CMS-1502-P-1401

Submitter : Dr. Raymond Joseph

Organization : Dr. Raymond Joseph

Category : Physician

Date: 09/25/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1401-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 Virginia Mason 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.

Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction. In our institution it is becoming almost impossible to allocate resources for academic research projects to improve the delivery and safety of anesthesia. A look at the current literature will demonstrate the growing scarcity of academic papers coming from institutions within the United States. We must continue to be an example of excellence and innovation in this country within the field of anesthesiology.

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.

Raymond S. Joseph, M.D.

Virginia Mason Medical Center

1100 9th Avenue B2-AN

Seattle, WA 98102

Submitter : **Dr. Stephen Aron**

Date: 09/25/2005

Organization : **Dr. Stephen Aron**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I encourage support for your proposal to create a new payment locality for Santa Cruz County. We are not a rural community and having our Medicare reimursement be further reduced by this determination is unfair and makes it more difficult to recruit pshysicans, to have physicians be willing to be Medicare provides and pays our hospitals at a lower rate. Although I know Medicare is overburdened with expenses, changing our payment locality is a step I think is overdue and would hope will happen soon.

CMS-1502-P-1403

Submitter : Dr. Alec Rooke

Organization : Dr. Alec Rooke

Category : Physician

Date: 09/25/2005

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-1403-Attach-1.RTF

Mark McClellan, MD, PhD
Administrator, Centers for
Medicare and Medicaid Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017

826 NW 165th Place
Shoreline, WA 98177
September 25, 2005

Dear Dr. McClellan,

Academic anesthesiology programs are in trouble, and the CMS policies are partly at fault. The current policy of decreased reimbursement when anesthesiology faculty member supervises more than one resident at a time results in a situation where the department loses money on every case that involves a Medicare patient. Yes, that is correct, the department loses money. The amount received from Medicare when a faculty member supervises two residents is less than what the department has to pay the faculty member based on that faculty member's salary. The pay disparity between private practice anesthesiologists and academic anesthesiologists is already high with the former making 50%-100% more than those in academic departments. In consequence, it is difficult for academic departments to hire and retain good faculty. In my 20 years in academics, I have seen many of my colleagues leave for private practice, in large part or entirely because of the pay differential. Sure, academics may be a calling, but academic anesthesiologists have families, too, and it is hard to deny the appeal of higher pay.

The current CMS policies are particularly disturbing when CMS provides surgeons full payment for concurrent supervision of residents. Certainly faculty presence at all critical events is an important patient safeguard. But this requirement is being accomplished by academic programs now. Not providing full reimbursement for concurrent (resident) supervision for anesthesia care is not equitable.

In short, I support the American Society of Anesthesiology's proposal that would eliminate the disparity in reimbursement policies.

Sincerely,

G. Alec Rooke, MD, PhD

CMS-1502-P-1404

Submitter : **Mrs. Toni Hower**

Date: 09/25/2005

Organization : **none**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Issue identifier = GPCIs -

I live in Sonoma County, California. We have a very large number of senior citizens, have much higher living costs than the rural areas of California, and yet our medical care providers are reimbursed as if we lived in Yolo County. Napa County to the east, in which the cost of living is lower, is considered an urban county for reimbursement purposes. The median price of a single family home in Sonoma County is $615,000. We pay the highest gas prices in the nation. Yet our medical providers are expected to get by on reimbursements geared to the economy in Butte County, where you can buy a fine home for $250,000.

As more and more people retire to Somoma County, the squeeze on the medical professionals gets tighter. Physicians are leaving the county and we have a shortage of nurses.

Please help us! We should be considered an urban county for Medicare reimbursement.

CMS-1502-P-1405

Submitter : Dr. Robert Raw

Organization : University of Iowa

Category : Physician

Date: 09/25/2005

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-1405-Attach-1.RTF

UNIVERSITY of IOWA
CARVER COLLEGE
OF MEDICINE

University of Iowa Health Care

Department of Anesthesia

*Roy J. and Lucille A.
Carver College of Medicine
6 JCP; 200 Hawkins Drive
Iowa City, Iowa 52242-1009
319-356-2633 Tel
319-356-4130 Fax
www.uianesthesia.com*

9-25-2005

Robert M Raw, MD
Associate Professor of Anesthesia.

The Chairperson,
The committee, CMS-1502-P

Dear Sir/Madam

I am writing on the flawed Medicare anesthesiology teaching payment rule. Basically we NEED to be paid 100% for our involvement in 2 overlapping anesthetics, instead of the present 50%.

I point out sir;

1. We are 100% fully legally responsible for the patients' medical outcome as it relates to anesthesia, not 50% responsible for the patient as Medicare pays us.
2. We certainly are not profiteering with these overlapping cases as we are teachers and we fund the events, and circumstances around teaching(academic department, non-operating time for teaching etcetera) and the paying of residents.
3. Surgeons get paid 100% for overlapping cases. Sometimes I will be anesthetizing two patients in two adjacent operating rooms with my two residents. Both patients are being operated by the <u>same</u> surgeon (being paid 100% for each of his cases) utilizing his fellows and residents to prepare minor aspects of the surgery. It takes shrewd and well coordinated timing of the cases to facilitate this without wasting of anybodies time or undue extension to any patient's anesthized time. At the end of the day the surgeon has achieved optimal efficiency in use of operating time and his own time, with 100% payment for all his surgery, whilst the anesthesiologist having walked the same path with same responsibilities as the surgeon is only paid 50% for the services.

The patients anesthetic care was not reduced 50%, soa 505 reduced fee is inappropriate as well as unfair.

Yours sincerely

Robert Raw.

Submitter : **Dr. Charles Hewell**

Date: 09/26/2005

Organization : **American Society of Anesthesiologists**

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 Delnor-Community Hospital 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 F. Hewell, MD
519 Wing Lane, St. Charles, IL 60174-2339

CMS-1502-P-1407

Submitter : Dr. Bradley Karr

Organization : Edmonds Anesthesia Associates

Category : Physician

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-1407-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 Stevens Hospital in Edmonds, WA. I want 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.

