients. We have lost many of our physicians-in all specialties. We are far from the rural category in many respects - our county is growing faster and MORE COSTLY BY THE DAY. To continue to have adequate medical coverage we must give our doctors the ability to make a living. We have greater problems than the truly rural counties. We have a large number of transients who need medical care, we have a growing number of elderly, we are being priced out of rental and home ownership and without the increase in Medicare reimbursements to 8% we will be priced out of medical care. We have the same problems and higher cost as many of the urban areas. Please help us keep our doctors. Thank you.

Submitter : **Madelyn Ketchum** **Date: 09/05/2005**

Organization : **Madelyn Ketchum**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Please consider Docket: CMS-1502-P. We need to keep the doctors we have here in Sonoma County. With adjoining county doctors able to earn more money with larger Medicare payments it too tempting to leave Sonoma Couty. Please help us and our great doctors here.

Submitter : Mrs. Donna Jeye **Date:** 09/06/2005

Organization : Mrs. Donna Jeye

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please create a new payment locality for Sonoma County. This is a very expensive place to live. The average price of a house here is over $650,000! The cost of living in Sonoma County is similar to that of Marin and Napa Counties, as is the cost of office space, staff, workers' compensation and a dozen other variables. The low reimbursement rate has driven doctors out of Sonoma County and has prevented needed specialists from moving here. This disparity needs to be corrected - quickly! The healthcare of Sonoma residents depends on it. A locality change would benefit efforts to recruit and retain physicians in this county, which has a large Medicare population. I fully support your proposal to change Sonoma County's payment locality.

Submitter :

Date: 09/06/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

For heaven's sake, INCREASE the payment percentage for physicians and hospitals in Sonoma County. We are NOT a rural community! We cannot attract qualified physicians in this county and are losing others or they won't treat those on Medicare. How would you like to be a patient needing a physician and not be able to get one?????

Submitter : Mr. Ed Hasson **Date:** 09/06/2005

Organization : Mr. Ed Hasson

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I live in Sonoma County, California, a suburban county of nearly 500,000 residents. It is also one of the most expensive places to live in the country with the mean single family home approaching $600,000. Yet, for medical reimbursement purposes it is classified as a rural county. The resulting lower physician reimbursement rates has caused an exodus of physcians from the county. Many physicans will not accept medical patients. This problem needs to be rectified. I urge you to revise the reimbursement schedule and recognize Sonoma County for what it is not for what it was 30 years ago! Thank you for considering my comments.

Ed Hasson
161 Espana Way
Windsor, CA 95492

Submitter : Eric Boll **Date:** 09/06/2005

Organization : Eric Boll

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I would like to submit my support, as a private citizen and as an employee in the health care industry, to the proposal to remove Santa Cruz county from "Locality 99" and give it its own locality. As you may have already read from previous submissions from others, the disparity in Medicare reimbursement creates a situation where doctors and other providers either stay away from potential employment in the county, or relocate elsewhere within a short time from their hire. This physician retention and recruitment issue creates a situation where Medicare patients in this county find it increasingly difficult to either retain a solid patient/physician relationship, or to find a provider that will accept Medicare patients at all.

Implementing the proposed change will be of great benefit to the Medicare patients in this county.

Submitter : **Ms. Kendra Mon** **Date: 09/06/2005**

Organization : **Burbank Heights**

Category : **Social Worker**

Issue Areas/Comments

GENERAL

GENERAL

While doctors in Sonoma County, California, have living and business expenses similar to their colleagues in neighboring Napa and Marin Counties, they are reimbursed by Medicare for their services at a considerably lower rate. This has resulted in the loss of many fine doctors and contributed to the loss of a popular health plan. Please take action to correct this disparity and assure quality health care for our Medicare recipients.

Submitter : Dr. Rafi Avitsian **Date:** 09/06/2005

Organization : Cleveland Clinic Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to ask that you use this year's physician payment rule to revise the current arrangements under which Medicare reimburses teaching anesthesiologists for the hands-on teaching of medical residents.

The current reduction of 50% payment for working with two residents concurrently is unfair to anesthesiologist training programs and is not consistent with CMS payment policies to other teaching physicians, such as surgeons. This reduction is unwise, unfair, and unsustainable.

This will cause less anersthesioglogists to be attracted to academic positions and will decrease the quality of health care and education.

I strongly encourage CMS to revisit this payment methodology and pay teaching anesthesiologists the full CMS fee schedule for overlapping cases.

Submitter : **Dr. Jonathan Mark** **Date: 09/06/2005**

Organization : **Duke University Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

September 6, 2005

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at Duke University Medical Center and the Durham Veterans Affairs Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers ? a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty. Thank you very much for your consideration of this important issue.

Sincerely,

Jonathan B. Mark, M.D.
Professor and Vice Chairman
Department of Anesthesiology
Duke University Medical Center

Chief, Anesthesiology Service
Veterans Affairs Medical Center
Durham, North Carolina

Submitter : Dr. Thomas Hill

Date: 09/06/2005

Organization : Catawba Valley Med Ctr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
Dear Dr. McClellan:
Currently, Medicare regulations provide teaching surgeons and internists the opportunity to supervise residents on overlapping cases and receive full payment; so long as the supervising physician is present for critical portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he/ she is supervising. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when appropriate requirements are met.
Teaching anesthesiologists are also permitted to supervise residents on overlapping cases so long as they are present for critical events of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who supervise residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Academic anesthesiology continues to provide superb clinicians and extensive research applicable to all specialties of medicine.
We need to preserve and support these physician educators/investigators.
Please amend the supervision rules currently discriminating anesthesiologists from payments allowed to other academic physcians.
Thank you for your support of our academic coleagues.

Thomas R. Hill, M.D.
Staff anesthesiologist, Catawba Valley Medical Center, Hickory, NC
Clinical Asisstant Professor of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, NC
President-elect, NC Society of Anesthesiologists.

Submitter : Shirley Fitterer

Date: 09/06/2005

Organization : Shirley Fitterer

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

It is essential that Medicare increases reimbursements for medical services in Sonoma County. I moved to Santa Rosa three years ago and was stunned to discover that many excellent physicians had left the area due to low reimbursement from Medicare and the fact that they were unable to afford to stay in one of the most expensive areas in the country.

Submitter : **Dr. Howard Davis** **Date: 09/06/2005**

Organization : **Dr. Howard Davis**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Name_Howard Davis, M.D._____
Address _Erie County Medical Center Buffalo, NY 14215_____

Submitter : **Dr. Howard Davis**

Organization : **Dr. Howard Davis**

Category : **Physician**

Date: **09/06/2005**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Erie County Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the abi¹ity of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Name_Howard Davis, M.D._____
Address _Erie County Medical Center Buffalo, NY 14215_____

Submitter : Mrs. Nancy Horrall

Date: 09/06/2005

Organization : Santa Rosa Memorial Hospital

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

I have been a nurse for 34 years. I have lived in Sonoma County and worked contiuously in an acute care hospital. I feel very strongly about the need to increase physician re-imbursement from a rural to more urban schedule. (GPCIs) I have witnessed doctors taking out second mortgages on their homes to keep their practises open. I know personally one physician who left private practice because his wife, an ICU nurse, was making more money than he was. (A sad state of affairs with the length of time doctors must go to school & the responsibility they bear.) I know one trauma surgeon who was making less money than my husband, who is an Xray Technologist. He moved to Texas, where he can afford to raise his family. I work with a group of Gastroenterologists who have had great difficulty recruiting another doctor, due to the high cost of living here. Sonoma County was fairly rural when I moved here; but now home prices are as high or higher than Marin County & San Fransisco. The stress on the physicians I work with is just profound! One in his 40's already had cardiac bypass surgery, another left on a true stress disability & will never practice medicine again. The climate here for our doctors is the worse I've ever seen: I have many more examples of fine doctors who have left our community due to this very problem. (Another Trauma surgeon left for New Hampshire, a wonderful ENT doctor went to Montana) I only ask that these fine men & women be re-inbursed fairly, so they can concentrate on healing, not just finances & politics. I would be happy to speak to anyone who wants to contact me on this subject. Nancy Horrall R.N., C.G.R.N. 3880 Holland Dr. Santa Rosa, California 95404 707-542-0705

Submitter : Dr. Jay Cunningham **Date:** 09/06/2005

Organization : Oklahoma Soviety of Anesthesiologist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: Teaching Anesthesiologist rule.
You are well aware of the disparity of payment under Medicare for teaching anesthesiologist who supervise residents. It is absolutely unfair that sugery attendings can supervise the two surgeries and get full reimbursement for both surgeries and the attending anesthesiologist supervising the same two surgeries receives 50% reimbursement. This antequated rule for reimbursing teaching anesthesiologist must be changed if our teaching programs are to survive. This rule puts an enormous financial strain on anesthesiology teaching programs across the country. It effects not only the number of residents that can be trained at a time when there is a shortage of anesthesia providers, but it also effects tha quality of trainer and the research that has made our specialty one of the safest.

It is time for CMS to do the right thing, the fair thing to revoke this rule and level the playing field. As our population ages the burden becomes greater, and the strain on our teaching facilities increases. Please act now and do the right thing. Revoke the teaching rule for anesthesiologist.

Submitter : **Mr. Donald Schwartz** **Date: 09/06/2005**

Organization : **Mr. Donald Schwartz**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives care from an excellent and dedicated physician. I understand that his proposed rule will remove my county for the Rest of California physician payment locality designation. I also understand that the physicians in my community will now receive payments from Medicare on par with other counties in the San Francisco Bay area. We greatly appreciate your attention to this very important issue We wholeheartedly support the proposed changes that you have made. Thank you, Don and Carol schwartz

Submitter : **Ms. Deborah Ball** **Date: 09/06/2005**

Organization : **Santa Cruz Medical Foundation**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

GPCIs
With the amount of growth Santa Cruz County has experienced over the last decade, it would seem logical to change our "rural" status. This would assist with the physician recruitement and retention process, which impacts the patient care area. Thank you

Submitter : Dr. Lawrence Shapiro

Date: 09/06/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly urge CMS to removes Santa Cruz and Sonoma Counties from California's Locality 99. The combination of the high price of housing and the locality 99 designation with it's concommittant lower reimbursement for Medicare in Santa Cruz, makes it very difficult to recruit new physicians. In the long run if this desination is not changed, it will severely limit the availability of physicians to care for the Medicare population.

Submitter : Mrs. Laurel Mastro **Date:** 09/06/2005

Organization : St. Joseph Health Care System - Santa Rosa

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,
Laurel Mastro RN,BC,OCN,MPH
Director of Nursing Center of Excellence
Santa Rosa Memorial Hospital

Submitter : **Ms. Lizanne Whitlow, CPMSS, CPCS** **Date: 09/06/2005**

Organization : **Santa Rosa Memorial Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

September 6, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Thank you for your attention.

Lizanne Whitlow, CPMSM, CPCS
Lead Credentials Analyst
Santa Rosa Memorial Hospital
Santa Rosa, CA 95405

Submitter : **Ms. Brenda Smith** **Date: 09/06/2005**

Organization : **Community Memorial Hospital**

Category : **Dietitian/Nutritionist**

Issue Areas/Comments

GENERAL

GENERAL

I feel that a two-way interactive video for purpose of telehealth services is appropriate for some services, however, a one-way video is not interactive and should not be used in healthcare.
I also feel that using either a one-way video or interactive audio for phsyician at the distant site to examine a patient in unacceptable in healthcare.
Face to face contact with patients is best, both in patient compliance and the patient's level of confidence with their healthcare team.

Submitter : Dr. David Hooper **Date:** 09/06/2005

Organization : Palo Alto Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I agree with the proposal to separate Santa Cruz and Sonoma Counties from the "locality 99". No changes have been made in these designations for quite some time, and I believe it is overdue to recognize these two counties as separate from the other rural areas in California.

Submitter : Mrs. Mary Crowell **Date:** 09/06/2005

Organization : Mrs. Mary Crowell

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

As a long time resident of Santa Cruz County, I can only be concerned about the effect of the unfair rural designation on our county.
1. As our Dr.'s continue to receive poor reimbursement, our elder population will lose access to medical care.
2. As a county, we are losing qualifed specialists. It is difficult to attract and recruit quality professionals due to poor reimbursement.

Thank you for your attention to this matter.

Submitter : **Mr. Fred Kirshman** **Date: 09/06/2005**

Organization : **Mr. Fred Kirshman**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary receiving care from local physicians. I understand that the proposed rule will remove Santa Cruz county from the rest of California physician payment locality designation.
By receiving payments from Medicare on par with other counties in the San Francisco Bay Area we will have a better opportunity to attract doctors to our community especially as the price of houses in Santa Cruz county are on a par with those in the Bay Area.
Consequently I wholeheartedly support the proposed changes that you have made.

Sincerely, Fred Kirshman

Submitter : **Mr. John Dwyer** **Date: 09/06/2005**

Organization : **Santa Cruz Medical Clinic**

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear CMA Staff,

I am personally excited by the August 16th proposed rule CMS -1502-P and wholeheartedly support it's adoption by CMS for the following reasons:

1. The "Locality 99 / Rural" CMS designation for Santa Cruz County, California has been a terrific burden on our local Santa Cruz County Medical Community for many years as too many local Physicians cannot cover their costs under the very low reimbursement of rural, Locality 99 designation for our County.

2. As a result, our Senior citizens cannot easily access local physicians in all the Specialties that they need.

3. Chronic shortages of Doctors in our community has been the result.

4. The Santa Cruz County cost of living is comparable to Santa Clara & San Mateo Counties -- certainly much higher than rural areas of California.

I look forward to the relief of the above challenges that this proposed CMS rule 1502-P will provide and fully endorse it's adoption for Santa Cruz County!!!

Many thanks,

John Dwyer
Director, Managed Care
Santa Cruz Medical Clinic
1414 Soquel Avenue, Suite 102
Santa Cruz, CA 95062
Office: (831) 458-5841 Fax: (831) 421-9082 e-mail: dwyerj@sutterhealth.org

Submitter : Lois Schwab **Date:** 09/06/2005

Organization : Lois Schwab

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Due to the fact of poor reimbursement, Santa Cruz County has a very difficult time recruiting and keeping physicians for our elderly population.The effect of the unfair rural designation is going to exacerbate this problem. As a concerned citizen I would not like to face the fact of limited medical care when I am a senior citizen.
Thank you.

Submitter : **Mrs. Kolleen Ledterman** **Date: 09/06/2005**

Organization : **Mrs. Kolleen Ledterman**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a curret resident of Santa Cruz County and I am writing to you because I am very concerned about how the rural designation of our county is effecting the doctors and specialists in this area. The cost of living in our county has jumped so high in the last 10 years that our doctors can not afford to stay located in this county. Our senior population is losing good physicains and in the long run this could compromise their health care. Soon I will be a senior and I hope that I will not have to experince the coming and going of my doctors.
Please as a very concerned member of Santa Cruz County, redesignate our county so we too can receive quality heath care. Santa Cruz County os no longer a rural county.
Thank you for allowing me to share my feelings.

Submitter : Mr. Wayne Seden **Date:** 09/06/2005

Organization : Mr. Wayne Seden

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a resident of Sonoma County, California and want to let you know that we need to have our doctor's Medicare reimbursement increased. We have been losing many of our best physicians as they have moved to other better compensated counties. For example we will soon be losing our only endocrinologist and I personally will then need to drive to Marin county for the nearest doctor who currently has a backlog of over four months. I stongly request that you assign Sonoma County as a new "payment locality" and increase the doctor's compensation by 8%. Thank you.

Submitter : Dr. **Date:** 09/06/2005

Organization : Dr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Rent is up, phone bill is up, and private insurance for my 10 employees is up 10%. But you want to cut my reimbursements. Should we cut our staff or our quality of service?

Submitter : Mr. STANLEY ZIGANTI **Date:** 09/06/2005

Organization : Individual

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a medicare beneficiary who receives medical care from physicians and hospitals in Sonoma County, California, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians and hospitals improve the quantity and quality or care they deliver to me and other Medicare beneficaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appriciate the opportunity to comment on this important issue.

Submitter : **Ms. Rebecca Chappell** **Date: 09/06/2005**

Organization : **Saint Joseph Health System**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

The reimbursement rate needs to be adequate for our Physicians to continue to keep their practices open, have the staff and supplies needed to give the best care possible. A reduction or continuance of current rates would not be in the best interest of those that are most vulneralbe in our society. Remember, you or your loves one will one day be one of the millions who will depend on the support of Medicare for future assistance. Don't let them down.

Submitter : **Michael Heiman** **Date: 09/06/2005**

Organization : **Michael Heiman**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Since the rule would create a new ?payment locality? for Sonoma County and increase the county?s reimbursement rate by 8%, I am in favor of it to keep physicians in the county.

