Submitter : **Dr. Marc Grobman** **Date: 07/20/2006**

Organization : **Internal Medicine**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

To Whom It May Concern,
I am an Internist in Wilmington, DE. I have been in practice for almost 16 years and I am angry that my Medicare fees have been reduced or threatened to be reduced for each year. As I care for my patients, I am now being pushed and prodded to perform more and more services without any change in reimbursements. Not only must I be responsible for the medical health of my patient, but now I must navigate the Machiavellian and byzantine nightmare of Part D without no compsensation for the time away from patient care which is costing me more and more to provide.
Name for me another segment of the population that suffers the "slings and arrows of outrageous" punishment that physicians do. Congress certainly does not suffer with less salary year to year. Plumbers, electricians, lawyers do not either.
I strongly urge you as a body to commit to this new reimbursement schedule so physicians as a whole can approach "breaking even".
Sincerely,
Marc D. Grobman, DO FACP
3411 Silverside Rd
102 Weldin Bldg
Wilmington, DE 19810

Submitter : Dr. Paul Goehner **Date:** 07/20/2006

Organization : Northern California Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The changes being contemplated further degrade the already shockingly low payment schedule for anesthesia services. In many communities in California the Nurses are paid more per hour for emergency surgery than the Physician Anesthesiologist. Further reductions in Medicare payments for Anesthesia services will result in further cost shifting to private care sectors and decreased access for patients and decreased availabilty of skilled anesthesia providers. I urge you to look at the total approach to anesthesia payments as the current system is out of line with reality.

Submitter : Dr. Craig Palmer **Date:** 07/20/2006

Organization : Dr. Craig Palmer

Category : Individual

Issue Areas/Comments

Practice Expense

Practice Expense

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.

The ASA 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.

Already, current policy is having a negative impact on the availability of anesthesiologist and other providers; this situation will only worsen without action to improve the accuracy of practice expense projections.

Submitter : **Date: 07/20/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

I would like to make the following comments regarding CMS-proposed changes to the Physician fee schedule:
As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost of a handful of speciatites.
The proposed change in in PE methodology hurts anesthesiology more than most specialties because the data that CMS is usong to calculate overhead expenses is outdated and appears to underestimate actual expenses. If changes are to b e made, they should be made based on, at least, accurate and current data. To this end, CMS should gather new overhead expense data to replace the decade old data currently being used. The ASA, many other specialties, and the AMA are committed to financially suporting a comprehensive, multi-specialty practice expense survey. CMS should take immediate actio to complete this much needed survey.
Finally, CMS must address the anesthesia of anesthesia work undervaluation or our nations most vulnerable populations will face a shortage a shortage of anesthesiology medical care in operating rooms, pain clinics and throughout critical care medicine.

Submitter : **Dr. Richard Helmer** **Date: 07/20/2006**

Organization : **Pacific Healthcare Group, Inc**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

My interest in this area is both professional and personal. In addition, my professional experience is related not only to my work as a family physician (payee) but as a medical director for large health care organizations (payer). It is my firm belief that appropriate payment that encourages thorough evaluation and management (E and M) services is the key to improving not only the quality but the cost effectiveness of the healthcare system. This is supported by numerous studies. On a personal basis, I am witnessing this need in the care of my parents. Improved reimbursement for E and M services will also help to stem the wide disparity in payment between cognitive and interventional specialties. This is disparity is a barrier to promoting and maintaining a strong primary care base in our health care delivery system.

Submitter : Dr. Thomas Bent **Date:** 07/20/2006

Organization : Laguna Beach Community Clinic

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Our community clinic is committed to providing quality medical care regardless of patients' ability to pay. Inadequate reimbursement is a barrier to delivering care to patients in need. I wish to support the proposed increase in relative value units for E&M codes. Thank you for your consideration.

Submitter : Dr. Robert Pedrin **Date:** 07/20/2006

Organization : past president Calif. Academy of Family Physicians

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sir/Madam, Thank you (and CMS)for considering an much needed increase in evaluation/management professional fees. I almost retired prematurely last year because of ever rising costs in my practice that were not balanced by an increase in compensation for my services. Instead, I chose to move to smaller, less costly, less desireable location because of my (perceived) obligation to my patients. Few family or internal medicine physicians in Marin county are accepting new patients and many who would have stayed in practice for several years more have quit because of economic hardships, largely based upon an inequitable reimbursement system that rewards procedures more than complex treatment, health maintainence programs. The latter require coordination among colleagues, paraprofessionals, discussion with patient and family members and reimbursement is not keeping pace with increased cost of maintaining our business. I hope you look favorably upon a more equitable system to create a partial 'fix' to our medical system. You may help me to continue providing care to over 1500 patients. Thank you, simply a family physician for over 39 years.

