

Submitter : Dr. Howard Rosen
Organization : Dr. Howard Rosen
Category : Physician

Date: 11/05/2006

Issue Areas/Comments

GENERAL

GENERAL

October 31, 2006

Leslie V. Norwalk, Esq., Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1506-P - Medicare Program; the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates

Dear Ms. Norwalk:

As a practicing interventional pain physician, I am disappointed at CMS's proposed rule for ASC payments. This rule will create significant inequities between hospitals, ASCs, and beneficiaries' access will be harmed. While this may be good for some specialties, interventional pain management will suffer substantially (approximately 20% in 2008 and approximately 30% in 2009 and after). The various solutions proposed in the rule with regards to mixing and improving the case mix, etc., are not really feasible for single specialty centers. CMS should also realize that in general healthcare uses, the topdown methodology or bottom-up methodology used by Medicare is the primary indicator for other payers - everyone following with subsequent cuts. Using this methodology, Medicare will remove any incentive for other insurers to pay appropriately.

Based on this rationale, I suggest that the proposal be reversed and a means be established where surgery centers are reimbursed at least at the present rate and will not go below that rate. We understand there are multiple proposals to achieve this. If none of these proposals are feasible, Congress should repeal the previous mandate and leave the system alone as it is now. However, inflation adjustments must be immediately reinstated.

I do want to let you know that my office overhead is \$200 per hour. As much as I enjoy helping people if the present 4 year cut goes through I will retire from active practice in 3 years and just perform medical legal work. I hope this letter will assist in coming with appropriate conclusions that will help the elderly in the United States.

Sincerely,

Howard Rosen, M.D.
Sample Comment Letter for Physicians to Customize

Submitter : Mr. Jerry Ford
Organization : Memorial Endoscopy Center, LP
Category : Ambulatory Surgical Center

Date: 11/06/2006

Issue Areas/Comments

GENERAL

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. To assure Medicare beneficiaries' access to ASCs, CMS should broadly interpret the budget neutrality provision enacted by Congress. 62% is simply not adequate.

. ASC list reform proposed by CMS is too limited. CMS should expand the ASC list of procedures to include any and all procedures that can be performed in an HOPD. CMS should exclude only those procedures that are on the inpatient only list.

. ASCs should be updated based upon the hospital market basket because this more appropriately reflects inflation in providing surgical services than does the consumer price index. Also, the same relative weights should be used in ASCs and hospital outpatient departments.

. Aligning the payment systems for ASCs and hospital outpatient departments will improve the transparency of cost and quality data used to evaluate outpatient surgical services for Medicare beneficiaries. We believe that the benefits to the taxpayer and the Medicare consumer will be maximized by aligning the payment policies to the greatest extent permitted under the law.

Interim Relative Value Units

Interim Relative Value Units

Docket Number: CMS-1321-FC - Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2007 and other Changes to Payment Under Part B

Submitter : Dr. Jocelyn Bush
Organization : Pain Specialists of Greater Chicago
Category : Physician

Date: 11/06/2006

Issue Areas/Comments

GENERAL

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see attached letter



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
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. Bijan Niaki
Organization : Taunton Regional Pain Medicine Center
Category : Physician

Date: 11/06/2006

Issue Areas/Comments

Interim Relative Value Units

Interim Relative Value Units

November 6, 2006
Leslie V. Norwalk, Esq., Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1506-P - Medicare Program; the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates

Dear Ms. Norwalk:

As a practicing interventional pain physician, I am disappointed at CMS's proposed rule for ASC payments. This rule will create significant inequities between hospitals, ASCs, and beneficiaries' access will be harmed. While this may be good for some specialties, interventional pain management will suffer substantially (approximately 20% in 2008 and approximately 30% in 2009 and after). The various solutions proposed in the rule with regards to mixing and improving the case mix, etc., are not really feasible for single specialty centers. CMS should also realize that in general healthcare uses, the topdown methodology or bottom-up methodology used by Medicare is the primary indicator for other payers - everyone following with subsequent cuts. Using this methodology, Medicare will remove any incentive for other insurers to pay appropriately.

Based on this rationale, I suggest that the proposal be reversed and a means be established where surgery centers are reimbursed at least at the present rate and will not go below that rate. We understand there are multiple proposals to achieve this. If none of these proposals are feasible, Congress should repeal the previous mandate and leave the system alone as it is now. However, inflation adjustments must be immediately reinstated.

