Submitter : Dr. Michelle Kinney

Date: 08/24/2005

Organization : Mayo Clinic

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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,
Michelle Kinney, M.D.

Submitter : Dr. Scott Morrell

Date: 08/24/2005

Organization : Resurgens, PC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am deeply concerned regarding the proposed RVU/Fee Schedule changes with respect to casting supplies used in the office setting. The proposal would bundle the fees for casting supplies into the service provided. Given the proposed budget neutral format for 2006, and the annual inflation associated with running a business, bundling cast supplies into the existing fee schedule would result in a significant increase in the expense of providing the service. As the cost of providing services to CMS patients approaches the reimbursement, the economics of providing services to CMS patients becomes untenable. Our group debates participation in the Medicare and Medicaid programs annually, and the voices in favor of becoming non-participating physicians grow louder and more numerous. My concern is that this proposed change, along with others, will cause me and other physicians to drop participation. This regrettable action would eliminate access to orthopaedic services to the CMS patients in our service area. As a taxpayer, I strongly support APPROPRIATE cost control for healthcare services. As a physician, I am not sure that I can continue to provide services to CMS patients if the economics do not make sense. I urge you to reconsider this action, and to continue to provide reasonable reimbursement for the supplies that we currently provide to our patients. Scott Morrell, MD

Submitter : Dr. Regina Fragneto **Date:** 08/24/2005

Organization : University of Kentucky Dept. of Anesthesiology

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

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

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

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,
Regina Fragneto, M.D.
Associate Professor of Anesthesiology
University of Kentucky College of Medicine

Submitter : Dr. Lisa Collins

Date: 08/24/2005

Organization : Dr. Lisa Collins

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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.
Lisa Collins, MD
2980 Jordan Road, Oakland, CA, 94602

Submitter : Mr. Paul Thiltgen

Date: 08/24/2005

Organization : Mr. Paul Thiltgen

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I live in Sant Cruz County and have heard that you are considering upgrading our County from its rural designation, that was established in 1960. The demographics, population and the business activities for the County have changed dramatically. It is now an urbanized county. The cost of living is now consistent, if not exceeding that of Santa Clara County, San Mateo County and Monterey County, who surround us. At this time, the average price of homes in our County exceeds all the counties around us.
I believe it is time for you to change your regulations to make us equal to our neighboring communities. That way our doctors and the their Medicare and Medicid patients are also treated equally.
Thank you for your attention.

Submitter : Harry Rubins **Date:** 08/24/2005

Organization : Harry Rubins

Category : Health Care Industry

Issue Areas/Comments

GENERAL

GENERAL

Subject: 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 quanity 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 on this important issue.

Sincerely,

Harry Rubins

Submitter : Ms. Diann Sevall **Date:** 08/24/2005

Organization : Ms. Diann Sevall

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

Submitter : Mrs. Anne Nicol

Date: 08/24/2005

Organization : U S Citizen

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

GPCIS

As you know, the Medicare physician reimbursement system contains a determination of category of reimbursement based on the geographical area in which the physician practices. These classifications need updating.

The area of Santa Cruz County is currently classified as 'rural'. This determination is based on obsolete data and is resulting in a situation which puts our eldery, Medicare eligible residents at risk of going without the medical care to which they are entitled.

Due to the reimbursement rates and the area high cost of doing business, physicians are leaving the area and/or refusing to take on new Medicare patients.

I ask that you continue your process of rectifying this situation. Reclassify Santa Cruz County as urban.

Anne Nicol

Submitter : Dr. Jason Huffman **Date:** 08/24/2005

Organization : Valley Orthopaedics

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCI's
I am writing is support of the creation of a new payment locality for Sonoma Co., CA. As a physician who practices in two counties, Napa and Sonoma, with different reimbursement rates I can attest to the affect this has in Sonoma County. Many physicians have stopped accepting Medicare in Sonoma due to this situation. Thank you for your consideration.

Submitter : Ms. Valorie Bader **Date:** 08/24/2005

Organization : Law Office of Valorie Bader

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am supporting the Medicare proposal to create a new payment locality for Sonoma County which is in line with the actual practice expenses than the current rate structure. I understand it would help bring and keep physicians to Sonoma County, which has a large Medicare popluation, and improve quality and quantity of services. Sonoma County is no longer a rural area--and hasn't been rural for some time.

Thanks for considering my opinion.

Submitter : Ms. Mary Hanlan **Date:** 08/24/2005

Organization : Ms. Mary Hanlan

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs -- As a 77-y.o. resident of Santa Cruz County (CA), it is appalling to me that there is even a controversy about whether or not to change the county's designation from rural to urban for purposes of Medicare and Medicaid reimbursement. 35 or 40 years ago a rural designation was appropriate -- not so today. Santa Cruz is almost always in the top five of the country's most expensive areas in which to live (sometimes #2 or #3), when matched with the population's median income. Middle-class folk as well as people with low incomes are finding it hard to meet expenses here and are moving elsewhere -- the Central Valley, Arizona, wherever. With median housing costs now $700,000 to $800,000 and rentals having moved up apace, new doctors can hardly afford to live here while paying off their student loans, and established physicians can easily get positions elsewhere (in fact, right over the hill) with much higher reimbursements for the same work. (Thank Heaven for surfing -- doctors who love to surf want to stay!).

I am on Medicare, and although I'm quite healthy, I dread the day when I'll need a physician badly and find that they've all reached their financial limit in the number of Medicare patients they'll take, and/or there is no one in the particular specialty I need still practicing here. A 10% increase is not much, but I join with those who plead with you to make it happen, so that doctors here will stay and continue to accept Medicare patients.

Thank you.

Submitter : Dr. John Bryant
Date: 08/24/2005
Organization : UNC Department of Anesthesiology
Category : Physician
Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-212-Attach-1.DOC

John T. Bryant IV, MD
11039 David Stone Dr.
Chapel Hill, NC 27517
(919) 942-3599
jbryant@aims.unc.edu

24 August 2005

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

Dear Sirs:

The purpose of this letter is to add my voice to the growing body of concerned physicians of all specialties regarding the current Medicare reimbursement policy for academic Anesthesiologists. I am currently in my second year of Clinical Anesthesia training at the University of North Carolina, with hopes to one day continue in the footsteps of my mentors by devoting my career to the education of resident physicians and medical students. I feel compelled to speak up as an advocate for patient safety, resident education, and our noble profession. The Medicare reimbursement policy, as it now stands, is detrimental to the future of academic Anesthesiology, and ultimately to patient care.

Current guidelines stipulate that academic Anesthesiologists are paid 50% of the reimbursement rate if they supervise two resident physicians simultaneously. By comparison, a surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. As a consequence of this pay discrepancy, since the mid-1990's the coffers of academic Anesthesia departments around the country have run dry. Academic Anesthesia departments are now in a crisis situation where they are unable to offer competitive salaries to recruit new faculty or to retain the seasoned faculty they already have. Within the past year nearly a third of the teaching staff within our department here at UNC has left academic practice. Despite aggressive recruiting efforts, those positions have not been filled.

The immediate impact is the decimation of the ranks of Anesthesia departments of high quality teaching faculty. To keep them solvent, medical schools are forced to play a "shell game" by diverting funds from more lucrative departments (see the above explanation of the reimbursement discrepancy between different academic departments) to subsidize Anesthesia departments, as is the case here at the University of North Carolina. The long-term impact of the current Medicare reimbursement policy is far-reaching and detrimental to patient care: As the quality of resident education decreases, so too does the care delivered by Anesthesiologists who are products of poorly staffed and under-funded academic departments. This comes at a particularly inopportune time when the size and health care demands of the Medicare patient base, which relies heavily upon medical care delivered by academic institutions, is burgeoning. I urge you to take this matter into serious consideration and act as an advocate for our senior citizens to ensure that the anesthesia care provided by academic hospitals, and the physicians trained by their Anesthesia departments, remains of the same high caliber enjoyed today. Thank you for your time and attention.

Sincerely,

Dr. John T. Bryant, IV

Submitter : Dr. Joy Hawkins **Date:** 08/24/2005

Organization : University of Colorado Department of Anesthesiolog

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am the Director of the Anesthesiology Residency Program at the University of Colorado School of Medicine (the only training program in the state). We have 36 residents in our training program rotating at 4 different hospitals. I am urging you to support academic medicine by changing the payment policy for teaching anesthesiologists. The current policy is harmful to our program and others, causing severe economic losses that cannot be absorbed elsewhere. The rule is unfair and unsustainable, and must be changed to allow academic departments to cover their costs. Why can a surgeon in the same operating rooms supervise two residents in overlapping cases and collect 100% of the fee from each case while the faculty anesthesiologist only collects 50%?! Same patients, same operating rooms, same supervision of trainees, but markedly different reimbursements. Likewise, an internist may supervise FOUR residents in overlapping cases and collect 100% of their fee. This is not fair and not reasonable!

As it is, the Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. Adding an additional 50% reduction results in reimbursements that are completely inadequate to sustain the patient care, teaching and research that is the mission of academic anesthesia training programs. Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology. We cannot recruit faculty anesthesiologists to train medical students and residents with this kind of disincentive. Medicare policy for teaching anesthesiologists puts future operating room care in jeopardy!

Submitter :

Date: 08/24/2005

Organization :

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

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

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

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

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.

Mohanad Shukry, MD
Children?s Hospital of Oklahoma

Submitter : Dr. Peter Dunbar **Date:** 08/24/2005

Organization : Dr. Peter Dunbar

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 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.
Peter J Dunbar
7116 82nd Ave SE.,
Mercer Island, WA 98040

CMS-1502-P-215-Attach-1.DOC

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

Dear Dr. McClellan:

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

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

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

Peter J Dunbar

7116 82nd Ave SE.,
Mercer Island, WA 98040

Submitter : tim washowich **Date:** 08/24/2005

Organization : tim washowich

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

I am very concerned with the inequities of Medicare reimbursement rate for Santa Cruz County physicians out in california. The county is classified as a rural based on a 1960's decision. This situation clearly is not the case, as Santa Cruz County is now one of the most expensive counties in the country to live. We face a strong possibility of adequate health care availability as young doctors are not able to move into the county due to the high cost of living, with relative lower reimbursement rates compared to surrounding less expensive counties. I URGE the county be reclassified immediately, or an increase in reimbursement rates be made ASAP.This has been ignored for way too long. Making reimbursement rates based on a 40 year old decision is appalling to say the least. Please help the county be able to recruit and retain the young physicians needed to take care of the over 32,000 eligible citizens there.