Submitter : Dr. Randall Waring **Date:** 07/20/2006

Organization : Dr. Randall Waring

Category : Physician

Issue Areas/Comments

**Discussion of Comments-
Gynecology, Urology, Pain
Medicine**

Discussion of Comments- Gynecology, Urology, Pain Medicine

I am an anesthesiologist who provides interventional injections to relieve chronic pain conditions. Many of my patients are Medicare recipients who benefit greatly in terms of reduced pain and suffering and improved quality of life.
The current level of reimbursement for these services is already marginal. Further reductions in these rates will force me to limit access to care for this patient populations.
Please reconsider your actions and stabilize access to care by establishing rates that will support the delivery of care.
Sincerely yours,
Randall W. Waring, MD

Submitter : Dr. Randall Waring **Date:** 07/20/2006

Organization : Anesthesia Associates of Chico

Category : Physician

Issue Areas/Comments

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

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

I am an anesthesiologist. Medicare reimbursement for anesthesiologists has been flawed with undervalued work values established in the 1990's. This error has never been fully rectified. To add further insult to the injury of the past with additional reductions in re-imbursement is unacceptable and jeopardizes access to care for Medicare recipients.
Please reconsider your actions and stabilize access to care by establishing rates that will support the actual costs of delivery of care.
Sincerely yours,
Randall W. Waring, MD

Submitter : Dr. Haresh Patel **Date:** 07/20/2006

Organization : Anesthesiology Consultants Exchange

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist and a member of the American Society of Anesthesiologists (ASA), I am writing today to ask that you take every possible action to prevent cuts in Medicare payments to physicians for 2007 by repealing and replacing the unfair SGR formula.

Averting this crisis is more important now than ever because of new proposals released by CMS that would amount to a 10% cut in Medicare payment to anesthesiologists over the next four years. This proposed cut, on top of potential SGR-related reductions, could irreparably damage my specialty.

The current SGR formula, based as it is on changes in the gross domestic product, has proven unworkable essentially because changes in economic growth have little to do with the demand for medical services or the increasing cost of delivering them. If payments are cut in 2007, then Medicare physician payment rates will have fallen 20 percent below the government s conservative measure of inflation in medical practice costs in just six years.

ASA favors the update mechanism previously recommended by MedPAC, in which the SGR would be replaced by a system that reflects increases in practice costs and other medical inflation variables. For 2007, MedPAC has recommended a Medicare physician payment update of 2.8%.

Evidence is growing that anesthesiologists and other physicians are seeking practice settings where the need to provide care to Medicare beneficiaries is at a minimum. With a nationwide shortage of anesthesia providers, this trend suggests a looming access crisis for many Medicare beneficiaries to surgical, pain medicine and critical care services.

Please work to fix the flawed SGR formula to avert further devastating cuts to the medical specialty of anesthesiology. Your constituents my patients are counting on you.

Submitter : Dr. Mark Lovich **Date:** 07/20/2006

Organization : St. Elizabeth's Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Sirs,

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

Respectfully,

Mrk Lovich, MD, PhD

Submitter : Dr. Matthew Stevenson **Date:** 07/20/2006

Organization : North Florida Anesthesia Consultants

Category : Physician

Issue Areas/Comments

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

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

As an anesthesiologist providing care to a large Medicare population, I strongly disagree with the proposed 10% cut in anesthesia reimbursement. To decrease payment rates would only limit access to health care for Medicare patients. Thank you for your time.

Sincerely,

Matthew Stevenson M.D.

Submitter : William Nation **Date:** 07/20/2006

Organization : Atwater Medical Group

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

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

Submitter : **Dr. Philip Bentlif** **Date: 07/20/2006**

Organization : **Medical Clinic of Houston, L.L.P.**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Dear CMS,

I support the proposed increase in RVU's assigned to office and hospital visits and consults (E/M services).

As a teacher at Baylor College of Medicine and as a practitioner, I can see the effects of inadequate reimbursements for E/M services. Young physicians are not willingly pursuing careers in primary care -E/M reimbursements in my practice do not cover the overhead. E/M service is the backbone of medical pratice and is grossly undervalued in comparison with procedures. Change is due.