Bradley P Karr, MD

10708 226th St SW

Woodway, Wa 98020

CMS-1502-P-1408

Submitter : Dr. Jim West

Organization : ASA

Category : Physician

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

Sec 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. Joseph Kryc** **Date: 09/26/2005**

Organization : **Red Mountain Anesthesiologists**

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 anesthesiologist in private practice at Banner Baywood Hospital in Mesa Arizona. I have been an academic anesthesiologist for most of my professional career. Approximately five years ago I left academic medicine for several reasons. The most important of those unfortunately was financial. I am writing this letter to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

The Medicare payment arrangement, which applies to anesthesiology teaching programs is very discriminatory and is having a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists. At the facility where I currently practice more than 50% of the cases are Medicare or senior citizens that are reimbursed at Medicare rates. If Medicare reimbursement for anesthesiologists is not corrected this hospital will soon experience a shortage of qualified anesthetists. We are currently negotiating with the hospital administration for support from their Part A funds. As you know this cannot be supported indefinitely. If the current Medicare rates are having this type of impact on a private hospital, I can only imagine what the effects are at many academic centers. The shortage of anesthesiologists that many parts of the country are now experiencing will only 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.

Due to either a lack of understanding or not caring to fix the original formula that has underpaid anesthesia providers for the past fifteen years we have experienced discriminatory payment compared to the rest of our medical colleagues. It is interesting that when patients require surgery their major concern is ?will I wake up?? Maybe that should be your concern at this time.

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,

Joseph J. Kryc, M.D.
8360 E. Corrine Dr.
Scottsdale, AZ 85260
Residence 480.948.1902
Fax 480.948.9847
Email jjkariz@cox.net

Submitter : **Dr. Corey Burchman** **Date: 09/26/2005**

Organization : **Dartmouth Medical School**

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:
This comment is in reference to file code CMS-1502-P and the specific issue identifier ?TEACHING ANESTHESIOLOGISTS.?

I am an anesthesiologist soon to join the faculty of Dartmouth Medical School.
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 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,

Corey A. Burchman, MD
15 Peyton Road
York, Pennsylvania 17403

Submitter : **Dr. Brendan Carvalho** **Date: 09/26/2005**

Organization : **Stanford University Hospital**

Category : **Hospital**

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS
See attachment

CMS-1502-P-1411-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 Stanford University Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

Medicare's discriminatory payment applying to anesthesiology teaching programs will have a have 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 staffing shortage will also be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.

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.

This discriminatory pay will affect my practice and the wellbeing of my department. For the future of our specialty I urge you to correct this inequity.

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.

Brendan Carvalho, Assistant Professor

Anesthesiology Dept.
Stanford University
300 Pasteur Ave
Stanford
CA 94305

Submitter : **Dr. Robert Beckman**

Date: 09/26/2005

Organization : **Mercy Hospital, Iowa City, IA**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

See Microsoft Word attachment

CMS-1502-P-1412-Attach-1.DOC

09-25-05

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 you to solicit your concern and enlist your help in changing the Medicare anesthesiology teaching payment policy. I have been in the private practice of anesthesiology for 32 years at Mercy Hospital, Iowa City, Iowa. Our hospital has 12 anesthesiologists on staff, and 2 of us will be retiring within the next 3 to 4 years. The patients and surgeons we serve are completely dependent on having fully-trained residents in anesthesiology to come into our practice.

Academic anesthesiologists have the responsibility of accomplishing that task. But they also have been the driving engine of all the clinically worthwhile continuing medical education in our specialty. The research they have accomplished over the past 34 years since I finished my training has absolutely increased patient safety during the pre-, intra-, and post-operative by many orders of magnitude.

The physicians in the academic programs across the United States have accomplished so much over the years—they must have all the financial backing that can be given them. We who are in private practice look to academic anesthesiologists to help guide us in choices of new technology, new monitors, new pharmaceuticals—which means their programs have to purchase them and use them—so that we can make cost-effective decisions for our hospital.

All this has great ramifications for Medicare and Medicaid patients across the country who obtain their care in community hospitals such as mine.

PLEASE give your attention to allowing teaching anesthesiologists 100% Medicare payment while supervising two resident physicians on overlapping procedures.

Sincerely,

Robert F. Beckman,M.D

Mercy Hospital, 500 E. Market St.

Iowa City, IA 52245

Submitter : **Dr. Edwin Cunningham**

Organization : **Medical Anesthesia Group,P.A.**

Date: 09/26/2005

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 in Memphis, Tennessee 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 continued training of qualified anesthesiologists.
Please end the anesthesiology teaching payment penalty.
Sincerely,

Edwin D. Cunningham, Jr., M.D.
220 S. Claybrook, Suite 203
Memphis, TN 38104

Submitter : Mr. Robert Mortensen

Date: 09/22/2005

Organization : Weymouth MRI, LLC

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

I write in opposition to the proposed cuts concerning the 50% reduction in payment for a contiguous body parts scanned on the same day. MRI unlike CT requires a completely different arrangement, set-up, procedure and post processing of a second study. The patient has to be moved off the table, coils changed, a new scout performed after recentering and then an entire new exam performed which can and usually does take as long as the first exam. Just like the first exam, a minimum of three separate sequences are completed and then a separate set of films or disc is produced. The Radiologist then has to make a separate review and read and dictate a second report. There is some overlap of labor; the booking does not take extra time, the pre-screeing, and greeting and changing can also be done at the same time. The overhead for the building, the equipment costs, the supplies, the technologist labor costs, and the Radiology interpretation, as well as the table-time required to complete the examinations offer NO savings!
In addition to all these fixed and variable costs, a vast majority of Radiology interpretaton is on a fee per case basis. The Radiologist is thus paid at 100% regardless of any cuts proposed. To be able to offer the highest levels of patient focused quaility care, it is unjust and without merit to reduce the reimbursement of these studies by 50%. There is almost no justification, however, with the overlap of some of the processes I could see a position of a 10-15% reduction on the second scan. This would allow us to continue to serve the patients and physicians and provide the very best technology and be able to afford it.

I thank you for your consideration and I ask you for your understanding.

Submitter : **Dr. Judi Yamamoto** **Date: 09/26/2005**

Organization : **Dr. Judi Yamamoto**

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. It is unfair and will not be beneficial in the provision of good medical care, if well-trained and reputable MDs are not fairly compensated.