Submitter : Dr. Steven K. Yamamoto **Date:** 08/24/2005

Organization : Rainier Orthopedic Institute

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The revised fee schedule issued on 1 August 2005 in regards to bundling cast supplies in a single code will severely impact my orthopedic practice in that the proposed bundling will not cover the cost of the casting supplies. I will be loosing money. Please do not change the fee schedule.

Submitter : Dr. Monala Tilak **Date:** 08/24/2005

Organization : OU Physicians

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties and toward assuring that anesthesiology teaching is reimbursed on par with other teaching physicians. It would go a long way in retaining skilled faculty in teaching programs and also in assuring good quality of trained anesthesiologists being produced.
Please end the anesthesiology teaching payment penalty and this unfair and unjustified discrimination.
Name_Monala Tilak MD
Address __920 SL Young Blvd, Room 2530, Oklahoma City, OK 73104

Submitter : Dr. mark russell **Date:** 08/24/2005

Organization : american osteopathic academy of orthopedics

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I implore you to reconsider the proposed measure to bundle casting and spling supplies. I'm sure the answer is that we are going to increase your payment for fracture care but we all know how that works, within the next year or two the reimbursement will be reduced back to the previous amount. The cost of caring for patients that require casting is enormous. Right now with some insurance carriers if we apply a cast on the same day that we bill for fracture care we don't get reimbursed for the cast. The cost of the cast materials eats up over half of the reimbursement from that fracture care payment. How far must physicians reimbursement be sliced before you'll stop. How long do you think it will take for these types of cuts to have a negative impact on physician reqruitment and getting intelligent young people to become physicians, I'll tell you, it's already happening. If you ask any physician in practice today whether or not they would recommend medical school to their own kids you would be astonished. The vast majority would say definitely no. With escillating overhead and decreasing reimbursement physicians will soon find it impossible to stay in practice. Why are you not forcing cuts in the area that is causing this crisis the drug companies. Over half of the insurance premium dollars that patients pay today is going to their drug cards. Come up with legislation that either forces these companies to become not for profit or to limit their profits. It's the corporate structure that is forcing the drug companies to increase their prices. They have to answer to stockholders. When will this country cease to punish those that are providing health care to patients. Again I implore you to find another solution to the health care crisis rather than continuing to reduce physician reimbursement.
Thank you.
Mark Russell, D.O.

Submitter :

Date: 08/24/2005

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

As a self-employed recruiter in Sonoma County I see many business, especially in the medical field, loose viable candidates to other counties due to pay disparities. As an individual I have experienced the loss of my personal physician, challenges finding medical practices that meet my needs and accept new patients, long waits for appointments and high costs. I dread the day medicare becomes a necessity for me. I urge you to move forward with the proposed changes in order to bring Sonoma County on a parity with other similar counties. Thank you.

Submitter : Ms. Eleanor Lambert **Date:** 08/25/2005

Organization : Ms. Eleanor Lambert

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

I understand the Federal Government is considering a change in how Santa Cruz County in CA is defined. Finally! I wrote to you about a year ago about this very thing. Physician reimbursement by Medicare in our county is so low I'm embarrassed when I see the statements I receive and feel I should apologize to our doctors. The cost of living in Santa Cruz county is one of the highest in the State; the median home is $800,000. Physicians are leaving our area due to the high cost of living and low Medicare reimbursement and it is next to impossible to get qualified physicians to accept positions here. PLEASE PLEASE PLEASE change the rules to address this discrepancy, if only an additional 10%. Thank you for considering this request.

Submitter : Dr. Neal Gerstein **Date:** 08/25/2005

Organization : American Society of Anesthesiology

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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.
Neal Gerstein MD
Assistant Professor of Anesthesiology
University of New Mexico ? Department of Anesthesiology
Surge Building; 2701 Frontie NE, Albuquerque, NM 87131

Submitter : Dr. Shamsuddin Akhtar **Date:** 08/25/2005

Organization : Yale University School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

I am writing 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.

Submitter : Ms. Mary Gerbic **Date:** 08/25/2005

Organization : Ms. Mary Gerbic

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

This is in regard to GPCI's.

Santa Cruz County is known to have a very high cost of living. It's been in all the papers. It's at least as high as San Francisco, yet our doctors are not reimbursed at nearly the rate as other nearby county doctors. More than once, I have heard of a doctor leaving a local practice for other areas. Between paying off medical school bills and trying to find a place to live that has a floor and running water, how can a young doctor afford to live here? Don't even get me started on retaining Sheriff deputies and teachers.

Doctors are like everybody else, they age and then they retire. Who is going to replace them? Who is going to take care of our aging population? Please increase the reimbursement so Santa Cruz County is more attractive to young doctors, and so established doctors can afford to treat Medicare and Medicaid patients.

Thank you.

Submitter : Tammy Euliano **Date:** 08/25/2005

Organization : University of Florida

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-225-Attach-1.DOC

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

Dear Dr. McClellan:

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

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

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist 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. Furthermore, we are limited by our Residency Review Committee (RRC) to supervising only two residents in most situations, so the theory that we can supervise four rooms and thereby make up for some of the lost monies is erroneous.

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

Please end the anesthesiology teaching payment penalty.

Name_____

Address _____

Submitter : Mary Camille Thomas **Date:** 08/25/2005

Organization : Mary Camille Thomas

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please change the designation for Santa Cruz County to increase Medicare reimbursements to physicians in our county. Santa Cruz is no longer rural, and the cost of housing is among the highest in the country. In the last four years I have lost two gynecologists because they moved to towns with a lower cost of living. The current designation of Santa Cruz as a rural county is incorrect and unfair.

Submitter : Todd Dorman **Date:** 08/25/2005

Organization : Todd Dorman

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
P.O. Box 8017
Baltimore, MD 21244-8017
Dear Dr. McClellan:
The CMS policy regarding payment policy for services rendered by an Anesthesiologist in a teaching role is inherently unfair and inequitable. Consequently, 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 my program to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical and critical care services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is inherently unfair, unreasonable, capricious, and inequitable. Correcting this inequity is required to assure the consistent application of Medicare?s teaching payment rules across medical specialties. Please end the anesthesiology teaching payment penalty.
Name__Todd Dorman_____
Address ___8206 Marcie Drive___Balt_____

Submitter : Dr. Scott Rudy **Date:** 08/25/2005

Organization : Stanford University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing with regards to the unfair, unsustainable, and unwise current Medicare teaching anesthesiologist payment rule. As both a chief resident at a major academic teaching program and a resident delegate to the California Society of Anesthesiology, I have seen firsthand the effects of this rule, with difficulty in attracting attending anesthesiologists and few graduating residents choosing to stay in an academic setting. There is little sense to a policy that allows an attending surgeon to bill for two cases where he participates in only a short period of each, versus an anesthesia attending who bounces between the entirety of two cases. I have also seen the morbidity associated with poorly trained and poorly supervised CRNAs and feel it is essential to train competent anesthesiologists to perform anesthesia care and supervise CRNAs. The following are other arguments in favor of changing this payment rule.

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

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

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

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

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

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

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

Please take note of these issues as well as the comments of other academic and private practice anesthesiologists who are concerned about the future of anesthesia care in this country.

Scott Rudy, M.D.,
Chief Resident,
Department of Anesthesia,
Stanford University

Submitter :

Date: 08/25/2005

Organization :

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Increase Medicare and Medicaide Rates for California's Santa Clara.

From: Luther H. Smithson <budlhs@cruzio.com>
Date: Wed Aug 24, 2005 8:45:17 PM US/Pacific
To: www.cms.gov/regulations/ecomments
Subject: SANTA CRUZ REIMBURSEMENTS-GPCI

Center for Medicare and Medicaid Services
Department of Health and Human Services
GPCI

Dear Sirs,

I am sure you are aware that among Medicare and Medicaid recipients there is concern that medical reimbursement rates in Santa Cruz County are considerable lower than our neighbor, Santa Clara County. This is leading to the fear that the quality of health care in Santa Cruz is becoming lower than Santa Clara's despite the similarity of their demographics and economics. Simply put, physicians and medical personnel cannot afford to live and practice in Santa Clara when the costs of living, particularly housing, are as much or more than Santa Clara's. The results are that it is becoming impossible to recruit young physicians and for medical facilities to upgrade and modernize.

Although, a goodly portion of Santa Cruz's income is from agriculture, it is not a "rural community". It is essentially a "bedroom community" for Santa Clara and Silicon Valley. I therefore, request that you seriously consider raising Santa Cruz's reimbursement rate to that of Santa Clara's. Thus, assuring a continuation of excellence in our health care system.

Sincerely,

Luther H. Smithson
31 Anita Avenue
La Selva Beach,California 95076
(831) 684-0472

Submitter : Mrs. Margaret Haas **Date:** 08/25/2005

Organization : Mrs. Margaret Haas

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

We support the proposal to change the status of Santa Cruz County to an urban designation. The cost of living here is comparable to the San Francisco Bay area.

Submitter : Mr. John Sweeney **Date:** 08/25/2005

Organization : Mr. John Sweeney

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

CMS-1502-P

Santa Cruz and Sonoma counties receive some of the lowest Medicare reimbursement rates in the state.

This discrepancy in Medicare rates makes it tempting for local doctors to move their practices.

The rural status is unfair, because the cost of doing business in Santa Cruz County requires paying higher rent for office space, and salaries for nurses and support staff must stay competitive.

Changing to the urban status is crucial for the recruitment and retention of doctors, and ensuring quality care in the county.