Philip S. Bentlif, M.D., F.A.C.P.
Previous President, Texas Academy Chapter,
American College of Physicians

Submitter : **Stanley Markowski** **Date: 07/20/2006**

Organization : **Stanley Markowski**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Please increase the work relative units assigned to Medicare Evaluation and Management codes, as recently proposed by CMS.
Thank you

Submitter : Dr. Allan Snider **Date:** 07/20/2006

Organization : Dr. Allan Snider

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As the CMS policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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

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

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

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

Submitter : Dr. Joseph Mannella **Date:** 07/20/2006

Organization : Fairfield Medical Center

Category : Physician

Issue Areas/Comments

Background

Background

I am an anesthesiologist. Anesthesiology is the practice of medicine dealing with live and death in the operating room and obstetric suite. Despite this, anesthesiologists get reimbursed literally pennies on the dollar by medicaid, and current policy threatens to cut another 10% over the next four years rather than right past injustices and provide increases that would secure the future of anesthesiology! To drive to the hospital in the middle of the night to do a labor epidural for pennies on the dollar is literally not worth the gas money, paperwork, wear and tear on the body, or threat of litigation. To respond to an emergency C-section on a 300 pound cocaine addict, save the day, then collect $100 from medicaid (only after mounds of paperwork) while being exposed to $100,000,000 in medical malpractice liability at the hands of a poor, financially desperate family, simply is not worth it. Anesthesiologists are opting for ambulatory surgery centers, specialty hospitals, early retirement and nonclinical careers specifically to avoid medicaid. Medical students are opting away from anesthesiology residency. Inadequate medicaid reimbursement is ruining anesthesiology! I urge you to reconsider current policy and provide increased reimbursement for anesthesiologists- the doctors who save lives and treat labor pain. Our great country has a $2,800,000,000,000 tax pool to work with and pharmaceutical companies receive as high as 800% of cost from medicare for prescription drugs for the elderly and poor. I think there is money available to appropriately reimburse anesthesiologists for saving lives and treating the poor. Thank you for your time and consideration.

Submitter : Dr. Kenneth Stone **Date:** 07/20/2006

Organization : Dr. Kenneth Stone

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

The specialty of anesthesiology is especially impacted by this Review because of a disproportionate undervaluation of anesthesia services which has long plagued the SGR calculations. In addition to a general examination of true practice expenses for all specialties, anesthesiology in particular should be more fairly compensated or else affected populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Practice Expense

Practice Expense

I am a member of an anesthesia practice that serves the city of Bridgeport, CT and surrounding communities. I also speak as an officer of the CT Society of Anesthesiolgists. I must take issue with the practice expense calculations being applied to the specialty of anesthesiology. The methodology currently being used significantly undervalues true practice expenses. Our national society, the American Society of Anesthesiologists along with other specialty societies are committed to financially support a comprehensive, multi-specialty practice expense survey that would more accurately reflect practice expenses. The current formula does a disservice to the provider community and the patients who we serve.

Submitter : Dr. Joseph Scherger **Date:** 07/20/2006

Organization : University of California, San Diego

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

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

Submitter : Dr. Michael Pin **Date:** 07/21/2006

Organization : Dr. Michael Pin

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : Dr. Oliver Lau **Date:** 07/21/2006

Organization : Dr. Oliver Lau

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

Oliver Lau, M.D.

Submitter : Dr. Ronald Hill **Date:** 07/21/2006

Organization : Dr. Ronald Hill

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

July 18, 2006
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1512-PN
PO Box 8014
Baltimore, MD 21244-8014
Dear Centers for Medicare and Medicaid Services,
Subject: Opposition to Anesthesiology Practice Expense Changes
It is with concern that I oppose the proposed cuts in the current recommendations. The proposed cuts are to supplement the overhead costs increases for a few specialties. I believe these cuts would be harmful to our practice as we try to keep our overhead to minimums already, and that the data used to calculate overhead expenses appears to be flawed and outdated. It is my impression that the cuts assail anesthesiologists more than other specialties and I find this unfair particularly when we serve a high percentage of the indigent population. To limit further the current payments would cause me personally to reconsider payment schedules, which may further limit anesthesia access. Please reconsider your proposal.
Sincerely,
Ronald C. Hill MD
Anesthesiologist
rch/rch

Submitter : JANE OLAUGHLIN **Date:** 07/21/2006

Organization : LA JOLLA VILLAGE FAMILY MEDICINE

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

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

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

Submitter : **Date: 07/21/2006**

Organization :

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the rule to increase the work relative value units assigned to Mangagement codes, as recently proposed byt the Centers for MCR and Medicaid. Family physicians provide essential services to beneficiaries and the cost of services have increased extraordinarily especially in California. As a result, we have to see more patients a day, simply to make ends meet. This is suboptimal especially for patients who deserve better. Family physicians do a lot of "behind the scenes" work and undervalued work. We have WAY more labs, studies, consults, forms to fill out (DMV, nursing home, disability, work excuses) than most specialties. We do more speaking on the phone with specialists in order to coordinate care for our patients. We explain more than specialists (oftentimes patients come back to us to ask us what the specialist concluded). We are on call 24h 7days a week to give FREE advice to patients and to admit them to the hospital when they need to. A lawyer or accountant would charge for every minute of the work above-WE do most of the GRATIS! The public expects a great deal from us, and we should be compensated accordingly for our dedication to our patients if we are to continue to attract the brightest and most compassionate to this important field.