Submitter : **Dr. Adrian Jurek**

Organization : **University of Minnesota Dept. of Anesthesiology**

Date: 09/26/2005

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As I am still a resident in an anesthesiology program, with responsibilities appropriate for my level of training; I look forward to the day when I can function as an independent practitioner of anesthesia. That being said, if I am to assume 100% of the responsibility for my patients, 100% compensation should be in order. Thank you.

Submitter : **Dr. melissa hull** **Date: 09/26/2005**

Organization : **brigham and women's hospital**

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 Brigham and Women?s Hospital 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,
Melissa Hull, M.D., Ph.D.
Assistant Professor, Department of Anesthesiology, Perioperative and Pain Medicine
Brigham and Women?s Hospital
75 Francis St.
Boston, MA 02115

Submitter : **Dr. Steven Andeweg** **Date: 09/26/2005**

Organization : **Dartmouth-Hitchcock Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

As a teaching hospital anesthesiologist at Dartmouth-Hitchcock Medical Center in New Hampshire, I am asking you to please change the payment policy for teaching anesthesiologists.

CMS proposed changes to the Medicare Fee Schedule for 2006 were released on August 1, 2005, and do not include a correction of the discriminatory policy of paying teaching anesthesiologists only 50% of the fee for each of two concurrent resident cases.

To continue to supply quality anesthesiology care to an increasingly elderly Medicare populationm, we need to encourage the growth of anesthesia residency teaching programs. The current policy of CMS is causing harm to the ability of Dartmouth-Hitchcock Medical Center to do this due to inadequate reimbursement for anesthesiology services if I supervise two residents concurrently. If I am not bringing in adequate revenues for services I have rendered to CMS-subsidized patients at Dartmouth-Hitchcock Medical Center, I potentially will have to give up research time to work extra time in the operating room to make up for the losses.

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 a discriminatory and unfair policy that CMS wishes to perpetuate by not making a change in its newest fee schedule.

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.

Please help teaching hospital anesthesiologists by supporting the fair reimbursement of teaching hospital anesthesiologists by agreeing to paying us of %100 of our fee when we supervise two anesthesiology residents.

Submitter : **Ms. Gerry Pape** **Date: 09/26/2005**

Organization : **Radiology Associates**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Centers for Medicare & Medicaid Services ? Comment Division:

As an employee of a radiology group practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. Our organization is a group with 20 radiologists, four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

We vigorously oppose the multiple services grouping reimbursement for this reason: Performing multiple tests requires additional time, skill, power, and resources and directly affects both patients and staff. Grouping procedures to justify a lower reimbursement provides no medical or monetary benefit to the patients and is ultimately detrimental to overall long-term patient care.

Florida has a large elderly population ? in the areas we serve, approximately 60% or greater of the population are Medicare eligible. Twenty-five percent of our practice supports the Medicare population ? imposing a 4.3% reduction in Medicare reimbursement and instituting a multiple procedure discount results in a combined revenue decrease of 6% while operating and practice expenses continue to rise. This decrease will create budget reductions in staffing, customer services, embracing new technology and other items critical to providing quality patient care and comfort.

We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

Gerry Pape,
Billing Office Manager

Submitter : **Dr. H.A. Tillmann Hein** **Date: 09/26/2005**

Organization : **Dr. H.A. Tillmann Hein**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re:Teaching Anesthesiologists

H.A.Tillmann Hein, M.D.
4144 North Central Expressway
Suite 700
Dallas, TX 75204

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

Dallas, September 26, 2005
Dear Dr. McClellan:
I am writing as an anesthesiologist at Baylor University Medical Center, Dallas, TX 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____H.A. Tillmann Hein, M.D.________________________________
Address ___4144 North Central Expressway,
Dallas,TX 75204_______________________________

CMS-1502-P-1422

Submitter : Dr. Karl Becker

Date: 09/26/2005

Organization : Kansas University Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-1422-Attach-1.DOC

CMS-1502-P-1422-Attach-2.DOC

September 26, 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 the University of Kansas School 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,

Karl E. Becker, M.D., M.B.A.
Professor and Associate Dean
Department of Anesthesiology
Kansas University Medical Center
3901 Rainbow Blvd.
Kansas City, Kansas, 66160

Submitter : **Dr. Karl Becker**

Date: 09/26/2005

Organization : **Kansas University Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

September 26, 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 the University of Kansas School 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,

Karl E. Becker, M.D., M.B.A.
Professor and Associate Dean
Department of Anesthesiology
Kansas University Medical Center
3901 Rainbow Blvd.
Kansas City, Kansas, 66160

Submitter :

Date: 09/26/2005

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Please raise the reimbursement for doctors in Sonoma County. I had a medical problem a few years ago and because specialists have left the area, although I had a severe problem, it took weeks to see a neurologist and then weeks for the next doctor. Thankfully once I was diagnosed with a fully occluded popliteal artery I was immediately sent to UCSF for surgery. The delays could have cost me a leg or a stroke. I was only 52 at the time.

We need good doctors here. We had them once. There is an aging population in Santa Rosa. Let's keep the docotrs we have and hope new doctors will again set up practice in Sonoma County, not flee from it.

My own daughter is on track for medical school. She would like to return to this area but due to the high cost of living and low reimbursements, she may be forced to go elsewhere, like so many others.

Please change this outdated reimbursement policy.

Submitter : **Dr. Scott Klioze** **Date: 09/26/2005**

Organization : **Halifax Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear Centers for Medicare & Medicaid Services ? Comment Division:

As a Radiologist practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. I am a member of a 20 physician group with four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

We vigorously oppose the multiple services grouping reimbursement for this reason: Performing multiple tests requires additional time, skill, power, and resources and directly affects both patients and staff. Grouping procedures to justify a lower reimbursement provides no medical or monetary benefit to the patients and is ultimately detrimental to overall long-term patient care.

Florida has a large elderly population ? in the areas we serve, approximately 60% or greater of the population are Medicare eligible. Twenty-five percent of our practice supports the Medicare population ? imposing a 4.3% reduction in Medicare reimbursement and instituting a multiple procedure discount results in a combined revenue decrease of 6% while operating and practice expenses continue to rise. This decrease will create budget reductions in staffing, customer services, embracing new technology and other items critical to providing quality patient care and comfort.