Submitter : Mrs. Susan Sweeney **Date:** 08/25/2005

Organization : Mrs. Susan Sweeney

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

CMS-1502-P Santa Cruz and Sonoma counties receive some of the lowest Medicare reimbursement rates in the state. This discrepancy in Medicare rates makes it tempting for local doctors to move their practices. The rural status is unfair, because the cost of doing business in Santa Cruz County requires paying higher rent for office space, and salaries for nurses and support staff must stay competitive. Changing to the urban status is crucial for the recruitment and retention of doctors, and ensuring quality care in the county.

Submitter : Dr. Patrick McGannon **Date:** 08/25/2005

Organization : Dr. Patrick McGannon

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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. Marc Bloom **Date:** 08/25/2005

Organization : NYU School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

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

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

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

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

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.

CMS-1502-P-235-Attach-1.DOC

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

Dear Dr. McClellan:

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

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

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

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

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.

Marc J Bloom MD PhD
Dir Neuroanesthesia Program
NYU Anesthesiology
550 First Ave. #RI 605
New York, NY 10016

Submitter : Dr. Steven Konstadt **Date:** 08/25/2005

Organization : Teaching Anesthesiologists: ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS

The current Medicare teaching anesthesiologist payment rule is unwise, unfair and makes academic anesthesia programs unsustainable. Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology. Right now, academic anesthesia programs are failing because of ill-conceived Medicare policy that shortchanges teaching programs, withholding 50% of their funds for concurrent cases.

At the Maimonides Medical Center in New York, we currently have twenty-seven faculty and three faculty openings. We have been unable to fill these places despite massive recruiting efforts. A substantial part of the problem is that an academic center cannot compete economically with private practice opportunities. Furthermore, due to increased work loads to offset the financial losses of the 50% reduction in reimbursement, we are unable to perform other academic missions such as research. This will clearly cripple the efforts to make our specialty safer.

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere. The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.

Other physicians are not forced to accept fee reductions. A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases. This is not fair, and it is not reasonable.

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

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

Submitter : Mr. Chris Merritt **Date:** 08/25/2005

Organization : Mr. Chris Merritt

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

I am writing you as a constituent to ask that you contact the Centers for Medicare and Medicaid Services (CMS) and urge a change in payment policy for teaching anesthesiologists.

Please support academic medicine in our state.

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

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

The current policy is causing great harm to my program.

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

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

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

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

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

This is not fair, and it is not reasonable.

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

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

Please let me know as soon as possible your position on this critically important issue for our program.

Sincerely,
Chris Merritt

Submitter : Dr. David Reich **Date:** 08/25/2005

Organization : Mount Sinai School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

TEACHING ANESTHESIOLOGISTS

See Attachment

CMS-1502-P-238-Attach-1.DOC

One Gustave L. Levy Place
Box 1010
New York, NY 10029-6574

David L. Reich, MD
Horace W. Goldsmith Professor and Chair
Department of Anesthesiology

Phone (212) 241-8392
Fax (212) 876-3906
Email: david.reich@mountsinai.org

August 25, 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1502-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850
http://www.cms.hhs.gov/regulations/ecomments

RE: File Code CMS-1502-P; "TEACHING ANESTHESIOLOGISTS"

Dear Sir or Madam:

As the Chair of the Department of Anesthesiology at the Mount Sinai School of Medicine in New York, NY, I have followed CMS policy regarding teaching anesthesiologists and wish to express very strongly that CMS policy must recognize the vital contributions of academic anesthesiology. The current reimbursement to teaching anesthesiologists is grossly unfair and has caused substantial damage to the profession of anesthesiology.

As a longtime academic anesthesiologist, I have observed a nationwide decrease in the academic productivity of the profession that coincided with the adoption of the current teaching anesthesiologist reimbursement policy. We were forced to strictly limit and often eliminate protected non-clinical time, and clinical anesthesia research has decrease concomitantly. Currently, we have 45 ACGME-approved anesthesiology resident slots and care for approximately 36,000 patients per year in the Mount Sinai system. With 29% of these patients in the Medicare program, I have severe fiscal limitations attributable to the teaching anesthesiologist policy. You must act promptly to reverse this illogical and destructive policy for the following reasons:

- The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable.
- Quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology.
- Anesthesiology teaching programs are suffering severe economic losses that cannot be absorbed elsewhere.
- The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs.
- Academic research in anesthesiology is drying up as department budgets are broken by this arbitrary Medicare payment reduction.
- A surgeon may supervise residents in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise residents in four overlapping outpatient visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases. This is not fair, and Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical and other physician colleagues.

One Gustave L. Levy Place
Box 1010
New York, NY 10029-6574

David L. Reich, MD
Horace W. Goldsmith Professor and Chair
Department of Anesthesiology

Phone (212) 241-8392
Fax (212) 876-3906
Email: david.reich@mountsinai.org

- 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.

While many certified registered nurse anesthetists (CRNA) oppose changes in the teaching rule policy, their reasons are solely political and indicate an agenda that discourages physician anesthesia trainee education. It is extraordinarily unfortunate that our nursing anesthesia colleagues oppose us in this dialogue, but we must see the overriding issue clearly. It is only by nurturing academic physician anesthesiologists that we will continue the remarkable advances in anesthesia patient safety that have been achieved over the last fifty years. Let us be clear that academic anesthesiologists were the root cause of these benefits to the Medicare population, and that anyone that seeks to hurt academic anesthesiology is short-sighted and an enemy of advancing patient safety and quality of care for the American public as a whole.

In conclusion, it is absolutely critical for the long-term health of the Medicare population that academic anesthesiology repair some of the damage that has been caused by unfair teaching anesthesiologist reimbursement. I am confident that you will make the correct decision in this matter.

Sincerely yours,

David L. Reich, M.D.
Horace W. Goldsmith Professor and Chair
Department of Anesthesiology

cc: Hon. Hillary Rodham Clinton
Hon. Charles Schumer
Hon. Jerome Nadler
Hon. Carolyn Maloney

Submitter : Dr. Dan Robinson **Date:** 08/25/2005

Organization : OHSU

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-1502-P-239-Attach-1.WPD

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

Dear Dr. McClellan:

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

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

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

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

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.

Dan L. Robinson, M.D.
Assistant Professor - Pediatric Anesthesiology
Co-Director, Pediatric Sedation Services
Doernbecher Children's Hospital
Oregon Health Sciences University
robindan@ohsu.edu
fax: 503-418-5167

Submitter : Dr. Won Chee **Date:** 08/25/2005

Organization : Mount Sinai Medical Center Dept.Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

In light of the nationwide shortage of anesthesiologists, the private sector is attracting graduating anesthesiologists with increasingly higher financial incentives. Meanwhile, academic hospitals are having difficulty recruiting or retainig good anesthesiologists.
If the unfair financial compensation continues, it is not so difficult imagine the direction of the safety of anesthesia care and the quality of health education for this country.

Submitter : Dr. Kent Berg **Date:** 08/25/2005

Organization : University of Florida / Shands Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Attn: CMS-1502-P/TEACHING ANESTHESIOLOGISTS
Dear Dr. McClellan:
I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. The knowledge and care that anesthesiologists provide to patients and supplement to the surgical and medical teams (especially as overall patient safety advocates) are worth this continued investment.

At Shands Hospital at the University of Florida (Gainesville, FL), we have experienced a tremendous amount of growth in the acute care (especially surgical) needs of our patient population. As we have recently become a TRAUMA 1 center, we face daily challenges to care for an increasingly ill patient population in the face of stagnant (or in some cases, diminished) financial and staffing resources. If the 50% reduction in Medicare anesthesiology teaching payments is not changed, it poses a DIRECT and clearly visible outcome: a crippling blow to our mission as an academic medical center (AMC). The attending anesthesiologists who work here currently and those that are interested in working here in the future will have an obvious and significant disincentive to practice at our institution. They will be strongly motivated to seek employment in private or for-profit hospital settings. This places our institution and AMCs ACROSS THE COUNTRY in a grossly poor predicament: the strong potential to lose highly intellectual anesthesiologists to the private sector or non-academic ?surgical factories? and/or replace them with lower quality physicians. The overall quality of care and safety of the Medicare population (one the most vocal of voting constituents) would be jeopardized.
Lastly, attending anesthesiologists clearly contribute to the financial bottom line of hospitals and the overall cost of the Medicare program. In addition to performing their clinical duties directly to patients, anesthesiologists spend a significant amount of time ensuring efficient and safe patient flow through operating rooms, post anesthesia care units (PACUs), and surgical intensive care units (SICUs). Anesthesiologists add value to patient care and the Medicare system both through their activities as clinicians and as operational managers.

It makes no sense from a financial perspective to penalize anesthesiologists, as they make a significant contribution to meeting the needs of the community while simultaneously keeping the process as efficient as it can be. Please end the anesthesiology teaching payment penalty.

CMS-1502-P-241-Attach-1.DOC

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

Dear Dr. McClellan:

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

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

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

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. The knowledge and care that anesthesiologists provide to patients and supplement to the surgical and medical teams (especially as overall patient safety advocates) are worth this continued investment.

At Shands Hospital at the University of Florida (Gainesville, FL), we have experienced a tremendous amount of growth in the acute care (especially surgical) needs of our patient population. As we have recently become a TRAUMA 1 center, we face daily challenges to care for an increasingly ill patient population in the face of stagnant (or in some cases, diminished) financial and staffing resources. If the 50% reduction in Medicare anesthesiology teaching payments is not changed, it poses a DIRECT and clearly visible outcome: a crippling blow to our mission as an academic medical center (AMC). The attending anesthesiologists who work here currently and those that are interested in working

here in the future will have an obvious and significant disincentive to practice at our institution. They will be strongly motivated to seek employment in private or for-profit hospital settings. This places our institution and AMCs ACROSS THE COUNTRY in a grossly poor predicament: the strong potential to lose highly intellectual anesthesiologists to the private sector or non-academic "surgical factories" and/or replace them with lower quality physicians. The overall quality of care and safety of the Medicare population (one the most vocal of voting constituents) would be jeopardized.