Submitter : Dr. hongwen xue **Date:** 07/21/2006

Organization : Mercy Medical Group

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

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

Hongwen Xue M.D.

Submitter : Dr. Gary Young **Date:** 07/21/2006

Organization : Dr. Gary Young

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

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

Submitter : Mr. Richard Carson **Date:** 07/21/2006

Organization : Mr. Richard Carson

Category : Individual

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sirs,
I am very appreciative of the work you do in regards to keeping costs "down" in a progam that is spiraling out of control. However, to target one specialty, such as anesthesia, so that others may realize an increase in reimbursement is wrong. My view is that if a decrease is indeed propogated, you will summarily close down a system of healthcare with an impact across this country that has not been witnessed. Anesthesiology is already undervalued in reimbursement, with many hospitals required to subsidize this department in order to "make ends meet". Healthcare as we know it, particularly in the surgical realm, will be altered forever. Perhaps it is going to take "little old ladies" swinging purses and umbrellas on Capitol Hill, angry at their inability to access the care they need from a program they deserve (after paying into the system).

My grandfather used to employ an old and clever system to combat his "fire ant" problem. Prior to the modern pesticides that are used currently to combat ants, Granddad would locate an ant pile from one section of his yard, take his shovel, dig deep into this ant pile, and quickly take the heap over to the other section of his yard with an ant pile and dump his load onto the unsuspecting pile. True these ants were of the same ilk, but from a different tribe. As a result, at least according to Granddad, these ants would "kill each other off". This tactic is the same one you are employing in "pitting one physician specialty against another". We fight over the scraps, and it takes the heat and pressure off of CMS to address and correct the longstanding erroneous SGR system.

Please reconsider your approach to "ding" different physician groups to the reward of others. It is wrong, and it will result in disaster.

Submitter : Dr. John Jenkins **Date:** 07/21/2006

Organization : Dr. John Jenkins

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I would like to make the following observations regarding the recent CMS ruling:

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 Practice Expense 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.

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

The American Society of Anesthesiologists, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. I also recommend that CMS 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.

I submit these respectfully,

John R. Jenkins, MD

Submitter : Dr. jeannine laramie **Date:** 07/21/2006

Organization : aafp, cafp

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Dear Sirs & Madams: I strongly support the proposed rule to increase the work relative value units assigned to Medicare E&M codes, as recenly proposed by the CMS. As you know, we family physicians(FP's)provide essential services to many Medicare patients & the costs related to providing these services have increased significantly in the last 10 years. As a result, we have had to see a greater number of patients per day, while many of us have seen our incomes decline as payments have not kept pace with the cost of providing services. Further, the care of our patients has become increasingly complex, as FP's are often managing patients with multiple chronic diseases with co-morbidities, acting as care coordinators, & dedicating more time to helping our paients & their families.
I am pleased that CMS understands the importance of improving payment, both to recognize the substantial increase in costs & time that most family medicine practices are experiencing, & to help lessen the gap in payment between primary care & other specialties. Further, this payment increase is an important first step in addressing the looming shortfall in access to primary care services that is projected, as fewer physicians choose family medicine & other primary care specialties.

Submitter : Mr. Andrew Wood **Date:** 07/21/2006

Organization : Community Medical Providers

Category : Health Care Provider/Association

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

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

Submitter : Dr. Jorge orta **Date:** 07/21/2006

Organization : Continental Anesthesia Services

Category : Physician

Issue Areas/Comments

Discussion of comments-HCPAC Codes

Discussion of comments-HCPAC Codes

I think that payment for anesthesia services should be increased not reduced. At current rates most of the anesthesia groups are struggling to survive financially. Anesthesiologists have been targeted unfairly in the fee schedulle specially in the academic settings. i hope you will reconsider any cuts in the fee schedulle for anesthesia and allow our Medicare patients to continue receiving a safe anesthetic service.