We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

Scott D. Klioze, MD
Halifax Medical Center
Daytona Beach, Florida

Submitter : Ms. Jerilynn Jenderseck

Date: 09/26/2005

Organization : Santa Rosa Memorial Hospital

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please see attachment.

CMS-1502-P-1426-Attach-1.DOC

Jerilynn Jenderseck
3627 Crown Hill Drive
Santa Rosa , California 95404

September 26, 2005

Centers for Medicare and Medicaid Services
HHS Attention CMS-1052-P
PO Box 8017
Baltimore, MD 21244-8017

Re: GPCIs, Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006

Dear Centers for Medicare and Medicaid Services:

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

Sincerely,

Jerilynn Jenderseck
Area Decision Support Services Manager
Santa Rosa Memorial Hospital

Submitter : Ms. Kimberly Cuscaden **Date:** 09/26/2005

Organization : Ms. Kimberly Cuscaden

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

As a Registered Nurse employed at our local Level 2 Trauma Hospital (Santa Rosa Memorial-servicing Sonoma, Napa, Marin and Mendocino counties) and a citizen of the county of Sonoma I am acutely aware of the present low reimbursement levels Medicare pays our physicians and hospitals. Santa Rosa is no longer an agricultural community. It is a growing city with the median priced home at just over $600,000.00. We have a huge population of seniors on Medicare. Physicians are leaving their practice here because they just can not afford the loses from Medicare's sub-standard compensation. I urge you to change the reimbursement rate so that our local doctors recieve the same reimbursement as their peers in Napa, Solano and Marin counties. This will help retain our physicians, allow seniors access to their doctors and keep our local Trauma center operating for all of the outlying counties. Sonoma County has changed and the government needs to appreciate this with changing Medicare's reimbursement rates to reflect our growth and maturity. Thank you for your consideration. Kimberly Cuscaden, R.N.

Submitter : **Dr. Matthew LaValle** **Date: 09/26/2005**

Organization : **Anesthesia Associates of Cape Girardeau, PC**

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 Southeast Missouri Hospital in Cape Girardeau, MO 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 or 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.

As the shortage of anesthesia providers worsens, it has made recruitment to our group and to our community more difficult. Now more than ever, our teaching institutions, where future anesthesiologists are trained, need fewer restrictions during this crisis if it is to improve.

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.

Matthew A. LaValle, M.D.
Chief of Anesthesiology
Southeast Missouri Hospital
721 N. Sunset Blvd.
Cape Girardeau, MO 63702

Submitter : **Dr. Katherine G** **Date: 09/26/2005**

Organization : **Duke University Medical Center**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Sec attachment

CMS-1502-P-1429-Attach-1.DOC

DUKE UNIVERSITY MEDICAL CENTER
Division of Cardiothoracic Anesthesia and Critical Care Medicine
Department of Anesthesiology

September 29, 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 academic anesthesiologist at Duke University Medical Center to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. I am currently an Associate Professor of Anesthesiology.

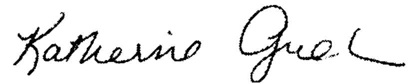
Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia 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. Internists routinely teach more than one resident at a time while on hospital rounds.

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 help us to retain the teachers (academic anesthesiologists) for the future of medical care .



Katherine Grichnik, MD
Associate Clinical Professor
Division of Cardiothoracic Anesthesia and Critical Care Medicine
Box 3094, Duke University School of Medicine
Durham, NC 27710
919-681-6893 (ph)
919-612-3682 (cell)
919-681-8994 (fax)
grich002@mc.duke.edu

Submitter : **Dr. Susan Escudier** **Date: 09/26/2005**

Organization : **Texas Oncology, P.A.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am deeply concerned that, without much-needed administrative action, community cancer care could face major losses in 2006. On January 1st, the 3% drug administration transition adjustment will fall to zero, the special funding CMS invested in 2005 in quality cancer care will end, and the physician fee schedule will be hit with a 4.3% cut.

These changes are projected to result in a net operating loss for community cancer care of $437,225,175 in 2006 (bad debt additional). In other words, Medicare payments for services provided to beneficiaries in 2006 will be more than half a billion dollars below the estimated cost of those services. This loss could imperil the community cancer care delivery system on which more than 4 out of 5 patients now depend.

To prevent this crisis, I urge CMS to consider the following proposals:

Provide compensation for the pharmaceutical management and related handling costs incurred by community cancer caregivers. CMS has proposed to compensate HOPDs for such costs by providing an additional 2% of ASP. To help prevent the access crisis discussed above and achieve equity among treatment settings, this payment should also be made available to community cancer care. This payment would increase funding for community cancer care by nearly $85 million next year and would offset nearly one-fifth of the $437,225,175 Medicare operating loss projected for 2006 (bad debt additional).

Continue the Agency?s investment in quality cancer care. This critical source of funding needs to be maintained for 2006, a step recently endorsed by the House Energy and Commerce Committee when it passed H.Res. 261. Doing so would offset nearly two-thirds of the $437,225,175 Medicare operating loss projected for 2006 (bad debt additional), while preventing patient access disruption in 2006 and supporting quality improvement efforts for cancer care.

Work with Congress to replace the SGR formula with annual fee updates. If the 4.3% cut in the Physician Fee Schedule can be corrected before it goes into effect on January 1st, the fix will offset over 8% of the $437,225,175 operating loss projected for 2006 (bad debt additional). In addition, correction of the SGR cut would also provide relief for the reductions that will also impact radiation oncology and physician evaluation and management services.

Refine the proposed revisions to the practice expense methodology. While I commend CMS for the changes it is proposing to make to Medicare practice expense payment policy, I am troubled by the decision to exclude drug administration services from these revisions. Instead, the Agency should include drug administration services in the phase-in of the bottom-up methodology in 2006 and ensure they are exempt from budget neutrality.