Lastly, attending anesthesiologists clearly contribute to the financial bottom line of hospitals and the overall cost of the Medicare program. In addition to performing their clinical duties directly to patients, anesthesiologists spend a significant amount of time ensuring efficient and safe patient flow through operating rooms, post anesthesia care units (PACUs), and surgical intensive care units (SICUs). Anesthesiologists add value to patient care and the Medicare system both through their activities as clinicians and as operational managers. It makes no sense from a financial perspective to penalize anesthesiologists, as they make a significant contribution to meeting the needs of the community while simultaneously keeping the process as efficient as it can be.

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

Please end the anesthesiology teaching payment penalty.

Sincerely,

Kent Berg, M.D., M.B.A.
Resident, Department of Anesthesiology
University of Florida, College of Medicine
PO Box 100254
Gainesville, FL 32610-0254
E-mail: KBerg@anest.ufl.edu
Phone: 352.265.0111, 352.265.0077
Pager: 352.413.5364

Submitter : Dr. Arun Moorjani **Date:** 08/25/2005

Organization : University of Florida Dept. of Anesthesiology

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

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

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

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

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.

My program alone (University of Florida Dept. of Anesthesiology) already has difficulty finding faculty to train us, and we are left with some sub-par attendings teaching us how to keep patients alive during surgery. You certainly would not want yourself or a family member to be under the care of a poorly trained anesthesiologist (or nurse anesthetist). I wouldn?t.

Please end the anesthesiology teaching payment penalty.

Name_Arun Moorjani, MD_____
Address _103 NE 3rd Place
Gainesville, FL 32601

Submitter : Dr. Bhavani Shankar Kodali **Date:** 08/25/2005

Organization : Brigham an dWomens 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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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___Bhavani Shakar Kodali MD
Address Dept Anesthesiology, Brigham and Women?s Hospital, 75 Francis Street, Boston, MA 02115

Submitter : Dr. Eric Bloomfield **Date:** 08/25/2005

Organization : Mayo Clinic Jacksonville

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

The present reimbursement for Medicare resident teaching programs is unfair. The reasons can be slighted below:

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

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

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

Please personalize your letters by including the number of resident and faculty openings in YOUR OWN PROGRAM and any inefficiencies in scheduling, personnel allocation, case assignments, and budget shortfalls, etc. that you can attribute to the current Medicare teaching anesthesiologist policy.

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

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

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

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

This is not fair, and it is not reasonable.

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

The 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.

In conclusion, Anesthesia has prgressed and has become a safer speciality due to physician leadership-not Nurse Anesthesists. To not make this change would seriously jeporidize the future training of physicians in the field. The "IMPOSSIBLE" surgeries are now made possible due to the Anesthesia care team that is head up by physician leadership. This is the only way to deal with our aging population.

thanks,

Eric Bloomfield MD,MS,FCCM-Consultant Mayo Clinic Jax.

Submitter : Dr. Edward McGough **Date:** 08/25/2005

Organization : Dr. Edward McGough

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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.
Edward McGough, MD
120 South Bend Dr
Ponte Vedra Beach, FL 32082

Submitter : Dr. Damon Vu **Date:** 08/25/2005

Organization : University of South Florida

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. This particular policy has adversely affected our teaching program, almost requiring its shut down due to difficulty recruiting academic anesthesiologists.

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.

Submitter : Dr. Robert McKay **Date:** 08/25/2005

Organization : University of Kansas School of Medicine-Wichita

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Dr. McClellan:

I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy so that an anesthesiology faculty member is fully reimbursed for providing care and teaching residents.

Medicare reimbursement to anesthesiologists is currently so ppor that 91% of teaching hospitals must now supplement their anesthesia departments to retain faculty - and even this is failing. Academic anesthesia salaries are significantly reduced by the 50% cut in reimbursement when supervising 2 residents, the usual model of care. Similar cuts are NOT applied to other surgery or internal medicine. Anesthesia residency supervision of 2 rooms allows for the teaching of an adequate number of residents to help alleviate a large anticipated shortage in anesthesiologists. One on one supervision and teaching is wasteful of resources in most cases. Continued reduction in reimbursement for teaching physicians will simply chase academicians into private practice where income is less dependent on Medicare. This will further strain academic anesthesiology.
CMS should look for equitable reimbursement of physicians. As has been reiterated time and again by the American Society of Anesthesiologists, this equity does not exist for anesthesiologists. The most eggregious of the inequities is certainly the punishment of those teaching young physicians for the future. Please correct this error by fully reimbursing anesthesiologists providing supervision and teaching concurrently for 2 anesthesia residents.

Sincerely,

Robert McKay, M.D.
Professor and Chair
Department of Anesthesiology
University of Kansas School of Medicine - Wichita

Submitter : Dr. Eugene Fu **Date:** 08/25/2005

Organization : University of Miami, Dept of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

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

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

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

Submitter : Mr. robert goodrich **Date:** 08/25/2005

Organization : southwood pharmaceuticals

Category : Drug Industry

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-249-Attach-1.DOC

SOUTHWOOD PHARMACEUTICALS, INC.

60 Empire Drive Lake Forest, CA 92630 800-442-4443

August 25, 2005

Re: Proposed Format Changes for ASP Reporting by Manufacturers

CMS-1502-P

We have reviewed the proposed changes to the reporting template and have the following comments:

- WAC - We support adding a column for WAC
- Drug Name - We support adding this column
- Package Size - We support adding this column (we suggest that the strength/concentration of the product be captured in the Drug Name; i.e. Amoxicillin 250mg Capsules)
- Expiration Date for the last lot manufactured - We DO NOT support this proposal as it would be very burdensome to our operation; it is not something that is readily tracked in our system
- Date NDC first Marketed - We DO NOT support this proposal as it is also very burdensome for us to track in the 11-digit NDC format
- Date of First Sale - We DO NOT support this proposal; it is also burdensome for our operation

DISCUSSION: Southwood Pharmaceuticals is a custom, unit-of-use repackager (manufacturer & wholesaler) of prescription drug products. We currently have approximately 70 package size codes and over 1,000 products in our data base. Each product we repackage has the potential to be sold in ANY package size. We have products in our data base that have not been sold for 10 years, but they are still "active" due to the fact that they could be sold in the future. We base our primary tracking on the PRODUCT CODE, not the PACKAGE CODE, as we produce multiple production runs in various package sizes from the same lot number of product. We can produce as few as 2 bottles in a production operation for a specific NDC. Due to FDA expiration dating protocols for repackaged drugs, most of our products carry a 1 year expiration date from the time of repackaging. The three additional fields noted above would be extremely difficult for us to monitor, in addition to the current reporting requirements. It has already been determined that we need to report every POTENTIAL NDC for drugs that require reporting, even if we have not sold a specific package size for a number of years.

Thank you - please contact me with any additional questions.

Robert H Goodrich
Director of Regulatory Affairs
rhg@direcway.com
515-314-1178 (cell)

Submitter : **Dr. Paul Mongan** **Date: 08/25/2005**

Organization : **Dr. Paul Mongan**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-250-Attach-1.DOC

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

RE: CMS-1502-P "TEACHING ANESTHESIOLOGISTS"

Dears Sirs:

I am taking this opportunity to comment on the issue of fair payment of Teaching Anesthesiologists when working with Anesthesiology Residents. When the CMS' proposed changes to the 2006 Medicare Fee Schedule were released on August 1, 2005 it did not include correction for the discriminatory policy of paying teaching anesthesiologists only 50% of the fee when staffing two concurrent resident cases.

I applaud your recognition that the existing policy is detrimental and that revisions are needed. In teaching residents for the past 15 years, I have come to realize that all medical decisions are based upon a paradigm of 4 principles – risk, benefit, autonomy and economics. When we look at the 50% rule in light of these principles it is clear in the long run the current Medicare teaching anesthesiologist payment rule is an economically unwise, unfair and unsustainable health care policy. The increase in the elderly Medicare population is placing additional demands for invasive procedures that require anesthesia. The current limiting factor in many institutions and in the future for all patients is the availability of Anesthesiologists to insure patient safety. The current system places the patient population at increased risk for minor economic benefits to the Medicare budget by limiting timely patient access to medical care. The result is that patient's health will suffer and overall treatment costs increase. Right now, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy that shortchanges teaching programs by withholding 50% of their funds for concurrent cases. In addition, teaching positions are unfilled because the Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. The decrease in residents and staff is limiting care in many institutions. In addition, reducing payment by 50% for teaching anesthesiologists results in revenue grossly inadequate to sustain the research missions of academic anesthesia training programs. This loss in training of the next generation of clinician scientists and in the progress in the scholarly advance in patient care will miss opportunities for major insights into providing more effective and economic patient care. These economic and intellectual losses cannot continue to be subsidized by the University system because of a faulty Medicare payment policy.

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. It is only fair that a teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases.

Paul D. Mongan MD
COL MC USA
Director, National Capital Consortium Anesthesiology Residency Program
Associate Professor and Chair
Department of Anesthesiology
The Uniformed Services University
4301 Jones Bridge Road
Bethesda MD 20814

Submitter : Dr. Hong Liu **Date:** 08/25/2005

Organization : UCD Health System

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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.
Hong Liu, MD
Assistant Professor
Department of Anesthesiolgy
University of California Davis
One Shields Ave. TB-170
Davis, CA 95616

Submitter : Dr. John McAllister **Date:** 08/25/2005

Organization : Washington University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS-1502-P-252-Attach-1.RTF

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

Dear Dr. McClellan:

I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. A crisis in academic anesthesia practice is rapidly escalating that will significantly impact the future availability of skilled anesthesia providers.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious and detrimental impact on my Department's ability to retain skilled faculty and train new anesthesiologists. Despite assuming full responsibility for each patient's anesthesia care, managing a disproportionate percentage of severely ill or injured patients who require extensive personal involvement throughout the course of the anesthetic, bedside education of physicians in post-graduate training and a host of other academic commitments, academic faculty anesthesiologists at Washington University teaching hospitals are not permitted to receive full compensation for their clinical anesthesia services. Faculty committed to academic anesthesia and medical education are essential 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. Unfortunately, many of my most skilled colleagues have departed for the world of private practice that consists of a healthier patient population, less stress, more favorable reimbursement and payer mix, an improved lifestyle and no academic commitments.