Submitter : Dr. Kevin Chen **Date:** 07/21/2006

Organization : Northwest Community Hospital, Arlington Heights,IL

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir/ Madam,

I am a practising anesthesiologist and am dismayed at the recent proposed change to Medicare reimbursement for anesthesia. This means that our already low level of reimbursement will be further reduced by about 10% in the long term. I believe the methodolgy used in this evaluation is flawed and require serious re-evaluation. This will only drive competent anesthesiologists to work for surgicenters that cater more to healty patients with private insurance and reduce the level of care to our sicker older population. This proposal, if accepted, will be truly an injustice to our senior citizens.

Submitter : Dr. John Tetzlaff **Date:** 07/21/2006

Organization : Cleveland Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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

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

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

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

Submitter : Dr. Charles Clifton **Date:** 07/21/2006

Organization : DeKalb Anesthesia Associates, P.A.

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing as the Chief of a metropolitan Atlanta anesthesiology practice composed of 14 anesthesiologists and 35 anesthetists. Our practice is surviving today only because our hospital, like 70% of American hospitals, is willing to subsidize our operations.

Medicare allows roughly $70 per hour for an established anesthetic, and only pays 80% (or $56 per hour) or that amount. Many of our patients have no secondary insurance, and cannot pay the balance. Even if they did pay the additional money, $70 per hour cannot possibly support 24/7 coverage of a hospital's needs for anesthesia services.

We have already lost 2 physicians to free-standing outpatient surgery centers, where they can make more and work less taking care of patients with commercial insurance or paying cash.

Anesthesiology needs a 200% increase AT THE MINIMUM if we are to survive the future. Further cuts will drive more of us out of hospital based practice and/or cause us to stop caring for Medicare patients!

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

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

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

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

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

Submitter : Dr. James Donohue **Date:** 07/21/2006

Organization : Dr. James Donohue

Category : Physician

Issue Areas/Comments

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

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

I strongly object to the new valuation cuts placed on ANESTHESIA services. We have long been unfairly undervalued. No anesthesiologist can pay thier bills based on medicre payments and the private sector is forced to subsidize these low paymants. Further reductions will only make it more fifnacially impractical to care for medicare payments thus restricting acces to physicians. Please review your decision and look closely ant the information from the ASA.

Submitter : mary okeefe **Date:** 07/21/2006

Organization : mary okeefe

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Current reimbursement schedule leads to insufficient time with the most ill and vulnerable patients. Procedures are rewarded and thought and counselling are rewarded to a much lesser degree. For example, I would receive approximately the same fee for removing wax from a patient's ear as I would for reviewing the control of diabetes, hypertension, heart disease, and high cholesterol, and adjusting medications, counselling about diet, exercise, medication compliance etc.
This reimbursement schedule leads to shorter and shorter times spent with patients, or loss of income.
As the director of a training program for new internists, I feel the impact of the reimbursement schedule as it stands is great. Trainees see the harried pace of primary care physicians, the greater reimbursement of practitioners who perform procedures, and opt for the latter career. Fewer and fewer trainees are opting to enter primary care and internal medicine. The average age of primary care physicians is rising. If this continues, I suspect we will not have adequate primary care physicians to care for our patients in a very short time.
Passing the proposed changes could have a profound impact on the care delivered in this country.

Submitter : Dr. Constantine Kokenes **Date:** 07/22/2006

Organization : Dr. Constantine Kokenes

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties. When RBRVS was first established and anesthesia services were underated, we were told that adjustments could not be made because it would detract from other specialties - now we are being made to accept the same thing.

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.

Constantine Kokenes, MD
Anesthesiologist

Submitter : Dr. Jeffrey Katz **Date:** 07/22/2006

Organization : Northwestern Hospital, Chicago, IL

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Sirs; The recent proposals to further reduce anesthesia pay units is unfair and inappropriate. At my hospital we already provide enormous amounts of unreimbursed services for both pain and anesthesia, and reducing what we do happen to collect will impact our ability to see the uninsured and poorly insured. This is unlike other specialties which provide more 'elective' services that patients may or may not need- when someone needs surgery, they need anesthesia! Please do NOT reduce medicare/medicaid anesthesia benefits!

Submitter : Dr. william ebert **Date:** 07/22/2006

Organization : North County Family Care

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I strongly support the proposed rule to increase the work relative value units assigned to Medicare Evaluation and Management codes as recently proposed by CMS. For years practice costs have gone up as revenue has stayed flat or declining. As a result more limited services are provided to higher patient volume. It's the only way to economically survive.

The care of our patients has become increasingly complex. Asfamily physicians, we manage patients with multiple chronic diseases with co-morbidities. I now decline to see new Medicare patients. Changing E&M reimbursement would allow me to provide more comprehensive services and attract a larger volume of physicians to care for the ballooning Medicare population.