Submitter : **Ms. Christine Naylor** **Date: 09/06/2005**

Organization : **Santa Rosa Memorial Hospital**

Category : **Nurse**

Issue Areas/Comments

GENERAL

GENERAL

Over the past 11 years working in Sonoma County I have seen scores of physicians relocate due to the inability to afford living here. Multiple care systems have gone bankrupt and the financial situation has gone from bad to worse. Doctors who haven't left the area have left their practice to work for Kaiser or have become hospitalists to get out of the expense of owning and running a private practice with medicare reimbursement so low. You now have the chance to make a change for us. By creating a new payment locality for Sonoma County maybe we can keep some of these talented doctors. It has been increasingly difficult to recruit new physicains to our area due to the high cost of living. Some specialties are not represented. You may have to drive over an hour to go to San Francisco for this care. We are a large enough area that we should have an adequate quanity and high quality physicians.

Please give this your upmost consideration.

Thank you.

Sincerly,

Christine Naylor RN, CRNI
PICC Prtogram Manager
Santa Rosa Memorial Hospital
Sonoma County, CA

Submitter : **Mrs. Juliet Kramer** **Date: 09/06/2005**

Organization : **Mrs. Juliet Kramer**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I support and encourage the proposal to change Sonoma County California's payment locality.

Submitter : Mr. Frederick Kramer **Date:** 09/06/2005

Organization : Mr. Frederick Kramer

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I strongly encourage the proposal to change Sonoma County California's payment locality.

Submitter : **Dr. Randall Clark** **Date: 09/06/2005**

Organization : **Dr. Randall Clark**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

RE: Teaching Anesthesiologists

Current Medicare rules that reduce payment to teaching anesthesiologists are inappropriate and unfair. While CMS had indicated in 2004 that there would be relief from this rule, instead we now have this comment period. It would seem that CMS can best meets its responsibilites by limiting its attention to political issues and start treating teaching anesthesiologists the same as other teaching physicians, i.e. no reduced payment for supervising two concurrent procedures when using residents.

Submitter : Dr. B. Wayne Ashmore **Date:** 09/06/2005

Organization : Dr. B. Wayne Ashmore

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as a private practice anesthesiologist at Longmont United Hospital in Longmont, Colorado, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
B. Wayne Ashmore, M.D.

Submitter : Dr. Richard Mucci MD **Date:** 09/06/2005

Organization : Dr. Richard Mucci MD

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Given our local costs Sonoma most definitely is a "Bay Area" county and not rural. We must recruit from the bay area and our cost of living is bay area. Adjusting the fee schedule is mandatory to even keep MD's seeing Medicare patients. I strongly urge a yes vote.

Submitter : **Mr. Edward Weisner** **Date: 09/06/2005**

Organization : **none - retired**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

"I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me and other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue."

Submitter : **Janet Presser** **Date: 09/06/2005**

Organization : **Janet Presser**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed revision to the physician payment localities in California.

There has been a problem for many years with the method by which you pay physicians in the San Francisco Bay Area. Two of the ten counties in this metropolitan area are paid at rural California rates. I understand that this proposed rule corrects this inequity.

I thank you for addressing this issue.

Submitter : David A Geddes **Date:** 09/06/2005

Organization : David A Geddes

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

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

Submitter : peter Henze **Date:** 09/06/2005

Organization : Creative Leisure International

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am receiving medical care from 3 physicians in Sonoma County, CA & support Sonoma County as a new Payment Locality for Medicare. The cost of living here has escalated enormously in the last 5 years & the aging population here needs the care of Physicians who can be retained to live & practice in Sonoma County.

I strongly support your proposal to change Sonoma County's payment locality. Thank you.

Peter Henze
4503 Trenton Road
Santa Rosa CA 95401

Submitter : Dr. Virgil Airola

Date: 09/06/2005

Organization : Pediatric Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs:

Medicare's discriminatory payment arrangement for anesthesiologists (where reimbursement for anesthesiologists is barely 1/3rd that of commercial carriers) in combination with the payment policy for anesthesiology teaching programs has had a negative effect on the academic programs' ability to retain skilled teaching faculty and, therefore, to train the young anesthesiologists for our country's needs. Currently, the widely-acknowledged shortage of anesthesia physicians denies physician-level anesthetic care to many Americans.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. The policy means academic programs are struggling to stay in the business of teaching young physicians how to safely provide anesthesia.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians. Please support a change in anesthesiology teaching payments that will allow academic institutions to recruit and retain competent teaching faculty so that Americans can continue to receive safe and effective, physician-delivered anesthesia care in the future.

Sincerely Yours,

Virgil M. Airola, M.D.
Pediatric Anesthesia Associates
6235 N. Fresno Street, Suite 103
Fresno, California 93710

Submitter : virginia loyola

Date: 09/06/2005

Organization : virginia loyola

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary and receive care from an excellent and dedicated physician. I understand this proposed rule will remove my county from the Rest of California physician payment locality designation. I also understand the physicians in my county will now receive payments from Medicare on par with other counties in the San Francisco Bay area. I support the proposed changes and very much appreciate your attention to this important issue.
Sincerely,
Virginia Loyola

Submitter : Dr. Rod Kaiser` **Date:** 09/06/2005

Organization : Santa Cruz Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I have practiced Cardiology in Santa Cruz county since coming here in 1978 after my training progam. Recruitment and retention of physicians especially subspeciality care and the care of my patients within their locality is critically dependent on the passage of CMS-1502-P. I respectfully request you carefully review the future ramifacations of Locality 99. We need fariness in reimbursement relative to our current ecconomic base as would any other locality in California. Thank-you for your consideration. R.S.Kaiser

Submitter : Kari Zimmerman

Organization : Kari Zimmerman

Category : Individual

Date: 09/06/2005

Issue Areas/Comments

GENERAL

GENERAL

Until recently, I was a member of the medical workforce here in Sonoma County. I worked on the side of providers and medical groups (all five closed their doors) for over 10 years. I saw the progression in the county - fewer and fewer providers accepting Medicare, and all of the major insurance companies dropping their Medicare supplemental plans due to the fact that reimbursements made it impossible for providers to cover their expenses.
This county already has a very large senior citizen population. As of 2004, 17.7% of our total population is over 60 years of age. We will continue to see an increase in the percentage of those in the retirement age due to the rising cost of housing here. Those of the younger generations are moving out of state at very high rates. Our medical community simply can't afford to continue receiving reimbursements based on 'rural' statistics. We may be a highly agricultural area, but we are certainly not a small town by any means. It's time that our federal reimbursements are made on our actual usage and population, not by the grapes we grow here; and if Napa can be considered an urban county, then I see no reason for us not to be considered the same.

Submitter : Dr. steven ellstrom

Organization : Dr. steven ellstrom

Category : Physician

Date: 09/07/2005

Issue Areas/Comments

GENERAL

GENERAL

I believe that Anesthesiology residency programs should be reimbursed fairly by CMS by being paid 100% of overlapping fees for procedures done by resident physicians training in Anesthesiology.
Most academic programs suffer from "brain drain" as talented teachers leave their positions in training programs to practice in a private setting as the lower wages earned in academic medicine is simply not competitive in light of burdensome student loans and cost of living.

Submitter : Dr. Robert Pease

Organization : Dr. Robert Pease

Category : Physician

Date: 09/07/2005

Issue Areas/Comments

GENERAL

GENERAL

I feel CMS should make reimbursement for teaching Anesthesiologist the same as teaching surgeon. Increasely teaching anesthesiologists are looking for private practice positions because of increasing work loads and decreasing compensation. When interviewing at my institution CMS's unfair reimbursement is sited as a major reason. It needs to be remembered that these are the individuals teaching Physicians to take care of you and your love ones durng some of the most difficult times in your lives. If they are not there to teach who will. I understand that the AANA and some CRNA wish to prevent this change for economic reasons. Please make this change so that individuals who are twenty and thirty years old today will still have the same high quality anesthesia they get today when they are eighty years old and really need an anesthesiologist and not just a nurse with abbreviated training in anesthesia.

Submitter : Ms. Theresa Russo

Organization : Ms. Theresa Russo

Category : Individual

Date: 09/07/2005

Issue Areas/Comments

GENERAL

GENERAL

I have heard that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. Many people and businesses cannot afford to work and/or live in an area that is ideal for both families and individuals. The economy is changing and shifting, and we are losing good neighborhoods and the businesses that they need to survive.

In the new locality created, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now. This would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

As so-called baby-boomers age and retirement must wait longer and longer for so many people, Medicare will become an even more crucial health services resource for many. If doctors cannot afford to stay in this area, then many (like me) would lose the only doctor they've had (I've seen mine for almost 20 years) and their trust and dependence on affordable and caring medical care.

Please help correct the low reimbursement rate in this county and thus increase the amount of doctors and the range of specialized care we can access. This issue will only become worse each year if no changes are made now.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Thank you,
Theresa Russo

Submitter : **Ms. Eileen Helick** **Date: 09/04/2005**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

re: CMS 1502-P

I support the proposal that Santa Cruz County physicians receive payment for their services on par with other counties in the San Francisco Bay area. I am a Medicare patient.

Mrs. Eileen J. Helick
211 Gault Street, No. 213
Santa Cruz, CA 95062

Submitter : **Ms. Jennice Fishburn** **Date: 09/07/2005**

Organization : **Private citizen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am writing in reference to code CMS-1502-P in regard to the critical need to change Santa Cruz County California from a completely inappropriate rural designation to that of an urban area. I personally have lost the care of excellent physicians who could not afford to live and practice in Santa Cruz.

The local newspaper recently carried an article pointing out that 'Santa Cruz is trumped only by San Francisco and Orange County in its unaffordability -- a distinction based upon the width of a chase betwen income and housing prices. In the past year and a half, the article states, 'the cost of a median-priced home in Santa Cruz County increased 30% from $550,000 to $715,000. For renters, Santa Cruz/Watsonville is the second least affordable place in the nation, according to the report [National Housing Conference study]. Only San Francisco's rents are further out of line with residents' wages.'

In addition to these housing affordability issues for physicians and their staff, office rents are also reflective of an urban status. This is not a rural county, it is part of the Greater San Francisco Bay Area, and the physicians should receive Medicare and Medical reimbursements comparable with the other urban counties in this area. Personally, I do not want to say goodbye to excellent physicians who cannot afford to live and practice here.

Thank you for your attention.
Jennice Fishburn

Submitter : Dr. Sunil Eappen **Date:** 09/07/2005

Organization : Harvard Medical School/Brigham and Women's Hospita

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-627-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at the Brigham and Women's Hospital and Harvard Medical School in Boston to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services. We are struggling to meet the needs of our hospital as we simply can't recruit and retain our excellent anesthesiologists that we have trained.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Please let me know if I can answer any additional questions or if I can be helpful in any way.

Thank you in advance for your attention to this matter.

Sincerely,

Name_____

Address _____

Submitter : Ms. Mary Fricker **Date:** 09/07/2005

Organization : Ms. Mary Fricker

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please increase the reimbursement rate for doctors in Sonoma County, California (Santa Rosa-Petaluma MSA), by creating a new payment locality for Sonoma County.

Fewer and fewer doctors take Medicare here because it's so expensive to live here. For example, the median cost of a resale home in this county is $615,000!

Thank you.

Mary

Submitter : Dr. Glenn Gravlee

Date: 09/07/2005

Organization : The Ohio State University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Hon Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
314G Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. McClellan:

I am writing to support changing the CMS payment methodology for teaching anesthesiologists. Currently teaching anesthesiologists receive 50% payment for working concurrently with two residents, whereas CMS payments to other teaching physicians, notably surgeons, permit full payment for simultaneous supervision of two residents performing procedures. The key elements should be consistency in reimbursement and the importance of attending physician presence for the important parts of the procedures. In many instances, anesthesiologists will still choose to supervise residents in a one-to-one ratio because of either the resident?s lack of experience or the level of difficulty of a particular patient or procedure. However, especially with residents who have gained considerable experience, for many procedures it is acceptable and desirable to supervise two residents simultaneously. It is desirable because this facilitates the residents? development of independence and because there continues to be a shortage of anesthesiologists in teaching programs. This shortage may in part derive from revenue limitations engendered by current CMS reimbursement guidelines for teaching anesthesiologists who are simultaneously supervising two residents.

If we are to train adequate numbers of anesthesiologists in the future, it will be very helpful to have a level playing field for private practice and teaching anesthesiologists, and for teaching anesthesiologists and teaching surgeons. As it is, Medicare reimbursement for anesthesiologists constitutes a considerably lower percentage of usual managed care fees than it does for other specialties, currently yielding about one third of typical managed care contractual agreements for anesthesiologists. Cutting the fees for teaching anesthesiologists who are supervising two residents compounds this problem and places teaching institutions at a distinct disadvantage in recruiting and retaining faculty. I speak from experience, because I served as a teaching department chair from 1994 to 2002. From 1998 to 2002 in particular it was exceedingly difficult for academic departments to compete for anesthesiologists. Things are somewhat better now, but to a significant degree the improvement has resulted from implementation of substantial subsidies provided by hospitals to teaching departments of anesthesiology. The need for these subsidies reflects a mismatch between the market price for an anesthesiologist and CMS reimbursement for anesthesiology services. This mismatch is especially evident in the compensation for teaching anesthesiologists, and the national shortage of academic anesthesiologists continues.

The future of anesthesiology depends largely upon the health of its teaching programs. In recognition of its importance to our future, this recommended change enjoys broad support from both private practice anesthesiologists (who have nothing to gain from it) and teaching anesthesiologists. You and your colleagues at CMS have a chance to make a difference by correcting a longstanding inequity. I strongly encourage you to do so.

Sincerely,

Glenn P. Gravlee, M.D.
Professor and Academic Vice Chair
Department of Anesthesiology
The Ohio State University College of Medicine and Public Health
410 W. 10th Avenue
Doan N416
Columbus, Ohio 43210
Gravlee.1@osu.edu

Submitter : Mrs. Debbie Cone **Date:** 09/07/2005

Organization : Mrs. Debbie Cone

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am no power of authority but just one voice. Please let this past, our area has been in a situation of losing instead of gaining the advancement of medical physicans because of the cost of living. We are in an area that is just as high in the cost of living as our neighbors such as San Francisco, CA.
With our population in a gain over the years we need our specialists and more physicans instead of less. The cost of living has effect many elements,please do not let this be one.

Submitter : **Date: 09/07/2005**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

September 7, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Sir/Madam:

The American Association for Clinical Chemistry (AACC) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) proposed rule to revise the physician fee schedule for 2006. Specifically, we offer the following comments on the flow cytometry recommendations.

AACC agrees with CMS?s recommendations to increase the payment amounts for flow cytometry codes 88184 and 88185. We believe the current payment amounts do not accurately reflect the input costs needed to provide these services. Therefore we support:

? Changing the staff type in the service (intra) period in both CPT codes 88184 and 88185 to cytotechnologist at $0.45 per minute in lieu of the current $0.33 for a laboratory technician;
? Increasing the antibody costs for CPT codes 88184 and 88185 from $3.54 to $8.50; and
? Adding a computer, printer slide strainer, biohazard hood and FACS washing assistant to CPT code 88184 and a computer and printer to CPT code 88185.

We believe these changes will more accurately reimburse clinical laboratories for the cost of performing flow cytometry testing.

By way of background, AACC is the principal association of professional laboratory scientists--including MDs, PhDs and medical technologists. AACC?s members develop and use chemical concepts, procedures, techniques and instrumentation in health-related investigations and work in hospitals, independent laboratories and the diagnostics industry worldwide. The AACC provides international leadership in advancing the practice and profession of clinical laboratory science and its application to health care. If you have any questions, please call me at (314) 362-1503, or Vince Stine, Director, Government Affairs, at (202) 835-8721.

Sincerely,

Mitchell G. Scott, PhD
President, AACC

Submitter : Dr. Daniel Shin **Date:** 09/07/2005

Organization : Camino Medical Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. I am aware that CMS has not changed localities for almost a decade.

Submitter : **Dr. angela bader** **Date: 09/07/2005**

Organization : **brigham anesthesia department**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at BWH to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers – a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.Please end the anesthesiology teaching payment penalty.
Name_Angela M. Bader M.D; Brigham and Women?s Hospital, Boston, Mass 02115

Submitter : **Sharon Dowdy** **Date: 09/07/2005**

Organization : **Sharon Dowdy**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,
Sharon Dowdy

Submitter : Mr. Scott Gregerson **Date:** 09/07/2005

Organization : Sonoma Valley Hospital

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

It is inherently unfair that Medicare does not recognize Sonoma County's cost of living and cost to practice medicine. Unfortunately this reality does nothing but limit access by Medicare recipients to physicians. Consistent with traditional notions of fair dealing and substantial justice the reimbursement received for the treatment of Medicare recipients in Sonoma County should be increased to encourage physicians to participate in the Medicare program and serve the increasing number of seniors in the community. Seniors are the ones who suffer under the current allocation and seniors will continue to suffer until this inequitable distribution is modified.