Under current Medicare regulations, teaching surgeons and other specialists including internists at my institution are permitted to work with residents on overlapping cases, and receive full payment for professional services, provided faculty are present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement of the global fee for each of the two procedures in which he or she is involved. A pediatrician may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

As a teaching anesthesiologist at Washington University, I am permitted to work with up to two residents on overlapping cases provided I adhere to the ASA and CMS medical direction rules for anesthesia care that requires physical presence

and active participation during all critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists working with residents on overlapping cases face a discriminatory payment penalty for each case. The global Medicare payment for each case is reduced by 50%. This penalty is not fair, illogical and unreasonable.

Correcting this inequity will establish a consistent application of Medicare's teaching payment rules across medical specialties and is an important step toward assuring that academic anesthesiologists in teaching programs are reimbursed on par with other teaching physicians.

Please end this discriminatory anesthesiology teaching payment penalty.

Yours sincerely,

John D McAllister MD

Associate Professor of Pediatrics and Anesthesiology

St. Louis Children's Hospital

Division of Pediatric Anesthesiology, 5S 31

1 Children's Place

St. Louis, Missouri

63110

Submitter : Dr. Arthur Boudreaux **Date:** 08/25/2005

Organization : University of Alabama School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

August 25, 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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. Our ability to obtain appropriate reimbursement for teaching services will assure continued training of physicians in the specialty of anesthesiology. A further shortage would be catastrophic in our ability to care for the upcoming increase in Medicare-eligible patients. As a teaching anesthesiologist, I fail to see any rationale for the current reimbursement policy.
Correcting this inequity will go a long way toward assuring the application of Medicare?s teaching payment rules consistently across medical specialties, assuring that anesthesiology teaching is reimbursed on par with other teaching physicians, and maintaining the ability to provide services to Medicare patients in the future. Please end the anesthesiology teaching payment penalty.
Sincerely,

Arthur M. Boudreaux, M.D.
Professor and Vice Chair for Clinical Affairs
Department of Anesthesiology
University of Alabama School of Medicine

Submitter : WILLIAM NICHOLS **Date:** 08/25/2005

Organization : WILLIAM NICHOLS

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Re: GPCIs

My mother is 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.

I work in a hospital in Sonoma County and am aware of the difficulty in recruiting new physicians to this area because of the high living costs and low Medicare reimbursement rates. This situation has been aggravated by physicans leaving the area, moving to more afforadable areas of the country. I believe it is imperitive that Medicare created a new payment locality for Sonoma County in order to prevent further erosion of health care availablity to the Medicare recipients in the area.

Sincerely,

Name:William Nichols
Address:366 Arabian Way
City, State, ZIP Healdsburg, CA 95448

Submitter : Dr. Stephen McNulty **Date:** 08/25/2005

Organization : Dr. Stephen McNulty

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. If there is a deliberate effort to disable or punish academic anesthesiology in this country, then, I could easily understand why you would support the current policy.

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.

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. However, unlike teaching surgeons and internists, the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable. In my mind, the policy presumes to ?charge? a supervising attending as if he or she has abandoned the patient for a period of time that they are not physically present at the bedside. The policy ignores the fact that teaching attendings are able to multitask certain aspects of patient care such as planning, management, anticipating problems, preparing to treat problems, and to a certain extent, actually monitor the patient and surgery. Medicare policy acknowledges that we can do this, just not get paid for it.

Please end the anesthesiology teaching payment penalty.

Stephen E. McNulty, D.O.
Professor of Anesthesiology
100 Kingston Road
Media, PA 19063

Submitter : **Danyelle Simard** **Date: 08/25/2005**

Organization : **Danyelle Simard**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

RE: GPCIs
I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an dincreasingly 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 polulation.
I fully support your proposal to change Sonoma county's payment locality, and I appreciate the opportunity to comment on this important issue.
Sincerely
Danyelle Simard

Submitter : Dr. brett simon **Date:** 08/25/2005

Organization : johns hopkins university

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

see attached

CMS-1502-P-257-Attach-1.PDF

Johns Hopkins
Anesthesiology and
Critical Care Medicine

600 North Wolfe Street, Tower 711
Baltimore, MD 21287-8711
(410) 614-1515/ FAX (410) 955-0994
bsimon@jhmi.edu

Brett A. Simon, M.D., Ph.D.
Associate Professor
Vice Chair for Faculty Development
Chief, Division of Adult Anesthesia

August 25, 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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. This policy, which is unique among CMS payment practices, unfairly penalizes already beleaguered anesthesiology training programs.

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. In our own department, we have only recently been able to reduce our open faculty positions to 5-8, but anticipate staffing problems in the near future as our surgical programs begin to grow again after a period of restraint due to anesthesiology and nursing staffing shortages. Furthermore, changes in ACGME and ABA board and training requirements restrict the availability of current residents for the OR, exacerbating these shortages.

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

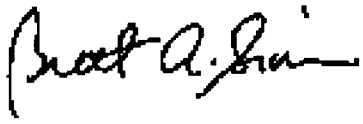
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a

discriminatory payment penalty for each case. With only ONE MINUTE of case time overlap, the Medicare payment for each case is reduced 50%. This ridiculous rule thus pits attempts to improve OR efficiency against financial disincentive. This penalty is not fair, and, on top of the already low Medicare reimbursement rate, it is not reasonable. The financial stresses on academic anesthesia departments further compromises our research missions, activities which account for the phenomenal improvements in the safety of anesthetic care over the past 20 years.

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,



Brett A. Simon, MD, PhD
Associate Professor of Anesthesiology/Critical Care Medicine and Medicine
Vice Chair for Faculty Development
Chief, Division of Adult Anesthesia

Submitter : Richard Phipps **Date:** 08/25/2005

Organization : Richard Phipps

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

RE: GPCIs
I understand that Medicare is proposing to create a new payment locality for Sonoma County, which is an dincreasingly 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 polulation.
I fully support your proposal to change Sonoma county's payment locality, and I appreciate the opportunity to comment on this important issue.
Sincerely
Richard Phipps

Submitter : Dr. Katrin Book **Date:** 08/25/2005

Organization : Dr. Katrin Book

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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_____Katrin Book, MD CA-2_____
Address __42 54 NW 36th Street, Gainesville,Fl 32605_____

Submitter : Dr. Edward Riley **Date:** 08/25/2005

Organization : Stanford University School of Medicine

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-260-Attach-1.DOC

Stanford University School Of Medicine

Department of Anesthesia • Stanford, California 94305

Edward T. Riley, M.D.
Associate Professor
Director of Obstetric Anesthesia

Tel (650) 723-6411
Fax (650) 725-8544
edriley@stanford.edu

August 25, 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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the **Medicare anesthesiology teaching payment policy**. Medicare's payment arrangement, in which we are paid only 50% of the Medicare payment rate when an attending covers two rooms is an undue financial burden on academic anesthesia departments. The policy is wrong for the following reasons:

- 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.
- Not only is this inadequate to pay for academic anesthesia services, it is unfair compared to what our colleagues in private practice earn. The way CMS compensates a private practitioner working alone means that person is getting paid the exact same as our department gets paid for doing two cases. I have worked in both private practice and academic hospitals and I can assure you that the complexity of the patients that academic centers handles is much greater than the average private practice center. **Under the current policy we end up getting paid the same for twice the work on more complex patients, this is not fair.**
- Academic research in anesthesiology is dependent on adequate clinical income to fund the clinical research mission. No funding body in the U.S. provides adequate funds for **clinical** research in anesthesiology. **We are absolutely dependent on adequate clinical income to continue our research mission.**

Please end the anesthesiology teaching payment penalty

Sincerely Yours,

Edward T. Riley, M.D.

Submitter : Dr. Jeffrey Richman **Date:** 08/25/2005

Organization : Johns Hopkins 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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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_____Jeffrey M Richman M.D._____
Address _600 N. Wolfe St. Carnegie 280. The Johns Hopkins Hospital. Baltimore, MD 21287

Submitter : Dr. Mark Malinowski **Date:** 08/25/2005

Organization : resident at Ohio State 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 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.
Mark N Malinowski, DO

Submitter : Dr. robert kelly **Date:** 08/25/2005

Organization : resurgens orthopaedics

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am strongly opposed to the CMS changes for the 2006 fee schedule. it unfairly burdens the physician to carry more of the financial resonsibility of the system. Our group evaluates each year whether we want to participate in Medicare. It is coming close to the point where we can no longer make a profit with the reimbursements we receive. As it stands we already are deeply discounted. Please reconsider and remove these unjust and particularly harsh payment policies.

Submitter : Dr. BJ Haywood **Date:** 08/25/2005

Organization : U. of Oklahoma Medical Center

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

In reference to equal pay for equal work/supervision, I feel the payment rate of 50% for anesthesiologists who supervise resident care is unfair when compared to other specialties ie surgeons. I know personally that as an anesthesiologist I spend as much and often more face time with the resident and patient than my surgical collegues who are reimbursed at 100% per case when the supervise two cases simultaneously. This discremination makes it more difficult to recruit and retain quality anesthesiologists in an academic healthcare facility. As you are aware the medicare/medicaid patients are finding it increasingly more difficult to obtain care in the private sector secondary to deminished physician compensation. In response, the academic facilities are increasingly serving this population. To penalize these facilities' physicians futher is, to my mind, both unconscionable and unconstituional.
Please consider these points when deciding to review the present inequitable payment policies.
I may be reached at 705 NW 144th, Edmond, OK 73013
e-mail Becj1942@sbcglobal.net
Thank you, BJ Haywood MD, MBA, Colonel USAFR MC

Submitter : Dr. James Hicks **Date:** 08/25/2005

Organization : Oregon Health and Science University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment.