Sincerely,
William Ebert MD
Solo Practice FP for 23 years

Submitter : **Dr. Thomas Humar** **Date: 07/22/2006**

Organization : **Dr. Thomas Humar**

Category : **Physician**

Issue Areas/Comments

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

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

July 22, 2006

Dear Sir,

I am an Anesthesiologist in Spartanburg,SC. There exists an unfair situation with respect to reimbursement. I have tried to address this with our local , state and national societies . All state that the solution is legislative .

I first queried why Workers Comp reimbursement was so low for my specialty , Anesthesia, whereas the surgeon and facility seemed to be well compensated. This led to the basing of Workers Comp reimbursement on Medicare reimbursement. Well, it was explained to me that Anesthesia reimbursement by Medicare has a unique place in the reimbursement ladder, at the very bottom . Our national society , ASA, responded to me that they were blind sighted by the feds. In practical terms, this is unacceptable. My expenses to run an Anesthesia department include payment to Nurse Anesthetists of $85 per hour. My Medicare reimbursement is $75 per hour. With the Medicare population already high and increasing , this is an unfair situation. Other doctors and facilities are reimbursed at 70-80 % of commercial. Anesthesia is reimbursed at only 20% of commercial ! The AMA has studied this situation and has concluded that yes , reimbursement by Medicare to Anesthesia is unfairly low.

There are 2 paths that can be taken for PARITY of reimbursement:

1) Legislation increases the reimbursement for Anesthesia to levels comparable to the other medical providers. To maintain budget neutrality, this difference would have to be taken from the reimbursement pool of the doctors, but would hardly impact their reimbursement.

2) Parity is achieved by keeping us at our present reimbursement levels , and lowering reimbursement for everyone else to our level. The argument can be made that we have shown that we can survive with ridiculously low Medicare reimbursement. Think of the benefit this would have on the stressed Medicare budget.

Either way, I am seeking justice with PARITY. Other insurance companies use Medicare as a reference , such as Workers Compensation. We cannot be singled out for special unfair reimbursement , when our expenses (CRNA compensation, malpractice premiums , etc..) continue to climb. Our specialty needs to be reimbursed in line with other doctors by Medicare.

Please consider my plea for PARITY. I know that in these times of pressing world problems that this doesn t rank up there. As a matter of principal , there is no justifiable reason for our Anesthesia specialty to be singled out for unequal unfair reimbursement by Medicare .

Thank you for this consideration.

Sincerely,

PS---- Recent reductions of 10% reimbursement by medicare have been announced. These are the most severe cuts on any doctors.

Submitter : Dr. Richard Given **Date:** 07/22/2006

Organization : Milford Anesthesiology Associates

Category : Physician

Issue Areas/Comments

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

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

As a private practice anesthesiologist in the northwest corner of Connecticut I beg you to gather new overhead expense data to replace the decade-old data currently being used. The proposed change in PE methodology appears to significantly understimate my actual expenses.
This will give me a 10% cut in Medicare payments over the next four years to supplement the overhead cost increases for a handful of specialties.

I ask you to please commit to a new survey which will greatly improve the accuracy for all practice expense payments.

Submitter : Dr. joseph arndt **Date:** 07/22/2006

Organization : american association of anesthesiologist

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

I have great concern with regard to the proposed changes in medicare payment policeies. Specifically:

7 As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.
7 The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS uses to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses.
7 CMS should gather new overhead expense data to replace the decade-old data currently being used.
7 ASA, many other specialties, and the AMA are committed to financially support a comprehensive, multi-specialty practice expense survey. CMS should take immediate action to launch this much needed survey which will greatly improve the accuracy for all practice expense payments.
7 CMS must address the issue of anesthesia work undervaluation or our nation s most vulnerable populations will face a certain shortage of anesthesiology medical care in operating rooms, pain clinics, and throughout critical care medicine.

Thank You for your consideration.

Joe

Submitter : Dr. h kenneth fisher **Date:** 07/22/2006

Organization : UCLA

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Internal Medicine provides the intellectual core for all of modern medical care, and its practitioners provide a large part of the health care delivered to citizens of this country. Yet medical students in ever-larger numbers choose NOT to complete training and NOT to practice in this field. Unless CMS planners feel this is good news, I urge them to consider why it is the case, and to find remedies.

In my view, the answer is quite obvious to anyone who believes that people generally follow their own economic interest as they perceive it. When Congress authorized a major study of economic input and rewards in the Medicare program some years ago (Hsia Commission), the results suggested that internal medicine RVS coding was grossly underestimating the actual input costs for providing Internal Medicine Evaluation and Management services. So what was the result?