Those who would challenge this adjustment for Sonoma and Santa Cruz counties can only argue that they are unwilling to give up their own portion of the Medicare reimbursement. It is obvious to anyone that the current structure inadequately compensates the physicians in Sonoma and Santa Cruz where the cost to practice medicine and live is exorbitant. I implore you let logic and reason champion over self-interest and ensure that seniors have the same access to health care in Sonoma as they do throughout the state.

Submitter : Carol MacLeod **Date:** 09/07/2005

Organization : Carol MacLeod

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please consider raising the Medicare rates paid to doctors in Sonoma County. This is an extremely expensive area to live - the average home sells for about $650,000. Doctors are discouraged from moving here to start up a new practice, and the established doctors are moving out of the area. That's because the Medicare reimbursement rates are not commensurate with the cost of living here. Many of the doctors won't even take new Medicare patients which sets up an intolerable situation for those of us who are on Medicare.

Please check the demographics and adjust their rates accordingly. Thanks.

Carol MacLeod
5243 Lockwood Circle
Santa Rosa, CA 95409

Submitter : Dr. Mary Maxwell **Date:** 09/07/2005

Organization : Dr. Mary Maxwell

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs and Madams,

I am opposed to your practice of paying attending anesthesiologist only 50% of their fee if they are supervising two concurrent procedures. This is unfair, punitive, and damaging to our medical education system. The long term effects of this policy will be to weaken our anesthesia education system leading to reduced enrollment in training programs and an even worse shortage of qualified anesthesiologists in the future. With our aging population we need MORE not LESS good anesthesiologists in the future. This policy is also unfair in that other specialties aren't penalized in the same manner as is anesthesia. Please change this policy. Thank you. Mary Maxwell, M.D.

Submitter : Dr. Erik Jensen **Date:** 09/07/2005

Organization : Erie County Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-638-Attach-1.DOC

E C M C

September 7, 2005

ERIE COUNTY
MEDICAL CENTER
CORPORATION

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Concerning: CMS-1502-P
With a specific "Issue Identifier As Teaching Anesthesiologists"

Dear Director:

Please take this letter as an official note of concern from our Anesthesiologists' Group concerning the current Medicare Teaching Anesthesiologists' payment rule. As you are aware, currently Medicare policy dictates that academic Anesthesiologists involved in the teaching of resident physicians will have a 50% withhold of their Medicare reimbursement funds for concurrent anesthetic cases. Our academic, university affiliated institution, the Erie County Medical Center, in Buffalo, New York, currently utilizes eight to nine residents per day in the delivery of care to our patient population. This comprises more than half of our total anesthetist staff. The current system of the 50% payment reduction is simply unfair and unsustainable. We are frequently hamstrung in our ability to assign residents to provide care for Medicare patients, thereby denying them the training opportunities required of a growing pool of physician anesthesiologists to care for the ever expanding Medicare population. We are greatly concerned over the one-sided aspect of the Medicare reimbursement when we see our surgical colleagues, or our internist friends, allowed to receive 100% Medicare reimbursement for overlapping surgeries or patient clinic visits; and then subsequently are informed that our anesthesia services will only be reimbursed at 50% of the Medicare fee. This arrangement is making it progressively more and more difficult to train resident anesthesiologists in the care of the Medicare patient; and will lead, without question, to a decrease in future anesthesiologists' ability to provide care to this population. The current Medicare conversion factor is substantially below the regional norm, as it stands. The addition of the 50% reduction for resident concurrency makes providing care for Medicare patients economically unsustainable. We urgently request that you amend this policy to provide for 100% Medicare reimbursement for concurrent services, such as that seen by our surgical and medical colleagues. Otherwise, care for Medicare participants will likely become severely compromised in the future. Thank you very much for your time, and I eagerly await your actions on this issue.

462 Grider Street
Buffalo, New York
14215
716.898.3000
www.ecmc.edu

Erie County Medical Center
Erie County Home
Cleve-Hill Family Health Center

Sincerely,

Erik Jensen, M.D.
Clinical Director
Department of Anesthesiology

Sincerely,

Erik Jensen, M.D.
Clinical Director
Department of Anesthesiology

EJ:Jab

Submitter : Dr. Daniel Dedrick **Date:** 09/07/2005

Organization : Harvard/Brigham and Women's Hospital Program in An

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:
I am writing both as a nationally recognized Program Director (one of the 2005 ACGME Parker J. Palmer ?Courage to Teach? Award winners) and as a faculty anesthesiologist at Brigham and Women?s Hospital, a Harvard teaching institution, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
In the current competitive health care environment, Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of our Department to recruit and retain the skilled faculty needed to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers, a shortage that will be exacerbated in coming years by both population growth and the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty. We deserve equal protection under the law, not discrimination based on medical specialty!

Submitter : Ms. Doris Wallace

Date: 09/07/2005

Organization : Individual

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I feel it is only fair that the M.D.'s in Sonoma County have the same Fee Schedule as the other Counties. Thank You

Submitter : Dr. Geir Ivar Elgjo **Date:** 09/07/2005

Organization : Univ Virginia Health System, Dept Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-641-Attach-1.DOC

Geir Ivar Elgjo MD PhD
Assistant Professor
Dept Anesthesiology
University of Virginia Health System
Box 800710
Charlottesville, VA 22908-0710

Charlottesville, Sept 6 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

TEACHING ANESTHESIOLOGISTS

Dear Sirs,

I feel compelled to voice my concerns regarding the proposed changes to the Medicare Fee Schedule for 2006 that were released last month. The schedule does not include a correction of the discriminatory policy of paying teaching anesthesiologists only 50% of the fee for each of two concurrent resident cases.

The existing policy is not workable for anesthesiologists and revisions are necessary. CMS needs to change its policy so that teaching anesthesiologists realize 100% of the Medicare fee for each of two overlapping procedures involving resident physicians.

The current Medicare teaching anesthesiologist payment rule is 50% per case if the anesthesiologist is in charge of two operating rooms that run concurrently, or overlapping. This rule is unwise, unfair and unsustainable: Unwise because it discourages recruiting to our profession, unfair because it will pay Anesthesiologists only half of what attending surgeons can bill for running two rooms concurrently, and unsustainable because quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology.

Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases.

My work as an assistant professor at UVa consists of 90% clinical work (operating room time) where I run two rooms most of the time. It is very seldom I will run only a single

room (when one finishes late, or when on call), whereas I more often will have to run as many as 3 rooms simultaneously in order to properly take care of the caseload.

In my hospital, which is a University teaching hospital, there are 47 attending anesthesiologists, 56 residents and 23 CRNA's. Our operating rooms perform approximately 65-70 surgeries per day, adding up to 20 – 22,000 surgeries per year. It would be impossible to meet this caseload if we could not run more than one room at a time, and impossible to maintain a meaningful residency teaching program if we could not divide our attention between two rooms. The schedule currently runs so tightly that we cannot the afford the luxury of "faculty rooms", that is, rooms attended by a faculty member only.

A failure to correct the inequalities in the Fee Schedule would severely impact our budget, which would have even more deleterious long-term consequences by failing to hire staff, especially the most attractive staff. Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere. Therefore, the CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.

For the sake of comparison: A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases.

Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues.

The Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. Reducing that by 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

Sincerely,
Geir Ivar Elgjo

Submitter : **Mrs. Patricia Lewis** **Date: 09/07/2005**

Organization : **Mrs. Patricia Lewis**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

It is imperative for Medicare to increase reimbursements for medical services in Sonoma County. Our Doctors have been classified as 'rural', but medical expenses here are about 8% higher than in other 'rural' counties. Our Doctors are leaving Sonoma County because of the inequity between the 'rural' classification and the 'urban'. They cannot afford to practice here, and we cannot afford to lose them! Thank you. Patricia S. Lewis

Submitter : Dr. George Neuman **Date:** 09/07/2005

Organization : New York Medical College at Saint Vincents Hospita

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-643-Attach-1.DOC

Saint Vincent
Catholic Medical Centers
DEPARTMENT OF ANESTHESIOLOGY
170 West 12th Street, NR 408 • New York, NY 10011
Tel (212) 604-7566 • Fax (212) 604-2637

George G. Neuman, M.D.
Chairman,

Professor and Vice Chair of Anesthesiology
New York Medical College

gneuman@svcmcny.org

September 7, 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

The Academic Medical Center of New York Medical College

Reference: CMS-1502-P "Teaching Anesthesiologists"

To Whom It May Concern:

The recent decision by CMS not to correct the existing anesthesia teaching payment policy is a great disappointment to the anesthesiology community. The current position is grossly unfair. If a teaching anesthesiologist can only collect 50% of the Medicare fee for two overlapping cases, why can a surgeon supervise residents in two overlapping operations and collect 100% or an internist supervise residents in four overlapping outpatient visits and collect 100%? The result, anesthesiology residency programs are going unfilled and departments are struggling economically at a time when there is a shortage of anesthesiologists.

Quality medical care, patient safety and a rapidly growing Medicare population, demand that the United States have a stable and growing pool of physicians trained in anesthesiology. We have a number of unfilled faculty positions in our department. It is difficult for academic departments to support their teaching/research/patient care mission when reimbursed at only 50% for concurrent cases.

Medicare must recognize the unique delivery of anesthesiology care and pay teaching anesthesiologists on par with their surgical colleagues. To add insult to injury, in New York State, the Medicare conversion factor is less than 25% of commercial/managed care rates. Reducing that by 50% results in revenue grossly inadequate to sustain a department translating into $40 per hour per operating room.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs and continue their mission. My colleagues and I urge you to reconsider this rule.

Thank you for your attention.

Sincerely yours,

George Neuman, M.D

Submitter : Mr. Charles Molnar **Date:** 09/07/2005

Organization : Mr. Charles Molnar

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of the rule change allowing the physicians in my community (Santa Cruz County) to recieve payments on par with other counties in the San Francisco Bay Area. The cost of living here, especially housing costs, have long caused many physicians to leave, not except Medicare patients, etc.

Submitter : Dr. Meg Durbin **Date:** 09/07/2005

Organization : Palo Alto Medical Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz from California's Locality 99. CMS has not changed localities for almost a decade and this locality's demographics now reflect a more urban and indeed extremely expensive community.

Submitter : **Pamela Robbins** **Date: 09/07/2005**

Organization : **Pamela Robbins**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

Sonoma County, CA, is an extraordinarily expensive place to live. It is comparable to Marin and San Francisco Counties, yet our physicians are moving away, in part, due to the 'rural' payments from Medicare. These payments do not begin to cover the physician's costs. I understand that Medicare is proposing to create a new payment locality for Sonoma County, and I support this completely.

This new locality designation would help us, a county with a large senior population, to retain our physicians, and hopefully bring in more. They are needed.

I fully support your proposal to change Sonoma County?s payment locality. Thank you for addressing this very important issue.

Sincerely,
Pamela Robbins
4795 Hillsboro Circle
Santa Rosa, CA 95405
September 7, 2005

Submitter : **Dr. Alireza Shafaie** **Date: 09/07/2005**

Organization : **Redwood Shores Health Center / Palo Alto Medical**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99 since the affected counties have had a significant change in demographics and cost of care in the past 10 years, not reflected by the current payment localities.

Submitter : Dr. Julie Buckley **Date:** 09/07/2005

Organization : Palo Alto Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade and the time has come to ackowledge the changes needed for these localities.

Thanks,
Julie Buckley, MD

Submitter : **Bruce Rosenblum** **Date: 09/07/2005**

Organization : **Bruce Rosenblum**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I understand that the federal government is considering revising the Medicare fee paid doctors in Santa Cruz County, CA, by changing the designation of the county from its present "rural" status.

I strongly urge this change!

First of all, it is completely inappropriate that Santa Cruz be classified as "rural" to the extent that this somehow indicates the "cost of living" in the county. Housing costs in much of the county are vastly higher than average, only matched by places like San Francisco. The income a doctor must earn to afford a house, the salaries he or she must pay office staff, and the office rent are high.

A young doctor with a family and medical school loans to pay off would likely find it impossible today to start a practice in Santa Cruz. Older doctors have taken early retirement. According to our local paper (The Santa Cruz Sentinal) doctors have left the county because ot the high expenses and low rate of reimbursement. And some doctors are refusing to take (new) Medicare patients. And it's not just Medicare payements that are at stake. I am told that insurance companies base their payments to doctors on the Medicare rate. Therefore it is not just Medicare patients that are of concern.

A reimbursement rate of ten percent less is extremely serious since this is on the gross income. The impact on the net after rent, office salaries, and insurance, etc. is much greater.

I am on Medicare (though my wife is not yet old enough). But I am lucky enough to be able to afford to go to any doctor. Nevertheless, the low rate of Medicare reimbursement hurts me because doctors and specialists are not coming to Santa Cruz to start practices even thought the population is increasing. and some I know are contemplating leaving.

Submitter : **Dr. Hong Liu** **Date: 09/07/2005**

Organization : **Dr. Hong Liu**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.

Sincerely,
Hong Liu, MD.
Assistant Professor
4150 V Street, Suite 1200
University of California Davis health System
Sacramento, CA 95817

CMS-1502-P-650-Attach-1.DOC

CMS-1502-P-650-Attach-2.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

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Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Hong Liu, MD.

Assistant Professor

4150 V Street, Suite 1200

University of California Davis health System

Sacramento, CA 95817

Submitter : **Dr. Hong Liu** **Date: 09/07/2005**

Organization : **Dr. Hong Liu**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.

Sincerely,
Hong Liu, MD.
Assistant Professor
4150 V Street, Suite 1200
University of California Davis health System
Sacramento, CA 95817

Submitter : Dr. John Wills **Date:** 09/07/2005

Organization : University of New Mexico

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

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

Submitter : **Ms. Iris Stewart** **Date: 09/07/2005**

Organization : **Ms. Iris Stewart**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to me and other Medicare beneficiaries. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,
Iris Stewart

Submitter : **Dr. Randolph Linde** **Date: 09/07/2005**

Organization : **Palo Alto Medical Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade. Thank you.

Submitter : Ms. Linda Le **Date:** 09/07/2005

Organization : UOF

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at the University of Florida College of Medicine to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers – a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.

Sincerely,

Linda Le, CA-3
UOF, College of Medicine, Dept of Anesthesiology

Submitter : **Dr. John Abenstein** **Date: 09/07/2005**

Organization : **Mayo Clinic College of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am an anesthesiologist at the Mayo Clinic College of Medicine. I feel it is urgent and long past due that the Centers for Medicare and Medicaid Services (CMS) change the Medicare teaching payment policy for anesthesiology.

CMS?s current policy is discriminatory as it applies only to anesthesiology residency programs. As you know, the current payment policy reimburses anesthesiology services at on 50% of the allowable Medicare fee if an anesthesiologist is concurrently medically directing two(2) resident physicians This has caused many programs, including mine, to suffer economically, This means it is now extremely difficult to retain academic anesthesiologist and to train the new anesthesiologists. This will lead to a significant worsening of the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for procedural services (i.e. surgical and nonsurgical invasive procedures).

The teaching anesthesiology policy is discriminatory because teaching surgeons and even internists are permitted to work with residents on concurrent cases and receive full payment so long as the teaching physician is present for key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which they are involved. An internist may supervise residents in four concurrent office visits and collect 100% of the fee when certain requirements are met. I fail to understand why I am reimbursed at 50% of the Medicare fee schedule while my colleague in the same procedure room, caring for the same patient, also supervising a resident is reimbursed at 100% of the Medicare fee schedule. Sir, this is unfair and unreasonable!

Correcting this discriminatory policy will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

I remind you that the medical specialty of anesthesiology is made up of physicians who graduated from the same medical schools as every other physician, who successfully completed an anesthesiology residency accredited by the same body, the ACGME, that every other residency is accredited by, are licensed by the same state boards of medical practice as every other physician, and are regulated by the same set of rules and laws as every other physician. We expect to be treated the same as every other physician!

Please end the anesthesiology teaching payment penalty.

John P Abenstein, M.D.
Associate Professor of Anesthesiology
Mayo Clinic College of Medicine
200 First St SW
Rochester, MN 55905
507-255-4236
Abenstein.john@mayo.edu

CMS-1502-P-656-Attach-1.DOC

MAYO CLINIC

Mayo Clinic
200 First Street SW
Rochester, Minnesota 55905
507-284-2511

John P. Abenstein, M.S.E.E., M.D.
Department of Anesthesiology

September 7, 2005

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am an anesthesiologist at the Mayo Clinic College of Medicine. I feel it is urgent and long past due that the Centers for Medicare and Medicaid Services (CMS) change the Medicare teaching payment policy for anesthesiology.

CMS's current policy is discriminatory as it applies only to anesthesiology residency programs. As you know, the current payment policy reimburses anesthesiology services at on 50% of the allowable Medicare fee if an anesthesiologist is concurrently medically directing two(2) resident physicians This has caused many programs, including mine, to suffer economically, This means it is now extremely difficult to retain academic anesthesiologist and to train the new anesthesiologists. This will lead to a significant worsening of the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for procedural services (i.e. surgical and nonsurgical invasive procedures).