Submitter : **Dr. Alex Evers** **Date: 09/26/2005**

Organization : **Washington 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
September 26, 2005
Dear Dr. McClellan:
I am writing to you in my capacity as Chairman of the Anesthesiology Department at Washington University School of Medicine in St. Louis, as Anesthesiologist-in-Chief at Barnes-Jewish Hospital in St. Louis and as a former President of the Association of University Anesthesiologists, to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
While the Medicare payment arrangement for teaching anesthesiologists is well intended, it has had a serious detrimental impact on the ability of anesthesiology training programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the serious national shortage of skilled American-trained anesthesia providers. I am responsible for training 15 anesthesiology residents per year, and Medicare policies for reimbursement of teaching anesthesiologists have made it difficult to recruit and retain the best and brightest clinical anesthesiologists on our teaching faculty. I have personally faced this challenge and have had to resort to hiring foreign-educated anesthesiologists to educate the American anesthesiology work-force of the future. The reimbursement system has created a perverse incentive whereby community hospital anesthesiologists are paid more for doing less demanding cases than anesthesiologists working in academic medical centers.
My department not only trains anesthesiology residents (the largest training program in Missouri) but also participates in the training of nurse anesthetists (Cranes). The reduced teaching payments we receive from Medicare for medical direction of residents negatively impacts on the overall quantity and quality of our teaching faculty and thus reduces the quality of both anesthesiologist and CRNA education.
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 unfair and has had an obvious and sever negative impact on anesthesiology education.
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.
I appreciate your attention to this issue and urge you enact the proposal to make reimbursement for the teaching anesthesiologist the same as the reimbursement for other medical specialties.
Sincerely,
Alex S. Evers, M.D
Henry Mallinckrodt Professor of Anesthesiology
Professor of Internal Medicine and Molecular Biology and Pharmacology
Washington University School of Medicine
Anesthesiologist ?in-Chief
Barnes Jewish Hospital
St. Louis Missouri 63105

Submitter : Mrs. Betty Huddleson **Date:** 09/26/2005

Organization : Teacher

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing in support of an increased rate pf reimbursement for physicians in Somona County. They have suffered for over 10 years with inadequate medical compensation.This affects not only Medicare patients but all people in Sonoma County. We have lost far too many fne doctors because of the high cost of living in and practicing medicine in this county. Medicare pays Sonoma County physicans 13.7% less than Marin, Napa and Solano Counties for the same service. Our cost of living is NOT 13.7% less.

Submitter : **Alfred Matteri** **Date: 09/26/2005**

Organization : **Alfred Matteri**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Alfred Matteri
375 Zimpher Dr.
Sebastopol, CA 95472

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

CMS-1502-P-1434

Submitter : Irene Omi **Date:** 09/26/2005

Organization : Irene Omi

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please raise the reinbursement formula for Sonoma County, especially Santa Rosa,CA to be more in line with the actual costs for care. The current inadequacy has deteriorated a patient's ability to receive adequate care in this city and its environs. We are not a rural community.
Please give this matter serious concern.

Submitter : **Dolores Matteri**

Date: 09/26/2005

Organization : **Dolores Matteri**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Joyce Coughlin
2517 Caballo Ct.
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Beverly Clark**

Date: 09/26/2005

Organization : **Beverly Clark**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Beverly Clark
285 Maple Ave
Kenwood, CA 95452

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Dolores Matteri** **Date: 09/26/2005**

Organization : **Dolores Matteri**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Dolores Matteri
375 Zimpher Dr
Sebastopol, CA 95472

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Dr. Christopher Swide** **Date: 09/26/2005**

Organization : **Oregon Health and Science University**

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 Oregon Health and Science University in Portland, OR 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. This rule puts the education of our future physicians at risk.
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.

Christopher E. Swide MD
Associate Professor of Anesthesiology and Perioperative Medicine
Program Director, Anesthesiology Residency Program
Oregon Health and Science University

Submitter : **Victor Martinez** **Date: 09/26/2005**

Organization : **Victor Martinez**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Victor Martinez
1418 Rusch Ct
Santa Rosa, CA 95401

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : Adele Martinez

Date: 09/26/2005

Organization : Adele Martinez

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Adele Martinez
1418 Rusch Ct
Santa Rosa, CA 95401

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Mr. John Hennessy**

Date: 09/26/2005

Organization : **Mr. John Hennessy**

Category : **Congressional**

Issue Areas/Comments

GENERAL

GENERAL

Regarding Docket CMS-1502-P, I support the revision of the payment policy for Sonoma County CA Physician Fee Schedule. Sonoma County economically is part of the Bay Area and should not be considered "rural". Government agencies located in this county have long been under the "Bay Area" pay schedule due to the high cost of living in this area, it is hard to believe that physicians in Sonoma County are being paid under "rural rates".

Submitter : **Dr. Kurt Budenbender**

Organization : **UCLA Medical Center**

Date: 09/26/2005

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

My name is Kurt T Budenbender. I am an anesthesiologist at the David Geffin School of Medicine at UCLA Medical Center. The medicare reimbursement policy in anesthesia as compared to other specialties is atrocious. As an anesthesiologist who teaches and supervises residents, I can attest that it is more difficult to supervise 2 operating rooms with residents than to simply administer anesthesia in one room. Medicare's reimbursement needs to be 100% for all cases in which a staff anesthesiologist is supervising two rooms. This is the standard that has been set in other specialties. It is truly absurd to pay 50% because the staff anethesiologist is not in the room 100% of any given case. The staff anesthesiologist needs to be immediately present for any difficulty in all cases and must be present for critical parts of the case. This is no different than surgeons who supervise residents and fellows in 2 operating rooms simultaneously or internists who may be supervising up to 4 residents in clinic. They receive 100% reimbursement from medicare and so should anesthesiologists. If the current policy continues, academic centers will lose qualified teachers and the quality of health care delivery will decline. This obvious mistake in reimbursement policy needs immediate attention and must be changed. It is not fair and is not right.

Kurt T. Budenbender, D.O.

Submitter : **Lynn Woolsey**

Organization : **U.S. House of Representatives**

Category : **Congressional**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:

I am writing to express my serious concerns regarding Medicare beneficiary access to inhalation therapy services. The August 1 Notice of Proposed Rulemaking (NPRM) for the CY 2006 Physician Fee-Schedule recommends cutting the $57 dispensing fee for 2006.

I recognize that the dispensing fee was designed to help home-based inhalation therapy providers transition to a new payment methodology established by the Medicare Modernization Act of 2003. However, the shift from average wholesale price (AWP) to average selling price (ASP) plus 6 percent failed to compensate providers for the significant costs incurred while delivering inhalation therapy to beneficiaries in the home. After much congressional input, a dispensing fee of $57 was established for 2005 to help cover the array of expenses associated with administering inhalation therapy care, including: dispensing activities, patient education, refill monitoring, storage, delivery, billing and collections, and regulatory compliance.