I hope this letter will assist in coming with appropriate conclusions that will help the elderly in the United States.

Sincerely,

Bijan N. Niaki, M.D.
Taunton Regional pain medicine center

Submitter : Ms. Mary Sierra
Organization : Center For Advanced Eye Surgery
Category : Ambulatory Surgical Center

Date: 11/06/2006

Issue Areas/Comments

GENERAL

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We are a free standing eye surgery center. Approximately 50% of our patient population is medicare. The majority of procedures scheduled at our facility are cataract extraction with IOL implant. We also schedule oculoplastic, glaucoma and strabismus surgical cases. ASC's should be able to furnish and receive facility reimbursement for any and all procedures that are performed in HOPD's. With rising inflation, costs of consumables, increasing energy costs, the proposed payment of 62% of HOPD rate is not acceptable and does not reflect a realistic differential of the costs incurred by hospitals and ASC's in providing the same services. Whatever percentage is eventually adopted by CMS should be applied uniformly to all ASC services regardless of specialty. Under current law ASCs are also not provided an annual cost of living adjustment whereas HOPD's will receive this on a regular basis. We in the ASC industry have the same issues to deal with in regards to rising costs and maintaining a budget that is being trimmed in every way possible, so we too should receive this annual cost-of-living update. The ASC industry has worked hard to institute efficiency, cut wasteful spending, train staff to work more efficiently etc. We should not be penalized for this efficiency. At the same time the ASC industry has established a safe environment and one that promotes the utmost in quality care to the patient.

Submitter : Dr. William Hauter
Organization : American Society of Anesthesiologists
Category : Physician

Date: 11/06/2006

Issue Areas/Comments

GENERAL

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I strongly disagree with the proposed change in medicare cuts to anesthesiologists. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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

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

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

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



Submitter :

Date: 11/06/2006

Organization :

Category : Physician

Issue Areas/Comments

Interim Relative Value Units

Interim Relative Value Units

November 6, 2006

Leslie V. Norwalk, Esq., Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1506-P
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Rc: CMS-1506-P - Medicare Program: the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates

Dear Ms. Norwalk:

As a practicing interventional pain physician, I am disappointed at CMS's proposed rule for interventional procedure payments. This rule will create significant inequities between hospitals, physicians and beneficiaries' access will be harmed. While this may be good for some specialties, interventional pain management will suffer substantially (approximately 20% in 2008 and approximately 30% in 2009 and after). The various solutions proposed in the rule with regards to mixing and improving the case mix, etc., are not really feasible for single specialty centers. CMS should also realize that in general healthcare uses, the topdown methodology or bottom-up methodology used by Medicare is the primary indicator for other payers - everyone following with subsequent cuts. Using this methodology, Medicare will remove any incentive for other insurers to pay appropriately.

Based on this rationale, I suggest that the proposal be reversed and a means be established where physician office based procedures are reimbursed at least at the present rate and will not go below that rate. We understand there are multiple proposals to achieve this. If none of these proposals are feasible, Congress should repeal the previous mandate and leave the system alone as it is now. However, inflation adjustments must be immediately reinstated. Interventional pain procedures provide value to the patient by avoiding ER visits, hospitalizations, unnecessary surgery, fall prevention and allow patients to avoid medication escalation.

I hope this letter will assist in coming with appropriate conclusions that will help the elderly in the United States.

Sincerely,

Scott Stoney, MD MBA
California Medical Association member
American Medical Association member

Submitter : Dr. John Marshall
Organization : Associated Anesthesiologists
Category : Physician

Date: 11/07/2006

Issue Areas/Comments

GENERAL

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I am very much opposed to the proposed reductions in the Medicare Physician Fee Schedule for 2007 and beyond. Medicare currently reimburses me less per hour than I pay my plumber! With further cuts, I will start reducing the number of Medicare patients in my practice. Thank you for your time.

Interim Relative Value Units

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I am very much opposed to the proposed reductions in the Medicare Physician Fee Schedule for 2007 and beyond. Medicare currently reimburses me less per hour than I pay my plumber! With further cuts, I will start reducing the number of Medicare patients in my practice. Thank you for your time.