The teaching anesthesiology policy is discriminatory because teaching surgeons and even internists are permitted to work with residents on concurrent cases and receive full payment so long as the teaching physician is present for key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which they are involved. An internist may supervise residents in four concurrent office visits and collect 100% of the fee when certain requirements are met. I fail to understand why I am reimbursed at 50% of the Medicare fee schedule while my colleague in the same procedure room, caring for the same patient, also supervising a resident is reimbursed at 100% of the Medicare fee schedule. Sir, this is unfair and unreasonable!

Correcting this discriminatory policy will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians. I remind you that the medical specialty of anesthesiology is made up of physicians who graduated from the same medical schools as every other physician, who successfully completed an anesthesiology residency accredited by the same body, the ACGME, that every other residency is accredited by, are licensed by the same state boards of medical practice as every other physician, and are regulated by the same set of rules and laws as every other physician. We expect to be treated the same as every other physician!

Please end the anesthesiology teaching payment penalty.

Sincerely,

John P Abenstein, M.S.E.E.
Associate Professor of Anesthesiology
Mayo Clinic College of Medicine
200 First St SW
Rochester, MN 55905
507-255-4236
abenstein.john@mayo.edu

Submitter : **Dr. William Black** **Date: 09/07/2005**

Organization : **Palo Alto Medical Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Regarding the proposed rule CMS 1502-P, I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. As I understand it, CMS has not changed localities for almost a decade and the low reimbursement to Santa Cruz and Sonoma counties has seriously compromised the availability of primary care physicians in these counties.

Submitter : **Date: 09/07/2005**

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives medical care from a physician in Sonoma County, California. I support the new payment locality for Sonoma County. It has become very expensive to live and work here, and is becoming larger and more costly on a daily basis it seems. We have a large Medicare population and the locality change would benefit physicians and retirees as well. I strongly support the change for Sonoma County so that we may employ and recruit qualified physicians.

Submitter : Dr. Jonathan Albeg **Date:** 09/07/2005

Organization : Palo Alto Medical Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99.

Submitter : **Dr. Michael Vigoda** **Date: 09/08/2005**

Organization : **University of Miami School of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at THE UNIVERSIT OF MIAMI MEDICAL SCHOOL to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Michael Vigoda MD MBA
Director, Center for Informatics and Perioperative Management
Compliance Physician
Dept of Anesthesiology
University of Miami Medical School
305.585.7498 (

Submitter : Mrs. Mary Horsley **Date:** 09/08/2005

Organization : St. Claire TeleCare

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Would like to comment on the decision not to add DSMT (as described by HCPCS codes G0108 & G0109 to the list of Medicare telehealth services. We have an ADA recognized program & have been providing individual DSMT to our rural health clinics over our interactive telehealth system since 1999. We have found this to be very beneficial to our patients with diabetes & have even saved some clients from hospitalization by doing this in a timely manner. We have 2 CDE's with our program, an RN & a dietitian. Just to clarify, our diabetic pateints are not seen over telehealth 100% of the time. The patients are seen at least once in person & then followed over the telehealth system per recommendations of the ADA. I understand the concern in the policy in regards to teaching patients self-adminstration of injectable drugs such as insulin but wanted to clarify that even though the diabetes educator is doing a consult over teleheath there are trained individuals (nurses) in our rural clinics who assist in this process. They are the CDE's 'hands' per sey and are at the remote site assiting with the education. The nurses under the direction of the CDE (on the telehealth system) have been able to teach insulin adminstration with very good results. With these comments it is our hope you will decide to add HCPCS G0108 & G0109 to the list of covered services.
Thank You
Mary Horsley, RN
Telecare Clinical Coordinator

Submitter : Dr. Rachel Young **Date:** 09/08/2005

Organization : PAMF

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade, and the current policy is not reflective of the current medical or socioeconomic situation in these counties.
Respectfully,
Rachel Young, MD

Submitter : Dr. James Ingram **Date:** 09/08/2005

Organization : Dr. James Ingram

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Reimbursement for anesthesia services by Medicare is grossly inadequate.It is less than 40% of the prevailing commercial rates and less than other physicians. If 100% of our cases were Medicare, we could not even hire a CRNA to do the work. It is unacceptable to reimburse anesthesiologists at teaching institutions half of what is currently being paid when they are supervising doctors in training. A surgeon may supervise residents and collect 100 % of his fee, and an internist may supervise 4 residents and collect 100% as well. This goes to show how inconsistant and inappropriate the medicare reimbursement system is. There is no logic or fairness demonstrated. If Medicare does not reimburse properly for services, there will be no physicians choosing to go into anesthesia. If this occurs, the growing elderly population in this country will be at risk and have inferior care during surgery. Anesthesiologists have no control over patients who come to the operating room, we perform a service to the community at the hospital. Medicare dictates rates and makes it illegal to properly charge for and get reimbursement for anesthesia services, and we can not bill patients for the difference, even if they can afford it. Insurance companies are all trying to base their rates on Medicare which makes reimbursement even more difficult. These factors are not sustainable and physicians will retire and not take the risks or lifestyle for poor pay. Most smart students are not going into medicine and it is a direct result of Medicare and its impact on medicine in this country. The quality of care is worse and will continue until changes occur. If this country can't afford to pay properly for health care , then physicians should be allowed to balance bill patients who can afford it. Warren Buffet who has $46 Billion is of Medicare age.

Submitter : Dr. Andrew Gutow **Date:** 09/08/2005

Organization : Dr. Andrew Gutow

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As a physician practicing in Santa Clara County California I support moving Santa Cruz and Sonoma Counties from California's Locality 99 for purposes of calculating reimbursement for office overhead and expenses. Santa Cruz and Sonoma Counties are effectively urban counties for purposes of delivering health care and should be so treated.

Submitter : Dr. Jonathan Martin **Date:** 09/08/2005

Organization : University of Utah Health Care Systems

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:
I am writing as an resident anesthesiologist at the University of Utah Health Care Systems to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

As a resident physician, I am concerned regarding Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, and the detrimental impact it has had on the ability of my training program to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services. Several outstanding faculty anesthesiologists in my program have left due to frustration regarding reimbursement for their time. They have left for private jobs which sometimes pay 2-3 times the amount of academic positions.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Dr. Jonathan Martin, resident anesthesiologist
5072 West Black Granite Way, WVC, Utah 84120

Submitter : Dr. Linda Maki **Date:** 09/08/2005

Organization : PAMF

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. I support the proposed change as it reflects the skyrocketing cost of living in these counties.

Submitter : gwen DAVIS rn cde mn **Date:** 09/08/2005

Organization : SC Department of Health and Environmental Control

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

As the state coordinator for diabetes education (10 ADA recognized sites) for the public health agency of SC, I support that DSME can not be done via telehealth measures. Interaction with the client is crucial to asure continuous assessment of their skills development necessary to manage their diabetes.

Submitter : Dr. Gary McCalla **Date:** 09/08/2005

Organization : Team Health West

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

cc: Two copies attached

Submitter : Dr. Angela Morris **Date:** 09/08/2005

Organization : Southeast Kentucky Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-669-Attach-1.PDF

Southeast Kentucky Audiology

Angela M. Morris, Au.D.
Doctor of Audiology
Board Certified in Audiology

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Angela M. Morris Au.D, FAAA
Board Certified in Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

1707 Cumberland Falls Hwy. ◆ Suite U7 ◆ Corbin, KY 40701
(606) 528-9993 ◆ Fax (606) 528-5553 ◆ email:angela@sekyaudiology.com ◆ www.sekyaudiology.com

Submitter : Daniel West **Date:** 09/08/2005

Organization : Middle Tennessee Audiology Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-670-Attach-1.PDF

MIDDLE TENNESSEE AUDIOLOGY CENTER
DANIEL W. WEST, M.Ed., CCC-A, Clinical Audiologist
102 BLYTHEWOOD DRIVE
COLUMBIA, TENNESSEE 38401
TELE: (931) 388-3848
FAX: (931) 388-6184

September 7, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Mrs. Ilse Gudehus **Date:** 09/08/2005

Organization : none

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

As a resident of Sonoma County I know, that our cost of living equals that of surrounding counties. Kindly re-evaluate the reimbursement for our physicians before they all move away. My surgeon has already given up, as have others.
Sincerely, Ilse Gudehus

Submitter : Dr. Garry Kiernan **Date:** 09/08/2005

Organization : Santa Rosa Memorial Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Date:9/8/05

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Garry J. Kiernan, MD

Garry J. Kiernan, MD
8295 Oakmont Drive
Santa Rosa, CA 95409

Submitter : Jason Aird **Date:** 09/08/2005

Organization : Iowa Audiology and Hearing Aid Centers

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-673-Attach-1.PDF

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four year period beginning 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologist may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologist incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Jason E. Aird, Au.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

415 10th Avenue Coralville, Iowa · Ph. 338-6043 · 1-800-227-0156 · Fax 338-7739

Submitter : Dr. Leigh Kjeldsen **Date:** 09/08/2005

Organization : Valley Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

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

Submitter : **Date: 09/08/2005**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I support this change in payment locality, and agree with removing Santa Cruz from locality 99.

Submitter : Dr. Leigh Kjeldsen **Date:** 09/08/2005

Organization : Valley Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-676-Attach-1.PDF

VALLEY AUDIOLOGY
2415 High School Ave. #300 * Concord, CA 94520 * (925)676-8101 * Fax (925)676-8420

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21% over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. As I am sure you are aware, hearing loss and vestibular issues are a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Leigh Kjeldsen, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Carmen Brewer** **Date: 09/08/2005**

Organization : **Dr. Carmen Brewer**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-677-Attach-1.PDF

Carmen C. Brewer, Ph.D., Audiologist
7106 College Heights Drive
Hyattsville, Maryland 20782

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Carmen C Brewer Ph.D

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Jane Porter **Date:** 09/08/2005

Organization : Irving Hearing Aid Dispensary

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-678-Attach-1.PDF

Carmen C. Brewer, Ph.D., Audiologist
7106 College Heights Drive
Hyattsville, Maryland 20782

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Carmen C Brewer Ph.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Todd Porter** **Date: 09/08/2005**

Organization : **Irving Hearing Aid Dispensary**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-679-Attach-1.PDF

AUDIOLOGY OFFICES
IRVING HEARING AID DISPENSARY
800 West Airport Freeway, Suite 118 A
Irving, Texas 75062
972 438-9360
972 554-8767 FAX
portertb@flash.net

Todd H. Porter, AuD., F-AAA, ABA
Doctor of Audiology

Jane W. Porter, AuD., F-AAA, ABA
Doctor of Audiology

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Jane W. Porter, AuD, FAAA

Cc. Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Pamela Ison **Date:** 09/08/2005

Organization : Hearing Services of Kentucky

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-680-Attach-1.PDF

H ING SERVICES

Pamela A. Ison, Au.D.
Doctor of Audiology
Board Certified in Audiology

September 9, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502 P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to those vital services.

Thank you for your consideration.

Sincerely,

Pamela A. Ison Au.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

1717 High Street, Suite 2C • Hopkinsville, KY 42240
(270) 886-8468 • Fax (270) 886-8472
email: pison@hotmail.com

Submitter : Dr. Carolyn Galero **Date:** 09/08/2005

Organization : Hearing Solutions

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-681-Attach-1.PDF

Hearing Solutions

We Listen.

Carolyn Galero AuD
Doctor of Audiology
Audiology · Hearing Aids

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist and owner of a private practice, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Carolyn Galero, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Education

AuD
Arizona School of Health Sciences

MA
Northwestern University

BA
Penn State University

Board Certified Audiology
American Board of Audiology

Fellow
American Academy of Audiology (AAA)

Leadership Roles

President
ME Academy of Audiology · 2003

President
NH Academy of Audiology · 1997

State Network Committee (AAA)
2000 Present

Executive Board Member
Maine Academy of Audiology
2002 2004

Executive Board Member
NH Academy of Audiology
1996 1998

NH Task Force
To implement universal newborn hearing screening.
1998 – 2000

Awards

Ace Award
American Speech Language Hearing Association · 1997
For excellence in continuing education.

Community Service

Advisory Board Chair
Waldo County Salvation Army
2002 2004

Mentor
Big Brothers/Big Sisters
1995 – 1999

Hear Now Ambassador
1993 Present

207.338.6770
toll free 888.870.1188
fax 207.338.3888

147 Northport Ave Belfast, ME 04915

Submitter : Dr. Lisa Hunter **Date:** 09/08/2005

Organization : The University of Utah

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-682-Attach-1.PDF

THE UNIVERSITY OF UTAH

College of Health

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Our University practice clinic offers reasonably-priced, high quality services to hundreds of Medicare patients in the Salt Lake City area. Simply stated, we may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increase, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Lisa L. Hunter, Ph.D., FAAA
Director, Audiology Program

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Department of Communication Sciences and Disorders
390 South 1530 East, Room 1201 BEHS
Salt Lake City, Utah 84112-0252
(801) 581-6725
FAX (801) 581-7955

Submitter : Caroline Hyde **Date:** 09/08/2005

Organization : Yarmouth Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-683-Attach-1.PDF

THE UNIVERSITY OF UTAH

College of Health

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Our University practice clinic offers reasonably-priced, high quality services to hundreds of Medicare patients in the Salt Lake City area. Simply stated, we may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increase, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Lisa L. Hunter, Ph.D., FAAA
Director, Audiology Program

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Department of Communication Sciences and Disorders
390 South 1530 East, Room 1201 BEHS
Salt Lake City, Utah 84112-0252
(801) 581-6725
FAX (801) 581-7955

Submitter : Dr. Robert DiSogra

Date: 09/08/2005

Organization : Audiology Associates of Freehold

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-684-Attach-1.PDF

AUDIOLOGY ASSOCIATES OF FREEHOLD
PINHO PROFESSIONAL CENTER 77-55 SCHANCK RD., SUITE A-6 FREEHOLD, NJ 07728 VOICE 732.462.1413 FAX 732.462.1771

ROBERT M. DISOGRA, AU.D., FAAA
NJ LIC. AUDIOLOGIST #YA00017
NJ LIC. HEARING AID DISPENSER #383

FELLOW

JUDY L. CAHILL, MA, CCC-A
NJ LIC. AUDIOLOGIST #YA00010
NJ LIC. HEARING AID DISPENSER #538

September 6, 2005

Mark B. McClellan, M.D., Ph.D., Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

I am a NJ licensed audiologist that has been in private practice for 20 years. I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule.

It is my understanding that this new schedule would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing decreases as we get older and, as the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists are immeasurable.

Centers for Medicare & Medicaid Services

I respectfully request that a dialogue commence between your office and my national association, the American Academy of Audiology so that solutions can be arrived at to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your time to read my concerns.

Sincerely,

Robert M. DiSogra

Dr. Robert M. DiSogra, FAAA
ABA Board Certified Audiologist

RMD:rd

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Salvatore Gruttadauria **Date:** 09/08/2005

Organization : Diversified Hearing Services

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-685-Attach-1.PDF

DIVERSIFIED
Hearing Services

Dr. Salvatore
Gruttadauria
Audiologist-Founder

September 2, 2005

Locations

2565 Elmwood Ave.
Kenmore, New York
14217

3040 Amsdell Road
Hamburg, New York
14075

725 orchard park
rd.
West Seneca, NY
14224

4721 Transit Road
Depew, New York
14043

621 10th Street
Niagara Falls, New
York
14301

17 Limestone Drive
Williamsville, NY
14221

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Maxine Young** **Date: 09/08/2005**

Organization : **Maxine Young**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-686-Attach-1.PDF

Maxine Young, CCC-A/SLP, FAAA

2000 Sproul Road, Suite 300
Broomall, PA 19008
610 363-6008
maxyoung@sprynet.com
www.maxineyoungcentral.com

PA Audiology License AT000
PA SLP License SP000
PA Dispensing Registration D00058
American Board of Audiology Certified

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

I am a practicing audiologist in the state of Pennsylvania. I am writing to you to voice my great concern about the proposed changes to the Centers for Medicare & Medicaid Services' (CMS) Medicare Physician Fee Schedule. It is my understanding that this action would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. Knowing that reimbursement fees have been dropping for years, it is also my understanding that audiology, different from other specialties, will be most significantly affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. With such a drastic move in reimbursements, many audiologists, those in private practice and agencies, may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Many of our patients are on Medicare. Hearing loss is a common condition for the elderly population as well as imbalance. Therefore adequate and fair reimbursement rates for audiology services are essential for covering the expenses we audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. With the graying of the baby boomers, and the increasing life span of senior citizens, there is and will be an even greater need for audiology services in this population. Audiologists are not only hearing health caregivers but we have served as advocates for senior citizens. It is these Medicare patients, for whom the benefits of having qualified and licensed audiologists to evaluate and care for them, is so crucial.