The findings were never acted upon. Indeed, recent data indicate that Internists on the whole have since then suffered an actual decline in income of about 7% since the mid-1990's. During that period rents have risen, office salaries have risen, costs of membership in scholarly societies have risen, and essentially all other costs have risen for operating a medical practice. Furthermore, young physicians are leaving their training with far larger debt loads than they did in the past. They often have families to support as well. I hope you will ask yourself if this is a situation in which you would advise your own child to enter the crucially important area of internal medicine (and its subspecialties). If you would not, how many others will?

Most of my fellow Internists try very hard to keep current with the ever-changing information in our field(s). Continuing education takes time, and part of that comes at the expense of office hours, though office expenses of course continue. Many of us continue to teach physicians-in-training, usually without remuneration. Many of us provide care without any charge to some of our patients, some of the time. To make all of this possible, it is critical to be sure we are paid adequately for the time we use in direct patient care--or we will no longer be able to provide care at al. In my area, this has already happened in the field of gynecology: I have great difficulty in finding gyn consultants who will accept referalls of my medicare age patients.

In summary, I hope you will act to assure that CMS policies reflect the realities that Evaluation and Management Services by Internists have higher input costs than are currently reimbursed under Medicare; that the intellectually central field of Internal Medicine and its subspecialties have been crippled by inadequate reimbursement for those input costs; and that to lose the intellectual capital of the Internal Medicine practitioners without adequate replacement by new physicians would be an enormous blow to the public health of this nation, and especially to its growing numbers of senior citizens.

Submitter : Dr. Ron Harter **Date:** 07/22/2006

Organization : Dr. Ron Harter

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I wish to express my opposition to the new suggested methodology for determining Practice Expense, as it will significantly adversely impact the Medicare physician fee schedule.

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.

Please perform the necessary data collection prior to implementing this flawed methodology

Submitter : Dr. Jeffrey Larsen **Date:** 07/23/2006

Organization : River Falls Medical Clinic

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

I write in support of the proposed increase in Evaluation and Management Services reimbursement. This is absolutely vital to continued access to healthcare services for this aging and demanding population. This is particularly true in my rural primary care setting where medicare reimbursement is vital to keeping offices open where patients can and will access care. Without appropriate increases in reimbursement, care will be more and more difficult both logistically and financially for rural patients to access.Therefore the proposed RVU increases are an important step to ensure continued access to quality care.

Submitter : **Dr. Gary Greenberg** **Date: 07/23/2006**

Organization : **none**

Category : **Physician**

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

Costs drive behavior and content, and the overwhelming force in American medicine is away from patient care and into procedural activities. Both diagnostic and surgical procedures' remuneration are outrageously higher than the wages paid for hands-on patient management and monitoring.

As we harvest the consequences of this foolish reward system, it's clear that primary care is dying. We have been unable to recruit or to retain the talented workforce our communities need, and have pushed care into more and more specialized, compartmentalized and costly structures.

Increasing the government reimbursement for direct care, and for interactive clinical problem-solving will allow this professional activity some relief. It will allow practitioners to take more time, to achieve more prestige and to lure more colleagues from the OR's and scope/cath/scan approach to high-cost care that punishes our system and dehumanizes medicine.

Thank you for your attention,
- Gary Greenberg, MD MPH FACP FACOEM

Submitter : Dr. Keith McAfee **Date:** 07/23/2006

Organization : Dr. Keith McAfee

Category : Physician

Issue Areas/Comments

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

Discussion of Comments- Evaluation and Management Services

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

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

Submitter : Dr. Christopher Knop **Date:** 07/23/2006

Organization : Florida Gulf to Bay Anesthesia

Category : Physician

Issue Areas/Comments

Other Issues

Other Issues

Dear Medicare Representative.

I would like to let you know that I strongly oppose your plan proposal of reducing the anesthesia fee schedule by ten percent over the next four years. This sort of decision would be devastating to our practice here in Florida where medicare population is very high.
Sincerely,
C. Knop, MD.

Submitter : Richard Gillerman **Date:** 07/23/2006

Organization : Richard Gillerman

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Current Practice Expense data are outdated, especially for Anesthesiology. Antiquated information, a decade old, appears to significantly underestimate actual anesthesia expenses. Using proposed CMS methodology, the specialty of Anesthesiology will take an unfair burden of reimbursement cuts due to the significant overhead of a handful of specialties. The practice of Anesthesiology, and its patients, is especially vulnerable in light of the continued undervaluation of the specialty's work product and reimbursement compared to most other specialties. CMS must launch a much needed multi-specialty practice expense survey, supported by the AMA, the ASA, and may other specialties, in order to gain accurate information from which to make informed decisions. Doing otherwise is irresponsible and would promote further inequities in the arena of shrinking medical reimbursements.
In addition, in order for seniors to continue to receive adequate anesthesia care during surgery, anesthesia expertise during an ICU stay, or benefit from the expertise of an anesthesia pain management physician, our specialty must remain attractive as a specialty. This will only happen if CMS takes steps to remedy our relative under-reimbursement in relation to other medical specialties.