Since 2003, inhalation therapy providers have experienced significant downward shifts in their Medicare reimbursement rates. This includes both lower oxygen and inhalation drug reimbursement rates. Cutting the dispensing fee only exacerbates this dilemma. Collectively, these changes amount to a significant reduction in Medicare payment over a three-year period.

Currently, more than 1.2 million Medicare beneficiaries with chronic respiratory diseases receive nebulized inhalation therapy in a home-based setting. Unfortunately, these numbers are expected to rise as data from the Centers for Disease Control and Prevention indicate an increase in chronic obstructive pulmonary disease (COPD). As a result, I urge CMS not to reduce the dispensing fee below $57 in 2006 and further impair beneficiary access to inhalation therapy, a key component to an effective home-based treatment regimen. Thank you for your consideration of this matter.

Sincerely,
Lynn C. Woolsey
Member of Congress

Submitter : **Dr. Gene Peterson** **Date: 09/26/2005**

Organization : **University of Washington**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

September 26, 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:
As an anesthesiologist at University of Washington School of Medicine Department of Anesthesiology (Seattle, WA.), I urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare policy for teaching anesthesiologists as recommended by the American Society of Anesthesiologists.
Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on our ability 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, along with the impending retirements of anesthesia providers within this generation.
Under current Medicare regulations, teaching surgeons and 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 equitable, 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.
The University of Washington Anesthesiology training program is only one of two teaching programs servicing the five state regions of Washington, Wyoming, Alaska, Montana, and Idaho. Medicaid's adoption of the Medicare payment rules essentially imposes a double penalty. With a Medicare and Medicaid sponsor mix of 21% and 22%, respectively, the 50% reduction penalty has a significant effect on our ability to generate sufficient revenues to recruit and retain teaching anesthesiologists.

Please adopt the solution proposed by the American Society of Anesthesiologists.
Sincerely,

Gene N. Peterson, M.D., Ph.D
Associate Medical Director, University of Washington Medical Center
Assistant Professor, Department of Anesthesiology
University of Washington
Box 356540
Seattle, Washington 98195

Submitter : **Elizabeth Rodriguez**

Date: 09/26/2005

Organization : **Elizabeth Rodriguez**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Elizabeth Rodriguez
2351 Meadow Way #145
Santa Rosa, CA 95404

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

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 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.

CMS-1502-P-1446

Submitter : Mrs. Bonnie Hennessy

Organization : Senior Citizen

Category : Individual

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

Medicare reimbursement to Physicians in the Sonoma County CA area should be based on the cost of living here. For many years, government agencies in Sonoma County have paid employees based on 'Bay Area cost of living rate'. This area is not rural in any sense economically. In the South Bay we have Silicon Valley, here in Sonoma County we have been known as 'Telecom Valley'. Real Estate prices are extremely high when compared to other areas of the country. Physicians have been leaving the area due to the low rates paid by Medicare. In many cases, we must go to San Francisco for the best doctors in certain fields due to the low reimbursements paid by Medicare. Please designate Sonoma County properly and pay our physicians the higher rates.

CMS-1502-P-1447

Submitter : James Hopkins

Organization : James Hopkins

Category : Individual

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

James Hopkins
3525 San Scrita Place
Santa Rosa, CA 95403

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

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 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 : **Dottie Riley**

Organization : **Dottie Riley**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

Dottie Riley
72 W. Commercial St
Willits, CA 95490

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **P.M. Riley**

Organization : **P.M. Riley**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

P.M. Riley
72 W. Commercial St
Willits, CA 95490

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Dr. Joseph Deungria** **Date: 09/26/2005**

Organization : **Cleveland Clinic Foundation**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support changing the CMS payment methodology for teaching anesthesiologists. 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. I would make the following points:

Academic anesthesiology programs are struggling financially, due in large part to their generally high volume of Medicare patients
The CMS reimbursement for anesthesia is about 35% of commercial payment in Ohio. A 50% reduction in this already insufficient amount is not economically viable for any institution.
A surgeon may supervise two residents concurrently for invasive surgery and receive full CMS payment. It is obviously unfair and discriminatory to pay teaching anesthesiologists differently than other teaching physicians.
Medicare recipients of the future will rely heavily on the expertise, experience and scientific research into anesthesiology that academic programs provide. The crippling effect of the adverse reimbursement policy has a direct impact on these programs and their future.

I strongly encourage CMS to revisit this payment methodology and pay teaching anesthesiologists the full CMS fee schedule for overlapping cases. We have the additional support of Senator DeWine, who recognizes the critical impact this rule has on Ohio?s teaching programs in anesthesiology.

Joseph Deungria, MD
Staff Anesthesiologist
Cleveland Clinic Foundation
9500 Euclid Avenue E-31
Cleveland, OH 44195
Office 216.444.0259
Fax 216.444.9247

Submitter : JANE Hickman

Date: 09/26/2005

Organization : JANE Hickman

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Jane Hickman
20 Gungreen
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Robert Barnes**

Date: 09/26/2005

Organization : **Robert Barnes**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Robert Barnes
232 Cambridge Ln
Petaluma, CA 94952

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

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 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 : **Marclee McLean**

Date: 09/26/2005

Organization : **Marclee McLean**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Marclee McLean
6456 Timber Springs Dr
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Giccla Barajas

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 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.

CMS-1502-P-1454

Submitter : Robert Hastings

Date: 09/26/2005

Organization : Robert Hastings

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

We urge that Medicare reimbursements to doctors in Sonoma County, California be increased to totals at least equivalent with other counties such as Napa and Marin. It is ludicrous that Sonoma County is classed with far northern rural counties when, statewide, busy Sonoma County is considered part of the S.F. Bay Area. We have lost many good doctors as a result of inadequate reimbursement by Medicare, HMO's and other insurance companies who base their reimbursements on those of Medicare. It has reached the point where seniors are having trouble finding doctors who even accept Medicare patients.

CMS-1502-P-1455

Submitter : Mr. Roy Lamey

Date: 09/26/2005

Organization : Comprehensive Cancer Centers of Nevada

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

I am deeply concerned that, without much-needed administrative action, community cancer care could face major losses in 2006. On January 1st, the 3% drug administration transition adjustment will fall to zero, the special funding CMS invested in 2005 in quality cancer care will end, and the physician fee schedule will be hit with a 4.3% cut.