It is my urgent request that you will respectfully consider working with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. It is my strong belief that by working together, we can develop a fair and equitable reimbursement rate for

audiology procedures and ensure Medicare beneficiaries' access to these vital services. The hearing and balance disorders that Medicare recipients experience are too important to have compromises made to the audiological care of such.

Thank you for your kind consideration in this matter.

Sincerely,

Maxine Young, CCC-A/SLP, FAAA

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dana Sullivan Helmink **Date:** 09/08/2005

Organization : Etymotic Research, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-687-Attach-1.PDF

ETYMOTIC RESEARCH, INC.

61 Martin Lane
Elk Grove Village, IL 60007-1307
Phone: 847-228-0006
Fax: 847-228-6836
www.etymotic.com

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Dana Sullivan Helmink, M.A., FAAA

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Angela Wong **Date:** 09/08/2005

Organization : Palo Alto Medical Foundation

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99 since CMS has not changed localities for almost a decade, and the cost of living in these areas is significantly higher than it was previously, more similar to the cost of living in Santa Clara County and SF and should be reimbursed appropriately.

Katherine C. Gemperline, Au.D.

May 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Katherine C. Gemperline, Au.D., Audiologist

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Audiology Service (126), 800 Zorn Avenue, Louisville, KY 40206

Submitter : Dr. Kelly Kaufman **Date:** 09/08/2005

Organization : Main Line Health Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-690-Attach-1.PDF

Main Line Health Center

Bryn Mawr Hospital
Lankenau Hospital
Paoli Hospital
Bryn Mawr Rehab Hospital

Kelly A. Kaufman, Au.D.
Doctor of Audiology
Licensed and Board Certified in Audiology

Main Line Health Center
Audiological Care
Shannondell
10000 Shannondell Drive
Audubon, PA 19403
610-728-4939

Upper Providence
999 Arcola Road
Collegeville, PA 19426
610-560-6410

www.mainlinehealth.org

September 3, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Kelly A. Kaufman, Au.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Kelly Kaufman **Date:** 09/08/2005

Organization : Main Line Health Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-690-Attach-1.PDF

Main Line Health Center

Bryn Mawr Hospital
Lankenau Hospital
Paoli Hospital
Bryn Mawr Rehab Hospital

Kelly A. Kaufman, Au.D.
Doctor of Audiology
Licensed and Board Certified in Audiology

Main Line Health Center
Audiological Care
Shannondell
10000 Shannondell Drive
Audubon, PA 19403
610-778-4239

Upper Providence
399 Arcola Road
Collegeville, PA 19426
610-560-6410

www.mainlinehealth.org

September 3, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Kelly A. Kaufman, Au.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Debra Abel** **Date: 09/08/2005**

Organization : **Alliance Audiology**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-691-Attach-1.PDF

Debra Abel, Au.D.
Doctor of Audiology
1207 W. State St. Suite E
Alliance, OH 44601
330-821-2012

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist who has been practicing for over 25 years, I am writing to express my deep concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services. Audiologists may not be able to continue to offer services to anyone with decimating cuts such as these.

A concern regarding Medicare beneficiaries is an anticipated mass "opting out" of audiology Medicare providers due to abysmal reimbursement for audiologic procedures. Many Medicare beneficiaries will not receive the audiologic services they are entitled to. Unfortunately with the likely reduction in reimbursement, many physicians will also be "opting out" of Medicare en masse and the situation of providing health care for Medicare beneficiaries will reach an even more critical and desperate situation.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. As the baby boomer generation ascends into the ranks of becoms Medicare beneficiaries, this will also increase a greater demand for services. For these Medicare patients, the benefits of having

Debra Abel, Au.D.
Doctor of Audiology
1207 W. State St. Suite E
Alliance, OH 44601
330-821-2012

qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration

Sincerely,

Debra Abel

Debra Abel, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Karen Ann Jacobs** **Date: 09/08/2005**

Organization : **AVA Hearing Center, Inc.**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-692-Attach-1.PDF

AVA HEARING CENTER, INC.

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan.

I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. As an independent audiologist serving primarily a senior population this is a considerable reduction. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. With today's advancements in technology so to have increased the continuing education and equipment needs for providing thorough and accurate assessments. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Karen Ann Jacobs
Audiologist MA, FAAA

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

KAREN A. JACOBS, M.A., AUDIOLOGIST CCC-A, FAAA
ph: 616-365-1979 ▲ fx: 616-365-1964 ▲ e-mail: Jacobs@AudioVestibular.com
5344 Plainfield NE, Grand Rapids, Michigan 49525

Submitter : Dr. Gail Whitelaw **Date:** 09/08/2005

Organization : The Ohio State University

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-693-Attach-1.PDF

Department of Speech and Hearing Science
Speech-Language-Hearing Clinic
141 Pressey Hall
1070 Carmack Road
Columbus, OH 43210-1002

Phone (614) 292-6251 (Voice/TDD)
Fax (614) 292-5723

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these patients enrolled in the Medicare program, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Gail M. Whitelaw

Gail M. Whitelaw, Ph.D.
Audiologist

Submitter : Dr. Barry Freeman **Date:** 09/08/2005

Organization : Nova Southeastern University

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-694-Attach-1.PDF

NOVA SOUTHEASTERN UNIVERSITY
Health Professions Division
Department of Audiology
3200 South University Drive
Fort Lauderdale, Florida 33328-2018
(954) 262-7745 Fax: (954) 262-1181
www.nova.edu/ahd

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist who is chair of the largest audiology doctoral training program in the nation and a large clinical operation in Ft. Lauderdale and Miami, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, it will be very difficult to continue to offer services to Medicare beneficiaries at our clinic unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. As you know, hearing and balance disorders are quite prevalent among the Medicare beneficiaries. As the lifespan of America's seniors increases, there is a greater need for audiology services. The U.S. Department of Labor projects that the demand for audiology services will increase by more than 35% in the next decade. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Barry A. Freeman, Ph.D.
Chair and Professor

Submitter : **Dr. Sunita McGrath** **Date: 09/08/2005**

Organization : **Mount Sinai Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:
I am writing as an anesthesiologist at Mount Sinai Medical Center in NYC to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Sunita K. McGrath, MD

Submitter : Dr. Arnold Berry **Date:** 09/08/2005

Organization : Dr. Arnold Berry

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-696-Attach-1.DOC

Department of Anesthesiology
Emory University Hospital
Emory University School of Medicine
1364 Clifton Road
Atlanta, GA 30322
September 8, 2005

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at Emory University to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

It is critical that the anesthesiology teaching payment penalty be eliminated. Failure to change this policy will continue to have a severe, detrimental effect upon all anesthesia training programs and the future of our specialty. The development of new faculty and their continued advancement of anesthesia knowledge will certainly be impaired.

Sincerely yours,

Arnold J. Berry, MD, MPH

Submitter : Dr. Helena Solodar **Date:** 09/08/2005

Organization : Audiological Consultants of Atlanta

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-697-Attach-1.PDF

AUDIOLOGICAL CONSULTANTS of ATLANTA
"Since 1983"
You Could Be Hearing From Us.

CO-DIRECTORS

Helena Stern Solodar, Au.D.
Kadyn Ochs Williams, Au.D.

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

I am an audiologist in Atlanta, Georgia and would like to voice my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule. As I understand, Medicare reimbursement for audiology services would be dramatically reduced by as much as 21 percent over a four-year period beginning in 2006. It will be extremely difficult for most audiologists to serve the Medicare population with this significant cut in reimbursement rates for our services. No other specialty seems to be affected as significantly as our profession.

Hearing loss is one of the most prevalent issues facing our elderly population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are crucial. Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for these patients.

I respectfully request that you work with the American Academy of Audiology as well as the audiology community to develop solutions to address the negative impact of the elimination of the non-physician work pool. I am sure that we can work together and develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thanking you in advance for your consideration.

Sincerely,

Helena Solodar, Au.D.
Audiologist

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

BUCKHEAD • 2140 Peachtree Rd • Suite 350 • Atlanta, GA 30309 • (404) 351-6114 • Fax (404) 351-4728
SANDY SPRINGS • 6022 Sandy Springs Circle • Atlanta, GA 30328 • (404) 256-5194 • Fax (404) 256-5151
MARIETTA • 2550 Windy Hill Rd. • Suite 200 • Marietta, GA 30067 • (770) 955-2225 • Fax (770) 955-0129
LILBURN • 4000 Five Forks Trickum Rd. • Suite 101 • Lilburn, GA 30047 • (770) 921-3008 • Fax (770) 921-0940
ROSWELL • 875 Mansell Road • Suite B2 • Roswell, GA 30076 • (678) 461-6566 • Fax (678) 461-6117
GRIFFIN • 606 South 8th Street • Griffin, GA 30224 • (770) 229-6666 • Fax (770) 229-6195

Submitter : Dr. Helene Levenfus **Date:** 09/08/2005

Organization : Cedar Audiology Associates, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-698-Attach-1.PDF

Cedar Audiology Associates, Inc.

5010 Mayfield Road #116 • Lyndhurst, Ohio 44124
216-381-5011 • FAX 216-381-9277

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist who sees Medicare age patients I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Very truly yours,

Helene Levenfus, Au.D.

Helene Levenfus, Au.D.

Submitter : Dr. Helene Levenfus **Date:** 09/08/2005

Organization : Ohio Academy of Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-699-Attach-1.PDF

Ohio Academy Audiology

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As the president of the Ohio Academy of Audiology, I am writing on behalf of more than 800 licensed audiologists in the State of Ohio to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Helene Levenfus, Au.D.

Helene Levenfus, Au.D.
President, Ohio Academy of Audiology

Submitter : Dr. Cynthia Schaffer **Date:** 09/08/2005

Organization : North Carolina Audiology Associates

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-700-Attach-1.PDF

NORTH CAROLINA AUDIOLOGY ASSOCIATES
SPECIALIZING IN DISORDERS OF THE AUDITORY-VESTIBULAR SYSTEM

AUDIOLOGISTS

CYNTHIA A. SCHAFFER, Au.D.
KELLEY M. AVERETTE, Au.D.

HEARING EVALUATIONS
HEARING AIDS
ASSISTIVE LISTENING DEVICES
INDUSTRIAL AUDIOLOGY
OTOTOXIC MONITORING

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Cynthia Schaffer Au.D.

Cynthia Schaffer, Au.D.
Doctor of Audiology
Private Practice Owner

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. adam lichtman** **Date: 09/08/2005**

Organization : **Dr. adam lichtman**

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

I am writing you as an anesthesiologist at weill cornell medical center to ask that you contact the Centers for Medicare and Medicaid Services (CMS) and urge a change in payment policy for teaching anesthesiologists.

Please support academic medicine in our state.

The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable.

Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology.

The current policy is causing great harm to my program.

Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases.

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.

Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases.

This is not fair, and it is not reasonable.

Thank you,

Adam Lichtman MD

Submitter : Dr. Kelley Averette **Date:** 09/08/2005

Organization : North Carolina Audiology Associates

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-702-Attach-1.PDF

NORTH CAROLINA AUDIOLOGY ASSOCIATES
SPECIALIZING IN DISORDERS OF THE AUDITORY-VESTIBULAR SYSTEM

AUDIOLOGISTS

CYNTHIA A. SCHAFFER, Au.D.
KELLEY M. AVERETTE, Au.D.

HEARING EVALUATIONS
HEARING AIDS
ASSISTIVE LISTENING DEVICES
INDUSTRIAL AUDIOLOGY
OTOTOXIC MONITORING

September 6, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For those Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Kelley Averette, Au D.

Kelley M. Averette, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Susan deBondt **Date:** 09/08/2005

Organization : Audiology Professionals

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-703-Attach-1.PDF

Audiology Professionals 4046 Cattlemen Rd., Sarasota, FL 34233 941.342.9228

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Susan deBondt

Susan deBondt, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Lesley Ericsson **Date:** 09/08/2005

Organization : Audiology Professionals

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-704-Attach-1.PDF

Audiology Professionals 4046 Cattlemen Rd., Sarasota, FL 34233 941.342.9228

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist and past president of the Florida Academy of Audiology, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Lesley Ericsson, Au.D.

Lesley Ericsson, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Sheila Dalzell **Date:** 09/08/2005

Organization : The Hearing Center, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-705-Attach-1.PDF

THE HEARING CENTER,INC.
www.thehearingctr.com

Larry E. Dalzell, Ph.D.
Sheila M Dalzell, Au.D.
Shannon C. Manzo, Au.D.
Elizabeth A. Orlando, Au.D.

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Sheila Dalzell, Au.D

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Brighton
2561 Lac De Ville Blvd.
Suite 101
Rochester, NY 14618
585-461-9192

Greece
30 Erie Canal Dr.
Suite E
Rochester, NY 14626
585-227-0808

Penfield
43 Willow Pond Way
Suite 101
Penfield, NY 14526
585-377-6950

Submitter : Dr. Larry Dalzell

Date: 09/08/2005

Organization : The Hearing Center, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-706-Attach-1.PDF

THE HEARING CENTER, INC.
www.thehearingctr.com

Larry E. Dalzell, Ph.D.
Sheila M. Dalzell, Au.D.
Shannon C. Manzo, Au.D.
Elizabeth A. Orlando, Au.D.

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Larry E. Dalzell, Ph.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Howard Mango

Date: 09/08/2005

Organization : Newport-Mesa Audiology and Ear Institute, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-707-Attach-1.PDF

NEWPORT-MESA AUDIOLOGY AND EAR INSTITUTE, INC.

500 Old Newport Blvd., Suite 101
Newport Beach, CA 92663
(949) 642-7935 • FAX (949) 642-2950

Dr. Howard T. Mango, Au.D. Ph.D.

September 2nd, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS 1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physicians Fee Schedule, which would reduce Medicare reimbursement for Audiology services as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for Audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's senior increases, a greater need for Audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the Audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for Audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration,

Sincerely,

Dr. Howard T. Mango, Au.D., Ph.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

SPECIALIZING IN:
• Pediatric and Adult Hearing Loss • Vertigo and Balance Disorders • Fall Prevention • Balance Retraining •
• Digital Hearing Correction • Implantable Hearing Devices • Neuroaudiology •
• Newborn and Infant Hearing Evaluation •

Submitter : Dr. Alison Grimes **Date:** 09/08/2005

Organization : Providence Speech and Hearing Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-708-Attach-1.PDF

PROVIDENCE
Speech and Hearing Center

September 1, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Alison M. Grimes, AuD
Director of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

1301 Providence Avenue, Orange, California 92868-3892
(714) 639-4990 ▪ Fax: (714) 744-3841 ▪ www.psnc.org

Submitter : **Dr. Sean Flack** **Date: 09/08/2005**

Organization : **University of Washington**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Children's Hospital and Regional Medical Center, Seattle to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Our department has had to restrict its research and teaching commitments due to difficulty in attracting new faculty. Currently, the department cannot compete with the salaries available outside of academic medicine. Our faculty are over-worked, dispirited and demoralized. It is impossible to offer a quality training experience for our residents in our current situation.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Name Sean H. Flack
Address 5621 Park Road NE, Seattle, WA 98105

Submitter : **Mrs. Susan Blackwell** **Date: 09/08/2005**

Organization : **Mrs. Susan Blackwell**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I strongly support your proposed change to the physician payment localities in CA. This refers to the proposal to move Santa Cruz and Somona counties from Locality 99 to their own unique localities. As you know, the cost of medical practice here in Santa Cruz county is more than 10% above the average cost of medical practice in Locality 99. Because of the relatively low rate of Medicare reimbursement, it is difficult to recruit new physicians and to retain established physicians in this area. Especially since our neighbor, Santa Clara County, has a 24% higher reimbursement rate for the same medical services, luring physicians to move to that area. Your proposed change appropriately addresses this payment imbalance and will help develop an adequate physician base in our area. This will improve access to health care services for all people, particularly the senior population. I applaud your recommentation to correct this long-standing inequity. Thank you.

Submitter : Dr. Lawrence Crane **Date:** 09/08/2005

Organization : PAMF

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade. These counties hae some of the highest costs of medical care and cost of living in the country and physicians should be compensated accordingly or they will leave the area and reduce physician access in this area.

Submitter : **Mrs. Charlotte Costantini** **Date: 09/08/2005**

Organization : **Mrs. Charlotte Costantini**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern:

I am writing to show my support for seniors' access to medical care in Santa Cruz County.
I am a disabled senior who currently resides in Santa Cruz County,
and I rely on the medical resources available to me here.

I would like to show my support to increase physicians' medicare payments,
as well as the number of physicians who will accept medicare in Santa Cruz County.
We also need more access to prescription medications through medicare.

Thank you.