CMS-1502-P-265-Attach-1.DOC

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

Dear Dr. McClellan:

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

You have been bombarded with letters eloquently stating the detrimental effects of this patently unfair rule on the economics of teaching programs.

I bring a simple comparison to you as a faculty anesthesiologist who was in private practice for almost 20 years: During those years, I practiced with a non-residency trained physician who performed anesthesia having learned it "on-the-job." He was paid exactly what I, a board certified anesthesiologist, was paid. Given that two residents are at least as competent as a non-trained physician anesthetist who would be paid full value, and that they are, in addition, receiving supervision and teaching from a third trained anesthesiologist, what is the rationale for not paying them the same as a lesser trained person in private practice?

Yes, Medicare also funds training. But the intent of training support is not to support the provision of services, it is to support the costs of training, and is nowhere near sufficient to cover the costs of medical services. Further, there are no such "discounts" applied to surgery or internal medicine training programs.

Please—all we ask is fairness. Given the current commercial-to-Medicare ratio of anesthesia payment compared to other specialties, we are already substantially underpaid. Please don't penalize us further and hazard the viability of our training programs.

Thank you.

Sincerely,

James S Hicks, MD, MMM
Associate Professor of Anesthesiology and Perioperative Medicine,
Oregon Health and Sciences University

Submitter : Dr. David Lubarsky **Date:** 08/25/2005

Organization : UM/Jackson Memorial Hospital

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-266-Attach-1.DOC

August 25th, 2005

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

RE: 2006 Medicare Fee Schedule

The proposed Medicare Fee Schedule is not workable for anesthesiologists and revisions are necessary, as the current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable for several reasons:

First, quality medical care, patient safety and an increasingly elderly Medicare population demand that the United States have a stable and growing pool of physicians trained in anesthesiology. Currently, slots in anesthesiology residency programs are going unfilled because of ill-conceived Medicare policy guidelines that shortchange teaching programs, i.e. withholding 50% of their funds for concurrent cases.

Within the University of Miami/ Jackson Memorial Hospital anesthesia teaching program, our projected budget shortfalls will only increase with the proposed Medicare policies. This is in addition to the challenging inefficiencies already manifested in scheduling, personnel allocation, and case assignments - which are directly attributable to the present Medicare teaching anesthesiologist policy, i.e., there are seven faculty teaching positions currently unfilled with our institution. Concurrently, anesthesiology teaching programs are suffering severe economic losses that cannot be absorbed elsewhere; and the CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs. Academic research in anesthesiology is also drying up as department budgets are broken by this arbitrary Medicare payment reduction.

The proposed Medicare Fee Schedule for anesthesiology is extremely *discriminatory* in its policy of paying teaching anesthesiologists only 50% of the fee for each of two concurrent resident cases when compared with our other surgical specialties. For example, 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; however, a

teaching anesthesiologist will only collect 50% of the Medicare fee if he or she supervises residents in two overlapping cases. This is not fair, and it is not reasonable.

Medicare must recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues. The Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. Reducing this rate by 50% results in revenue grossly inadequate to sustain our specialty's teaching and research missions in academic anesthesia training programs.

Sincerely,

David A. Lubarsky, M.D., M.B.A.
Emanuel M. Papper Professor and Chair
Department of Anesthesiology,
Perioperative Meicine and Pain Management
University of Miami School of Medicine
and
Professor, Department of Management
University of Miami School of Business

Submitter : Dr. James Hebl **Date:** 08/25/2005

Organization : Mayo Clinic

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-267-Attach-1.DOC

MAYO CLINIC

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

James R. Hebl, M.D.
Assistant Professor
Department of Anesthesiology

September 6, 2005

Mark McClellan, M.D., Ph.D.
Centers for Medicare and Medicaid Services (CMMS)
Department of Health and Human Services
P.O. Box 8017
Baltimore, MD 21244-8017

Re: Reference file code CMS-1502-P (Teaching Anesthesiologists)

Dear Dr. McClellan,

The Mayo Clinic Department of Anesthesiology is one of the country's largest anesthesiology training programs. In fact, our residency program has produced over 72% of all practicing anesthesiologists in the state of Minnesota during the past decade. Furthermore, it has produced another 72 anesthesiologists during this same time period who work in other states throughout the country.

We are deeply troubled and discouraged by the reluctance of CMMS to correct the discriminatory policy of paying teaching anesthesiologists only 50% of the fee for each of two concurrent resident cases. This course is not fair to anesthesiology academic teaching programs and will, over time, reduce the number of anesthesiologists who are trained—an exceedingly bad idea at a time when patients are becoming older, sicker, and in more need of surgical and diagnostic interventions under anesthesia.

Why do we believe your current policy is unfair? Teaching surgeons may supervise trainees in two overlapping operations and collect 100% of the fee for each case from Medicare. An internist may supervise trainees in four overlapping outpatients visits and collect 100% of the fee for each when certain requirements are met. A teaching anesthesiologist can collect only 50% of the Medicare fee if he or she supervises trainees in two overlapping cases. We don't understand the distinction between surgeons, internists, and anesthesiologists as they provide needed services to our elderly patients.

At this time, the Medicare anesthesia conversion factor is less than 40% of prevailing commercial rates. Reducing that factor by 50% for teaching anesthesiologists results in so little revenue that it is increasingly difficult to sustain the academic mission in our teaching programs.

I urge you to correct this unjust policy and allow teaching anesthesiologists equity with our colleagues in surgery and medicine. There is no logical reason for this payment difference between teaching physicians. Continuation of the policy will further hinder our ability to produce anesthesiologists at a crucial time in the demographic changes that are occurring in our country.

Sincerely,

James R. Hebl

James R. Hebl, M.D.

Submitter : Dr. Christopher Arndt **Date:** 08/25/2005

Organization : Univ of New Mexico Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Anesthesiologists at teaching hospitals should be able to bill the same as surgeons when supervising residents. (100%)

Submitter : Dr. Benjamin Unger **Date:** 08/25/2005

Organization : Hospital of Univ of Pennsylvania

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Dear Dr. McClellan:
I wanted to express my concern about the CMS current Medicare anesthesiology teaching payment policy. As it stands, academic anesthesiology programs are unfairly penalized and as a result find it harder to retain the best faculty and train the best physicians. No other medical specialty is treated the same way. Please understand that patient care suffers as a result.

Sincerely yours,
Ben Unger, M.D.

Submitter : Dr. Patrick Volesky **Date:** 08/25/2005

Organization : UNMHSC Dept. of Anesthesiology

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 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. Anesthesiologists represent an equally important role on the surgical team as do surgeons and should be reimbursed at the same rate. Indeed, surgery as we know it would not be possible without the services of anesthesiologists.

The expertise an anesthesiologist needs to manage critical surgical cases is only available in anesthesiology residency programs. Anesthesiology residencies are mostly based at university hospitals, where a large proportion of Medicare/Medicaid patients go for their medical care. In addition, because the state of New Mexico has one of the highest poverty rates in the nation we have a large Medicare/Medicaid population. At our institution we are the primary institution in the entire state of New Mexico caring for poor and indigent patients and therefore also for the majority of Medicare/Medicaid patients. As such, the reimbursement inequality has a heavy impact on our department. Given the shortage of anesthesiologists nationwide, we already face difficulties in recruitment/retention of anesthesiologists because we cannot offer competitive salaries. The disparity in reimbursement only makes this situation more difficult.

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 important matter and look forward to your decision to end the anesthesiology teaching payment penalty.

Sincerely,

Patrick J. Volesky, MD

Address : 1529 Richmond Dr NE, Albuquerque, NM 87106

Submitter : Mr. Sam O-Young
Organization : Mr. Sam O-Young
Category : Individual
Date: 08/25/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment Please.

CMS-1502-P-271-Attach-1.DOC

August 24, 2005

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

Re: GPCIs

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

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

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

Sincerely,

Sam O-Young
1125 Elvera St
Rohnert Park, CA 94928

Submitter : Dr. C. William Hanson **Date:** 08/25/2005

Organization : University of Pennsylvania

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

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

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

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

Submitter : Mrs. Li Wang **Date:** 08/25/2005

Organization : Mrs. Li Wang

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

See Attached.

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. Andrew Black **Date:** 08/25/2005

Organization : Dr. Andrew Black

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

To Whome it May Concern:

I am writing briefly to express my strong disagreement with CMS's plans to continue discriminatory re-imbursement policies against academic anesthesiologists. I would like to provide my perspective as a resident physician training in an anesthesiology program.

The continuing practice of reimburseing academic anesthesiologists for 50% of their work is detrimental to the continued re-cruitment and training of anesthesiologist in the US. Physicians in academic practice almost universally care for a larger portion of patients under CMS, severly undercuting the academic physicians income and making it difficult or impossible for academic anesthesia departments to retain qualified faculty. This ultimately induces a "brain-drain" in the nations teaching institutions that has already negatively impacted the quality of anesthesia training available an many institutions. It is difficult to logically justify paying other academic physicians 100% of the CMS fee while they supervise medical procedures or even surgical procedures while denying anesthesiologists the same re-imbursement since both parties are required to be present for the critical portions of the care to receive any reimbursement at all.

As a senior anesthesiology resident preparing to enter the job market, I can not justify imposing the HUGE income descrepancy of taking an academic position upon my family after making them suffer through years of medical school and residency in my absense. I owe them many things, among them more financial security. Hopefully someone else will take up the cause of teaching tomorrow's anesthesiologists.

Andrew Black, MD

Submitter : Dr. john moyers **Date:** 08/25/2005

Organization : the university of iowa

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

We are in the process of rebuilding our teaching program at Iowa and, with the present rules, recruiting residents and faculty is difficult. Our department loses over $1,000,000 dollars annually under the current rules. 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.