Submitter : **Lewis Baer**

Date: 09/26/2005

Organization : **Lewis Baer**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Medicare premiums have risen. For seniors medical needs continue and grow. More and more doctors in our highly urban area are not able to take on more Medicare patients at the current reimbursement rates. Physicians, hospitals and other medical providers deserve to be reimbursed based on the local URBAN economy. Please endorse raising the Medicare reimbursement rates for medical providers in Sonoma County. Thank you.

Submitter : **Alice Hastings**

Date: 09/26/2005

Organization : **Alice Hastings**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

We urge that Medicare reimbursements to doctors in Sonoma County, California be increased to totals at least equivalent with other counties such as Napa and Marin. It is ludicrous that Sonoma County is classed with far northern rural counties when, statewide, busy Sonoma County is considered part of the S.F. Bay Area. We have lost many good doctors as a result of inadequate reimbursement by Medicare, HMO's and other insurance companies who base their reimbursements on those of Medicare. It has reached the point where seniors are having trouble finding doctors who even accept Medicare patients.

Submitter : **Deirdre O'Neill**

Date: 09/26/2005

Organization : **Deirdre O'Neill**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Deirdre O'Neill
5558 Fresa Burera Rd
Santa Rosa, CA 95409

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

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 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 : **Robert Rasmussen**

Organization : **Robert Rasmussen**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

Robert Rasmussen
P.O. Box 158
The Sea Ranch, CA 95497

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Marcia Hart**

Date: 09/26/2005

Organization : **Marcia Hart**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Marcia Hart
6768 Greenwood Ln
Sebastopol, CA 95472

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **Barry Schmidt**

Date: 09/26/2005

Organization : **Barry Schmidt**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Barry Schmidt
8854 Oak Trail Dr
Santa Rosa, CA 95409

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : Genevieve Hargrave

Date: 09/26/2005

Organization : Genevieve Hargrave

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Genevieve Hargrave
124 Eton Ct
Santa Rosa, CA 95403

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : Jean Atterbury

Date: 09/26/2005

Organization : Jean Atterbury

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Jean Atterbury
3246 Cobblestone Dr
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Juanita Howard**

Date: 09/26/2005

Organization : **Juanita Howard**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Juanita Howard
1240 N. Pine St #44
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Mr. Al Falco** **Date: 09/26/2005**

Organization : **Radiology Associates**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

As an employee of a radiology group practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. Our organization is a group with 20 radiologists, four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

We vigorously oppose the multiple services grouping reimbursement for this reason: Performing multiple tests requires additional time, skill, power, and resources and directly affects both patients and staff. Grouping procedures to justify a lower reimbursement provides no medical or monetary benefit to the patients and is ultimately detrimental to overall long-term patient care.

Florida has a large elderly population ? in the areas we serve, approximately 60% or greater of the population are Medicare eligible. Twenty-five percent of our practice supports the Medicare population ? imposing a 4.3% reduction in Medicare reimbursement and instituting a multiple procedure discount results in a combined revenue decrease of 6% while operating and practice expenses continue to rise. This decrease will create budget reductions in staffing, customer services, embracing new technology and other items critical to providing quality patient care and comfort.

We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

Al Falco

Submitter : **Jenine Giblin** **Date: 09/26/2005**

Organization : **Jenine Giblin**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Jenine Giblin
2095 Fulton Rd
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Mrs. Samara Bay** **Date: 09/26/2005**

Organization : **Radiology Associates**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

September 26, 2005

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

Dear Centers for Medicare & Medicaid Services ? Comment Division:

As an employee of a radiology group practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. Our organization is a group with 20 radiologists, four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

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I strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

Samara Bay
Director of Marketing
(386) 274-7118

Submitter : **Aaron Rosen**

Date: 09/26/2005

Organization : **Aaron Rosen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Aaron Rosen
4765 Burnside Rd
Santa Rosa, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Lisa Martinez**

Date: 09/26/2005

Organization : **Radiology Associates**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

September 26, 2005

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

Dear Centers for Medicare & Medicaid Services ? Comment Division:

As an employee of a radiology group practicing in Florida, I appreciate the opportunity to comment on the 2006 Medicare proposed fee schedule and the associated multiple-procedure discount for certain diagnostic imaging services. Our organization is a group with 20 radiologists, four outpatient imaging centers and outpatient hospital services. We provide Medicare services that are based on the best clinical decisions for our patients and not on administrative decisions driven by costs and reimbursement.

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We strongly urge you to reconsider the proposed physician payment cuts for 2006 and ask that you design a new payment system that would more appropriately reflect the cost of practicing good medicine.

Sincerely,

Lisa Martinez

Submitter : **Harriet Lenz**

Organization : **Harriet Lenz**

Date: 09/26/2005

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Harriet Lenz
840 Princeton Dr
Sonoma, CA 95476

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Martin Hansen** **Date: 09/26/2005**

Organization : **Martin Hansen**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Martin Hansen
114 Candlewood Dr
Petaluma, CA 94952

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **Frances Bancroft** **Date: 09/26/2005**

Organization : **Frances Bancroft**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Frances Bancroft
2550 Pleasant Hill Rd
Sebastopol, CA 95472

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

Submitter : **Dr. Richard Hanson** **Date: 09/26/2005**

Organization : **Oregon Health and Sciences University**

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 the chief anesthesiology resident at Oregon Health and Science University in Portland, OR 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. This rule puts the education of our future physicians at risk.
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.