Sincerely,
Charlotte A Costantini
220 Suburbia Ave
Santa Cruz, CA 95062

Submitter : **Dr. Helen Hallenbeck** **Date: 09/08/2005**

Organization : **Tennessee Academy of Audiology**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-718-Attach-1.PDF

Tennessee Academy of Audiology

100 West Fourth Street, Suite 320 · Cookeville, TN 38501
Phone 931-526-8863 Fax 931-525-3559
helenhallenbeck@hotmail.com

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, and elected representative of my fellow audiologists across Tennessee, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Helen F. Hallenbeck, Au.D., President
Tennessee Association of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Wendy Ainsworth Chapman** **Date: 09/08/2005**

Organization : **Oregon Academy of Audiology**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-719-Attach-1.PDF

OREGON ACADEMY OF AUDIOLOGY

120 RAMSGATE SQUARE SE
SUITE 100
SALEM, OR 97302

September 3, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As President of the Oregon Academy of Audiology, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

W. Ainsworth Chapman

Wendy Ainsworth Chapman, M.S.
President
Oregon Academy of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Tricia Heneghan** **Date: 09/08/2005**

Organization : **Illinois Academy of Audiology**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-720-Attach-1.PDF

Tricia E. Heneghan, Au.D.
6326 N. Natoma Ave.
Chicago, IL 60631

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Tricia Heneghan, Au.D.
CO-VP of Education
Illinois Academy of Audiology

cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Barbara Murphy** **Date: 09/08/2005**

Organization : **Barbara Murphy**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-721-Attach-1.PDF

Barbara R. Murphy, M.A., CCC-A, FAAA
2 N. Evanston Avenue
Arlington Heights, IL 60004
Phone: 847-398-6658 Fax: 847-632-0051
Email: barbararm@sbcglobal.net

September 5, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Barbara R. Murphy

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Robin Stoner** **Date: 09/08/2005**

Organization : **Midwest Center for Hearing Excellence, LLC**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-722-Attach-1.PDF

MIDWEST
Center for Hearing Excellence, LLC.

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Robin B. Stoner

Robin B. Stoner, M.S., CCC-A
Audiologist

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

www.midwestents.com

Mona Kea Medical Center
503 Thornhill Drive
Carol Stream, IL 60188
Tel 630.668.2180
Fax 630.668.2195

CDH - Charlestowne
2900 Foxfield Road, #202
St. Charles, IL 60174
Tel 630.377.8708
Fax 630.377.8774

Naperville Medical Center
640 S. Washington, Suite 268
Naperville, IL 60540
Tel 630.420.2323
Fax 630.420.8822

Submitter : Dr. Jill Meltzer **Date:** 09/08/2005

Organization : North Shore Audio-Vestibular Lab

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-723-Attach-1.PDF

North Shore Audio-Vestibular Lab
The Art of Hearing • The Science of Balance

Paul Pessis, Au.D., FAAA
Director
Jill Meltzer, Au.D. FAAA
Deborah Milling, M.A. FAAA
Tracy Murphy, Au.D., FAAA
Karen Lituch, M.A. FAAA

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Jill Meltzer

cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Main Office
1160 Park Avenue West
Suite 4 North
Highland Park, IL 60035
(847) 433-5555

Fax: (847) 433-9148

Grove Medical Center
4160 RFD, Suite 103
Rt. 83 @ Robt. Parker Coffin Rd.
Long Grove, IL 60047
(847) 913-0005

Submitter : Dr. Neal Fleming **Date:** 09/08/2005

Organization : University of California, Davis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am currently a professor of anesthesiology at the University of California, Davis Medical Center in Sacramento writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
I have been involved in resident training and the clinical practice of anesthesia at a university affiliated tertiary referral hospital for nearly 20 years. During that time I have seen phenomenal changes, both good and bad. At times I believe we are victims of our own success. There has been such an amazing decrease in the morbidity and mortality associated with anesthesia. We can now make the whole experience seem so smooth, safe and effortless that from a distance it often appears to be the sort of thing that anyone can do. The depth of knowledge and experience that is required to successfully care for the patients with severe co-existing diseases that are routinely referred to the university medical centers has been steadily developed over the years, primarily from residency training programs. The health of these programs is essential for continued progress in our ability to care for our aging patient population during this dangerous peri-operative period.
From my perspective it is clear that Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, it is not reasonable and it is clearly not conducive to continued improvements in patient care.
At our institution we supervise care provided by both residents in training and CRNA?s. There are clear differences between the two providers in terms of knowledge base and expectations, but in the end, the quality of care provided to the patients is identical. It seems inherently unfair that reimbursement for that service should differ. The inequities seem further compounded by both the discrepancies between commercial and Medicare payment rates and the increased percentages of Medicare patients frequently encountered at university teaching hospitals.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians and supporting continuing improvements in patient care during the perioperative period.
Please end the anesthesiology teaching payment penalty.
Neal W. Fleming MD, PhD
Professor of Anesthesiology and Pain Medicine

Submitter : **Dr. Tracy Murphy** **Date: 09/08/2005**

Organization : **North Shore Audio-Vestibular Lab**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-725-Attach-1.PDF

North Shore Audio-Vestibular Lab

The Art of Hearing • The Science of Balance

Paul Pessis, Au.D., FAAA
Director
Jill Meltzer, Au.D. FAAA
Deborah Milling, M.A. FAAA
Tracy Murphy, Au.D., FAAA
Karen Libich, M.A. FAAA

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Tracy Murphy

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Main Office
1160 Park Avenue West
Suite 4 North
Highland Park, IL 60035
(847) 433-5555

Fax: (847) 433-9148

Grove Medical Center
4160 RFD, Suite 103
Rt. 83 @ Robt. Parker Coffin Rd.
Long Grove, IL 60047
(847) 913-0005

Submitter : **Dr. Paul Pessis** **Date: 09/08/2005**

Organization : **North Shore Audio-Vestibular Lab**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-726-Attach-1.PDF

North Shore Audio-Vestibular Lab

The Art of Hearing • The Science of Balance

Paul Passik, Au.D., FAAA
Director
Jill Meltzer, Au.D. FAAA
Deborah Milling, M.A. FAAA
Tracy Murphy, Au.D., FAAA
Karen Libich, M.A. FAAA

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Paul M. Passik

PAUL M. PASSIK

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Main Office
1160 Park Avenue West
Suite 4 North
Highland Park, IL 60035
(847) 433-5555

Fax: (847) 433-9148

Grove Medical Center
4160 RHD, Suite 103
Rt. 83 @ Robt. Parker Coffin Rd.
Long Grove, IL 60047
(847) 913-0005

Submitter : **Karen Libich** **Date: 09/08/2005**

Organization : **North Shore Audio-Vestibular Lab**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-727-Attach-1.PDF

North Shore Audio-Vestibular Lab

The Art of Hearing • The Science of Balance

Paul Pessis, Au.D., FAAA
Director
Jill Meltzer, Au.D. FAAA
Deborah Milling, M.A. FAAA
Tracy Murphy, Au.D., FAAA
Karen Libich, M.A. FAAA

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Karen Libich

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Main Office
1160 Park Avenue West
Suite 4 North
Highland Park, IL 60035
(847) 433-5555

Fax: (847) 433-9148

Grove Medical Center
4160 RFD, Suite 103
Rt. 83 @ Rohr Parker Coffin Rd.
Long Grove, IL 60047
(847) 913-0005

Submitter : **Deborah Milling** **Date: 09/08/2005**

Organization : **North Shore Audio-Vestibular Lab**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-728-Attach-1.PDF

North Shore Audio-Vestibular Lab
The Art of Hearing • The Science of Balance

Paul Pessis, Au.D., FAAA
Director
Jill Meltzer, Au.D. FAAA
Deborah Milling, M.A. FAAA
Tracy Murphy, Au.D., FAAA
Karen Libich, M.A. FAAA

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Deb Milling

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Main Office
1160 Park Avenue West
Suite 4 North
Highland Park, IL 60035
(847) 433-5555

Fax: (847) 433-9148

Grove Medical Center
4160 RND, Suite 103
Rt. 83 @ Rois. Parker Coffin Rd.
Long Grove, IL 60047
(847) 913-0005

Submitter : **Dr. Rachel Baboian** **Date: 09/08/2005**

Organization : **Rhode Island Ear, Nose and Throat Physicians, Inc.**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-729-Attach-1.PDF

Rhode Island Ear, Nose and Throat Physicians, Inc.

Otolaryngology/Head & Neck Surgery

Robert D. Tarro, MD
Thomas D. Della Torre, MD
Martin R. Papazian, MD
John M. Tarro, MD
Douglas P. Emery, MD
Ritu Goel, MD

General Otolaryngology
Pediatric Otolaryngology
Otology/Ear Surgery
Rhinology/Sinus Surgery
Otolaryngologic Allergy
Vestibular Disorders
Maxillofacial Trauma
Facial Plastic Surgery
Laryngology/Voice Disorders
Head & Neck Oncologic Surgery
Audiology/Hearing Aids
Anterior Skull Base Surgery
Thyroid Surgery
Sleep Apnea Surgery

333 School Street, Suite 302
Pawtucket, RI 02860
(401) 728-0140
Fax (401) 727-1979

1526 Atwood Avenue, Suite 220
Johnston, RI 02919
(401) 272-2457
Fax (401) 454-0449

3138 Mendon Road, Suite 204
Cumberland, RI 02864
(401) 333-8664
Fax (401) 333 8669

175 Nate Whipple Hwy., Suite 201
Cumberland, RI 02864
(401) 658-3030
Fax (401) 658-4033

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Rachel Baboian

Rachel A. Baboian, AuD, FAAA, CCC-A
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Kimberly Skinner **Date:** 09/08/2005

Organization : California Academy of Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-730-Attach-1.PDF

California Academy of Audiology

1020 Pine Street, Suite B
Paso Robles, California 93446
(805) 286-6725

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist and president of the California Academy of Audiology, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would significantly reduce Medicare reimbursement for audiology services. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. Evaluation and treatment of hearing and balance disorders effects dramatic improvement in a patient's quality of life and safety.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Sincerely,

Kimberly G. Skinner, Au.D.
President, California Academy of Audiology
The Voice of California Audiologists

Submitter : J. Michael Tysklind **Date:** 09/08/2005

Organization : Iowa Health

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-731-Attach-1.PDF

IOWA HEALTH
DES MOINES
Methodist • Lutheran • Blank

1301 Penn, Suite 308
Des Moines, IA 50316
515 263-5143

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an clinical dispensing audiologist employed in a hospital/outpatient therapy setting in Des Moines, Iowa, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, I, as well as other audiologists, may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community, the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA) to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

J. Michael Tysklind, MS, CCC-Audiologist

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Jason Dria** **Date: 09/08/2005**

Organization : **Henry Ford Medical Center**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-732-Attach-1.PDF

HENRY FORD MEDICAL CENTERS

September 2, 2005

Henry Ford Medical Center
West Bloomfield
Edsel B. Ford Center

6777 West Maple Road
West Bloomfield, MI 48322-3031
(248) 661-4100 Office

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur while performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Jason T. Dria

Jason T. Dria, M.A, CCC-A, FAAA
Henry Ford Health System
6777 West Maple Road
West Bloomfield, MI
48322-3031

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Patricia McCarthy** **Date: 09/08/2005**

Organization : **Rush University Medical Center**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-733-Attach-1.PDF

Department of Communication Disorders and Sciences
1653 West Congress Parkway
Chicago, Illinois 60612-3833
Tel 312.942.5332
TDD 312.942.3294
Fax 312.942.9231
www.rush.edu

RUSH UNIVERSITY MEDICAL CENTER

RUSH UNIVERSITY
COLLEGE OF NURSING
RUSH MEDICAL COLLEGE
COLLEGE OF HEALTH SCIENCES
THE GRADUATE COLLEGE

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Patricia McCarthy

Patricia McCarthy, Ph.D.
Professor

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Julia Martino **Date:** 09/08/2005

Organization : Palo Alto Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I strongly support the physicians of Santa Cruz in their request to receive reimbursement for services equal to those physicians in the SF Bay Area. The cost of living and of doing business in Santa Cruz is as high as the Bay Area. In order for physicians in Santa Cruz to be able to afford to see our states Medi-care population, they must be fairly reimbursed. Please support the proposed revisions to the payment policies.

Submitter : **Shelley Moats** **Date: 09/08/2005**

Organization : **ENT**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-735-Attach-1.PDF

ENT

Ear, Nose & Throat *SpecialtyCare*

of Minnesota, P.A.

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Shelley R. Moats, M.S., FAAA

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Andrew Epstein** **Date: 09/08/2005**

Organization : **Palo Alto Medical Clinic**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I support the proposed change to physician payment localities that removes Santa Cruz and Sonoma Counties from California's Locality 99. CMS has not changed localities for almost a decade. Our Fellow physicians that reside in these once rural counties now require the costs of living to run their practices, pay their employees and buy goods including houses in these now expensive areas.

Submitter : Whitney Roop Mauldin **Date:** 09/08/2005

Organization : Speech

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-737-Attach-1.PDF

THE SPEECH & HEARING CENTER
Caring Professionals
Providing Professional Care

Suite 200
600 North Holtzclaw Avenue
Chattanooga, TN 37404-1240
PH: 423.622.6900
FX: 423.622.4834
www.speechhearing.com

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Center for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502_P
PO Box 8017
Baltimore, MD 21244-8017

RE: CMS-1502-P

Dear Dr. McClellan:

As an Audiologist, I am writing to express my profound concerns about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare Reimbursement for Audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, Audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for Audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. Approximately 24 million Americans experience hearing loss and of those 24 million about 6 million are over age 65. 43% of those over 65 have some degree of hearing loss (National Academy on an Aging Society). Depression increases in those with hearing loss due to the inability to communicate effectively. As America's seniors increase; a greater need for audiological services will develop. As the Department Director for Audiology, I have seen a large increase in the last five years of adults 65 and over needing financial assistance to obtain hearing aids or pay for hearing services. Majority of those patients yearly SSI benefits are below poverty level and those that have more money still rely heavily on Medicare benefits. For these Medicare patients, the benefits of having qualified and licensed Audiologists who are trained to evaluate and care for them are immeasurable. Funding sources are becoming increasing scarce and unavailable. If CMS continues to reduce Medicare reimbursement for Audiological services, I along with majority of Audiologists will no longer be able to offer services to Medicare beneficiaries. This would effectively eliminate those 65 and older that need our professional services.

I respectfully request that you work with the Audiology community and the American Academy of Audiology to develop solutions to address the negative impact of elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for Audiology procedures and ensure Medicare beneficiaries' access to the vital services.

Thank you for you consideration.

Sincerely,

Whitney Roop Mauldin, MA, CCC-A, FAAA
Director of Audiology
The Speech and Hearing Center

Co: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Megan Johnson** **Date: 09/08/2005**

Organization : **Speech**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-738-Attach-1.PDF

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600 North Holtzclaw Avenue
Chattanooga, TN 37404-1240
PH: 423.622.6900
FX: 423.622.4834
www.speechhearing.com

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Center for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502_P
PO Box 8017
Baltimore, MD 21244-8017

RE: CMS-1502-P

Dear Dr. McClellan:

As an Audiologist, I am writing to express my profound concerns about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare Reimbursement for Audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NFWP) and the new methodology to calculate the practice expense relative value units. Simply stated, Audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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I respectfully request that you work with the Audiology community and the American Academy of Audiology to develop solutions to address the negative impact of elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for Audiology procedures and ensure Medicare beneficiaries' access to the vital services.

Thank you for you consideration.

Sincerely,

Megan Johnson MA CCC-A

Megan L. Johnson, MA, CCC-A
Audiologist

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Margaret Adkins** **Date: 09/08/2005**

Organization : **Eastern Kentucky University**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-739-Attach-1.PDF

EASTERN KENTUCKY UNIVERSITY
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Fax (859) 622-4443

245 Wallace Building
521 Lancaster Avenue
Richmond, KY 40475-3102
(859) 622 4442

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

EDUCATION PAYS

Thank you for your time and consideration.