Teaching anesthesiologists are 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,
John R. Moyers, M.D
Professor, Department of Anesthesia
Carver College of Medicine, The University of Iowa

Submitter : Dr. James Kindscher **Date:** 08/25/2005

Organization : Kansas University Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please change the teaching rule for reimbursement of Anesthesiologists. The current rule is unfair to our struggling academic anesthesiology departments because it reduces the reimbursement of resident directed cases by 50%. This is in contradistinction to all other medical teaching physicians. Academic departments of anesthesiology are faced with severe financial hardship because of this rule and will have difficulty training the future anesthesiologists that will be needed for our expanding Medicare population.
Strengthen anesthesiology training by revising this rule to allow full reimbursement of teaching anesthesiology so that resident direction in two cases is fully reimbursed at 100% for each case, just as it is done in all other medical training.

Submitter : Dr. Craig Palmer **Date:** 08/25/2005

Organization : University of Arizona

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

It is time to end the blatantly unfair and discriminatory treatment of anesthesiology training programs under current CMS regulations. Current rules are exacerbating the shortage of competent anesthesia providers, are interfering with the retention of quality faculty for training programs, and are having increasing negative impact on the access to health care of Medicare patients. PLEASE SEE THE ATTACHED LETTER.

CMS-1502-P-277-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 express my outrage at the failure of the Centers for Medicare and Medicaid Services to change the Medicare anesthesiology teaching payment policy, as CMS recently indicated it intended to do.

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

Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met. 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 blatantly discriminatory, it is not reasonable, and is based on misguided policy of a previous administration. The time to correct it long overdue.***

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

It is time to listen to your conscience and do the fair and equitable thing, by ending the anesthesiology teaching payment penalty.

Craig M. Palmer, M.D.
Professor of Clinical Anesthesiology
University of Arizona Health Sciences Center
P.O.Box 245114
Tucson, AZ 85724
(520) 626-7221

Submitter : Dr. Margaret Tarpey **Date:** 08/25/2005

Organization : University of Alabama at Birmingham

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1502-P-278-Attach-1.DOC

CMS-1502-P-278-Attach-2.DOC

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

Dear Dr. McClellan:

I am writing 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. Such inequities are a clear disincentive to the recruitment and retention of outstanding academic anesthesiologists, who are responsible for the education and training of future generations of anesthesiologists.

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

Please end the anesthesiology teaching payment penalty.

Name: Margaret M. Tarpey, MD

Address: 3753 Dunbarton Circle, Birmingham, AL 35223.

Submitter : Mrs. Dorothy Holmes **Date:** 08/25/2005

Organization : Retired

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Please raise the rates of reimbursement for the physicians in the Santa Cruz area. They offer the same services and care as the physicians in Santa Clara County, but receive much less reimbursement from Medicare.
It is much more expensive to live and set up a practice in the Santa Cruz area than in surrounding counties. There are as many Medicare recepients in the Santa Cruz area, if not more than in neighboring counties.
Please help us keep our wonderful doctors in Santa Cruz county.
Thank you

Submitter : Dr. Bridget Ruscito **Date:** 08/25/2005

Organization : New York Presbyterian Hospital Cornell

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Date: August 16, 2005
To: Centers for Medicare and Medicaid Services
From: Bridget Ruscito, MD
Re: TEACHING ANESTHESIOLOGISTS RULE

I am writing to urge a change in payment policy for teaching anesthesiologists. The current Medicare teaching anesthesiologist payment rule is unwise, unfair and unsustainable. Quality medical care, patient safety, and an increasingly elderly Medicare population, demand that the United States have a stable and growing pool of physicians trained in anesthesiology.

Anesthesiology teaching programs are suffering severe economic losses that cannot be absorbed elsewhere. Academic research in anesthesiology is increasingly difficult to sustain, as department budgets are broken by this arbitrary Medicare payment reduction. The current Medicare payment policy is unfair.

The CMS anesthesiology teaching rule must be changed to allow academic departments to cover their costs. It is not fair, and it is not reasonable. Please recognize the unique delivery of anesthesiology care and pay Medicare teaching anesthesiologists on par with their surgical colleagues.

Sincerely,

Bridget Ruscito, MD
Resident in Anesthesiology
Weill Cornell Medical College
New York Presbyterian Hospital

Submitter : Dr. Thomas Blanck **Date:** 08/25/2005

Organization : New York University - Dept. of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-281-Attach-1.DOC

August 25, 2005

Centers for Medicare and Medicaid Services
Department of Health and Human Services

Re: Teaching Anesthesiologists
CMS-1502-P

Teaching Anesthesiologists are currently paid only 50% of the current CMS fee for each of two concurrent resident cases. Considering that the Medicare conversion factor is less than 40% of prevailing commercial rates, a Teaching Anesthesiologists reimbursement results in a great disincentive to care for the elderly.

25% of our patients at NYU are Medicare patients. We offer them outstanding and humane care. If concurrent patients are cared for by an attending anesthesiologist and two residents, they are not each given one half of an anesthetic. They are given full attention of a physician who has spent four years in college, four years in medical school, one year as an intern, and are in the midst of an intense and successful program to provide the best care for the anesthesized patient. This is done under the supervision of an attending "teaching" anesthesiologist.

The specialty of anesthesiology has been in the forefront of the campaign for patient safety. The concurrent care of patients by anesthesiology residents and a "teaching" anesthesiologist is not only safe but results in outstanding outcomes for patients. "Teaching anesthesiologists" sacrifice considerably financially compared to their anesthesiology peers in private practice; the 50% teaching rule will continue to undermine our ability to retain and attract the best faculty to remain in University practice.

The future of American Academic Medicine is dependent on adequate funding to educate and retain the "best and the brightest" to care for all. The 50% teaching rule undermines our ability to sustain an outstanding faculty and suggests that CMS has little interest in providing the best medical care for the elderly.

Sincerely,

Thomas J.J. Blanck, MD, PhD
Professor and Chairman

Submitter : Mr. rami karroum **Date:** 08/25/2005

Organization : cleveland clinic foundation, cleveland ohio

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

the proposed cut will affect in a negative way the teaching process for the future anesthesiologists and it will lead to a regression in the research and the advancement of anesthesia.

Submitter : Dr. Sharma Anshuman **Date:** 08/25/2005

Organization : Washington University

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1502-P-283-Attach-1.DOC

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

Dear Dr. McClellan:

I am writing to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy. A crisis in academic anesthesia practice is rapidly escalating that will significantly impact the future availability of skilled anesthesia providers.

Medicare's discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious and detrimental impact on my Department's ability to retain skilled faculty and train new anesthesiologists. Despite assuming full responsibility for each patient's anesthesia care, managing a disproportionate percentage of severely ill or injured patients who require extensive personal involvement throughout the course of the anesthetic, bedside education of physicians in post-graduate training and a host of other academic commitments, academic faculty anesthesiologists at Washington University teaching hospitals are not permitted to receive full compensation for their clinical anesthesia services. Faculty committed to academic anesthesia and medical education are essential 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. Unfortunately, many of my most skilled colleagues have departed for the world of private practice that consists of a healthier patient population, less stress, more favorable reimbursement and payer mix, an improved lifestyle and no academic commitments.

Under current Medicare regulations, teaching surgeons and other specialists including internists at my institution are permitted to work with residents on overlapping cases, and receive full payment for professional services, provided faculty are present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement of the global fee for each of the two procedures in which he or she is involved. A pediatrician may supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.

As a teaching anesthesiologist at Washington University, I am permitted to work with up to two residents on overlapping cases provided I adhere to the ASA and CMS medical direction rules for anesthesia care that requires physical presence

and active participation during all critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists working with residents on overlapping cases face a discriminatory payment penalty for each case. The global Medicare payment for each case is reduced by 50%. This penalty is not fair, illogical and unreasonable.

Correcting this inequity will establish a consistent application of Medicare's teaching payment rules across medical specialties and is an important step toward assuring that academic anesthesiologists in teaching programs are reimbursed on par with other teaching physicians.

Please end this discriminatory anesthesiology teaching payment penalty.

Yours sincerely,

John D McAllister MD

Associate Professor of Pediatrics and Anesthesiology

St. Louis Children's Hospital

Division of Pediatric Anesthesiology, 5S 31

1 Children's Place

St. Louis, Missouri

63110

Submitter : Dr. John DiGioia Jr. **Date:** 08/25/2005

Organization : Dr. John DiGioia Jr.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Please stop cuts in physician pay. Our financial burdens are increasing daily. Malpractice premiums, licensing fees, salaries, rents and leases are all increasing. Energy bills are up, health insurance premiums for our families and employees are up. Tuitions! Gasoline! Communication! Thank God for credit cards or I would already be bankrupt. Thank God for refinancing and second mortgages or i would already be bankrupt! Thank God there are no debtors prisons (YET!). Thank God the IRS will let me file late. Thank God for public schools as as a primary care physician I can no longer afford a private Kindergarten. When you squeeze a physician you are hitting s small business and risk knocking it into oblivian. Your rates are now held as a standard for the private (Blood Sucking) health insurance companies to set their rates. With the cost of running a business, a 5% cut in medicare could mean a 25% cut in actual physician take home! Do the math. And please take care. Sincerely, John J. DiGioia Jr. M.D.

Submitter : Dr. Richard Kaplan **Date:** 08/25/2005

Organization : Children's Hospital Washington, DC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing you as a constituent to ask that you contact the Centers for Medicare and Medicaid Services (CMS) and urge a change in payment policy for teaching anesthesiologists.

Please support academic medicine in our state.

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

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

The current policy is causing great harm to my program.

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

Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

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

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

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

This is not fair, and it is not reasonable.

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

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

Please let me know as soon as possible your position on this critically important issue for our program.