Submitter : Dr. Gifford Eckhout **Date:** 07/23/2006

Organization : Trinity Mother Frances Health System

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

I am writing as a practicing anesthesiologist and Chief of Anesthesiology for our health system. I am concerned about the proposed changes in anesthesiology reimbursement, which would further decrease by 10% the already unsustainable Medicare payment for anesthesia services.

I have several points to make concerning the methodology and impact of the proposed change to the Physician Fee Schedule:

1. As the policy currently stands, anesthesiologists and other specialties face huge payment cuts to supplement the overhead cost increases for a handful of specialties.

2. The proposed change in PE methodology hurts anesthesiology more than most specialties, because the data that CMS is using to calculate overhead expenses is outdated and appears to significantly underestimate actual expenses. I can state with firsthand knowledge that our overhead expense is increasing significantly.

3. In fairness to all physicians, and in order to maintain access to services for Medicare beneficiaries, CMS should gather new overhead expense data to replace the decade-old data currently being used.

4. The American Society of Anesthesiologists, 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.

5. 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 critical care medicine. In our system, we have a heavy population of Medicare beneficiaries as well as Medicaid and Indigent population. The systematic underpayment for anesthesia services by the government programs has and will continue to negatively impact our ability to care for these patients. I am familiar with and have commented on for years about the undervaluation of our services. The proposed cuts to anesthesia reimbursement will, without doubt, further burden those health systems and providers caring for our elderly.

In closing, I would strongly advise reconsideration of the proposed cuts, and support the new survey of actual overhead expenses.
Thank you.

Submitter : Dr. Peter Loux **Date:** 07/23/2006

Organization : CAS,PC

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

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 : Ms. Rebecca Welch **Date:** 07/23/2006

Organization : Ms. Rebecca Welch

Category : Physician

Issue Areas/Comments

Practice Expense

Practice Expense

Dear Sirs,

I am a practicing Anesthesiologst who has been working over the past 5-6 years to help solve the inequities in the Medicare reimbursement of our field. Our specialty has been singled out to take large cuts in the past, so that our current medicare reimbursement is about half of the comparable commercial rates. We are the only specialty for which this rate is so low. Now we are faced with a formula that will result in another %10 cut over the next few years. I believe that the data upon which this decision has been made is faulty. I encourage you to undertake a new survey of overhead expenses and use more up to date data to make your adjustment decisions. The American Society of Anesthesiologists is committed to help fund such a survey, which would replace the current decade old data.

Medicare recipients are among the sickest, most demanding medically patients that we take care of. They deserve the best high quality care. Their providers deserve appropriate reimbursement.

Please undertake a new study of overhead expenses, and consider other options to balance the inequities of the current reimbursement which Medicare provides to Anesthesiologists.

Sincerely,

Rebecca H. Welch, MD

Submitter : Mrs. Marty Henley **Date:** 07/23/2006

Organization : Charleston Area Medical Center

Category : Nurse Practitioner

Issue Areas/Comments

GENERAL

GENERAL

I am the Chief Nurse Anesthetist at our tertiary care hospital in Charleston WV. It disturbs me greatly that the CRNA cut is 8% and the anesthesiologist cut is 6%. Our hospital employees the CRNAs. There is a nationwide shortage, especially in our area. We must use locums to staff our OR's in addition to our regular staff. This will make it extremely difficult to pay for salary expenses and keep our OR's running. We are a level one trauma center and the only one in the southern half of our state. We must be able to cover our expenses, if not we will have to curtail access to pateints needing surgery. We have a 45% Medicare/ Medicaid patient population and we struggle daily to meet demands financially and staffing needs. I urge you to level the playing field making equal cuts for CRNAs and Md's alike.

Submitter : Dr. Clinton La Grange **Date:** 07/23/2006

Organization : Dr. Clinton La Grange

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The government estimates 6% cuts in total payments to anesthesiologists due to the Five Year Review and an additional 1% cut every year through 2010 due to the practice expense changes. This is absurd, considering the fact that Anesthesiology reimbursement is already pitiful compared to commercial rates. 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.