Sincerely,

Margaret M. Adkins
Director of Audiology
Eastern Kentucky University
245 Wallace Bldg.
521 Lancaster Ave.
Richmond, KY 40475
(859) 622-2115
Meg.adkins@eku.edu

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Kathleen O'Leary** **Date: 09/08/2005**

Organization : **Roswell Park Cancer Institute**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am writing as an anesthesiologist at Roswell Park Cancer Institute in Buffalo, NY to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
In an effort to maintain fiscal viability, many programs do not allow residents to care for Medicare patients, or severely limit their exposure to Medicare patients. This could potentially result in residents going into practice without the experience of caring for aging and complex patients. No one will benefit under these circumstances.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Thank you.
Kathleen A. O'Leary, MD
Chief, Surgical Anesthesia
Roswell Park Cancer Institute
Associate Professor of Clinical Anesthesiology
SUNY @ Buffalo School of Medicine and Biomedical Sciences

Submitter : **Jane Baxter** **Date: 09/08/2005**

Organization : **Pacific Hearing Service**

Category : **Health Care Professional or Association**

Issue Areas/Comments

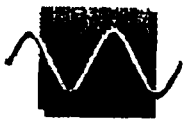
GENERAL

GENERAL

See Attachment

CMS-1502-P-741-Attach-1.PDF

PACIFIC HEARING SERVICE



September 1, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

I have been in the field of audiology for over 20 years. I have personally experienced the decrease in reimbursement from Medicare during this time. I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would further reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services. Medicare patients tend to take more time and need more services than the general population, yet Medicare's reimbursement rate is already 50% less than our customary charges. We cannot meet our overhead and service this population if reimbursement continues to decline.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Jane H. Baxter, M.S., FAAA
Board Certified in Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Jennifer Fargo Lathrop, M.A., CCC-A • Jane H. Baxter, M.S., CCC-A
496 First Street, Suite 120 • Los Altos, California 94022 • (650) 941-0664
3351 El Camino Real, Suite 100 • Atherton, California 94027 • (650) 366-9605

Submitter : Nancy Mullins Gillispie **Date:** 09/08/2005

Organization : Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-742-Attach-1.PDF

Audiology&Hearing Aid Services, Inc.

Vincent Lustig, Ph.D., CCC-A • Nancy Mullins Gillispie, M.S., CCC-A
Fellows of the American Academy of Audiology

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: **CMS-1502-P**

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Nancy B. Mullins Gillispie, M.S. CCC-A, F.A.A.A.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

2205 Washington Street E • Charleston, WV 25311 • (304) 345-5522 • 1-800-536-2427 • Fax (304) 344-6306

Submitter : **Dr. Therese Walden** **Date: 09/08/2005**

Organization : **Department of the Army**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-743-Attach-1.PDF

DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WALTER REED HEALTH CARE SYSTEM
WASHINGTON, DC 20307-5001

REPLY TO
ATTENTION OF:

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Thank you for your consideration.

Sincerely,

Therese C. Walden, Au.D.
Chief, Audiology Clinic
Walter Reed Army Medical Center
Washington, DC 20307-5001

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Teresa Clark **Date:** 09/08/2005

Organization : California Hearing Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-744-Attach-1.PDF

California Hearing Center

Darcy Benson, M.S., FAAA, Audiology
Teresa M. Clark, Au.D., Doctor of Audiology
Kelley Holden, M.A., FAAA, Audiology
Ashley Wilcox, M.S., FAAA, Audiology

September 02, 2005

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Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Teresa M. Clark, Au.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

www.calhearing.com

San Mateo
88 N. San Mateo Drive
San Mateo, CA 94401
(650) 342-9449 • Fax (650) 342-4435

San Carlos
1008 Laurel Street
San Carlos, CA 94070
(650) 592-3636 • Fax (650) 654-2170

Submitter : Ashley Wilcox **Date:** 09/08/2005

Organization : California Hearing Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-745-Attach-1.PDF

California Hearing Center

Darcy Benson, M.S., FAAA, Audiology
Teresa M. Clark, Au.D., Doctor of Audiology
Kelley Holden, M.A., FAAA, Audiology
Ashley Wilcox, M.S., FAAA, Audiology

September 02, 2005

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Hearing Aid Cleaning & Service

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Wheelchair Accessible

VISA & MasterCard Welcome

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

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Thank you for your consideration.

Sincerely,

Ashley Wilcox, M.S..

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

www.callhearing.com

San Mateo
88 N. San Mateo Drive
San Mateo, CA 94401
(650) 342-9449 • Fax (650) 342-4435

San Carlos
1008 Laurel Street
San Carlos, CA 94070
(650) 592-3636 • Fax (650) 654-2170

Submitter : **Darcy Benson** **Date: 09/08/2005**

Organization : **California Hearing Center**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-746-Attach-1.PDF

California Hearing Center

Darcy Benson, M.S., FAAA, Audiology
Teresa M. Clark, Au.D., Doctor of Audiology
Kelley Holden, M.A., FAAA, Audiology
Ashley Wilcox, M.S., FAAA, Audiology

September 02, 2005

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Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Thank you for your consideration.

Sincerely,

Darcy Benson

Darcy Benson, M.S.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

www.calhearing.com

San Mateo
88 N. San Mateo Drive
San Mateo, CA 94401
(650) 342-9449 • Fax (650) 342-4435

San Carlos
1008 Laurel Street
San Carlos, CA 94070
(650) 592-3636 • Fax (650) 654-2170

Submitter : Natalie Flamion **Date:** 09/08/2005

Organization : Permanente Medical Group, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-747-Attach-1.PDF

The Permanente Medical Group, Inc.

280 WEST MacARTHUR BOULEVARD
OAKLAND, CALIFORNIA 94611-5693
(510) 752-1000

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SANTA ROSA
S. SACRAMENTO
S. SAN FRANCISCO
STOCKTON
VACAVILLE
VALLEJO
WALNUT CREEK

PAUL T. McDONALD, M.D.
Physician-in-Chief

PRESTON J. MARING, M.D.
Associate Physician-in-Chief

JOHN M. LOFTUS, M.D.
Associate Physician-in-Chief

RICHARD A. BROWN, M.D.
Assistant Physician-in-Chief

THOMAS BARBER, M.D.
Assistant Physician-in-Chief

DAVID T. NG, M.D.
Assistant Physician-in-Chief

DOUGLAS R. CHARTIER
Assistant Physician in Chief

J. DAVID ARTERBURN
Medical Group Administrator

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Natalie R. Flamion, M.S., CCC-A
Clinical/Dispensing Audiologist
Kaiser Permanente Hearing Center
2923 Webster St. Ste. # 201
Oakland, CA 94609

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Mont Stong **Date:** 09/08/2005

Organization : InSound Medical, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-748-Attach-1.PDF

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Mont Stong, Au.D.

InSound Medical, Inc.
37500 Central Court
Newark, CA 94560
Tel: 510.792.4000
Fax: 510.792.4050
www.insoundmedical.com

Submitter : Karen Glay **Date:** 09/08/2005

Organization : Suburban Hearing Services

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-749-Attach-1.PDF

SUBURBAN HEARING SERVICES

5063 Shoreline Road
Barrington, IL 60010
Telephone: (847) 382 6010
Fax: (847) 382-9243

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Karen R. Glay, M.A.
Director of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Jill Hawkins **Date:** 09/08/2005

Organization : Tri-State Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-750-Attach-1.PDF

SUBURBAN HEARING SERVICES

5063 Shoreline Road
Barrington, IL 60010
Telephone: (847) 382 6010
Fax: (847) 382-9243

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Karen R. Glay, M.A.
Director of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Josephine Helmbrecht

Date: 09/08/2005

Organization : Minnesota Academy of Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-751-Attach-1.PDF

Josephine Z. Helmbrecht, Au.D.
15201 Quicksilver Street Northwest
Ramsey, MN 55303
(763) 767-0095

MINNESOTA ACADEMY OF AUDIOLOGY
PO Box 20103 • Bloomington, MN 55420
(612) 260-0305
www.minnesotaaudiology.org

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Josephine Helmbrecht /JZ

Josephine Z. Helmbrecht, Au.D., FAAA
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Therese Kielp **Date:** 09/08/2005

Organization : Susan Rogan Hearing, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-752-Attach-1.PDF

GO DIGITAL

SUSAN ROGAN HEARING

hear the difference

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Thank you for your consideration.
Sincerely,

Therese Kleip, M.S.
Audiologist

319 West Ogden Avenue
Westmont, Illinois 60559
630-969-1677
TDD 630-969-2056
FAX 630-969-4384

SUSAN ROGAN HEARING, Inc.
susanroganhearing.com

419 N. LaGrange Rd., Ste.1
LaGrange Park, IL 60526
708-588-0155
TDD 708-588-0166
FAX 708-588-0157

Submitter : Dana Sullivan Helmink **Date:** 09/08/2005

Organization : Etymotic Research, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-753-Attach-1.PDF

ETYMOTIC RESEARCH, INC.

61 Martin Lane
Elk Grove Village, IL 60007-1307
Phone: 847-228-6005
Fax: 847-228-6836
www.etymotic.com

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Dana Sullivan Helmink, M.A., FAAA

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Susan Rogan** **Date: 09/08/2005**

Organization : **Susan Rogan Hearing, Inc.**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-754-Attach-1.PDF

GO DIGITAL
SUSAN ROGAN
HEARING
hear the difference

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Thank you for your consideration.
Sincerely,

Susan Rogan, Au.D.
Doctor of Audiology

319 West Ogden Avenue
Westmont, Illinois 60559
630-969-1677
TDD 630-969-2056
FAX 630-969-4384

SUSAN ROGAN HEARING, Inc.
susanroganhearing.com

419 N. LaGrange Rd., Ste. 1
LaGrange Park, Il. 60526
708-588-0155
TDD 708-588-0165
FAX 708-588-0157

Submitter : Mrs. Katherine Arnold **Date:** 09/08/2005

Organization : Mrs. Katherine Arnold

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I advocate the local Medicare reimbursement to doctors be increased; with the federal government creating a new payment locality for Sonoma County

Submitter : **Dr. Kenneth Lowder** **Date: 09/08/2005**

Organization : **Iowa Audiology and Hearing Aid Centers**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-756-Attach-1.PDF

"Professional Hearing Care...Since 1981"

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Kenneth L. Lowder, Au.D.
Audiologist

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

415 10th Avenue Coralville, Iowa · Ph. 338-6043 · 1-800-227-0156 · Fax 338-7739

Submitter : **Anthony Giannotti, O.D.** **Date: 09/08/2005**

Organization : **Anthony P. Giannotti, OD**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

GPCIs: Issue Identifier
Re: GPCI Support removal of two counties from Locality 99
To Whom It May Concern:
I strongly support the proposed revision to the physician payment localities in California that you published in the Federal Registry 8 August 2005.
You are to be commended for addressing an important issue for physicians and Medicare beneficiaries in the San Francisco Bay Area. You have addressed the two most problematic counties in the state, and you have made an important change that will go a long way to ensuring access to care for health care services in our county.
This is a fundamental issue of fairness. Santa Cruz and Sonoma Counties have some of the highest cost of providing care for physician services in the nation, while receiving one of the lower reimbursements by being averaged into Locality 99. The adjustment that you propose appropriately addresses the current inequitable payment problem. The other Locatlity 99 counties have used Sonoma and Santa Cruz's measured higher cost of providing care to enhance their reimbursements.
CMS acknowledges that they have the responsibility to manage physician payment localities. We understand that there have been no revisions to the localities since 1996. You have selected the most important area in our state to begin to correct this problem.
Sincerely,
Anthony P. Giannotti, OD
266-O Mt. Hermon Rd.
Scotts Valley, CA 95066

Submitter : Teri Wilson-Bridges **Date:** 09/08/2005

Organization : Washington Hospital Center

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-758-Attach-1.PDF

Washington Hospital Center

Hearing and Speech Center

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Thank you for your consideration

Sincerely,

Teri Wilson-Bridges, M.A., CCC-A
Director

Cc. Mr. Herb Kuhn, Director, Center for Medicare Management

Director
Teri Wilson-Bridges, MA, CCC-A

Sr. Administrative Assistant
K. Geeta Tiwari

Audiologists
Tad Bishop, MA, CCC-A
Evan Claytor, MA, CCC-A
Saul Strieb, MA, CCC-A
Christal Surowicz, MS, CCC-A
Carrie Thompson, MEd, CCC-A

Speech Pathologists
Donna Saur, MA, CCC-SLP
Megan Snell, MS, CCC-SLP
Allana Sullivan, MS, CCC-SLP
Kathryn Wills, MS, CCC-SLP

MedStar Health
110 Irving Street, NW, Washington, DC 20010-2975
phone: 202 877 6717 • *fax:* 202 877 6192

Submitter : **Mrs. Janet Nicollerat** **Date: 09/08/2005**

Organization : **Duke University Adult Diabetes Education Program**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Regarding Medicare Telehealth Services and the exclusion of DSMT services for reimbursement :
I strongly disagree with this decision. Group Teleheath re: DSMT should be reimbursed if the proving program meets ADA Recognition criteria and the interactive modality is 2 way with visual and auditory interaction capacity. DSMT is provided in groups who interact with the instructor , health professional and one another. This is a critical component of the ADA standards of care: critical diabetes knowledge , decision making skills and psychosocial support.
I can readily teach a telemedicine group glass re; DSMT related to pathophysiology, medications, foot care, basic nutrition,preventative care, and complications without having to teach individial skills. I can reach more persons with diabetes in this venue who might not have the finances or transportation needed to get to my center. However, they could convene at a local hospital and have a telemedicine diabetes class . Given the diabetes epidemic in the US, I can hardly see how we can circumvent any opportunity to reach more people with diabeteS. WE know that the majority of CDE's are middle age Caucasions and that we are not growing this number sufficiently to meet the needs of growing diabetes in our country. We also know that minorities and elderly have the highest incidence of diabetes . We have seen the epidemic in school age children. What better way to reach these people than a telemedicine forum within their own community.
I firmly support your position that this needs to be 2 - way interactive video and audio scenario. I further agree that this is not appropriate for teaching selected self-care skills , nor should it replace the initial 1:1 assessment or all follow-up visits. I do think there is a place for this service and DSMT must be reimbursed when provided under the guidelines noted .

1;1 MNT has many skills inherent in this instruction which cannot be evaulated via telehealth. Ex: Assessing individual reading levels, ability to read and correctly interpret a food label or count CHO grams. Certain DSMT skills could be taught safely via Telehealth,(general nutrition information,foot care, ketone testing, sick day management, use of a supplemental insulin scale,treatment of hypoglcemia or hyperglycemia,etc.) Certain other critical skills are not suitable for this venue such as insulin injection, meter intruction, insulin pumps, .

I believe you should include DSMT and MNT in groups for specific topics, and 1:1 for specific topics as I have discussed. We have to be proactive and reach all of our citizens with diabetes . Group DSMT telehealth is a viable option that needs to be included . As an Advanced practice nurse with both CDE and ADM certification and 33 years of experience in diabetes and health education, I can assure you that plenty of interaction and opportunities for assessment, evaluation etc exists within this group education environment as long as the guidelines are clear and enforced. Support your CDE's by acknowledging them as direct Medicare providers. Support Americans with diabetes by allowing them access to this critical survival skills and education within their own communities. This is an opportunity to improve diabetes care for millions. Thanks you for considering my remarks.

Jan Nicollerat MSN, APRN-BC, ADN, CDE
DIrector, Duke University's Adult Diabetes Education Program
Advanced Practice Nurse; Diabetes & Insulin Pumps

Submitter : **Dr. Marion Caldwell** **Date: 09/08/2005**

Organization : **Caldwell**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-760-Attach-1.PDF

Caldwell & Cook Hearing Services, Inc.

Marion Caldwell, Au.D.
Audiologist
Pat L. Cook, BC-HIS
Hearing Instrument Specialist

3940 S. Danville Bypass
Danville, Kentucky 40422
Telephone: (859) 236-3865

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Marion Caldwell, Au.D.

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Stephen Breneman** **Date: 09/08/2005**

Organization : **F.F. Thompson Hospital**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:
I am writing as an anesthesiologist at F.F. Thompson Hospital in Canandaigua, New York to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. I left academics to pursue private practice because I wanted to become more comfortable with my skills and make a decent income before returning to academics. I will be pursuing some more training in a subspeciality of anesthesia which provides a safe way to provide pain relief to the patients of the CMS. I plan to return to academic practice with my new knowledge to train future residents who will be taking care of the ever increasing percentage of CMS patients. However, the reimbursement for academic centers has been painfully low making the choice more difficult. To put it simply, why should I be paid so much less to provide a service AND teach/train than my private practice colleaque who gets to read the newspaper while providing service or other academic services like surgeons who provide the same kind of supervision as an academic anesthesiologist?!
Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians. It will certainly help me return to academic practice as well as encouraging others.
Please end the anesthesiology teaching payment penalty.
Thank you.
Stephen M. Breneman, PhD, MD
Canandaigu Anesthesia Associates, LLP
Canandaigua, NY 14424

Submitter : Dr. Leonard Moore **Date:** 09/08/2005

Organization : Santa Cruz Medical Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

We need to keep up reimbursements appropriate to costs of physicians expenses.
We have difficulty recruiting new physicians because of low reimbursements and the "bean counters" would like to see us discontinue care to low reimbursement groups, i.e. Medicare.

Submitter : Mrs. Lori Higgins-Craw **Date:** 09/08/2005

Organization : Santa Cuz Medical Foundation

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

I believe it is way overdue for our community to recieve the same re-imbursement as our nearby communities. We are no longer a "Rural Community" we have far outgrown that category

Submitter : **Dwight Lane** **Date: 09/08/2005**

Organization : **Dwight Lane**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

September 8, 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

My wife and I are Medicare beneficiaries who receive care from a dedicated and excellent primary care physician, Dr. Michael Conroy. We understand that the subject proposed rule would remove Santa Cruz County from the "Rest of California" physician payment locality designation which results in inadequate renumeration for his services in this expenive area with its very high cost of living.