Submitter : Ms. Lyn Hood **Date:** 08/25/2005

Organization : Ms. Lyn Hood

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCI
Physicians in our area are not reimbursed appropriately as they are rated as being in a rural designation. Santa Cruz County is the THIRD MOST EXPENSIVE area in the US to live in in many categories, and is always listed in the top five. We are unable to attract or keep physicians and it is having a substantial impact on the number or physicians, variety of specialties and quality of care. Please review this status and make appropriate changes.
Thank You
Lyn Hood

Submitter : Dr. Steven Hattamer **Date:** 08/25/2005

Organization : Dr. Steven Hattamer

Category : Health Care Provider/Association

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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.
Steven J. Hattamer, M.D.
27 Lutheran Drive, Nashua, NH, 03063

Submitter : Mr. Aldo Giacchino **Date:** 08/25/2005

Organization : Mr. Aldo Giacchino

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

The change in status of Santa Cruz County, CA. from rural to urban is long overdue. The persistent failure to make this change is very damaging to the health and welfare of Medicare eligible people living in this County, such as myself. The failure to designate this County as urban is forcing some of my physicians to close their practices to Medicare patients, and some to relocate just over the County line to Santa Clara County where the Medicare reimbursement is much higher. This situation is damaging to my health because it forces me to travel to my physicians new offices in the nearby county where the Medicare reimbursement is higher, and as a consequence it does not save Medicare anything.

There simply is no doubt that Santa Cruz County is one of the urban counties that make up the greater San Francisco bay area. It is immediately adjacent to "silicon valley" (i.e. Santa Clara County)with which it is economically and socially integrated. Medicare's stubborn refusal to recognize this is irresponsible, arbitrary, and capricious.

Please proceed to make an immediate change in the designation of Santa Cruz County as an urban county. Thank you.

Submitter : Dr. li li **Date:** 08/25/2005

Organization : University of Buffalo, SUNY

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-289-Attach-1.TXT

CMS-1502-P-289-Attach-2.TXT

CMS-1502-P-289-Attach-3.DOC

Re: CMS-1502-P Teaching Anesthesiologists

Dear Sir/Madam:

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

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

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

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

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

Sincerely,

Li, Li M.D.
Clinical Assistant Professor
University at Buffalo, SUNY
Roswell Park Cancer Institute
Buffalo, New York 14263

Phone: (716) 845 5851

Fax: (716) 845 8518

Submitter : Dr. Zvi Grunwald **Date:** 08/25/2005

Organization : Thomas Jefferson University Hospital

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-1502-P-290-Attach-1.DOC

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

Dear Dr. McClellan:

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

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

We currently have 10 residents, 2 pain fellows and 5 faculty openings at the Thomas Jefferson University Hospital Anesthesiology Program. This creates great inefficiencies in scheduling, personnel allocation, and case assignments. It is very difficult for us to recruit and retain faculty due to budget shortfalls and non-competitive salaries that can be directly attributed to the current Medicare teaching anesthesiologist policy. The hospital subsidizes the anesthesia program with payment of $4 million annually, which is non-sustainable for our hospitals! Anesthesiology teaching programs, caught in the snare of this trap, are suffering severe economic losses that cannot be absorbed elsewhere.

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

Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case.

The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.

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

Please end the anesthesiology teaching payment penalty.

Zvi Grunwald, M.D.
The James D. Wentzler M.D. Professor and Chairman
Department of Anesthesiology
Jefferson Medical College
Philadelphia, PA 19107
Phone: 215-955-1147
Fax: 215-923-5507

Submitter : Mr. Kenneth Boyd **Date:** 08/25/2005

Organization : Mr. Kenneth Boyd

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs:
I want to join my fellow citizens in requesting that the designation of Santa Cruz County, California be changed from rural to urban. This County has undergone a major demographic transformation since it was designated as rural in 1967. It has virtually become a residential annex to the urban areas of Santa Clara County. The cost of living, and real estate have increased to the point that Santa Cruz County is now considered one of top five 'least affordable' places to live in the USA. Our Doctors and medical staff simply must have increased compensation if they are to continue to live and practice in what is now unarguable an Urban Area.

Submitter : **Dr. Beverly Philip** **Date: 08/26/2005**

Organization : **self**

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 to urge the Centers for Medicare and Medicaid Services (CMS) to change the Medicare anesthesiology teaching payment policy.
Medicare?s discriminatory payment arrangement, which applies only to anesthesiology teaching programs, has had a serious detrimental impact on the ability of programs to retain skilled faculty and to train the new anesthesiologists necessary to help alleviate the widely-acknowledged shortage of anesthesia providers -- a shortage that will be exacerbated in coming years by the aging of the baby boom generation and their need for surgical services.
Under current Medicare regulations, teaching surgeons and even internists are permitted to work with residents on overlapping cases and receive full payment so long as the teacher is present for critical or key portions of the procedure. Teaching surgeons may bill Medicare for full reimbursement for each of the two procedures in which he or she is involved. An internist my supervise residents in four overlapping office visits and collect 100% of the fee when certain requirements are met.
Teaching anesthesiologists are also permitted to work with residents on overlapping cases so long as they are present for critical or key portions of the procedure. However, unlike teaching surgeons and internists, since 1995 the teaching anesthesiologists who work with residents on overlapping cases face a discriminatory payment penalty for each case. The Medicare payment for each case is reduced 50%. This penalty is not fair, and it is not reasonable.
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.
Beverly PHilip, MD
70 Shaw Rd. Chestnut Hill. MA 02467

Submitter : Mr. John Field **Date:** 08/26/2005

Organization : Mr. John Field

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs: I understand that the payment schedule for doctors in Santa Cruz County dates back to the 1960s when this was classified as a "rural" county. As a result, our doctors are receiving 10% less than those in Santa Clara County. This needs to be corrected before our medical care begins to suffer from the high cost of living here. Good, young doctors won't suffer a 10% pay penality to live in this extremely high cost area! They shouldn't face this dis-incentive when selecting an area to practice.

Submitter : Mrs. Harriet McCluskey **Date:** 08/26/2005

Organization : Mrs. Harriet McCluskey

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs
I live in Santa Cruz County in California. Our area is designated as rural even though we are among the top 10 most expensive areas in the USA. I have lost several doctors over the years who cannot afford to work in Santa Cruz CA. Our designation needs to be changed to urban. I'm very concerned as I am fast approaching an age of Medicare and most doctors in our area do not take Medicare patients. Please help our area get the proper designation.
Sincerely,
Harriet McCluskey

Submitter : Theresa Sogolow **Date:** 08/26/2005

Organization : Theresa Sogolow

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Policy Makers re: GPCI's,

Please note in support of changing Santa Cruz, CA designation from rural to urban:
Your decision affects those under private insurance also. My PPO bases their coverage decisions on the current Medicare reimbursement rates in a given area, so I and a large majority of PPO customers must pay a higher out-of-pocket portion of a bill based on the current rural rate. We are concerned about this 20-year oversight also, and it is a start to correct this error. Please review the cost of living here and rising housing prices (one of the highest in the nation!) to confirm that immediate action is needed.

I also have worked with Medicare patients in County Mental Health, and the lack of Medicare providers in Santa Cruz is apalling in all areas of healthcare. I am not sure that 5% increase in reimbursement will be all that is needed to reverse the trend in participating providers, so I encourage all policymakers to keep this issue on their radar and continue dialog to solve this life-threatening shortage.

Thank you!

Theresa Sogolow

Submitter : Mr. Steve Haas **Date:** 08/26/2005

Organization : Mr. Steve Haas

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

For more than four years, health professionals and seniors themselves have made a concerted effort to get a change in the rural designation for Medicare payments. Nearly 15 percent of our population in Santa Cruz County depend upon Medicare for its health coverage. Medicare has submitted a proposal to change the status of Santa Cruz County to join the 8 other counties in the San Francisco Bay area in an urban designation. Over the past 10 years, Santa Cruz County and 46 other counties in California have been designated as rural and physicians accepting Medicare patients are now paid 25 percent less than our neighbors in Santa Clara County. This disparity in payment couples with the rising cost of living in Santa Cruz County has caused some physicians to leave the area or, in some cases, to refuse to accept Medicare patients. Please accept this proposal!! Our future medical care depends on it.

Submitter :

Date: 08/26/2005

Organization :

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

GPCIs

Santa Cruz County, California is one of the most expensive places in the world to live. We need to increase payments to physicians under Medicare to retain the physicians we now have. We are NOT a rural county and our Medicare physician fee schedules should reflect that.

Submitter : Dr. Larry Talley **Date:** 08/26/2005

Organization : Talley Chiropractic Offices, P.C.

Category : Chiropractor

Issue Areas/Comments

GENERAL

GENERAL

" The Lord giveth and the Lord taketh away" seems to be the attitude of payment to physicians and "other health care providers".

In one year are fees were increased and then for the next three years they were systematically decreased. Finally last year we received a slight increase in now you are preparing to cut our fees again?

Are the members of Congress receiving a pay cut? Are all personnel in CMS receiving any reduction in pay? How do you and Congress justify the payment reduction to health care providers and at the same time do not limit increases in fees for pharmaceutical products?

In case you haven't noticed, gas prices have increased approximately one hundred fifty percent in the last six months and are predicted to continue to rise. I haven't noticed any reduction in any item to be purchased in the last six months or year! With all the price increases across the board, this congressional mandate (if that's what this is) is preposterous!

Submitter : Tom Chase **Date:** 08/26/2005

Organization : none

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

GPCIs - As a resident of Santa Cruz county, it is my wish that Santa Cruz re-embursement rates be increased. This issue is important to the eldery within our county which has one of the highest cost of livings within the state as well as the country.

Submitter : Mr. Wm. F. Locke-Paddon **Date:** 08/26/2005

Organization : Attorney at Law

Category : Attorney/Law Firm

Issue Areas/Comments

GENERAL

GENERAL

Dear Dept of Health and Human Services

GPCIs

Santa Cruz County, California, is losing physicians and is unattractive to young talented professionals because it is one of the most expensive areas in the country to live, yet Medicare and Medic Aid reimbursement rates classify us as a rural county. It is vital to our local health care that the reimbursement levels be brought up to urban standards, and demographic reality. As a resident relying on a vital local medical care system, I urge such an adjustment for the health of our medical professionals and ultimately, my health and that of my family and neighbors.

William F. Locke-Paddon