Richard A. Hanson, MD
Chief Resident of Anesthesiology and Perioperative Medicine
Oregon Health and Science University

Submitter : Alice Vandermey

Organization : Alice Vandermey

Category : Individual

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

Alice Vandermey
2550 Pleasant Hill Rd
Sebastopol, CA 95472

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : RUTH DAWLEY

Date: 09/26/2005

Organization : RUTH DAWLEY

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

RUTH DAWLEY
346 VALLEJO AVE
SONOMA, CA 95476

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **SHEILA FULFER**

Date: 09/26/2005

Organization : **SHEILA FULFER**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

SHEILA FULFER
523 AVE DEL ERO
SONOMA, CA 95476

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **FLORENCE VERBEEK**

Organization : **FLORENCE VERBEEK**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

FLORENCE VERBEEK
5011 CONSTITUTION AVE
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **HARRY VERBEEK**

Date: 09/26/2005

Organization : **HARRY VERBEEK**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

HARRY VERBEEK
5011 CONSTITUTION AVE
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **IRA GELFMAN**

Organization : **IRA GELFMAN**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

IRA GELFMAN
273 BELGREEN PL
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

Re: GPCIs

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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 CURTO**

Organization : **JANET CURTO**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

JANET CURTO
6123 MELITA CT
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

Re: GPCIs

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

Submitter : Dr. Anita Honkanen

Organization : Stanford University

Category : Physician

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-1489-Attach-1.PDF

STANFORD UNIVERSITY MEDICAL CENTER ▪ LUCILE PACKARD CHILDREN'S HOSPITAL

Anita Honkanen, M.D.
Director, General Pediatric Anesthesia
DIVISION OF PEDIATRIC ANESTHESIA
Department of Anesthesia

300 Pasteur Drive, H3590
Stanford, CA 94305-5640 U.S.A.
honkanen@stanford.edu
Tel: 650-724-2668 Fax: 650-725-8544
http://pedsanesthesia.stanford.edu

September 26, 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 Lucile Packard Children's Hospital at Stanford University to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.

I returned to academic medicine 2 years ago partially because I was concerned that there was an obvious shortage of well trained anesthesia personnel. I wished to help educate the next generation of US trained expert anesthesiologists. Now in practicing at Stanford, I feel even more strongly that academic programs must be supported in every way possible to ensure expert care for ourselves and our children and our children's children. We are training physicians not only to care for patients but to be ready to supervise and educate the physicians who will follow them.

Academic centers have great difficulty in recruiting and keeping expert staff to complete this essential educational task. The current Medicare regulations are directly impacting on the ability of our academic institutions to continue with this vital mission. Without adequate payment for clinical tasks completed, we can not afford to hire the staff we need.

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. I see no adequate reason to support full payment of concurrently supervised cases for surgeons and internists while forcing anesthesiologists to care for patients at 50% reimbursement rate when they engage in teaching. In reality, the amount of care and effort it takes to provide patient care while teaching is greater than when working alone. The patient also benefits greatly, as they have 2 sets of hands and eyes, caring for them and watching them during the critical portions of the case.

Correcting this inequity is essential to assure 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. Without a change in this discriminatory policy, I fear the future of our great academic teaching programs is at risk.

Please end the anesthesiology teaching payment penalty.

Sincerely,

Anita Honkanen, MD
Director, General Pediatric Anesthesia

Submitter : RICHARD LEGER

Organization : RICHARD LEGER

Date: 09/26/2005

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

RICHARD LEGER
6497 TIMBER SPRINGS
SANTA ROSA, CA 95409

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

CMS-1502-P-1491

Submitter : HAROLD CRANE

Organization : HAROLD CRANE

Category : Individual

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

HAROLD CRANE
5555 MONTGOMERY 202
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : **Robert SHIRRELL**

Date: 09/26/2005

Organization : **Robert SHIRRELL**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

ROBERT SHIRRELL
3630 MONTGOMERY DR
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

CMS-1502-P-1493

Submitter :

Organization :

Date: 09/26/2005

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

It is time for your board to correct the wrong that has been ongoing since 1967. That ruling denied our citizens access to doctors and services of their choosing, simply because of the arbitrary classification of rural. My dollars should have the same purchase power that my neighbors in adjoining counties have. Four years ago, I needed surgery and visited a young doctor who had followed his father into a practice. I laughingly told him that he was chosen because he was young, and as I was aging, and I wanted him to be my doctor for many years to come. He, quite seriously, replied that it would all depend on whether or not he could afford to continue practicing in a county where Medicare had deemed him less valuable than his contemporaries in other urban communities. I find this appalling, disheartening and shameful. My husband needed to see a rheumatologist. There were two in our town, but only one took Medicare patients and the wait for an appointment was 5 months! The other doctor stopped seeing Medicare patients due to the financial deficit that the was experiencing. This is true for many doctors in our community who have closed their practices and, either, moved or retired. We are suffering from a drain of vibrant, intelligent and seasoned veterans who still have a wealth of knowledge and vision to offer. They are being forced out of service, and we are all suffering for it.

CMS-1502-P-1494

Submitter : ROY MEMEA

Organization : ROY MEMEA

Category : Individual

Issue Areas/Comments

Date: 09/26/2005

GENERAL

GENERAL

ROY MEMEA
5422 MONTE VISTA DR
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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

Submitter : MARIE LAGOMARSINO

Date: 09/26/2005

Organization : MARIE LAGOMARSINO

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

MARIA LAGOMARSINO
2103 MT. OLIVE DR
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

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 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 : KEN BROWN

Date: 09/26/2005

Organization : KEN BROWN

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

KEN BROWN
575 1ST ST
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

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 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 : DALE GENEY

Date: 09/26/2005

Organization : DALE GENEY

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

DALE GENEY
P.O. BOX 996
KENWOOD, CA 95452

MEMORANDUM

DATE: September 20, 2005

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

FROM: Gicela Barajas

Re: GPCIs

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Submitter : **DAVID TAMO**

Organization : **DAVID TAMO**

Category : **Individual**

Date: 09/26/2005

Issue Areas/Comments

GENERAL

GENERAL

DAVID TAMO
465 SONORA CIR
REDLANDS, CA 92373

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

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.

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Submitter : **BARBARA CRIST** **Date: 09/26/2005**

Organization : **BARBARA CRIST**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

BARBARA CRIST
835 AUSTIN WAY
SANTA ROSA, CA 95405

MEMORANDUM

DATE: September 20, 2005

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

FROM: Joyce Coughlin

Re: GPCIs

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Submitter : BARBARA STIDHAM

Organization : BARBARA STIDHAM

Category : Individual

Issue Areas/Comments

Date: 09/26/2005

GENERAL

GENERAL

BARBARA STIDHAM
18014 STANFORD CT
SANTA ROSA, CA 95405

MEMORANDUM

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Department of Health and Human Services
Attention: CMS-1502-P
PO Box 8017
Baltimore, MD 21244-8017

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