I also understand that Dr. Conroy and the several specialists we consult would then receive Medicare payments on a par with other counties in the San Francisco Bay area.

We consider this a very important issue to ensure the continuing high quality medical care in our area and wholeheartedly support the proposed changes.

Sincerely,

Dwigh and Margaret Lane
248 Spreading Oak Drive
Scotts Valley, Ca 95066

Submitter : Mr. Gene Reich **Date:** 09/08/2005

Organization : Avera St. Luke's Hospital

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

Since December of 05, we have been doing frequent Infectious Disease Telemedicine consultations with ID specialists in Sioux Falls SD, about 200 miles from our hospital. During this period, we have had frequent requests for consults with seriously ill patients in our ICU. Our ICU is equiped with e-ICU videoconference equipment, however it features only one way video. The far end intensivist can see and hear the patient in our ICU but the patient here can only hear and not see the far end physician. Because of reimbursement issues, we must make the effort to move mobile videoconference equipment into the ICU patient we need to see. It is a very cumbersome task and is next to impossible without technical staff available. Because the e-ICU physicians are on duty 24-7, our patients would be greatly benefited if we could use our e-ICU connections for Infectious Disease Telemedicine consultations.

Gene Reich
Avera St. Luke's Telehealth Services
605-622-5035 / Fax 605-622-5115
gene.reich@averastlukes.org

Submitter : Dr. Jeff Bennie **Date:** 09/08/2005

Organization : Dr. Jeff Bennie

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-766-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Name_____

Address _____

Submitter : **Mr. Christopher Szecsey** **Date: 09/08/2005**

Organization : **Individual**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Issue Identifier: GPC1s:

I understand that Medicare is proposing to create a new payment locality for Sonoma County, CA which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality woudld help Sonoma County physicians improve the quantity and quality of care they deliver. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important isssue.

Sincerely,

Christopher Szecsey
P.O. Box 1022
Occidental, CA 95465

Submitter : **Dr. Vilma Joseph** **Date: 09/08/2005**

Organization : **Montefiore Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

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

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

Submitter : Dr. Joseph M Neal **Date:** 09/08/2005

Organization : Virginia Mason Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:

I am writing as an anesthesiologist at Virginia Mason Medical Center, Seattle, Washington to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

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Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Joseph M. Neal, MD
1100 Ninth Ave
Seattle, WA 98101

Submitter : **Dr. Brad Naylor** **Date: 09/08/2005**

Organization : **PAMF Fremont and Palo Alto divisions**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Would welcome you support of changing status of physician Fee Schedule to more appropriate rate for my collegues in Santa Cruz. This is hardly a rural area with housing prices far above the nearby Counties. Your support of INCREASING fee schedule as optioned in "CMS 1502-P".

Submitter : Dr. Bruce Tucker **Date:** 09/08/2005

Organization : Dr. Bruce Tucker

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please enact a fee increase for medicare providers in Sonoma County. My group of respected general internists has had 4 physicians decline an offer to work in private practice with us in the last 4 years due to our inability to pay them as much as Kaiser, because we see primarily medicare patients and our income is not competitive. Without an increase you will only speed up the demise of general internists and be left with specialists and nurse practioners who can not handle the complex elderly with many medical problems. Respectfully, Bruce Tucker M.D.

Submitter : Gail Norwood **Date:** 09/08/2005

Organization : Gail Norwood

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I think it is imperative that Medicare Payments be revised in order to better match the cost of living in Sonoma County. It is obviously rediculous to pay our physicians at such a low rate when we live in one of the most expensive counties in the State of California! Please reconsider - we are rapidly losing available physicians at a time when our county's population is aging and we need them the most.
Thank you for your consideration.
Gail Norwood

Submitter : **Elliott Norwood** **Date: 09/08/2005**

Organization : **Elliott Norwood**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to strongly encourage you to apply the new pricing standards now under consideration for Sonoma County. We need our physicians to be compensated fairly so they can continue to live in this very expensive area to provide medical services.
Thank you!

Submitter : **Mr. Robert Ryan** **Date: 09/08/2005**

Organization : **Mr. Robert Ryan**

Category : **Health Care Industry**

Issue Areas/Comments

GENERAL

GENERAL

I am a Medicare beneficiary who receives medical care from several physicians in Sonoma County, California. I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be matched more closely to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care that Medicare beneficiaries, including myself, would receive. This locality change would also benefit efforts to recruit and retain physicians in the county, which has a very large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Robert Ryan
1604 Charlene Place
Santa Rosa, CA 95401

Submitter : **Mrs. Katie Borges** **Date: 09/08/2005**

Organization : **Sutter Santa Cruz (Employer)**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

CMS has proposed to remove the two most disadvantaged counties from CA Locality 99 (Sonoma and Santa Cruz) and assign them to their own localities effective January 1, 2006. Please ratify this proposal enabling Santa Cruz county to recruit an adequate number of qualified physicians and compete with physician cost/payment given to provider groups 20 minutes away in Santa Clara. Thank you for you time and consideration.

Submitter : **Mr. Duane Nelson** **Date: 09/08/2005**

Organization : **Retired**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Duane D. Nelson &
Arlene D. Nelson
2003 Stonefield Lane
Santa Rosa, CA 95403-0952

Submitter : **Mrs. Arlene Nelson** **Date: 09/08/2005**

Organization : **Retired**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Arlene D. Nelson
2003 Stonefield Lnae
Santa Rosa, CA 95403-0952

Submitter : Dr. David Mangan

Date: 09/08/2005

Organization : Abbott Anesthesiologists

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

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

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

Submitter : Gerald Robison **Date:** 09/08/2005

Organization : Gerald Robison

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

As a Medicare user, I am concerned about the quality of health care in our county. We are having difficulty recruiting and retaining physicians because the reimbursement rate does not match the cost of living in our county. I fully support your proposal to change Sonoma County's payment locality.

Submitter : **Dr. Charles Her** **Date: 09/09/2005**

Organization : **New York State Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-780-Attach-1.DOC

Mark McClellan, M.D., Ph.D.
Administrator, Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at Westchester Medical Center, New York Medical College, Valhalla, NY, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Charles Her, M.D.
Department of Anesthesiology
Westchester Medical center
New York Medical College
Valhalla, NY 10595 (E-Mail: charles6133@msn.com)

Submitter : **Dr. Lynna Choy** **Date: 09/09/2005**

Organization : **St. Luke's-Roosevelt Hospital**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am writing as an anesthesiologist at St. Luke's-Roosevelt Hospital (NYC) to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

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Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Dr. Lynna Choy, M.D.
Resident Anesthesiologist

Submitter : **Dr. Paul Burns** **Date: 09/09/2005**

Organization : **Good Samaritan Hospital, Suffern, NY**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist at Good Samaritan Hospital, Suffern, NY, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
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Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Paul Burns, MD
26 Sandstone Trail, New City, NY 10956

Submitter : **Dr. chad wilde** **Date: 09/09/2005**

Organization : **SUNY Buffalo**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable.

Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology.

Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases.

Please personalize your letters by including the number of resident and faculty openings in YOUR OWN PROGRAM and any inefficiencies in scheduling, personnel allocation, case assignments, and budget shortfalls, etc. that you can attribute to the current Medicare teaching anesthesiologist policy.

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.

Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases.

This is not fair, and it is not reasonable.

Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues.

The medical community is constantly withstanding attacks on foundation and its reimbursement. Please look into alternative means by which to save money and efficiently utilize services. The current plan you are proposing for reimbursement of academic anesthesia programs is atrocious. It will certainly disrupt the methods and opportunities for residents to work with all patient types, including the elderly and impoverished. Please reconsider. See following points for support.

The Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. Reducing that by 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the service, teaching and research missions of academic anesthesia training programs.

Submitter : Dr. ERNO GRUNSTEIN **Date:** 09/09/2005

Organization : Dr. ERNO GRUNSTEIN

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
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Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.
Name ERNO GRUNSTEIN, MD

Submitter : **Mrs. Mary Matson** **Date: 09/09/2005**

Organization : **Mrs. Mary Matson**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large and growing Medicare population.

I fully support your proposal to change Sonoma County?s payment locality, and I appreciate the opportunity to comment on this extremely important issue.

Sincerely,

M. Matson and W.H. Matson, III

Submitter : **Mrs. Jeanne Chappell** **Date: 09/09/2005**

Organization : **David A. Chappell, M.D.**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Date: September 8, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs

I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an increasingly expensive place to live and work. In the new locality, the Medicare reimbursement rate would be more closely matched to actual practice expenses than it is now.

The new locality would help Sonoma County physicians improve the quantity and quality of care they deliver to Medicare beneficiaries and other patients. The locality change would also benefit efforts to recruit and retain physicians in the county, which has a large Medicare population.

I fully support your proposal to change Sonoma County's payment locality, and I appreciate the opportunity to comment on this important issue.

Sincerely,

Jeanne Chappell

Name: Jeanne Chappell
Address: 141 Lynch Creek Way, Suite A
City, State, ZIP Petaluma, CA 94954

Submitter : Dr. PAUL COLEMAN **Date:** 09/09/2005

Organization : GOULD MEDICAL GROUP - MODESTO CALIFORNIA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

Dear Dr. McClellan:

I am writing as an anesthesiologist at [name of institution] to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
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Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

Thank you,

Paul B Coleman D.O.
Department of Anaesthesia
Sutter Memorial Medical Centre
Sutter Gould Medical Group
600 Coffee Road
Modesto California 95355 4201
PHN 209 524 1211
FAX 209 527 3169
EML pbcoleman@hotmail.com
WEB www.DrColeman.medem.com

Submitter :

Date: 09/09/2005

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
I am writing as an anesthesiologist to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
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Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.
Please end the anesthesiology teaching payment penalty.
Zvi Herschman, MD
346 Wilson St
West Hempstead, NY 11552

Submitter : Dr. James McCullough **Date:** 09/09/2005

Organization : Dr. James McCullough

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Supporting education of anesthesiologists in training is vital to sustaining the profession, and changing the anesthesia teaching payment policy rule is an essential part of that support. Anesthesiologists in academia make significantly less money than those in private practice, and further reductions in income from the current teaching payment policy rule erode the long-term viability of graduate medical education programs for anesthesiologists.

Submitter : Dr. Marcia Raggio **Date:** 09/09/2005

Organization : San Francisco State University

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-790-Attach-1.PDF

San Francisco
State University

Communicative Disorders Clinic
College of Education

Department of Special Education
1600 Holloway Avenue
San Francisco, CA 94132-4158

Tel: 415/338-1001
Fax: 415/338-0916
http://www.sfsu.edu/~speced/

September 1, 2005

Mark B. McClellan, M.D., Ph D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Marcia Raggio

Marcia Raggio, Ph.D.
Professor and Director
Communicative Disorders Program

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Susan Terry **Date:** 09/09/2005

Organization : Broadwater Hearing Care, Inc.

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-791-Attach-1.PDF

BROADWATER HEARING CARE, INC.
4200 Central Avenue / St. Petersburg, FL 33711
727/323-2471 Fax 727/323-3577

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

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Adequate and fair reimbursement rates for audiology services are essential for covering the expenses audiologists incur in performing hearing and vestibular services for Medicare beneficiaries. Hearing loss is a common malady of the aging population. As the lifespan of America's seniors increases, a greater need for audiology services will develop. For these Medicare patients, the benefits of having qualified and licensed audiologists who are trained to evaluate and care for them are immeasurable.

I respectfully request that you work with the audiology community and the American Academy of Audiology to develop solutions to address the negative impact of the elimination of the non-physician work pool. Working together, we can develop a fair and equitable reimbursement rate for audiology procedures and ensure Medicare beneficiaries' access to these vital services.

Thank you for your consideration.

Sincerely,

Susan E. Terry, Au.D., F-AAA

cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Sharon Fujikawa-Brooks **Date:** 09/09/2005

Organization : University of California

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-792-Attach-1.PDF

Sharon Fujikawa, Ph.D.
Clinical Professor, Depts. Pediatrics and Neurology
University of California, Irvine Medical Center
Neurodiagnostic Lab., Rte 13, Bldg. 22C
101 The City Dr. South
Orange, CA 92868

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

Dear Dr. McClellan:

I am a past-president of the American Academy of Audiology and immediate past-president of the International Society of Audiology. As an audiologist, I am writing to express my concern about the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule, which would reduce Medicare reimbursement for audiology services by as much as 21 percent over a four-year period beginning in 2006. No other specialty is as dramatically affected by the proposed elimination of the non-physician work pool (NPWP) and the new methodology to calculate the practice expense relative value units. Simply stated, audiologists may not be able to continue to offer services to Medicare beneficiaries unless CMS develops an equitable reimbursement rate for these services.

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Thank you for your consideration.

Sincerely,

Sharon Fujikawa-Brooks Ph.D.
Director of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Carol Runyan **Date:** 09/09/2005

Organization : Dr. Daniel R. Schumaier

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-793-Attach-1.PDF

Dr. Daniel R. Schumaier & Associates ~ Audiologists

HEARING CENTERS IN
JOHNSON CITY • KINGSPORT • GREENEVILLE

Daniel R. Schumaier, Ph.D., CCC-A

Carol R. Runyan, Au.D., CCC-A
Heather D. Light, M.S., CCC-A

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

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Thank you for your consideration.

Sincerely,

Carol R. Runyan, AuD
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Johnson City Hearing Center • 106 E. Watauga Avenue • Johnson City, Tennessee 37601
Phone: 423-928-5771 Fax: 423-928-1424
www.schumaieraudiologist.com

Submitter : Dr. Miranda Lee Seal **Date:** 09/09/2005

Organization : Chickasaw Nation Health System

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-794-Attach-1.PDF

Chickasaw Nation Health System
Audiology Department
1001 N. Country Club Rd
Ada, OK 74820

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

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Thank you for your consideration.

Sincerely,

Miranda Lee Seal, Au.D., F-AAA

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : Dr. Eric Hagberg **Date:** 09/09/2005

Organization : Neuro-Communication Services

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-797-Attach-1.PDF

www.betterhearing.net

Eric N. Hagberg, Au.D.
Erin L. Miller, Au.D.

September 2, 2005

Adult and Pediatric Audiology

Hearing Disorders

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755 Boardman-Canfield Rd.
Southbridge West
Building C-1
Boardman, Ohio 44512
Phone: 330.726.8155
Fax: 330.726.8612

Liberty
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Churchill Park Plaza #2
Liberty, Ohio 44505
Phone: 330.759.9907
Fax: 330.759.2121

Toll Free: 1.800.824.3957
E-Mail: nosinc01@sceinet.com

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BOARD CERTIFICATION IN AUDIOLOGY

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

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Thank you for your consideration.

Sincerely,

Eric N. Hagberg, Au.D.
Doctor of Audiology

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management

Submitter : **Dr. Laura Robertson** **Date: 09/09/2005**

Organization : **Audiology Specialists, LLC**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-798-Attach-1.PDF

AUDIOLOGY
SPECIALISTS, LLC
Laura O. Robertson, AuD

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

RE: CMS-1502-P

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Thank you for your consideration.

Sincerely,

Laura O. Robertson

Laura O. Robertson, Au.D.
Doctor of Audiology and state coordinate for the New Hampshire Academy of Audiology
Cc: Mr. Herb Huhn, Director, Center for Medicare Management

211.SOUTH.MAIN. STREET.LACONIA.NH.03246.(603).528.7700.(800).682.2338.www.audiologyspecialists.com

Submitter : **Dr. David Wlody** **Date: 09/09/2005**

Organization : **State University of New York**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:
I am writing as an anesthesiologist at SUNY-Downstate Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

Correcting this inequity will go a long way toward assuring the application of Medicare's teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians.

Please end the anesthesiology teaching payment penalty.

David Wlody, M.D.
Vice Chair for Clinical Affairs
Clinical Associate Professor of Anesthesiology
State University of New York
Downstate Medical Center
450 Clarkson Avenue
Brooklyn, NY 11203

Submitter : Dr. Juan Bermejo **Date:** 09/09/2005

Organization : American Academy of Audiology

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-800-Attach-1.PDF

JUAN J. BERMEJO, Ph.D., FAAA
FELLOW, AMERICAN ACADEMY OF AUDIOLOGY
2201 MT. VERNON AVENUE, SUITE 109
BAKERSFIELD, CA 93306
(661 872-7000)

September 2, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1502-P
P.O. Box 8017
Baltimore, MD 21244-8017

Re: CMS-1502-P

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Thank you for your consideration.

Sincerely,

Juan J. Bermejo Ph.D

Juan J. Bermejo, Ph.D., FAAA, CCC-A

Cc: Mr. Herb Kuhn, Director, Center for Medicare Management